supportive health care provider. Autonomy in selecting options for treatment as per socio-economic status was also a facilitator in return visits. Prolonged waiting period for consultation and the perceived indifference of health care staff in a busy OPD were considered as barriers to information and care seeking. Almost all the participants preferred counselling sessions in the native language. Participants also reportedly preferred a female gynaecologic oncologist over a male gynaecologic oncologist when it came to surgical management of these malignancies.

Conclusion The success of gynaecological oncology services in a country comprising both preventive and therapeutic aspects depends on multiple cultural factors. The results of this study may be used to make gynaec oncology care more patient centric in order to provide prompt and high quality care.

Disclosures The authors have no potential conflict of interest to declare.

#748 EVOLUTION OF DEBULKING SURGERIES FOR ADVANCED-STAGE OVARIAN CANCER IN AN ESGO-ACCREDITED DEPARTMENT: A PARADIGM OF CHANGE

Stamatios Petousis*, Chrysoyla Margioula-Sarkou, Frederic Guyon, Konstantina Boriou, Angelos Sioutas, George Mamvromatis, Pavlos Papakotoulas, Alexios Papamikolaou, Konstantinos Dinas. nd Department of Obstetrics and Gynaecology, Aristotle University of Thessaloniki, Thessaloniki, Greece

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Introduction/Background Debunking surgery for advanced-stage ovarian cancer is potentially the most challenging surgical procedure in the context of gynaecological oncological care. Such cases are continuously referred to specialized Units and ESGO accreditation may act attractively for patients and referring departments. Main objective of the present study is to report the evolution of debunking surgeries after the first ESGO accreditation of a Northern Greek Gynaecologic Oncology Unit at the end of 2020.

Methodology A prospective observational cohort was performed concerning patients treated with a diagnosis of advanced-stage ovarian cancer. Epidemiological, histopathological and surgical reports of all patients were prospectively recorded in a computerized database, based on the recommendations of ESGO for advanced-stage ovarian cancer surgery. The present study concerns patients treated between 2020–2022. Rate of optimal cytoreduction, primary and interval debunking surgery, histological subtype of patients as well as evolution of number of cases throughout study period were set in the center of our analysis.

Results There were overall 98 patients operated during study period, of which 28 in 2020, 33 in 2021 and 37 in 2022. Mean age of patients was 61.8 years. Overall complete cytoreduction rate was 79.5% (78/98 patients). This rate remained stable during the overall period (82.1% vs. 78.8% vs 78.4% respectively, P=NS). Primary debunking surgery rate was 68.4% (67/98 cases), the rate also remaining stable during the overall period (71.4%, 72.3% and 67.6% respectively, P=NS). Rates of complete cytoreduction were comparable between primary cytoreductive and interval debunking surgeries (79.7% vs. 79.3%, P=NS). The main histopathological diagnosis was high-grade serous carcinoma (66/98 cases, 67.3%). Finally, there was observed an overall 32.4% increase of treated cases between 2020 and 2022.

Conclusion ESGO accreditation for individual fellowship lead to significant increase of advanced-stage ovarian cancer patients treated in our Department, with a relative maintenance and upgrade of provided services level.

Disclosures Authors have nothing to disclose.

#818 GENETIC IMPLICATIONS OF A COMPREHENSIVE CANCER GENOME PROFILING PROGRAMME IN A MONOINSTITUTIONAL STUDY: FOCUS ON GYNECOLOGICAL CANCERS

1Simona Duranti, 1Arianna Panfili, 1Camilla Nero, 1Emanuela Lucci Cordisco, 1Floriana Camarda, 1Flavia Giacomini, 1Ilenia Marino, 1Angelo Minucci, 1Lucia Musacchio, 2Valentina Iacobelli*, 1Luciano Giaco, 1Tina Pasciuto, 1Mania De Bonis, 1Alessia Preziosi, 1Paolo Casu, 1Anna Fagotti, 1Francesco Fanfani, 1Domenica Lorusso, 1Maurizio Genuardi, 1Giovanni Scambia. 1Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; 2Università Cattolica del Sacro Cuore, Rome, Italy

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Introduction/Background Comprehensive cancer genome profiling (CGP) evaluation is recommended at least in academic centres for the identification of actionable somatic mutations in a selected subgroup of cancers. Somatic variants could have a germline correlation. Here, we report the possible genetic implications of a CGP programme in ovarian (OC) and endometrial cancers (EC).

Methodology In this monocentric interventional prospective study (ID FPG500, IRB approval 3837), all cancer patients with indication for any molecular assessment were profiled through a CGP (523 genes, TSO500HT, Illumina). Each case was reviewed by a geneticist for the identification of suspected germline variants (both variants related to cancer susceptibility and other actionable genetic conditions). In this abstract, we report data regarding OC and EC.

Results From January 2022 to December 2022, 244 EC and 443 OC underwent CGP. 222 (32%) patients were referred to genetic counselling (23% of EC and 36% of OC) for suspected germline variants in 32 and 42 genes, respectively. As expected, for EC, the most common suspected germline variants were mismatch repair genes (MLH1, MSH2, MSH6; 19 variants). For OC, the majority of patients (61%) were referred to geneticist for BRCA1/2 germline evaluation. Data on germlinal confirmation are available for 73/222 (33%). 30% and 64% of EC and OC somatic variants were confirmed being of germlinal origin, respectively. Interestingly, 3/5 (60%) of EC and 10/36 (28%) of OC confirmed germline variants are in cancer predisposing genes other than Lynch syndrome (MUTYH, LZT1, BRIP1) and BRCA1/2 genes (MLH1, MSH2, BRIP1, RAD51C, RAD51D, ATM, CHEK2, FANCC, ERCC2), respectively.

Conclusion Beside therapeutic and prognostic implications, CGP can identify variants related to hereditary cancer predisposition conditions allowing cascade prevention and identification of affected relatives. Moreover, a CGP could improve the
#825 FEASIBILITY ANALYSIS OF OVARIAN CANCER PERITONEAL WASHINGS OR ASCITES AS A SAMPLE SOURCE FOR MOLECULAR TESTING AND ITS VALUE IN PREDICTING PERITONEAL METASTASIS

Wei Duan*. Beijing Obstetrics and Gynecology Hospital, Beijing, China
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Introduction/Background To investigate whether preoperative peritoneal irrigation fluid or ascites circulating tumor DNA (ctDNA) detection in ovarian cancer patients can be used as a substitute or supplement for tumor tissue when it is not desirable; Whether preoperative peritoneal irrigation fluid or ascites ctDNA testing is more sensitive than cytology and can be used to aid diagnosis of metastasis and clinical staging.

Methodology A total of 24 patients with stage I-IV ovarian cancer who underwent surgery in the Department of Gynecologic Oncology, Beijing Obstetrics and Gynecology Hospital from November 1, 2021 to August 31, 2022 were enrolled. Preoperative peritoneal irrigation fluid or ascites and blood and tumor tissue samples were taken. The patient's tumor tissue, blood and peritoneal irrigation fluid or ascites were sequenced by gene chip target area capture and high-throughput sequencing detection technology, and 520 genes highly related to tumor development and personalized treatment were sequenced, and the consistency of circulating tumor DNA detection rate in peritoneal fluid with genetic mutations in tissue samples was evaluated, whether peritoneal irrigation fluid or ascites next-generation sequencing (NGS) was more sensitive than blood NGS, and the consistency of peritoneal irrigation fluid.

Results A total of 24 patients with ovarian cancer were screened according to the inclusion exclusion criteria, and a total of 70 samples (including 24 tissue samples, 24 blood samples, 22 peritoneal irrigation fluid or ascites samples) from 24 patients were included in the follow-up analysis. The mutation detection rate was 100% (24/24) in tumor tissue samples, 82% in abdominal irrigation fluid or ascites samples, and 62% in blood samples.

Abstract #825 Figure 1

Conclusion The detection of ctDNA in peritoneal washing fluid or ascitic fluid can be used as a priority replacement or supplement when tumor tissue is not desirable, and can also be used for auxiliary diagnosis of metastasis and clinical staging.

Disclosures The authors declare no disclosures.