

Poster 17: The Utility of a Gastrointestinal Workup in Patients Diagnosed with Borderline and Invasive Ovarian Mucinous Neoplasms**Presenting Author:** Lauren Tostrud, MD – Stanford University

Topic: Ovarian

Objectives

Mucinous ovarian neoplasms are uncommon and can rarely represent metastatic disease of gastrointestinal (GI) origin. NCCN guidelines recommend upper and lower endoscopy in patients with borderline and invasive mucinous ovarian neoplasms, although the true utility of this evaluation is unclear. In this study, we aim to review the utility of GI workups in patients diagnosed with borderline and invasive ovarian mucinous neoplasms.

Methods

We identified patients diagnosed with mucinous ovarian neoplasms between 1998 and 2023. Clinical data were extrapolated from the EMR for analysis.

Results

72 patients with mucinous ovarian neoplasms were identified, of which 28 (39%) had a borderline ovarian mucinous neoplasm and 32 (44%) had an ovarian mucinous carcinoma. Of these 60 patients included in the analysis, 30 (50%) were White, 16 (27%) were Asian and 50 (83%) were non-Hispanic. The most common presenting symptoms were abdominal pain (60%, n=36) and/or distension (53%, n=32). No patients presented with lower GI bleeding. All patients underwent surgery, which consisted of at least a unilateral or bilateral salpingo-oophorectomy. Of the 31 cases of ovarian mucinous carcinoma, 25 (80.5%) were stage I, 2 (6.5%) were stage II, 4 (13%) were stage III. 9/60 (15%) patients diagnosed with ovarian mucinous borderline neoplasm or carcinoma underwent GI evaluation postoperatively. One patient who was clinically presumed to have stage IV ovarian mucinous carcinoma was ultimately diagnosed with a primary stage IV colorectal cancer on colonoscopy after final pathology raised the possibility of a likely GI origin. The remaining 8 GI evaluations were negative and none of the patients were subsequently diagnosed with a GI malignancy over a median follow-up of 3.8 years (range 0-10 years). Of the 51 patients who did not undergo a GI evaluation, during a median follow-up period of 3.2 years (range 0-26 years), 1 patient with stage 1A ovarian mucinous carcinoma was diagnosed with stage IV colorectal cancer 2 years later.

Conclusions

Our findings suggest that routine GI evaluations in patients with borderline ovarian mucinous and early stage ovarian mucinous carcinomas may not be needed, but can be considered on a case by case basis.