In FIGO IV, complete resection was achieved in 72% and 66% of patients, respectively (p=0.002). In FIGO IV, complete resection was achieved in 72% and 66% of patients, respectively (p=0.002). The rate of complete resection did not differ between the stages (p=0.11). Among patients with PS for stage IV disease, pleural involvement and lung metastasis were significantly more common in patients with residual disease as compared to those with complete resection: 32% vs. 14%; p<0.001 and 2.3% vs. 0.2%; p=0.02, respectively.

Conclusion Stage IV EOC patients have similar resection rates as patients with stage IIIC disease in both NACT and PS cohorts. Our results underline, that PS is feasible in patients with FIGO stage IV.

Disclosures COI submitted where applicable.

#808 EVALUATING THE EFFECTIVENESS OF OVARIAN TUMOUR RISK ASSESSMENT STRATEGIES IN A REAL-WORLD NATIONAL SETTING – IN COLLABORATION WITH THE DUTCH GYNAECOLOGICAL ONCOLOGY AUDIT COLLABORATOR GROUP AND THE PALGA GROUP

Introduction/Background Predicting whether an ovarian tumour (OT) is malignant remains a challenge. Risk assessment strategies are used to select which patients with an OT should be referred to oncologic centres. However, their predictive value depends on the prevalence within a population. On hospital level, this prevalence is often known, but on a national level, these data are more difficult to obtain. Significant differences in prevalence exist between individual hospitals and single-centre study results should be generalised with caution. Therefore, we aimed to evaluate the prevalence of malignancy among surgically removed OTs and the accuracy of referral to oncologic centres in the Netherlands.

Methodology Histological reports on surgically removed OTs in 2019 were retrieved from the Dutch Pathology Registry PALGA (Pathologic-Anatomic National Computerized Archive). Reports on prophylactic removed ovaries, recurrent ovarian cancer (OC) and reports of patients below 18 years were excluded. Data on stage, subtype and surgical procedure of malignant and borderline OTs from the same year were obtained from the Dutch Gynaecological Oncology Audit (DGOA).

Results A total of 17469 reports were retrieved from PALGA of which 6122 reports were eligible, including 4867 benign (79.5%), 870 malignant (14.3%) and 385 borderline OTs (6.3%). From DGOA, 1344 reports were retrieved. Referral for cytoreductive surgery for advanced OC was 100%. Early-stage OC and BOTs were also mainly operated in oncological centres and 66 OCs were operated in non-oncological centres (figure 1).

Conclusion Correct classification of OTs is crucial for treatment planning, patients’ well-being and optimal use of health care resources. In the Netherlands, the majority of patients with early-stage OC are correctly referred. Because only 66 OCs were missed out of a total group of 6122 OTs, current risk assessment strategies generally selected the correct patients for referral. However, there is still room to improve preoperative risk assessment.

#898 TUMOR-INFORMED CTDNA DETECTION AS A MARKER FOR POSTOPERATIVE RESIDUAL DISEASE IN EPITHELIAL OVARIAN CANCER – RESULTS OF A FEASIBILITY STUDY

Introduction/Background Complete tumor resection is the most relevant prognostic factor for overall survival in high grade serous ovarian cancer (HGSOC) patients. The current
standard for classification of postoperative residual disease is surgeon’s subjective evaluation at the end of surgery. Thus, a reliable objective predictive marker is currently missing.

**Methodology** In this prospective single-center study, patients with advanced HGSOC (≥ FIGO IIIA1), who underwent surgery between July 2021 and December 2022, were included. Tumor tissue from multiple intraperitoneal locations was obtained intraoperatively and blood samples were collected preoperatively, at day 2 and 10 postoperatively. Low-coverage whole genome sequencing (WGS) was used to identify structural variants (SV), single nucleotide variants (SNVs) and insertion deletions (InDels) in tumor tissue in order to develop personalized digital PCR (dPCR) fingerprint assays.

**Results** In all tumor samples of the 31 included patients, dPCR assays were successfully developed and validated, with a median of 5 biomarkers (SVs and SNVs) per patient. For each patient, an individual SV profile could be established, which remained largely constant throughout multiple tumor localizations of each patient. 30/31 (97%) patients had circulating tumor DNA (ctDNA) detected at baseline before surgery at levels ranging from 0.0005% to 31% variant allele frequency. ctDNA was persistently detected in all patients with macroscopic tumor residuals. A significant decrease in ctDNA was observed in 15/20 (75%) patients with advanced HGSOC and in 6/6 (100%) patients with stage IIIA1-IIIB disease, who had macroscopic complete resection. In 8/20 (40%) patients with complete resection, ctDNA decreased below the detection limit.

**Conclusion** In this feasibility study, tumor-informed ctDNA was preoperatively detectable in 97% participants. In patients with multiple tumor biopsies, the fingerprint was consistent for all tumor locations. A decrease in ctDNA detection correlated with complete tumor resection.

**Disclosures** Study partially funded by SAGA Diagnostics.

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**Video Sessions/Video Cinema**

**01. Cervical cancer**

**#127 LAPAROSCOPIC NERVE SPARING EXTRAPERITONEAL PARAORTIC LYMPHADENECTOMY; CASE PRESENTATION**

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Introduction/Background Laparoscopic extraperitoneal approach was introduced since 1995 which was primarily used for the evaluation of aortic metastases in patients with cervical cancer. The main advantages of extraperitoneal approach are allowing the surgeon to focus on the operative field without interference of the bowel, consequently overcoming issues related to obesity, and generating fewer de novo adhesions than the transperitoneal laparoscopic approach. In this abstract we will discuss the application of laparoscopic nerve sparing extraperitoneal lymphadenectomy in a patient with advanced cervical cancer associated with bulky paraaortic lymph node metastasis.

**Methodology** We applied the left sided laparoscopic nerve sparing extraperitoneal approach for excision of a 5 cm retroperitoneal paraaortic nodal mass for 39 years old female patient with history of Advanced cervical cancer stage IIICr. The decision of surgical removal of this bulky paraaortic nodal mass is to facilitate the effect of the definitive chemoradiotherapy.