Introduction/Background The survival benefit of monitoring CA125 in ovarian cancer patients after primary treatment is debated due to findings varying from insignificant survival differences to prolonged median overall survival in favor of asymptomatic patients. Hence, we aimed to compare ovarian cancer patients with and without symptoms at time of first diagnosed recurrence in terms of post-recurrence survival and overall survival and to explore time to recurrence and common symptoms at recurrence.

Methodology We included 421 women with ovarian cancer from a prospective multi-institutional Norwegian study of first recurrence of gynecological cancer over the period March 2012 to April 2016. Patients were interviewed by clinicians at the participating hospitals, and patient-reported and clinical variables were recorded in a standardized questionnaire. The Kaplan-Meier method and the multivariate Cox model were used to evaluate post-recurrence survival and overall survival.

Results Of the 406 patients included, 183 were diagnosed with asymptomatic recurrence, and 223 had symptoms at recurrence. Asymptomatic patients had their recurrence detected two months later than symptomatic patients (14 versus 12 months, respectively, \(p=0.17 \)). Median post-recurrence survival was significantly longer in asymptomatic patients compared to patients with symptoms at recurrence (33.9 versus 26.2 months, respectively, \(p=0.002 \)). The post-recurrence survival rate remained higher for symptomatic patients in the adjusted analysis \((HR=1.42, p=0.001)\). Median overall survival was 47.8 months for asymptomatic patients versus 44.0 months for symptomatic patients in the unadjusted analyses \((p=0.056)\). Asymptomatic patients had a significantly longer survival in the adjusted analysis \((HR=1.24, p=0.046)\). Pain was the most common symptom at recurrence (54%).

Conclusion Patients with asymptomatic recurrence had better prognosis based on the post-recurrence data and the multivariate Cox regression analysis of overall survival. However, a closer exploration of differences in development of recurrence is needed as these results may give rise to more individualized follow-up for ovarian cancer patients.

Introduction/Background Cytology should be sent on all ascitic fluid presumably of malignant ovarian neoplasm. The overall sensitivity of cytology smears for the detection of malignant cells is 58 to 75 percent. The sensitivity of cytology depends upon the amount of fluid sent, number of specimens processed, the quality of processing including the cell block preparation. It has been suggested that at least 50 mL of ascitic fluid be submitted and either hand-carried to the laboratory or placed immediately into a fixative. We tried to increase the sensitivity of cytological diagnosis by increasing the amount of fluid and adding cell block to it.

Methodology 45 cases of presumably advanced ovarian malignancy was chosen which could not be debulked optimally upfront over a period of 6 months from October 2021 to end of April 2022. It is a single arm retrospective observational study. Inclusion Criteria: Age more than 40 years, presence of at least mild ascites, adnexal mass & omental thickening in CT films, normal upper GI endoscopy & bilateral USG breasts. Data obtained from OPD & daycare records. Variables like upfront abdominal girth at the outset, fluid colour, ADA, cell type & count, amount of fluid drained were kept.

Results In all 45 cases pleural fluid at least 500 mL of ascitic fluid were sent for cytology & cell block. Initially in 10 cases only cytology were sent they were all +ve later on both cytology & cell block were sent, they were all +ve on cell block. Hence forth cytology & cell block were sent in all. Out of 45 cases only in two cases, malignant cells were not found.