Results Prophylactic laparoscopic adnexectomy was performed on 44 patients (average age - 49.4 years). Cancer was accidentally detected in 3 patients (6.5%). RRSO at the age of 60 (only one with Ca 125 increased to 69U/ml, fallopian tube cancer, RRSO at the age of 65 and RRS patient aged 48 - borderline tumour. No cancer was detected in any of the 28 patients including those with cancer during prior pelvic MRI. Most of the patients (26) performed prophylactic adnexectomy after breast cancer. Average age of procedure for both groups was 49.4. Average age of genetic tests in those patients was 45 (whole group - 43.6 years) and average cancer development was 42.4. Two out of 18 patients without family history developed breast cancer after RRSO at ages 40 and 48. None of the patients had STIC (serous tubal intraepithelial carcinoma). One patient had a conversion to laparotomy due to bleeding, which sets complication rate at 2.2%.

Conclusion The recommended age for RRSO is 35–40 years of age. Later, there is a greater risk of developing ovarian cancer confirmed by our analysis. MR and Ca 125 of the pelvis performed before surgery did not increase cancer detection sensitivity. We need standardized evaluation criteria pre-operatively to determine the risk of incidental cancer. Selection is necessary for young patients who have indications for genetic testing which makes prophylactic adnexectomy possible to be performed before the age of 40. RRSO rarely carries risk of complications (0.22–4%) – which was confirmed in our analysis.

Disclosures We have no potential conflict of interest to report.

#532 AUTOMATED DIAGNOSIS OF COLPOSCOPY IMAGES USING A NOVEL SEGMENTATION AND CLASSIFICATION ALGORITHM

Introduction/Background Multiple deep-learning techniques in colposcopy have been tested over the past years with diagnostic accuracy results varying between 50 and 97%. The goal of this study was to evaluate the accuracy of a novel perceiver classification method after an automated segmentation method of digital images of the uterine cervix.

Methodology 1,423 digital native, aceto and iodine colposcopy images with colposcopy assessment (Rio 2001 classification) of digital images of the uterine cervix were collected and analyzed (time period 2017 – 2021). The images were down-sampled and the segmentation was performed by identifying a small core of the region of interest (ROI) followed by expanding this small core to the actual one by using a label propagation algorithm on the neighborhood graph of the super pixels. To classify the images to the CIN categories, perceiver which is a transformer based deep neural network, was trained on the images.

Results The proposed approach reached 100% accuracy in classifying the images from the CIN categories.

Conclusion This novel automated image segmentation and classification of digital colposcopy images outperforms most current state of the art methods. A prospective assessment will assess its external validity and clinical usefulness.

Disclosures no disclosures