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 both 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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**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 8 (30.8%) 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.