

final AOC (stage IIB-IV) diagnosis confirmed histologically after primary or interval debulking surgery were included.

TVUS was performed before primary debulking surgery and after neoadjuvancy in interval surgery. Preoperative TVUS findings and prediction of rectosigmoid resection were compared to surgical procedures finally performed, and sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were calculated.

Results 64 patients met inclusion criteria and were included for analysis. Preoperative TVUS identified rectosigmoid infiltration suggestive of requiring bowel resection in 24 of 64 women. In this group, the sonographic findings of 18 women were confirmed during surgery and had to undergo rectosigmoid resection. TVUS properly ruled out rectosigmoid infiltration in 33 patients with only 2 false negatives cases. Sensitivity, specificity, PPV and NPV were 90%, 85%, 75% and 94% respectively.

Sonographic rectosigmoid assessment was not valuable in 5 patients, mostly because of large adnexal tumours or abundant intestinal content.

Abstract #971 Table 1 Contingency table. Comparison of preoperative TVUS and intraoperative findings.

		Intraoperative findings	
		Confirmed rectosigmoid infiltration (n=22)	Absence of rectosigmoid infiltration (n=42)
Preoperative TVUS findings	Rectosigmoid infiltration (n=24)	18	6
	Absence of rectosigmoid infiltration (n=35)	2	33
	Rectosigma not valuable (n = 5)	2	3

Conclusion Preoperative TVUS performed by a trained sonographer in AOC could be useful to identify patients with rectosigmoid infiltration and to predict the need of bowel resection, which implies better pre-surgical evaluation and planification.

Disclosures The authors declare no conflict of interest.

#974

DOES BIOCHEMICAL MONITORING HAVE ANY ROLE IN OVARIAN CANCER?

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Introduction/Background Our objective was to determine the role of HE-4 in diagnosing epithelial ovarian cancer (EOC) recurrences, in order to establish the value of adding HE-4 to Ca-125 determination in EOC surveillance.

Methodology All patients included in our project were diagnosed of any stage of EOC, from January 2014 to June 2020. All women had undergone surgical treatment and adjuvant chemotherapy. All patients were considered as optimal cytoreduction and showed a radiological complete response after the surgery. 43 subjects met the inclusion criteria and were included in the analysis.

Ca-125 normal levels were considered when <35 U/mL. HE-4 normal levels were based on the age of the patient. The nadir value was considered the lowest biomarker level

achieved after the treatment. For CA-125, the elevation of the marker despite being negative was considered when it increased >5 U/mL from the nadir value. For HE-4, it was considered when we registered an elevation by ≥25%.

We took the nadir value of each patient as a reference. Then, we analyzed the levels of these markers during the monitoring until the relapse.

Results The 59% and 48.8% of the patients had HE-4 and Ca-125 positive levels respectively at relapse diagnostic. The 26.3% of the patients had Ca-125 negative but HE-4 positive values at recurrence.

In the 30% of the patients the levels of Ca-125 increased >5 UI remaining below the pathological limit. The median time between the elevation of the tumor markers and the radiologic diagnostic of relapse was 4 months for HE-4 and 3.5 months for Ca-125.

Conclusion It seems that adding HE-4 determination to EOC follow-up can improve the detection of recurrences. In some recurrences the levels of Ca-125 increased remaining below the pathological limit. It seems that the tendency of elevation during the follow-up can be useful to diagnose EOC recurrence, especially for Ca-125.

Disclosures All authors declare no conflict of interest.

#976

EVALUATION OF SENTINEL NODE BIOPSY IN EARLY EPITHELIAL OVARIAN CANCER USING NOVEL BLUE LED AND FLUORESCIN DYE: A PILOT PROJECT

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Introduction/Background Systematic pelvic and paraaortic lymphadenectomy in stage I-II EOC upstages 10–30 % patients, due to lymph node involvement. Research on role of sentinel node in ovarian cancer staging like MELISA trial, the SELLY, and SENTOV studies are ongoing. We have crafted this pilot study to evaluate novel cost-effective technique of fluorescein and blue LED or ultraviolet light torch-based SLN technique.

Methodology Prospective pilot study

Clinical trial registration CTRI/2022/07/044474

Duration 2 years (March 2021 to March 2023) at Dr B Borooah cancer Institute

Primary objective demonstrate feasibility and safety of novel approach

Second exploratory objectives sensitivity, specificity, positive and negative predictive values, detection rate and location of sentinel lymph nodes.

Recruited early ovarian cancer > 18 years of age, excluded apparent III/IV disease on imaging or intraoperatively, mucinous, benign histology,

After inspection and obtaining peritoneal washings, dye was injected subperitoneally at ipsilateral infundibulopelvic and uterovarian ligament stumps .

For suspicious masses 15 minutes after dye injection. salpingo –oophorectomy was performed and specimen sent for frozen analysis

1 ml of methylene blue dye and 0.125 ml sodium fluorescein dye mixed and diluted to 5 ml with normal saline. SLN were detected as blue coloured nodes to naked eye and fluorescent nodes by blue light.