Introduction/Background Complete cytoreduction is the most critical prognosticator for survival in ovarian cancer patients. Prediction of suboptimal cytoreduction surgery for advanced ovarian cancer can prevent unnecessary surgery and morbidity. Therefore, the present study compared the R0 rates of patients with advanced stage ovarian cancer in two different settings, one having multidisciplinary team hospital and one without a multidisciplinary team hospital.

Methodology Retrospective cohort study of patients with advanced ovarian cancer who underwent upfront debulking surgery in two settings (n=225). Surgery for advanced stage ovarian cancer may include splenectomy, colon resection, hepatic resection, diaphragmatic stripping, peritoneectomy, cholecystectomy, total colectomy, partial colectomy, primary anastomosis, small intestine resection, ilioanal anastomosis, j-pocche application, liver resection, cholesystectomy, diaphragmatic stripping, and implant resection. The rate of complete cytoreduction in the multidisciplinary team hospital was compared with the rates in the non-multidisciplinary team hospital.

Results The results of the study showed that multidisciplinary team hospitals had a significantly higher rate of complete cytoreductive surgery than non-multidisciplinary team hospitals. R0 rates were 87% vs 45% (p<0.05).

Conclusion Preoperative evaluation to decide resectability of the advanced stage ovarian cancer is not always reliable. Our results supported that multidisciplinary team competence and experience of physicians were more predictive of complete cytoreductive surgery.

Disclosures The authors have no potetial conflict of interest to report.

#745 OVARIAN TUMORS AND PREGNANCY: ABOUT 18 CASES
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Introduction/Background The association of ovarian tumors and gravidiperitoneal state corresponds to any proliferative process developed at the ovarian level during pregnancy.

Methodology The objective of our study is to review this association through the study of cases collected in the department of obstetrics gynecology I at the university hospital Hassan II of Fez during the period January 2017/2023.

Results The age of our patients varies between 20–43 years with an average age of 32 years. 5 of our patients were on oral contraception. None of our patients had a family history of ovarian cancer or Lynch syndrome.

The diagnosis of ovarian tumor was made at different ages of pregnancy with an average of 17 years. The majority of our patients (11 cases) reported acute onset abdominal-pelvic or pelvic pain. Three of our patients presented with metrorrhagia.

Twelve patients underwent laparotomy during their pregnancy, six of them during the first trimester of pregnancy. The surgical procedure was a cystectomy in three cases, oophorectomy in seven cases, adnexectomy in one case, and extended surgery in one case (total hysterectomy with bilateral adnexectomy).

Conclusion Expectation is recommended for ovarian tumors presumed to be benign and not progressing during pregnancy. The risk of miscarriage following surgery (laparoscopy and laparotomy) for ovarian tumor during pregnancy is estimated at 2.8%. The modalities of delivery should not be modified by the ovarian tumor, except in case of obstacle prævia, complication or suspicion of malignancy.

Disclosures The frequency of ovarian tumors discovered during pregnancy is between 0.3 and 5.4%. The most common benign organic ovarian tumors in pregnancy are dermoid cysts followed by cystadenomas. The main complication risk of ovarian tumors during pregnancy is adnexal torsion.

Tumor markers are not reliable during pregnancy. Ultrasound remains the reference examination to characterize an ovarian tumor during pregnancy. Its specificity is lower for the diagnosis of malignancy than outside pregnancy. Pelvic MRI is an efficient examination for the diagnosis of ovarian tumours during pregnancy and provides additional information to ultrasound.

#746 MOLECULAR ANALYSIS OF BRCA AND HRD STATUS FROM SMALL BIOPSYES IN HIGH GRADE SEROUS CARCINOMA. A REAL-WORLD COMPARATIVE ANALYSIS

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Introduction/Background Treatment in high-grade serous ovarian cancer (HGSOC) depends upon knowledge of BRCA and homologous recombination deficiency (HRD) status. Hence, tumor quality is critical for successful genomic analyses. We investigated if samples from ultrasound-guided biopsies (UGB) could yield conclusive results compared to surgical excision specimens (SES).

Methodology A retrospective analysis of HGSOC confirmed through UBG was done. Paired temporal cases from SES were selected. BRCA and HRD analysis was done with Ion Genome StudioTM S5 Prime System using the Oncomine BRCA assay and OncoScan CNV array (Thermo Fisher Scientific).

Results 78 patients diagnosed with HGSOC between 2021–2023 were included. 113 genomic analyses were performed (32 sBRCA and 10 HRD from UBG; 44 sBRCA and 27 HRD from SES). sBRCA analysis from UBG was successful in 65% of samples. Cases with successful results had a higher number of tumor samples (mean 5.5 vs. 4.9), higher total tumor length (mean 19.5 vs. 16.6 mm), higher DNA quality (mean 15.5 vs 1.5 ng/μL) and significantly lower number of IHC stains/series (mean 6.3 vs. 8.4, p=0.024; mean 1.2 vs. 1.8, p=0.06) in comparison with unsuccessful results. Adnexal and omental biopsies were significantly associated with a lower rate of conclusive results than other (cytoblock, colon, lymph node, peritoneal/pleural nodule) sites (50% vs 85%, p=0.034). In addition, UGB done on Friday had a lower rate of successful results than biopsies performed Monday-Thursday (42.8% vs. 69.5%). HRD analysis from UBG was successful in 60% of samples. sBRCA and HRD analysis from SES was successful in 88% and 96% of samples and there were no differences regarding the timing of surgery or NACT.

Conclusion Careful planning of UGB and stepwise tissue diagnosis with respect to influencing factors can increase the success rate of genomic analyses in HGSOC and could be a feasible alternative to SES.