

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 Forty-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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EFFICACY AND SAFETY OF MESH PLACEMENT IN PREVENTION OF INCISIONAL HERNIA IN OVARIAN CANCER PATIENTS UNDERGOING MIDLINE LAPAROTOMY

Berta Fabregó Capdevila*, Ester Miralpeix Rovira, Josep-Maria Sole Sedeño, Jose-Antonio Pereira Rodríguez, Gemma Mancebo Moreno. *Hospital del Mar, Barcelona, Spain*

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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 <3 mg/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 -

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ACCURACY OF SENTINEL LYMPH NODE DETECTION WITH INDOCYANINE GREEN FLUORESCENCE (ICG) AND ULTRASTAGING IN EARLY OVARIAN CANCER

Victor Lago*, Marta Arnáez De La Cruz, Pablo Padilla-Iserte, Marta Gurrea, Luis Matute, Susana Lopez, Beatriz Montero, Santiago Domingo. *La Fe University and Polytechnic Hospital, Valencia, Spain*

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Introduction/Background Nowadays, Sentinel Lymph node-SLN biopsy is the gold standard lymph node status assessment in many gynecological tumors. To know 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 establish 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 No disclosure