**CONCLUSION**

Although PET-CT had a high false negative rate in predicting the intra-abdominal disease, presence of <3 implants in PET-CT correlated to a higher rate of complete secondary cytoreduction.

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**INTRODUCTION**

The standard of care after epithelial ovarian cancer recurrence is chemotherapy. However, some retrospective reports suggest a potential outcome benefit in favor of secondary cytoreductive surgery (SCS), while 2 prospective randomized trials are still ongoing and with partial results.

Computed tomography (CT) is the imaging modality most used to detect recurrent ovarian cancer. It has the benefit of excellent anatomic definition but provides no functional information. Moreover, studies have reported the diagnostic value of combined FDG-PET/CT for recurrent ovarian cancer diagnosis.

Our aim was to analyze the role of PET-CT (18F-FDG) in predicting complete surgical resection in recurrent ovarian cancer.

**METHODS**

We included 65 patients that had PET-CT before secondary cytoreductive surgery (SCR) in AC Camargo Cancer Center from February 2008 to March 2017. All patients had platinum sensitive recurrent epithelial ovarian cancer with no evidence of disease outside the abdomen. False negative PET-CT was considered as the presence of more disease than suggested by the PET-CT.