had score of less than 7 and five patients had risk score of 7 or higher. Five patients were given single agent methotrexate, seven patients received multidrug regimens. All patients are on regular follow up. One patient (high risk group) expired as she did not receive treatment.
Conclusion: GTN are rare and proliferative disorders with proper diagnosis and treatment most of the cases are amenable to treatment with favorable outcome.

Ovary: Oral Abstract

Study of efficacy and safety of adjuvant intraperitoneal chemotherapy in carcinoma ovary

Prashant, Varun Goel, Sajjan Singh, Vineet Talwar, Pankaj Goyal, Amitabh Upadhyay
RGCI & RC, New Delhi, India

Background: The benefit of administering chemotherapy directly into the peritoneal cavity is supported by preclinical, clinical and pharmacokinetic data. In view of paucity of data from the Indian subcontinent, we decided to study the response and tolerability of intraperitoneal (I/P) chemotherapy in carcinoma ovary in Indian population.
Methods: In this observational study, from March 2013 to June 2015, the efficacy and tolerability of adjuvant I/P chemotherapy in optimally cytoreduced stage III epithelial ovarian cancer patients were assessed. Treatment consisted of 135 mg/m^2 of i.v. paclitaxel over a 3-hours period on day 1 followed by AUC 5 carboplatin i.v. on day 2 and 60 mg/m^2 of i.p. paclitaxel on day 8 every 3 weekly for six cycles.
Results: Total 50 patients were enrolled. The median age of patients was 53 yrs (32 yrs – 67 yrs). Out of a total of 240 I/P cycles, 225 cycles (93%) were completed. 30 patients (75%) received all the 6 cycles by IP route , 6 patients completed 5, 3 patients completed 4 cycles and 1 completed 3 I/P cycles. 4 Out of 30 patients who completed all 6 cycles of I/P chemotherapy, had one or more adjustment including delay while in 3 patients (7.5%) dose had to be reduced. after median follow up of 14 months, 8 patients (12.5%) had local or systemic recurrence, 2 patients (5%) had progression during treatment and died due to disease. median progression free survival not reached yet. One patients had vaginal leak. Catheter block was seen in five cases. Two cases had needle displacement and extravasations of drug around the port chamber. 6 patients had severe abdominal pain and cramp (grade 3) after infusion of saline. Hematologic toxicity was evaluated in all patients and in all cycles. Grade 3 or 4 Leucopenia was experienced by 25 patients (50%) but Febrile Neutropenia occurred in only 5 (10%) patients. Grade 3 or 4 anemia occurred in 17 (42.5%) and grade 3 or 4 thrombocytopenia was experienced by 6 patients (15%). Renal complication present in 3 patients (7.5%) and transient transfusion reaction developed in 5 patients. mucositis present in 21 patients.
Conclusions: Adjuvant I/P chemotherapy in optimally cytoreduced epithelial ovarian cancer is active and well tolerated in Indian patients.

Ovary: Oral Abstract

To assess the role of addition of bevacizumab therapy to carboplatin and paclitaxel as frontline treatment of epithelial ovarian cancer

Richa Vatsa, Sunesh Kumar, Lalit Kumar
AIIMS, New Delhi, India

Introduction: Efforts are going on for development of new drugs for epithelial ovarian cancer (EOC). We assessed safety profile of bevacizumab, a VEGF receptor blocking antibody in treatment of EOC.
Methods: We assigned women with EOC to carboplatin (area under curve, 5 or 6) and paclitaxel (175 mg/square meter of body-surface area), given every 3 weeks for 6 cycles, or to this regimen plus bevacizumab (15 mg/kilogram body weight), given concurrently every 3 weeks for 5 or 6 cycles and continued for 30 additional cycles. Primary outcome measures was safety profile of bevacizumab and secondary outcome was to see progression free survival (PFS).
Results: Out of 30 patients, 10 were in Bevacizuma arm (Arm A) and 20 in conventional chemotherapy arm (Arm B). Haematological toxicity, GI perforation and proteinuria was similar in both. Other toxicities e.g. bleeding complication ($p = 0.002$) and hypertension ($p = 0.04$) was more in Arm A. PFS was similar in both arms; 24 months in Arm A and 22 months in Arm B ($p = 0.565$). 4 (40%) patients in arm A discontinued treatment, two (20%) because of disease progression after PFS of 9 and 6 months, two because of development of toxicity considered to be due to bevacizumab; of which one developed jejenal perforation and disease progression after PFS of 6 months and 1 because of development of persistent proteinuria of grade 3 after 18 months.
Conclusion: Bevacizumab therapy does not improve PFS in EOC but increases toxicity spectrum of chemotherapy.

Ovary: Oral Abstract

Two interesting cases of granulosa cell tumor: A case report

Pannu Savita, Khullar Harsha
Institute of Obstetrics and Gynaecology, Sir Ganga Ram Hospital, New Delhi, India

Introduction: Granulosa cell tumor (GCT) is an ovarian malignancy that arise from granulosa cells of the ovary. This tumour is a type of the sex cord-gonadal stromal tumour. GCT have good prognosis in comparison with other epithelial tumors.
Methodology: Two cases of granulosa cell tumors were diagnosed in sir Ganga ram hospital, Rajender Nagar, New Delhi in December 2015 and January 2016. The patient's age, clinical manifestations, radiological and histopathological findings were evaluated. One was in perimenopausal age group and other case was in postmenopausal age group. The clinical manifestations were menorrhagia and abdominal pain. Ultrasonographically, in one case focal hypoechoic zone showing peripheral hypervascularity with possibility of old hemorrhage follicular cyst was seen and in other case of granulosa cell tumors was both solid and cystic areas were seen. Histologically, variety of patterns like diffuse, trabecular, nodular, sheets, nests and fascicular patterns with nuclear grooving in ovarian tissue. In addition endometrial findings were suggestive of simple hyperplasia without atypia. Treatment modalility used was surgery i.e. Total hysterectomy and bilateral salpingo-oophorectomy in both cases.
Conclusion: Granulosa cell tumor of the ovary is a rare ovarian malignancy. Endometrial pathology to rule out endometrial carcinoma specially when postmenopausal bleeding is concomitant finding is advised. Radical surgery is usually not required.
Key words: Endometrial pathology; granulosa cell tumor; histopathological findings; ovary

Ovary: Oral Abstract

Outcome of bowel resection in women with advanced ovarian carcinoma

Ajit Sebastian, Dhanya Susan Thomas, Anitha Thomas, Rachel Chandy, Abraham Peedicayil
Christian Medical College and Hospital, Vellore, Tamil Nadu, India

Aim: To evaluate the mortality and morbidity related to bowel resection in women with advanced ovarian carcinoma.
Methods: Retrospective case series of 47 women with stage III and IV carcinoma ovary who underwent bowel resection, over the period of 5 years from Jan 2011 to Dec 2015. The disease free survival was assessed and the prognostic factors for disease free survival was also analysed by bivariate analysis.
Results: In this cohort 64% (30/47) had primary debulking, 21% (10/47) had interval debulking and 15% (7/47) had secondary debulking. The mean period of follow up was 23 months (1 – 45 month). The mortality was 15% (7/47), while major morbidity like anastomotic leak were nil. The three variables considered for mortality were relaparotomy, paralytic ileus and surgical site infection. 6% (3/47) had relaparotomy, 21% (10/47) had paralytic iileus and 15% (7/47) had surgical site infection. The overall morbidity was 42.5% (20/47). A total 34% (16/47) of patients had stoma. 79% (37/47) patients had optimal debulking.
Conclusion: Bowel resection in optimally selected cases of advanced carcinoma ovary is a good option with limited mortality and morbidity. Often, bowel resection is the only way to achieve optimal debulking.