

**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

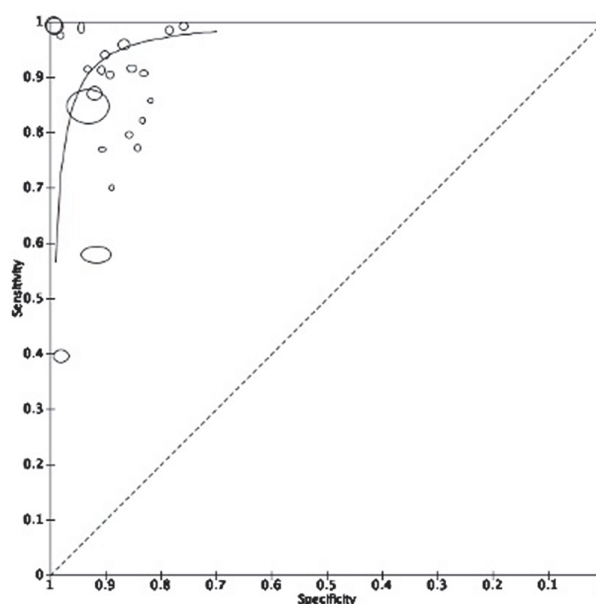
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**Introduction/Background** Ovarian cancer is the 6th most common malignancy with a 35% survival rate across all stages at 10 years. Ultrasound is a widely used tool for ovarian tumour diagnosis and accurate pre-operative diagnosis is essential for 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