SENSITIVITY OF FROZEN SECTION ANALYSIS IN PATIENTS WITH OVARIAN ADULT GRANULOSA CELL TUMOR, A MULTI-CENTER STUDY

Introduction/Background We aimed to demonstrate the sensitivity of frozen section for patients with adult granulosa cell tumor (AGCT) and analyze the clinico-pathological factors that may be associated with sensitivity.

Methodology This is a multicenter study including data of 10 Gynecological Oncology Departments. The frozen-section results of 274 patients with AGCT were compared with the final pathological diagnosis. The sensitivity of frozen section diagnosis was determined by comparing the frozen section results with the final pathological diagnosis.

Results The frozen section results of 274 patients with AGCT were obtained. The median age of the patients was 52 years (range, 17–52 years). Totally, 144 (52.7%, n=273) patients were postmenopausal. The median tumour size was 90 mm (range, 9–700 mm). The median preoperative Ca-125 level was 23 IU/mL (range, 2–995 IU/mL). The sensitivity of frozen section for detecting AGCT was 76.3%. Any association between the sensitivity of frozen section and menopausal status, presence of ascites, positive cytology, omental metastasis, tumor size, Ca-125 level, and age could not be shown.

Conclusion It is important to know the diagnosis of AGCT intraoperatively and we demonstrated the sensitivity of frozen-section for these tumors as 76.3%.

Abstract #356 Table 1 The distribution of the results of frozen-section

<table>
<thead>
<tr>
<th>Frozen-section Result</th>
<th>Number</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign</td>
<td>14</td>
<td>5.1</td>
</tr>
<tr>
<td>Granulosa cell tumor</td>
<td>209</td>
<td>76.3</td>
</tr>
<tr>
<td>Malign*</td>
<td>13</td>
<td>4.7</td>
</tr>
<tr>
<td>No result**</td>
<td>58</td>
<td>15.9</td>
</tr>
</tbody>
</table>

** The discrimination between malign epithelial vs malign stromal disease wasn’t revealed in frozen-section.

** The discrimination between benign-malign disease could not be done in frozen-section. The patients whose frozen-section result was sex-cord stromal tumor without differentiating malign-benign disease were included in this group.

Disclosures The authors have no conflicts of interest relevant to this article.

MANAGEMENT OF IOTA INCONCLUSIVE OVARIAN MASSES


Introduction/Background RCOG guidelines recommend using RMI or IOTA simple rules (IOTA-SR) for assessment of ovarian masses. IOTA-SR characterise ovarian masses by using 5 benign and 5 malignant features. A mass with both or neither is deemed as inconclusive. A literature review showed a dearth of guidance on management of inconclusive ovarian masses.

Barts Trust implemented IOTA-SR in managing ovarian masses in 2019. Face to face teaching of sonographers took place between 09/2018 – 09/2019 with refresher sessions every six months.

Methodology We manually identified ultrasound reports with words ‘inconclusive’ or ‘indeterminate’ between 09/2019 and 01/2021. All women with inconclusive masses were included, records were reviewed to identify the use of IOTA simple rules template and quality of reporting.

Results We screened – reports, 142 cases were identified, and IOTA-SR were used in 43%. 81 were referred by primary care and 54 were two-week wait referrals. 73 patients had further imaging (US in 23%, MRI in 74%, CT in 3%). 54% patients were discharged, 19% had ongoing follow up and 17% had surgery. Of the women that had surgery, 12 had benign pathology, 6 had borderline cysts and 6 had invasive cancer.

Conclusion As less than half of the women had an IOTA-SR scan, we will continue to roll out IOTA teaching and make the ultrasound template easier to use. Management pathway to be refined, disseminated and re-audit prospectively.

Disclosures None

SEVERE PARANEOPLASTIC DERMATOMYOSITIS AS FIRST MANIFESTATION OF ADVANCED OVARIAN CANCER AND RED FLAG FOR RECURRENCE OR DISEASE PROGRESSION: A CASE REPORT

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Introduction/Background Paraneoplastic dermatomyositis (DM) is a rare manifestation of ovarian cancer (OC); indeed only 110 cases have been reported in literature. Heliotrope rash, Gottron’s papules and weakness of proximal muscles of the limbs are the main symptoms of DM, but in association with cancer presentation, it has more complications, higher hospitalization rate and worse prognosis.

Methodology Revision of literature

Results We present a patient whose first symptom of advanced stage OC was a rapidly worsening DM with dysphagia requiring naso-gastric feeding, complicated by pulmonary embolism, muscular hemATOMA, atrial fibrillation, and who needed one month of hospitalization. Diagnosis of OC was made after...
biopsy of an enlarged inguinal lymph node, which the patient self noticed, while tumor markers (TM), gynecological examination and imaging techniques were negative for Mullerian neoplasia. High dose corticosteroids (75mg a day of prednisone) were needed to treat DM during hospitalization, but it only recovered when Carboplatin AUC 5 d1q21 neoadjuvant chemotherapy was started. Then DM reappeared with disease progression during chemotherapy and at recurrence after cytoreductive surgery.

Conclusion 3 to 40% of DM are paraneoplastic: ovarian, colorectal, breast and lung cancer are most frequently related, so every patient with DM must be carefully evaluated in order to identify or exclude malignancy. Every woman with DM has to be assessed by a gynecologist, and then referred to an oncological gynecologist if OC is detected in order to receive appropriate treatment; patients with family history of OC and breast cancer have to be carefully evaluated during time, since OC may be occult. During OC treatment and follow up, in a patient with paraneoplastic DM, the cutaneous and muscular symptoms have to be investigated because they represent a red flag to identify recurrence or disease progression.

Disclosures The authors have indicated they have no conflicts of interest.