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.

**Clinical Pathologic Features and Outcomes of Mucinous Ovarian Tumours: A Retrospective Ovarian Study**

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**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.

**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.

**Significance of the Peritoneal Washing Cytology as a Predictive Factor of the Long-Term Benefit of Secondary Debulking Surgery for Ovarian Cancer**

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**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