

Abstract #675 Table 1 Comparison of the performance of ROCK-I and ROMA in the validating dataset.

	Sens.% (95% CI)	Sp.% (95% CI)	Youden-I.% (95% CI)	PPV.% (95% CI) %	NPV.% (95% CI)	Acc. % (95% CI)	LR+.% (95% CI)	DOR (95% CI)	ROC-AUC (95% CI)
scenario of discrimination: benign vs all stages of EOC and stages Ic2-III of BOT									
ROCK-I	95.3 (84.2–99.4)	93.6 (90.1–96.2)	88.9 (74.3–95.6)	69.5 (59.2–78.2)	99.2 (97.1–99.8)	93.8 (90.6–96.2)	14.9 (9.5–23.4)	297.7 (49.3–1798.9)	0.985 (0.965–0.995)
ROMA	88.4 (74.9–96.1)	85.1 (80.3–89.0)	73.4 (55.3–85.1)	47.500 (40.1–55.0)	98.0 (95.4–99.1)	85.5 (81.2–89.1)	5.9 (4.4–8.0)	43.2 (14.0–132.9)	0.944 (0.913–0.966)
scenario of discrimination: benign vs all malignant tumors without BOT									
ROCK	93.0 (80.9–98.5)	93.6 (90.1–96.2)	86.6 (71.0–94.7)	69.0 (58.5–77.8)	98.9 (96.7–99.6)	93.5 (90.3–95.9)	14.5 (9.2–22.9)	193.6 (41.5–915)	0.959 (0.932–0.978)
ROMA	86.0 (72.1–94.7)	85.1 (80.3–89.0)	71.1 (52.4–83.7)	46.8 (39.4–54.4)	97.6 (95.0–98.8)	85.2 (80.8–88.9)	5.8 (4.2–7.8)	35.1 (12.3–100)	0.919 (0.884–0.946)
scenario of discrimination: benign vs all malignant tumors and BOT									
ROCK-I	84.6 (71.9–93.1)	93.6 (90.1–96.2)	78.2 (62.0–89.3)	71.0 (60.6–79.5)	97.0 (94.6–98.4)	92.2 (88.8–94.8)	13.2 (8.3–21.0)	80.5 (26.8–240.9)	0.917 (0.883–0.945)
ROMA	76.9 (63.2–87.5)	85.1 (80.3–89.0)	62.0 (43.5–76.5)	48.8 (41.0–56.6)	95.2 (92.4–97.0)	83.8 (79.4–87.6)	5.1 (3.8–7.1)	19.0 (8.4–42.8)	0.864 (0.822–0.899)

ROCK-I – ROCK-index (Risk of Ovarian Cancer Kazan Index); ROMA – Risk of Ovarian Malignancy Algorithm; CI – confidence interval; Sen. – sensitivity; Sp. – specificity; Youden-I – Youden Index; PPV – positive predictive value; NPV – negative predictive value; Acc. – accuracy; LR+ – positive likelihood ratio; DOR – diagnostic odds ratio; ROC-AUC – area under receiver operating characteristic curve; EOC – epithelial ovarian cancer; BOT – borderline ovarian tumors

**Conclusion** ROMA provides suboptimal discrimination at least among premenopausal patients. If a large independent validation shows similar or even slightly lower superiority of the novel ROCK-I over ROMA, it may provide a new basis of routine-use of HE4 in premenopausal patients with pelvic mass.

**Disclosures** Authors has nothing to disclosure

#### #692 CORRELATION OF AXILLARY ULTRASOUND RESULTS WITH HISTOLOGICAL DATA IN THE EARLY DETECTION OF NODAL INVOLVEMENT IN BREAST CANCER

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10.1136/ijgc-2023-ESGO.249

**Introduction/Background** Breast cancer is currently the most common malignancy in women worldwide, including Tunisia. Early diagnosis is crucial for improving the prognosis of breast cancer. The combination of mammography and axillary ultrasound has become an integral part of preoperative evaluation. With technological advancements, the axillary lymph node status has emerged as a major prognostic factor. Numerous studies have evaluated the utility of axillary ultrasound (AUS) in the preoperative nodal staging of breast cancer.

**Methodology** In a prospective study conducted over 6 months, we included 60 patients managed at the Department of Obstetrics and Gynecology of CHU Farhat Hached Sousse, who had early-stage breast cancer (T1-T2, N0) and no clinical evidence of axillary involvement. These patients underwent preoperative axillary ultrasound performed by the same operator to identify ultrasound signs of nodal invasion.

**Results** The study population had a mean age of 53.2 years, with 13.3% having a family history of breast neoplasia. In most cases, the cancer was detected through screening mammography, with an average duration of approximately 4 months. Tumors measuring between 2 and 5 cm were the most frequently observed (68.3% of cases). All patients underwent a combined examination of breast ultrasound and axillary ultrasound. In our study, ACR 4 and ACR 5 lesions accounted for 56.7% and 41.7% of cases, respectively. Additional axillary ultrasound was performed to identify

characteristics suggestive of suspicious lymph nodes. Pathological analysis of the radiological findings showed a histological concordance ranging from 70% to 84.6%.

**Conclusion** Axillary nodal metastasis is a major prognostic factor in breast cancer. Axillary ultrasound (AUS) is currently the most relevant complementary examination for axillary exploration and serves as the gold standard for routine preoperative assessment. In the context of surgical de-escalation, the diagnostic performance of axillary ultrasound in detecting nodal involvement needs to be redefined.

**Disclosures** Axillary ultrasound plays a crucial role in the preoperative management of breast cancer patients. By identifying patients suspected of having limited nodal involvement, AUS could help avoid unnecessary axillary procedures and align with the current trends of therapeutic de-escalation. In our study, when axillary ultrasound results were normal, it reliably selected patients with limited nodal involvement. However, this result should be interpreted with caution considering the sample size limitation of our study. Following the NCCN guidelines and considering the possibility of false positives in axillary ultrasound, the decision to perform a sentinel node procedure should be discussed. Sentinel node biopsy could be prioritized for patients with at least 3 positive findings in axillary ultrasound to avoid overtreatment of the axilla.

#### #714 BREAST CANCER IN ELDERLY WOMEN: CLINICOPATHOLOGICAL AND PROGNOSTIC FEATURES

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10.1136/ijgc-2023-ESGO.250

**Introduction/Background** Breast cancer (BC) is becoming increasingly prevalent in women greater than 65 years of age. Our objective was to analyze the epidemiological, clinical, therapeutic, and prognostic of (BC) in older women.

**Methodology** A retrospective study of 45 patients above the age of 65 years diagnosed with breast cancer from January 2014 to December 2019 and treated in Mohamed Taher Maamouri Hospital of Nabeul, Tunisia.

**Results** Among 356 women who had (BC) during the study period, 54 (15.16%) were aged 65 and over. The average age

in our series was 71 years. Stage T2 was predominantly observed (46.3%), and forms classified T4 represented (20.4%) of the tumors. The disease was metastatic at diagnosis in one case. The lymph node was positive in 19 patients (35.8%). 66.7% of the patients were luminal A, 14.9% were triple-negative 16.7% were luminal B, and 1.9% were human epidermal growth factor receptor-2-positive type.

Neoadjuvant chemotherapy was performed in 8 cases of locally advanced cancers. Surgical treatment was radical and conservative in respectively 37% and 61.1% of cases. Adjuvant Chemo and radiotherapies were performed in respectively 29.6% and 79.6% of cases. Hormonotherapy was administered to 83.3% of patients. Trastuzumab was administered to 3.7% of the patients.

Recurrences were noted in 1.9% of cases, and distant metastases in 5.5% of cases.

Overall survival and progression-free survival at 5 years were 85.3% and 90.6% respectively.

**Conclusion** Breast cancer in the elderly has, however, poorer outcomes with lower survival rates compared to younger subjects.

**Disclosures** The conclusions on breast cancer in older women are similar to those on other forms of cancer in the elderly. The main determinants of outcome and survival are tumor characteristics and comorbidities, not age itself.

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#### PSEUDO-ANGIOMATOUS HYPERPLASIA OF MAMMARY STROMA: A SERIES OF FIVE CASES

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10.1136/ijgc-2023-ESGO.251

**Introduction/Background** Pseudoangiomatous stromal hyperplasia (PASH) is a rare but benign mesenchymal proliferative lesion of the breast simulating a vascular lesion. A rare condition overall, PASH is most common in premenopausal women. It's usually an incidental finding but may produce palpable or mammographic mass.

**Methodology** We retrospectively reviewed data from 2010 to 2018 of patients diagnosed with PASH by surgical excision or image-guided biopsy.

**Results** In five cases; the patients ranged in age from 33 to 49 years. 2 of our patients had a history of fibroadenoma, and 3 of the patients were nulliparous. The revelation was clinical, with the self-discovery of a breast lump in all cases. 4 patients (58%) were diagnosed on surgical excision of a breast mass, one was diagnosed with core needle biopsy. The tumors ranged in size from 1 cm to 6 cm with the smallest tumor occurring in a 45-year-old woman. Breast masses were more prevalent on the left side than on the right (85% and 15%). All of the patients were treated with surgical excision.

**Conclusion** PASH may present as a giant tumor in the breast which may achieve a large size with time. Earlier diagnosis and simple surgical excision should be preferred to conserve the breast.

**Disclosures** Tumorous PASH is treated by local surgical excision with clear margins and the prognosis is excellent, with minimal risk of recurrence after adequate surgical excision.

#741

#### THE UTILITY OF IL-4, IL-7 AND IL-9 IN THE DIAGNOSIS OF ENDOMETRIAL CANCER

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10.1136/ijgc-2023-ESGO.252

**Introduction/Background** Endometrial cancer is currently the most common gynaecological cancer. The number of cases of this cancer is rapidly increasing in high-income countries, which is related to the increasing number of obese patients, as well as the aging population. It is relevant to find new diagnostic biomarkers for endometrial cancer. This study aimed to investigate whether IL-4 (interleukin-4), IL-7 (interleukin-7) and IL-9 (interleukin-9) could be considered as new useful markers for diagnosis of endometrial cancer.

**Methodology** 93 women diagnosed with endometrial cancer (EC) and 66 patients with non-cancerous endometrial lesions (NCEL) were included in this study. The preoperative plasma IL-4, IL-7 and IL-9 levels were determined by an enzyme-linked immunosorbent assay (SunRed Biotechnology, Shanghai) according to the manufacturer's protocol. Statistical analysis was performed using Statistica 13.3 software. The following statistical methods were used to evaluate the collected research material: statistical description and the non-parametric Mann-Whitney U test of significance. A diagnostic test based on the ROC curve was also used.

**Results** Median serum levels of IL-4, IL-7 and IL-9 were significantly higher in the EC group compared to NCEL (for IL-4  $p = 0.000023$ ; for IL-7 and IL-9  $p = 0.000000$ ). The cut-off level of IL-4 was set at 802.26 pg/mL with the sensitivity of 83.87% and specificity of 50% (AUC = 0.7,  $p = 0.000023$ ). The cut-off level of IL-7 was set at 133.63 ng/L with the sensitivity of 96.77% and specificity of 75.76% (AUC = 0.91,  $p < 0.000001$ ). The cut-off level of IL-9 was set at 228.79 pg/mL with the sensitivity of 69.89% and specificity of 81.82% (AUC = 0.8,  $p < 0.000001$ ).

**Conclusion** It was concluded that all the proteins studied could be potential diagnostic markers in endometrial cancer, particularly highlighting the importance of IL-7.

**Disclosures** There is no potential conflict of interest to report.

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#### MULTICYSTIC BENIGN MESOTHELIOMA MISDIAGNOSED AS OVARIAN MASS

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10.1136/ijgc-2023-ESGO.253

**Introduction/Background** Benign multicystic mesothelioma is a rare form of neoplasm that originates from the peritoneum with a tendency to develop predominantly in the pelvic peritoneum. The lesions develop closely or in the uterus, ovaries, rectum, bladder and omentum.

Etiopathology is still unstudied but different thesis are proposed such as chronic inflammation or endometriosis.