



## P120. A MODIFIED RISK MALIGNANCY INDEX, TO PREDICT OVARIAN CANCER, A BICENTRIC PRELIMINARY STUDY

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Context: Ovarian cancer is the most common cause of gynecologic cancer death in the developed world.

Objective: Because early diagnosis of ovarian cancer is very difficult in most cases, we propose to use a new ``risk malignancy index`` to assess the risk of ovarian cancer. The calculator could be useful to reduce the time from malignancy "onset" to the final diagnosis. Methods: The original calculator (RMI) risk malignancy index = U(ultrasound score)x M(menopause status)x CA125 level was successfully applied to distinguish benign from malignant cases. Patients: Twenty seven patients from two gynecological clinics: Alexandroupolis University Hospital and Rea Hospital in Athens, Greece diagnosed with ovarian cancer were included in this study. Intervention: We studied a new modified calculator (NRMI) with more parameters for the prediction of malignancy: NRMI including Risk factors (as infertility and endometriosis) and protective factors (as pregnancy and breastfeeding) for ovarian malignancy. We studied the two indexes RMI and NRMI in our series of patients to predict the risk of ovarian malignancy. Main Outcome Measures: Transvaginal ultrasound and CA 125 levels were assessed. Results: RMI could correctly predict malignancy in 29.6% of the cases (8 of 27) whereas modified calculator NRMI in 66.7% of the cases (18 of 27). Actually, in 12 cases RMI values were <200 and the corresponding values of NRMI were >200. In only two cases, RMI correctly predicted malignancy which was missed from NRMI. However, history of endometriosis and polycystic ovarian syndrome increased the score using the NRMI (> 200). In 6 cases, both RMI and NRMI values were <200(false negative).

Conclusions: The ability for malignancy prediction with an ``Ovarian cancer Index`` could be improved by this new index NRMI, which include also risk and protective factors. However, because the accuracy of the Indexes is less than seventy percent, clinical judgment should be always considered in combination with the Index.

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