Result(s)* Time taken for performing the surgery was 102 minutes. Frozen section of the left adnexal mass was reported as serous Borderline Ovarian tumour. Cytology of the peritoneal washing collected was reported to be negative for malignant cells. Pathological examination of the specimen showed Atypical proliferative serous tumour/serous borderline ovarian tumour of left ovary with surface involvement- FIGO stage I C2. Uterus had multiple leiomyoma. The pelvic nodes, omental tissue and the peritoneal tisssues were negative for implants or malignancy. The post- operative period was uneventful, and the patient was discharged on postoperative day 2.
Conclusion* Robot Assisted Laparoscopic staging surgery can be performed safely in selected cases by well-trained surgeons without compromising the oncological outcomes.

1013 RESOLUTION AND PERSISTENCE OF OVARIAN CYSTS USING CYST DIAMETER IN ORDER TO RELATE FINDINGS TO THE PRACTICING PHYSICIAN

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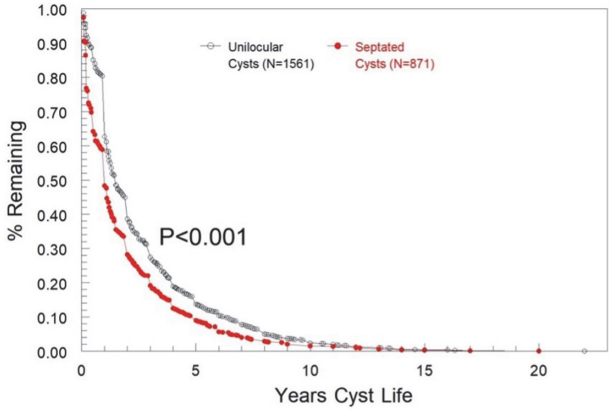
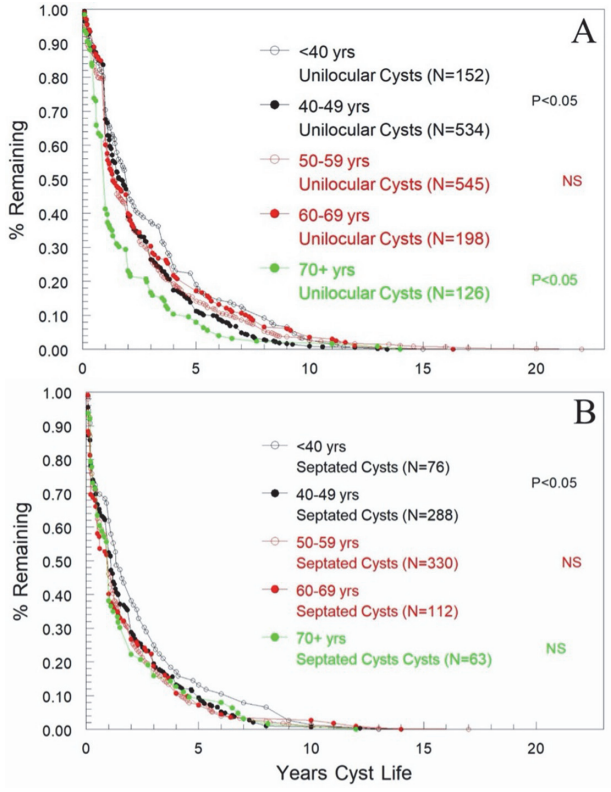
Introduction/Background* Ovarian cysts frequently resolve on their own, but little information on resolution is available for use in clinical practice. The objective of this study was to characterize the resolution of incident ovarian cysts in relation to cyst diameter, structure, age, body habitus, and menopausal status. These categorizations are important for decisions on whether to continue monitoring the cyst or intervene surgically.
Methodology A total of 2,638 women with incident cysts were selected who had undergone 51,356 transvaginal ultrasound examinations in the University of Kentucky Ovarian Cancer Screening Program and were negative for ovarian malignancy. Prevalent cysts were excluded as they would be examined with an undefined course of first appearance when defining resolution time. Other exclusions included women with concurrent ovarian malignancies, cysts with solid components, and cases where surgery interrupted the natural history of measured cysts. The descriptor reported here is cyst diameter used to relate findings to physicians discovering these structures by bimanual examination. The variables collected in this study were: age, BMI, cyst diameter, cyst structure (loculation/septation), family history of ovarian cancer, and use of hormone replacement therapy. All images were reviewed by a physician. Methods of analysis include t-tests, chi-square, and Cox regression analysis of cyst resolution times.
Result(s)* Women with a history of 1 or more cysts were included so that 2,465 unilocular and 1,420 septated cysts were available for analysis. Septated cysts (mean ± SEM, 3.8 ±0.03) had a larger diameter than unilocular cysts (3.4 ±0.03), P<0.05. The resolution of incident septated cysts was faster than unilocular cysts. Unilocular cysts, but not septated cysts, resolved the quickest in women 70+ years of age, and resolution was the most prolonged in women <40 years. No difference in resolution was observed between pre- and postmenopausal status nor BMI in the resolution of unilocular or septated cysts.
Conclusion* While septated cysts tended to have a larger diameter than unilocular cysts, they were observed to resolve more rapidly. Menopausal status and body mass index were not seen to have an influence on the time to resolution of unilocular and septated cysts. For the clinician, this study establishes expectations for cyst resolution based on a primary estimation of cyst diameter in a population where no malignancy was observed.



Abstract 1013 Figure 1



Abstract 1013 Figure 2

1015 LINEAR RELATIONSHIP OF PERITONEAL CANCER INDEX AND SURVIVAL IN PATIENTS WITH EPITHELIAL OVARIAN CANCER IN CARCINOMATOSIS

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