

2022-RA-423-ESGO

SYMPTOMATIC OR ASYMPTOMATIC RECURRENCE OF OVARIAN CANCER: DOES IT INFLUENCE SURVIVAL?

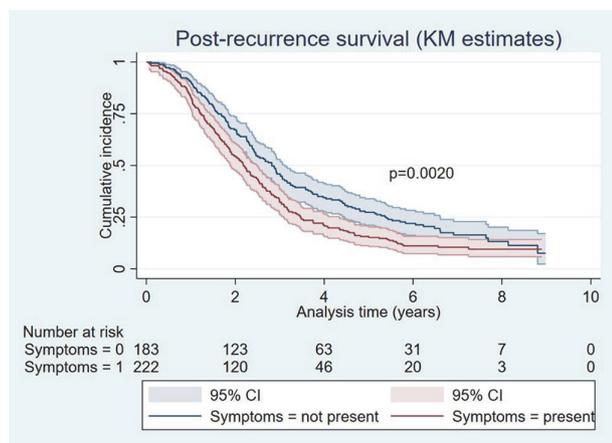
¹Karen Madland, ^{2,3}Line Børge, ⁴Milada Cvancharova Småstuen, ⁵Anne Dørum, ^{6,7}Ingvild Vistad. ¹Haukeland University Hospital, Bergen, Norway; ²Department of Clinical Science, University of Bergen and Department of Obstetrics and Gynecology, Centre for Cancer Biomarkers CCBIO, Bergen, Norway; ³Department of Gynecology and Obstetrics, Haukeland University Hospital, Bergen, Norway; ⁴Department of Nursing and Health Promotion, Oslo Metropolitan University, Oslo, Norway; ⁵Department of Gynecologic Oncology, Oslo University Hospital, The Norwegian Radium Hospital, Oslo, Norway; ⁶Department of Gynecology and Obstetrics, Sorlandet Hospital, Kristiansand, Norway; ⁷Clinical Department 2, University of Bergen, Bergen, Norway

10.1136/ijgc-2022-ESGO.500

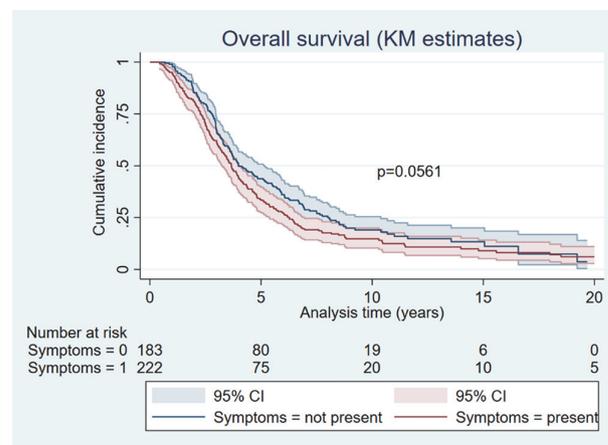
Introduction/Background The survival benefit of monitoring CA125 in ovarian cancer patients after primary treatment is debated due to findings varying from insignificant survival differences to prolonged median overall survival in favor of asymptomatic patients. Hence, we aimed to compare ovarian cancer 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%).



Abstract 2022-RA-423-ESGO Figure 1



Abstract 2022-RA-423-ESGO Figure 2

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.

2022-RA-429-ESGO

FLUID CYTOLOGY AND CELL BLOCK IN THE DIAGNOSIS OF ADVANCE OVARIAN CANCER

Swarna Bindu Banerjee. Medical Oncology, Medical College Hospital Kolkata, Kolkata, India

10.1136/ijgc-2022-ESGO.501

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.

40 cases the fluid was straw coloured, 4 cases haemorrhagic, 1 case chylous.

Conclusion By increasing the amount of the ascitic fluid drained and adding cell block to it the sensitivity almost approaches 100%. i.e 95%. However we require a larger sample size to make our observation statistically significant.

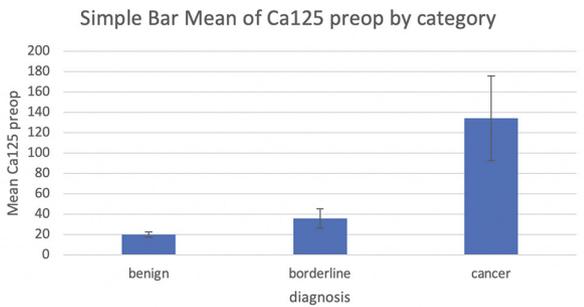
2022-RA-431-ESGO CLINICOPATHOLOGIC FEATURES AND OUTCOMES OF MUCINOUS OVARIAN TUMOURS: A RETROSPECTIVE STUDY

Emmanouil Katsanevakis, Waziri Addo-Yobo, Jafaru Abu, David Nunns, Carmen Gan, Ketankumar Gajjar. *Nottingham University Hospitals NHS Trust, Nottingham, UK*

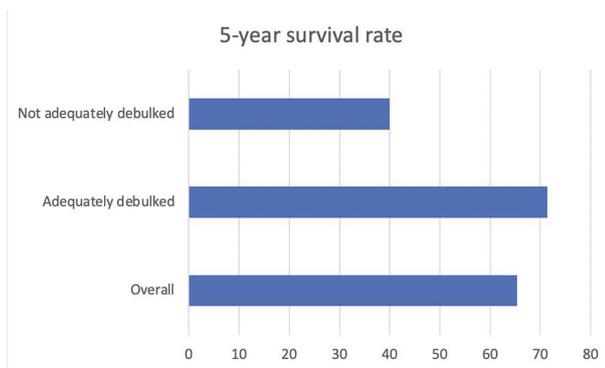
10.1136/ijgc-2022-ESGO.502

Introduction/Background Mucinous ovarian tumours represent a rare entity of ovarian neoplasms. More specifically some authors report that mucinous ovarian cancer accounts for 12% of ovarian cancer, however newer studies show that the true incidence could be as low as 3%. The aim of this study is to compare and understand the clinicopathological characteristics of patients with mucinous ovarian neoplasms, report the survival rate in patients with mucinous ovarian cancer and show how it may defer according to surgical treatment.

Methodology This is a retrospective data collection on patients with mucinous ovarian tumours (benign, borderline and malignant) operated in Nottingham gynaecological oncology cancer centre over a 5-year period. Data were analysed using SPSS software. The Kolmogorov-Smirnov test was performed to assess the distribution of data and the Kruskal-Wallis test was performed to compare the data across the 3 groups.



Abstract 2022-RA-431-ESGO Figure 1



Abstract 2022-RA-431-ESGO Figure 2

Results 245 patients with mucinous ovarian neoplasms were treated in our centre over this period. 26 cases were malignant. The mean age of presentation is 46 years for the benign cases, 52 years for the borderline cases and 54 years for the malignant cases. Mean CA-125 levels in malignant cases is 134 compared to 20 and 35.5 for benign and borderline cases respectively ($p < 0.01$). The overall 5-year survival amongst patients with cancer is 65.4%. The 5-year survival rate amongst adequately debulked patients is 71.4% whereas in the not-adequately debulked cases is 40%. The overall disease recurrence rate is 23% and the average date of recurrence is 8.8 months after primary surgery.

Conclusion Clinical outcomes in adequately debulked cases of mucinous ovarian adenocarcinoma are fairly good, especially in early-stage disease. However, disease recurrence continues to pose challenges to the clinicians. Histological classification of mucinous ovarian neoplasms can also be very challenging, especially in cases of concurrent bowel or peritoneal cancer.

2022-RA-435-ESGO SIGNIFICANCE OF THE PERITONEAL WASHING CYTOLOGY AS A PREDICTIVE FACTOR OF THE LONG-TERM BENEFIT OF SECONDARY DEBULKING SURGERY FOR OVARIAN CANCER

Hiroaki Nagano, Akimasa Ichinoe, Kazunori Hashimoto. *Obstetrics and gynecology, Tokyo Women's Medical University School of Medicine Adachi Medical Center, Tokyo, Japan*

10.1136/ijgc-2022-ESGO.503

Introduction/Background The role of surgery in ovarian cancer recurrence is still debated. Previous studies indicate that only complete resection is associated with long-term benefits. Therefore, this study aimed to determine other clinical factors of ovarian cancer relapse in patients who might obtain survival benefits from secondary debulking surgery (SDS).

Methodology We retrospectively examined the clinical records of patients with ovarian high-grade serous carcinoma (HGSC) who underwent SDS for intraperitoneal recurrent disease. Platinum-free interval (PFI), residual tumor size at initial surgery and SDS, peritoneal washing cytology (PWC) at SDS, and performance-status (PS) score before SDS were investigated. All patients underwent assessment with computed tomography prior to surgery and during follow-up. Patients with short post-SDS follow-up were excluded.

Results From 2007 to 2018, 59 patients with ovarian, fallopian, or peritoneal HGSC were treated at our institute. Among them, 35 patients experienced relapse with intraperitoneal disease. Fourteen patients underwent SDS. One patient was excluded because of a short follow-up. The median patient age was 70 years, and the median PFI was 36 months. Complete resection at the initial surgery and a PS score of 0 were confirmed in 11 and 10 patients, respectively. Ascites was not observed in any patient. Complete resection at SDS was performed in 12 patients. PWC was negative in 9 patients and positive in 4 patients. All the cytology-positive patients experienced intraperitoneal recurrence after SDS, but none of the cytology-negative patients experienced recurrence during follow-up (median 78 months). The association between PWC