

positive and negative rate and accuracy of 5%, 23% and 88%, respectively, to predict malignancy. In the subgroup of ovarian lesions inconclusive at the US expert examination (n=22), O-RADS MRI showed an overall accuracy of 100%.

Conclusions: In this study, O-RADS MRI score was accurate when stratifying the risk of malignancy in adnexal masses. O-RADS MRI score can be used to further characterise ovarian lesions indetermined by Simple Rules that remained inconclusive at US expert examination.

OC13.04: Table 1.

Expert US subjective impression (n = 34)	Histological findings		
	Benign	Borderline	Malignant
Inconclusive	15 (44.1%)	3 (8.8%)	4 (11.8%)
Benign	5 (14.7%)	1 (2.9%)	0
Borderline	0	2 (5.9%)	1 (2.9%)
Malignant	1 (2.9%)	1 (2.9%)	1 (2.9%)
O-RADS MRI final score in inconclusive expert US subjective impression (n=22)			
1	0	0	0
2	3 (13.6%)	0	0
3	12 (54.5%)	0	0
4	0	2 (9.1%)	0
5	0	1 (4.5%)	4 (18.2%)

OC13.05

Three-dimensional ultrasound in evaluation of myometrial invasion in endometrial cancer

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Objectives: Prognosis in endometrial cancer depends on stage and histological grade. Ultrasound scan is a useful preoperative tool in endometrial carcinoma. Three-dimensional ultrasound (3DUS) has distinct advantages over two-dimensional ultrasound (2DUS) providing information about the coronal plane, which allows better visualisation of endometrial-myometrial junction, thus providing better visualisation of myometrial invasion in cases of endometrial cancer. The objective of our study is to evaluate the role of 3DUS in the evaluation of myometrial invasion in patients with endometrial cancer.

Methods: A sample of 3DUS volumes of 108 patients with ultrasonographic staging of histologically confirmed endometrial carcinoma, were prospectively evaluated in order to classify myometrial invasion as >50% versus <50% or no myometrial invasion using subjective assessment. Sensibility (S), specificity (SP), positive predictive value (PPV) and negative predictive value (NPV) and accuracy were calculated.

Results: 20 patients were ultrasonographically suspected of having myometrial invasion >50%. In 88 patients no myometrial invasion or invasion <50% was ultrasonographically suspected. Histology confirmed myometrial invasion >50% in 16 cases and no invasion or invasion <50% in 92 cases. 3DUS demonstrates S: 93.8%, SP: 94.6%, PPV: 75%, NPV: 98.9% and accuracy: 94.4%.

Conclusions: Three-dimensional ultrasound is useful in the evaluation of myometrial invasion in patients with diagnosis of endometrial cancer.

*This presentation is eligible for the Young Investigator award.

OC13.06

Abstract withdrawn

OC13.07

Sonologic features of vulvar cancer and lymph node status among patients at a tertiary hospital: a 10-year review

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Objectives: To determine the sonologic features of different vulvar malignancies and to compare accuracy of ultrasound in identifying lymph node status.

Methods: This is a retrospective descriptive study. Patient records, ultrasound images, reports of vulvar cancer with L/S ratio of inguinal nodes were reviewed from year 2010-2019. Accuracy of ultrasound to detect lymph nodes and correlation of L/S ratio to histopathology were done. Chi-square test determined association between sonologic features and FIGO stage.

Results: The study included 49 patients. Most common histopathologies were squamous cell carcinoma (SCCA), vulvar melanoma (VM) and adenocarcinoma (ADCA). Most tumours were ≥4 cm, unifocal, and lateral in location.

SCCA, verrucous carcinoma, VM, ADCA, adenosquamous (ASCA), eccrine carcinoma (ECCA) and carcinosarcoma (CS) were irregular heterogeneous masses. Leiomyosarcoma (LMS) and proximal-type epithelioid sarcoma (PES) were regular, heterogeneous masses. Paget's disease of vulva (PDV) was hypoechoic with regular borders. Vascularities were absent in PDV and LMS, minimal in ECCA, moderate in ASCA and PES, moderate to abundant in CS, and variable in VM. Accuracy of ultrasound in detecting lymph nodes was 78%; accuracy of L/S ratio was 75%. Tumour border and FIGO stage showed significant association to histopathologic type.

Conclusions: Sonologic features and accuracy of lymph node detection in vulvar malignancies helps in prognostication of vulvar cancer. Nodal morphometric studies are recommended for future research.

Supporting information can be found in the online version of this abstract

OC13.08

*Predicting risk of malignancy in adnexal masses using IOTA ultrasound models and RMI: experience of a tertiary care center in India

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Objectives: To study the diagnostic performance of RMI, IOTA Simple Rules, LR models and ADNEX model to pre-operatively discriminate adnexal masses and to evaluate polytomous classification by ADNEX model.

Methods: It is a cross-sectional diagnostic study using prospectively collected clinical and ultrasound data. A total of 110 patients, aged between 14-75 years, with adnexal masses presenting to the Gynecology OPD at a tertiary care centre were enrolled in the study. Each of the enrolled patients underwent an ultrasound examination prior to surgical intervention. Malignancy risk was calculated using five prediction models RMI II, Simple Rules, LR1, LR2 and ADNEX model. Predicted risk was compared with post-operative histopathology.