the two groups for those patients undergoing delayed IDS (not reached in the CPB and 38 months in the CP group, p=0.55). Conversely, among 130 (52%) patients still unresectable after 6 cycles, Bevacizumab had a significant effect on the CPB group’s median OS compared to the CP one (not reached vs 18 months, p=0.015).

Conclusion The use of Bevacizumab in neoadjuvant setting does not seem to increase the delayed IDS rate, nonetheless it prolongs OS for those patients persisting unsuitable for surgery. Thus, its administration may be an option in selected patients after failure of early IDS.

Disclosures None

#613 STAGING 18F-FDG PET/CT BIOMARKERS RELATED TO THE THERAPEUTIC STRATEGY PERFORMED IN PATIENTS WITH HIGH-GRADE SEROUS OVARIAN CANCER

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10.1136/ijgc-2023-ESGO.613

Introduction/Background To study if any metabolic biomarker of the staging 18F-FDG-PET/CT is related to the therapeutic strategy performed in high-grade serous ovarian cancer (HGSC) patients.

Abstract #613 Table 1 Sample characteristics. Table 2 – Multivariate logistic regression model – Image: 18F-FDG/CT staging maximum intensity projections (MIP). A) The MIP image shows a bilateral high-grade serous ovarian cancer process with lymph node involvement (supra and infradiaphragmatic) and peritoneal carcinomatosis. B) Segmentation of the supradiaphragmatic (orange segmented lymph nodes) and infradiaphragmatic (green segmented primary tumor, pink segmented peritoneal carcinomatosis, and yellow segmented infradiaphragmatic lymph nodes) disease.

Methodology Retrospective review of HGSC patients who underwent a staging 18F-FDG-PET/CT before deciding the therapeutic strategy: A (primary cytoreduction) or B [neoadjuvant chemotherapy (NACT) and interval cytoreduction]. Metabolic biomarkers studied were metabolic active tumor volumen (MTV) and total lesion glycolysis(TLG). 18F-FDG-PET/CT parameters were obtained by means of the segmentation of the supradiaphragmatic disease and the different abdominal areas (primary tumor, peritoneal carcinomatosis and infradiaphragmatic lymph nodes) with automatic thresholding at 30% of SUVmax. The presence of ascites with pathological uptake of 18F-FDG was collected, as well as age, basal CA-125(U/mL), and complete/incomplete cytoreduction. The

Multivariate logistic regression model – Image: 18F-FDG/CT staging maximum intensity projections (MIP). A) The MIP image shows a bilateral high-grade serous ovarian cancer process with lymph node involvement (supra and infradiaphragmatic) and peritoneal carcinomatosis. B) Segmentation of the supradiaphragmatic (orange segmented lymph nodes) and infradiaphragmatic (green segmented primary tumor, pink segmented peritoneal carcinomatosis, and yellow segmented infradiaphragmatic lymph nodes) disease.

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dependent variable was the therapeutic strategy performed. Data were described by median[IQR] and by frequency(%). Chi-square and Mann-Whitney U tests were used to compare groups and ROC analysis to dichotomize continuous variables. Predictors of the therapeutic strategy were analyzed using multiple logistic regression analysis.

**Results**

Fourty-two patients were included, 25 in group A and 17 in group B. Both groups were similar in relation to median age(61 years[56–66] vs. 65[58–71]; p=0.155), median basal CA-125 (667 U/mL[43–1113] vs 840 U/mL [99–1778]; p=0.289), and frequency of complete cytoreduction(68 vs 88.2%; p=0.102). Group A shows significantly less ascites with pathological uptake(32 vs 76.5%; p=0.005) and smaller MTV and TLG values for supradiaphragmatic disease(0 [0–0] vs 8.7 [3.9–55.0] and 0 [0–0] vs 25.5 [11.4–132.0], respectively). NACT and interval cytoreduction were predicted by all ascites with pathological uptake (OR=5.088; 95%CI: 1.157–22.382; p=0.031) and TLG values >1,324 for infradiaphragmatic disease(OR=4.448; 95% CI: 1.037–19.074; p=0.044), or by supradiaphragmatic disease TLG >6.6(OR=24.500; 95%CI: 4.740–126.632; p<0.001).

**Conclusion**

Despite the small sample size, this study identifies 18F-FDG PET/CT biomarkers useful for decision-making on the therapeutic strategy to be followed in patients with HGSC.

**Disclosures**

Nothing to disclose.

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**#616 Efficacy and Safety of Mesh Placement in Prevention of Incisional Hernia in Ovarian Cancer Patients Undergoing Midline Laparotomy**

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10.1136/ijgc-2023-ESGO.614

**Introduction/Background**

Incisional hernias are a frequent complication of midline laparotomies in abdominal surgery. This study was conducted in order to determine the efficacy and safety of mesh placement in reducing incisional hernia rate in patients treated for ovarian carcinomas through midline laparotomy.

**Methodology**

Retrospective data from patients undergoing midline laparotomy for borderline or ovarian cancer were collected. Patients were stratified according individual risk factors for incisional hernia. Incidence of incisional hernia according to mesh placement and fascia closure technique (small bites vs. large bites) was assessed at patients with at least 12 months follow-up. Short and long-term complications were also assessed in both groups (mesh and no mesh).

**Results**

In total, 139 patients with available data for follow-up were included. After clinical and radiological examination 18.71% (26/139) of patients developed incisional hernia. Of all 26 incisional hernias, 18 (69.2%) were detected in non-mesh group, whereas 6 (20.8%) in mesh group (p<0.002). A univariate analysis revealed that malnutrition (albumin<3mg/dL), non-mesh placement and large bites technique were significant risk factors for hernia development. An increased risk of wound complications (seroma and wound dehiscence) was reported in mesh group, without impact on the time to adjuvant chemotherapy.

**Conclusion**

The addition of a prophylactic mesh may reduce the incidence of incisional hernia in ovarian cancer patients, without adding a substantial rate of morbidity.

**Disclosures**

Nothing to disclose.

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**#617 Accuracy of Sentinel Lymph Node Detection with Indocyanine Green Fluorescence (ICG) and Ultrastaging in Early Ovarian Cancer**

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10.1136/ijgc-2023-ESGO.615

**Introduction/Background**

Nowadays, Sentinel Lymph node-SLN biopsy is the gold standard lymph node status assessment in many gynecological tumors. To known the node status is especially important for prognosis in apparent early-stage ovarian cancer. It could be a perfect setting for the use of this technique as we previously demonstrated its feasibility in a pilot study and in a clinical trial. SLN detection allows to know more information with less morbidity.

**Methodology**

Between December 2021–2022 patients with apparent early-stage ovarian cancer prospectively underwent intraoperative-ICG for SLN biopsy and subsequent ultrastaging followed by full staging surgery. The primary objective was to stabilize the accuracy of ICG tracer to detection of SLN and validate ultrastaging analysis for metastasis detection.

**Results**

In total, 15 patients were included. The surgery indication was in 33.3% cases due to an adnexal masse and 66.7% for re-staging propose. Surgery was performed by laparoscopy in 93.3% of cases.

The mean age was 53 years. Regarding the histologic features, 33.3% were low grade and 66.7% high grade. The most frequent histotype was serous (53.3%), followed by endometrioid (26.7%) and clear-cell (20%). The mean tumor size was 99mm.

The site of injection were the utero-ovarian and infundibulo-pelvic stumps. We used ICG tracer (0.2 ml; 1,25 mg/ml) and the technique described in SENTOV Trial. The detection rate were 83%/(10/12) and 100%(15/15) for pelvic and para-aortic nodes respectively. The mean lymph nodes harvested in the subsequent lymphadenectomy were 14±6 and 15±8 pelvic and para-aortic lymph nodes respectively.

The final FIGO stage was IA in 40%, IC in 53.3% 40% and IIB in 6.7%. No lymph node metastasis were found not in SLN after ultrastaging . 2 cases (13%) were up-staged due to positivity of peritoneal washing and other due to pelvic peritoneum involvement.

**Conclusion**

Use of ICG tracer shows promising results for SLN biopsy in early-stage ovarian cancer.

**Disclosures**

Nothing to disclose.