

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

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

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Introduction/Background The current standard of care for advanced ovarian cancer (OC) consists of upfront surgery, with the goal of complete macroscopic resection, followed by platinum-based chemotherapy and maintenance therapy (MTX) with poly(ADPribose) polymerase inhibitors (PARPi) or bevacizumab as monotherapy or in combination. The prospective, non-interventional SCOUT-1 study (NOGGO ov54,

NCT04830709;) was initiated to assess treatment patterns and long-term outcome including the usage of the MTX and outcomes in patients with newly diagnosed advanced OC in Germany.

Methodology 750 Patients providing written informed consent, with completed surgery (if applicable), eligible for platinum-based chemotherapy, tested for BRCA1/2 mutations (solitary or within HRD-test) and willing/able to complete PROs electronically, are planned to be enrolled and followed for up to 7 years. The study is designed to analyze three cohorts of special interest (PARPi maintenance, bevacizumab maintenance, no maintenance). Interim analyses were defined at 175, 250 and 375 enrolled patients and followed for at least 3 months in order to assess the distribution across cohorts, safety and gain first insight into characteristics of patients.

Results Data from the first 175 patients enrolled in the study were used for first interim analysis (Data cut-off April 20th, 2023). Baseline characteristics, treatment patterns and safety will be presented stratified by cohorts of interest.

Conclusion The first SCOUT-1 data reflects current real-world practice and transfer from phase III trials into clinical routine. Future analysis should define the barriers to improve the quality of care.

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#390

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

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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.

Results A total of 156 ovarian masses were examined by frozen section. In the histopathological examination, 123/156 of these tumours were epithelial tumours. Pre-operative US subjective impression was made in 63/156 cases and preoperative MRI subjective impression was made in 129/156 cases.

For benign, borderline and malignant tumours, frozen section demonstrated a sensitivity of 90.8% (95%CI 81.9–96.2), 86.8% (95%CI 71.9–95.6) and 97.6% (95%CI 87.4–99.9) respectively, US demonstrated a sensitivity 95.2% (95%CI 76.2–99.9), 20% (95% 4.33–48.1), 57.1% (95%CI 28.9–82.3) respectively and MRI demonstrated a sensitivity of 100% (95%CI 80.5–100), 31.5% (95%CI 19.5–45.6) and 63.2% (95%CI 46–78.2) respectively.

Conclusion Frozen section remains an accurate intraoperative tool for diagnosing the malignant potential of ovarian masses. However, across both imaging modalities and FS, the diagnosis of borderline ovarian tumours remains challenging.

Disclosures nothing to declare

#391 THE ROLE OF UPPER ABDOMINAL SURGERY IN ACHIEVING COMPLETE GROSS RESECTION FOR OVARIAN CANCER

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Introduction/Background Approximately 75% of patients diagnosed with ovarian cancer present with advanced stage disease. This may include upper abdominal sites such as the liver, spleen, diaphragm, and upper abdominal lymph nodes. Complete macroscopic cytoreduction should be the goal in ovarian surgery, therefore upper abdominal resections may be an integral surgical component in this setting. We aimed to evaluate upper abdominal interventions in all ovarian cytoreductions performed in our cancer centre.

Methodology We performed a retrospective observational study on a cohort of 253 patients that underwent primary (PCS) interval (ICS) and delayed (DCS) cytoreduction surgery for presumed or confirmed ovarian cancer between 2020 and 2022. Collected data included demographics, tumor histology subtype, and stage at diagnosis. Surgical resection status and upper abdominal resection sites were evaluated to establish the prevalence of upper abdominal interventions. Descriptive statistics were performed on Microsoft Excel.

Results The patients' mean age at diagnosis was 58.8 years (range 22–93). High grade serous (59.3%), clear cell carcinoma (8.7%) and endometrioid (8.3%) were the three most prevalent histological subtypes. Advanced disease (Stage III-IVB) was present in 58.1% of patients. PCS was performed in 57.3%, ICS in 31.6% and DCS in 11.1% of patients. R0 resection rates were 93.1% in PCS, 78.8% in ICS and 54.2% in DCS. In patients with advanced disease, upper abdominal resection was required in 39.6% undergoing PCS, 38.8% undergoing ICS and 28.6% undergoing DCS, translating into an overall rate of 39.5%. Right diaphragmatic stripping or full thickness resection (29.3%), splenectomy (7.5%), lesser sac disease resection (5.4%) and porta-hepatis disease resection (5.4%) were the most common interventions.

Conclusion The proportion of patients with advanced-stage disease requiring upper abdominal resections is 39.5%. Appropriate pre-operative counseling highlighting the possible need

for such procedures is recommended. Surgical training should ensure competency in performing upper abdominal resections.

Disclosures The authors declare no conflict of interest.

#392 ARTIFICIAL INTELLIGENCE IN THE ULTRASOUND DIAGNOSIS OF OVARIAN CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS

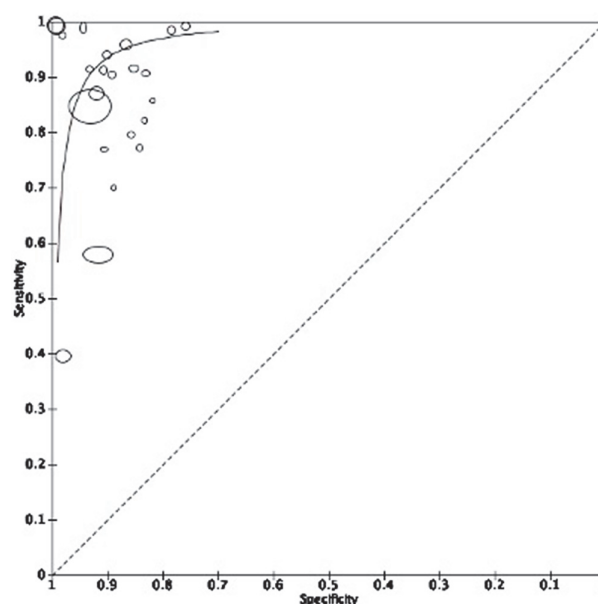
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Introduction/Background Ovarian cancer is the 6th most common malignancy with a 35% survival rate across all stages at 10 years. Ultrasound is a widely used tool for ovarian tumour diagnosis and accurate pre-operative diagnosis is essential for appropriate patient management. Artificial intelligence is an emerging field within gynaecology and has been shown to aid in the ultrasound diagnosis of ovarian cancers.

Methodology EMBASE and MEDLINE databases were searched. All type of clinical studies that used artificial intelligence in ultrasound for the diagnosis of ovarian malignancies were screened. Studies with the histopathological findings as standard were used. The diagnostic performance of each study was analysed, and the pooled diagnostic performance was assessed.

Results The initial search identified 3726 papers of which 166 were suitable for abstract screening. In the final analysis, 16 papers were included with different sample sizes and different methods used. There was a combined total of 18451 ultrasound images examined through the final included studies. The overall sensitivity was 85% (95% CI 0.84–0.85) and specificity was 93% (95% CI 0.93–0.94).



Abstract #392 Figure 1