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 mucosal 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

#384 FIRST INTERIM ANALYSIS OF THE SCOUT-1 STUDY (NOGGO OV54, NCT04830709): A NON-INTELLIGENTAL STUDY TO EVALUATE TREATMENT PATTERNS AND LONGTERM OUTCOME IN PATIENTS WITH NEWLY DIAGNOSED ADVANCES OVARIAN CANCER

1Klaus Fietzner*, 1Elena Ioana Braicu, 3Pauline Winberger, 4Jessika Goldmann, 5Karol Kubik, 6Nikolaus De Gregorio, 7Julia Caroline Radosa, 8Bahriye Altun, 9Angelika Ober, 10Cosima Brucker, 11Cosima Brucker, 12Philipp Meyer-Wöltes, 12Badrig Melkian, 12Jacqueline Sagasser, 13,2Joceline Tchakou, 13,2Hendrik Veldink, 13Bijan Lampe, 13Salad Sehoul. 1Department of Gynecology European Center for Ovarian Cancer, Campus Vincenz-Klinikum, Charté Medical University, Berlin, Germany; 2North-Eastern German Society of Gynecological Oncology (NOGGO), Berlin, Germany; 3Department of Gynecology and Obstetrics, Medical University of Carl Gustav Carus, TU Dresden, Dresden, Germany; 4Department of Obstetrics and Gynecology, DRK Klinik Münster, Germany; 5Department of Obstetrics and Gynecology, St. Franziskus-Hospital, Münster, Germany; 6Department of Obstetrics and Gynecology, J.A. Klinikum, Heilbronn, Germany; 7Department of Gynecology, Obstetrics and Reproductive Medicine, University Medical School of Saarland, Homburg Saar, Germany; 8Department of Gynecology, University of Leipzig Medical Center, Leipzig, Germany; 9Department of Obstetrics and Gynecology, St. Vincenz Hospital Limburg, Limburg, Germany; 10Paracelsus Medical University, University Women’s Hospital, Klinikum Nürnberg, Nürnberg, Germany; 11Department of Gynecology and Obstetrics, University Hospital RWTH Aachen, Aachen, Germany; 12Department of Obstetrics and Gynecology, St. Marien-Krankenhaus Siegen, Siegen, Germany; 13Department of Gynecology and Obstetrics, University Hospital Aachen, Aachen, Germany; 14Gynecologic Oncology, Praxis Dr. med. Dagmar Guth, Plauen, Germany; 15University Klinikum Rosenheim, Department of Obstetrics and Gynecology, Rosenheim, Germany; 16Department of Gynecology and Obstetrics, Otto-Von-Guericke University, Magdeburg, Germany; 17Department of Obstetrics and Gynecology, Stiftung Mathias-Spital Rheine, Rheine, Germany; 18Department of Gynecology and Obstetrics, Florence Nightingale Hospital, Düsseldorf, Germany

#390 ACCURACY OF ULTRASOUND US, MRI AND INTRAOPERATIVE FROZEN SECTION IN THE DIAGNOSIS OF OVARIAN TUMOURS: DATA FROM A LONDON TERTIARY CENTRE

1Sian Mitchell*, 1Joseph Gleson, 1Mani Tiwari, 1Frances Bailey, 1Jonathan Gaughran, 3Mr Gautam Mehta, 1Med Mustafa Zelal Musaaml, 2Ahmad Saeed, 2Guy’s and St Thomas’s NHS foundation trust, London, UK; 3Department of Gynecological Oncology, Guy’s and St Thomas’ NHS Foundation Trust, London, UK; 4Deputy Director of Department of Gynecology with Center for Oncological Surgery, Charité Medical University of Berlin, Berlin, Germany; 4Faculty of Life Sciences and Medicine at Guy’s, The School of Life Course Sciences, King’s College London, London, UK

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Introduction/Background Ovarian cancer has the worst prognosis among all gynaecological cancers. The pre-operative and intraoperative diagnosis of ovarian tumours is imperative to ensure the right operation is performed and to improve patients’ outcomes.

Methodology This was a retrospective study from January 2017 to December 2021. Cases submitted for intraoperative frozen section diagnosis for the ovary and subsequent histopathological diagnosis were analysed. Frozen section cases were categorized as benign, borderline and malignant.

In cases where a pre-operative US and MRI subjective impression of the examiner was given, the diagnosis on imaging was compared to the final histological diagnosis.

Statistical analysis was performed using Stata MP v17.0 software (USA, 2023) and the diagnostic performance of US, MRI and frozen section compared to the final histological diagnosis was recorded.