biopsy of an enlarged inguinal lymph node, which the patient self noticed, while tumor markers (TM), gynecological examination and imaging techniques were negative for mullerian neoplasia. High dose corticosteroids (75mg a day of prednisone) were needed to treat DM during hospitalization, but it only recovered when Carboplatin AUC 5 d1q21 neoadjuvant chemotherapy was started. Then DM reappeared with disease progression during chemotherapy and at recurrence after cytoreductive surgery.

Conclusion 3 to 40% of DM are paraneoplastic: ovarian, colorectal, breast and lung cancer are most frequently related, so every patient with DM must be carefully evaluated in order to identify or exclude malignancy. Every woman with DM has to be assessed by a gynecologist, and then referred to an oncological gynecologist if OC is detected in order to receive appropriate treatment; patients with family history of OC and breast cancer have to be carefully evaluated during time, since OC may be occult. During OC treatment and follow up, in a patient with paraneoplastic DM, the cutaneous and muscular symptoms have to be investigated because they represent a red flag to identify recurrence or disease progression.

Disclosures The authors have indicated they have no conflicts of interest

#384 FIRST INTERIM ANALYSIS OF THE SCOUT-1 STUDY (NOGGO OV54, NCT04830709): A NON-INTERVENTIONAL STUDY TO EVALUATE TREATMENT PATTERNS AND LONGTERM OUTCOME IN PATIENTS WITH NEWLY DIAGNOSED ADVANCES OVARIAN CANCER

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Introduction/Background The current standard of care for advanced ovarian cancer (OC) consists of upfront surgery, with the goal of complete macroscopic resection, followed by platinum-based chemotherapy and maintenance therapy (MTX) with poly(ADPribose) polymerase inhibitors (PARPi) or bevacizumab as monotherapy or in combination. The prospective, non-interventional SCOUT-1 study (NOGGO ov54, NCT04830709;) was initiated to assess treatment patterns and long-term outcome including the usage of the MTX and outcomes in patients with newly diagnosed advanced OC in Germany.

Methodology 750 Patients providing written informed consent, with completed surgery (if applicable), eligible for platinum-based chemotherapy, tested for BRCA1/2 mutations (solitary or within HRD-test) and willing/able to complete PROs electronically, are planned to be enrolled and followed for up to 7 years.The study is designed to analyze three cohorts of special interest (PARPi maintenance, bevacizumab maintenance, no maintenance). Interim analyses were defined at 175, 250 and 375 enrolled patients and followed for at least 3 months in order to assess the distribution across cohorts, safety and gain first insight into characteristics of patients.

Results Data from the first 175 patients enrolled in the study were used for first interim analysis (Data cut-off April 20th, 2023). Baseline characteristics, treatment patterns and safety will be presented stratified by cohorts of interest.

Conclusion The first SCOUT-1 data reflects current real-world practice and transfer from phase III trials into clinical routine. Future analysis should define the barriers to improve the quality of care.

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#390 ACCURACY OF ULTRASOUND US, MRI AND INTRAOPERATIVE FROZEN SECTION IN THE DIAGNOSIS OF OVARIAN TUMOURS: DATA FROM A LONDON TERTIARY CENTRE

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Introduction/Background Ovarian cancer has the worst prognosis among all gynaecological cancers. The pre-operative and intraoperative diagnosis of ovarian tumours is imperative to ensure the right operation is performed and to improve patients' outcomes.

Methodology This was a retrospective study from January 2017 to December 2021. Cases submitted for intraoperative frozen section diagnosis for the ovary and subsequent histopathological diagnosis were analysed. Frozen section cases were categorized as benign, borderline and malignant.

In cases where a pre-operative US and MRI subjective impression of the examiner was given, the diagnosis on imaging was compared to the final histological diagnosis.

Statistical analysis was performed using Stata MP v17.0 software (USA, 2023) and the diagnostic performance of US, MRI and frozen section compared to the final histological diagnosis was recorded.