

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.

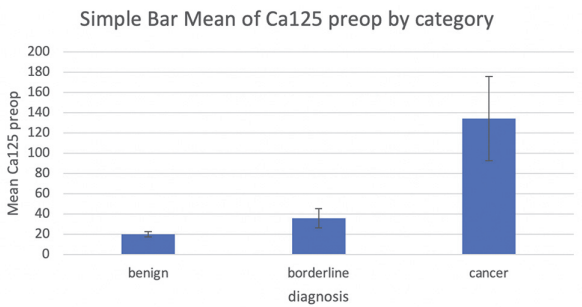
**2022-RA-431-ESGO CLINICOPATHOLOGIC FEATURES AND OUTCOMES OF MUCINOUS OVARIAN TUMOURS: A RETROSPECTIVE STUDY**

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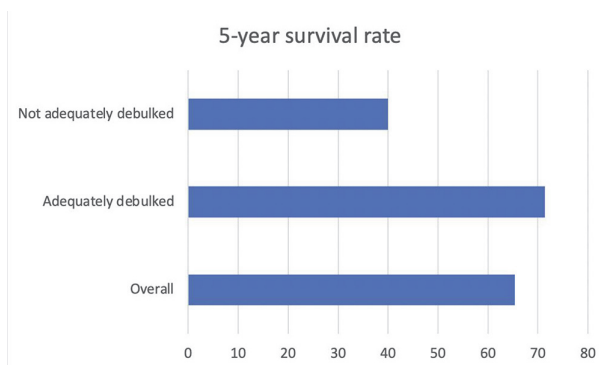
10.1136/ijgc-2022-ESGO.502

**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**

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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

**Abstract 2022-RA-435-ESGO Table 1** Summary of patient data

No	Age	FIGO stage	Initial surgery/residual	PFI (month)	Prior chemo	PS	Ascites	SDS/residual	Washing cytology	Intraperitoneal relapse after SDS	Outcome	Follow up (month)
1	74	IVB	IDS/0 mm	32	no	0	no	0 mm	negative	no	NED	82
2	72	IIIC	IDS/<10 mm	6	yes	1	no	<10 mm	positive	yes	DFD	16
3	82	IIIC	PDS/0 mm	17	no	1	no	0 mm	positive	yes	DFD	40
4	65	IIIC	PDS/0 mm	81	yes	0	no	0 mm	negative	no	NED	20**
5	66	IC	PDS/0 mm	60	no	0	no	0 mm	negative	no	LN meta/ NED*	89
6	69	IIIC	PDS/<10 mm	37	yes	0	no	0 mm	negative	no	NED*	84
7	70	IIIB	PDS/0 mm	44	no	1	no	0 mm	positive	yes	DFD	36
8	53	IC	PDS/0 mm	42	yes	0	no	0 mm	negative	no	NED	108
9	73	IIIC	IDS/0 mm	27	yes	0	no	0 mm	negative	no	DFOD	78
10	72	IIIC	PDS/0 mm	36	yes	0	no	0 mm	negative	no	Brain meta/ DFD	43
11	77	IIC	PDS/0 mm	63	no	0	no	0 mm	negative	no	DFOD	58
12	57	IIIC	IDS/0 mm	27	yes	0	no	0 mm	positive	yes	DFD	17
13	48	IIIC	PDS/0 mm	23	yes	0	no	0 mm	negative	no	NED	44**

and recurrence after SDS was significant (p = 0.0014, Fisher's exact test).

**Conclusion** PWC, in addition to complete resection, seems a notable predictor of the long-term benefit of SDS for patients who experience ovarian cancer recurrence.

**2022-RA-437-ESGO META-ANALYSES REVEAL SERUM OR PLASMA INTERLEUKIN-6 AS A BIOMARKER FOR MALIGNANT OVARIAN NEOPLASIA**

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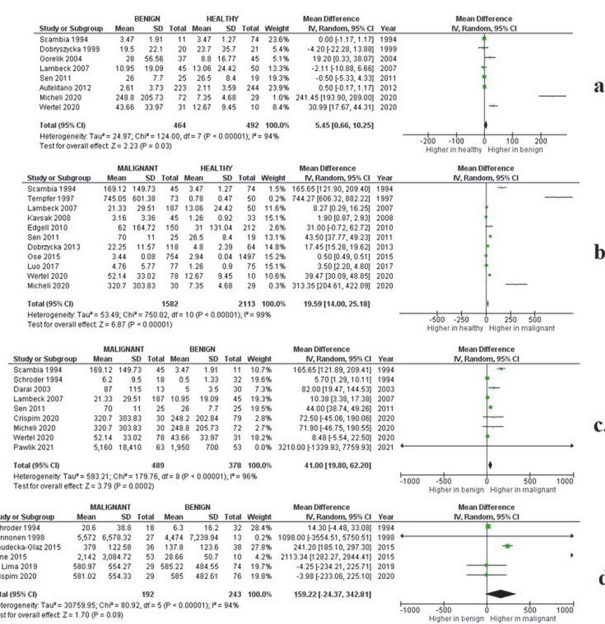
10.1136/ijgc-2022-ESGO.504

**Introduction/Background** Interleukin-6 (IL-6) has been implicated in various malignancies, including ovarian cancer. However, mixed results have been observed regarding IL-6 levels in different ovarian conditions. This meta-analysis was performed to determine IL-6 levels in the peritoneal fluid and peripheral blood among patients with various adnexal masses.

**Methodology** Most popular English databases were searched using a predefined search formula. All studies comparing IL-6 levels in plasma, serum or peritoneal fluid of patients with benign tumors, ovarian neoplasms, and healthy controls were included based on inclusion and exclusion criteria.

**Results** 5953 patients from 22 primary publications ranging from 1994 to 2021 were included in the meta-analyses. A pooled IL-6 Mean Difference (MD) of 41 pg/mL for

malignant tumors compared to benign ones, with a Confidence Interval (CI) between 19.8 and 62.2, a Z-score of 3.79, and statistical significance with a p=0.0002 was observed. Pooled results for healthy versus benign ovarian conditions showed an MD of 5.45 pg/mL for serum or plasma IL-6 measurements in favor of benign tumors (CI: 66 - 10.25, Z = 2.23 and p = 0.03). The analysis showed an MD for IL-6 levels of 19.59 pg/mL for healthy controls versus malignant ovarian tumors. Peritoneal fluid measurements regarding IL-6's levels showed no significant difference between benign or malignant masses.



**Abstract 2022-RA-437-ESGO Figure 1** PRISMA flow diagram of included primary publications