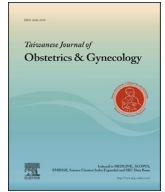




Contents lists available at ScienceDirect

# Taiwanese Journal of Obstetrics & Gynecology

journal homepage: [www.tjog-online.com](http://www.tjog-online.com)

## Correspondence

## Highlights from the 2015 Annual Meeting and First International Congress of the Taiwan Association of Gynecology



### Introduction

The Taiwan Association of Gynecology (TAG) hosted the 20<sup>th</sup> Annual Meeting on Women's Health at the Taipei Veterans General Hospital, Taipei, Taiwan, on September 13, 2015. There were three prevailing themes, including (1) hormone therapy and medical treatment for gynecologic diseases; (2) advanced surgery; and (3) postmenopausal women. Over 200 attendees were present with representation from five countries in Asia. Within this brief review, we summarized the 12 plenary lectures.

### Theme 1: Hormone therapy and medical treatment for gynecologic diseases

In addition to improving survival, quality of life is another important issue in the treatment of patients with gynecologic cancers. Quality of life is a multifactorial entity that encompasses subjective perceptions of the positive and negative aspects of personal experiences. Every element of quality of life, including physical (e.g., pain, fatigue, disease symptoms, side effects of treatment, activities of daily living, nutrition, sexuality, and so on), psychological (e.g., body image, depression, anxiety, etc.), spiritual (e.g., religion, meaning, hope, etc.), and social (e.g., family, community, income, education, ethnicity, etc.), should all be taken into consideration in the management of patients with gynecologic cancers. A recent publication from the Taichung Veterans General Hospital emphasized the importance of consideration of quality of life. Two patients with primary adenoid cystic carcinomas of Bartholin's gland were treated with different strategies after primary conservative surgery, resulting in a significant impact on quality of life. One patient received adjuvant external-beam radiation and the other received oral antiestrogen (tamoxifen) therapy. It is surprising that external-beam radiation therapy did not provide a better survival benefit, but impaired sexual function significantly; by contrast, oral antiestrogen therapy provided an adequate disease control, and most importantly, the patient had a better quality of life [1]. This lecture, provided by Dr Tze-Chien Chen (Mackay Memorial Hospital, Taipei, Taiwan), emphasized that therapy of women with gynecologic cancers should be balanced by disease control and quality of life.

Four speakers, including Professor Tasuku Harada (Tottori University Hospital, Tottori, Japan), Professor Ying-Fang Zhou (Peking University First Hospital, Peking, China), Professor Jin-Hua Leng (Peking Union Medical College Hospital, Peking, China), and Dr Ting-Chen Chang (National Taiwan University Hospital, Taipei, Taiwan), discussed the therapy of endometriosis and uterine fibroids. Endometriosis, affecting 1–30% of women of reproductive

age based on the different diagnostic criteria [2,3], is defined by the presence of viable, extrauterine, endometrial glands and stroma, and is often considered as an estrogen-dependent disease [4]. The treatment of endometriosis and its variants is surgical or medical [5]. The use of laparoscopic surgery may be the most effective method in dealing with and controlling endometriosis-associated pain, and may be beneficial in a certain population—women who have subfertility problems secondary to endometriosis. A recent meta-analysis showed that the use of laparoscopic surgery in the treatment of subfertility related to minimal endometriosis not only increases the pregnancy rate (relative risk of 1.44, 95% confidence interval 1.24–1.68,  $p < 0.01$ ), but also enhances the possibility of live birth (relative risk of 1.52, 95% confidence interval 1.26–1.84,  $p < 0.01$ ) [6]. Although the possibility of beneficial effects of surgery in the management of endometriosis, especially the use of laparoscopic cystectomy in the management of ovarian endometrioma, has been reported, a certain percentage of patients are refractory to surgery alone, and some of them have a very high incidence of postoperative recurrence. In addition, recently, it has been reported that cystectomy for ovarian endometrioma might have detrimental effects on ovarian reserve; especially for women undergoing repeated surgery, since stripping of chocolate cyst lining may simultaneously remove normal tissues, including intact follicles [7]. Therefore, medical treatment opinions for endometriosis or uterine fibroids may be the alternative choice. The drugs for the management of endometriosis and its variants, and uterine fibroids include nonsteroidal anti-inflammatory drugs, oral contraceptives, progestins, and gonadotropin-releasing hormone agonist. Although the gonadotropin-releasing hormone agonist exhibits considerable efficacy by reducing the serum estradiol concentration to postmenopausal status, their agents are frequently accompanied by a high incidence of hypoestrogenism-related symptoms and signs, which might deteriorate women's health, including cardiovascular and bone health, limiting the possibility of their long-term use. A new type of drugs might be a good candidate for this purpose, including a fourth generation of progestins and/or oral contraceptives. Dienogest, a 19-nortestosterone derivative, has good oral bioavailability and shows promising results in the management of endometriosis-associated pain [8]. In fact, many hormone-dependent gynecologic diseases, such as heavy menstrual bleeding, dysmenorrhea, uterine leiomyomas, and endometriosis and its variants, respond to hormone and/or antihormone therapy [9]. Of most importance, these therapies could be used in the augmentation or maintenance of therapeutic efficacy after conservative surgeries, especially for women who have a strong desire for organ preservation [10,11]. Indications are that the current

strategy for the treatment of these benign hormone-dependent gynecologic diseases, such as endometriosis and uterine fibroid and its variants, are to minimize the extensive tissue destruction and repeated surgery by prescribing some candidate agents with much more efficacy and fewer side effects postoperatively [12].

## Theme 2: Advanced surgery

Four speakers reviewed the recently advanced surgery in the management of women with gynecological diseases, including two of the coauthors (Dr Chen and Dr Horng), Dr Elizabeth Joan Esguerra-Ocampo (St. Luke's Medical Center, Global City, The Philippines), and Dr Wen-Yih Wu (Far Eastern Memorial Hospital, New Taipei City, Taiwan). The strategic planning of a scheduled operation is crucial in the success of any surgery; therefore, thorough patient evaluation is highly recommended to determine the best approach to any gynecologic pathology [13]. Knowledge of anatomy and physiology can make the surgery more efficient with less blood loss and rapid recovery, and fewer surgery-related morbidity and possibly subsequent mortality. For example, uterine-artery ligation might be a good alternative in the management of various kinds of hemorrhage secondary to obstetric and gynecologic reasons [14]. In addition, although not widely practiced, literature from more than 10 years ago suggests that instillation of a liter of saline at the conclusion of laparoscopic gynecologic procedures could reduce shoulder pain [15,16]. Different specimen-retrieval techniques should be known and patterned to specific pathology to promote expeditious evacuation of a specimen, since the physician is often concerned about the risk of port wound metastases and intraperitoneal spreading during laparoscopic gynecologic surgeries [17,18]. Finally, with the help of a much more advanced technology, such as robotic surgery, a single-port laparoscopy and some anti-adhesive agents, and fibrin sealant and hemostatic matrix, surgery-related morbidity might be decreased [19,20]. Proficiency in all these factors can make gynecologic surgery look easy and safe.

## Theme 3: Postmenopausal women

Menopause, although not a disease, is the biggest challenge for clinical practice since menopause may relate to many problems, not only bothering women, but also deteriorating health and quality of life. One of the coauthors (Dr Ho) and Professor Eu Leong Yong (National University of Singapore and National University Hospital, Singapore) addressed a talk about menopause and menopause-related health problems. Osteoporosis, one of the most frequently detected diseases in postmenopausal women, results in chronic pain, fracture, and physical disability. The current treatment opinions for osteoporosis include behavioral modification, vitamin D and/or calcium supplementation, selective estrogen-receptor modulators (raloxifene, the traditional Chinese medical plant *Epimedium*, etc. [21]), bisphosphonates, parathyroid hormones, and antireceptor activator of nuclear factor- $\kappa$  B ligand antibody [22]. All are reported with a similar efficacy in the management and/or prevention of postmenopausal osteoporosis; however, physicians should be familiar with adverse events, coexisting comorbidities, and long-term adherence [23].

Pelvic organ prolapse, accompanied with and/or without urinary problems, is also a commonly encountered women's health issue, especially for postmenopausal women, with an incidence of >40% [24]. During the past decade, interest has been growing in uterus-preserving surgery worldwide, as shown previously [9,10]. Several surgical approaches with the aim of preserving the uterus

have been developed, including sacral hysteropexy, uterosacral ligament uterine suspension, and sacrospinous ligament uterine suspension. In addition, the use of a transvaginal mesh with either surgeon-tailored or commercial procedural kits is blossoming and becoming popular in the field [25,26]. However, its influence on vaginal hysterectomies and the choice of surgeries for pelvic organ prolapse remain unknown.

## Conclusion

The TAG's 20<sup>th</sup> Annual Meeting on Women's Health was ended on September 13, 2015. We appreciate all attendances and all honorary speakers from Japan, Singapore, The Philippines, China, and Taiwan who gave a comprehensive review addressing important advances evident in several key areas shown previously, including precision medicine, surgical innovation, and better patient care. We encourage the audience to join the coming conference of the TAG and the Taiwan Association of Obstetrics and Gynecology next year.

## Conflicts of interest

All authors declare no conflict of interest.

## Acknowledgments

This was supported by grants from the Ministry of Science and Technology, Executive Yuan (MOST 103-2314-B-010-043-MY3), and Taipei Veterans General Hospital (V102C-141, V103C-112, V104C-095, V102E4-003, and V103E4-003). The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript. No additional external funding was received for this study. The authors thank the Medical Science & Technology Building of Taipei Veterans General Hospital for providing experimental space and facilities.

## References

- [1] Hsu ST, Wang RC, Lu CH, Ke YM, Chen YT, Chou MM, et al. Report of two cases of adenoid cystic carcinoma of Bartholin's gland and review of literature. *Taiwan J Obstet Gynecol* 2013;52:113–6.
- [2] Lee WL, Chang WH, Wang KC, Guo CY, Chou YJ, Huang N, et al. The risk of epithelial ovarian cancer of women with endometriosis may be varied greatly if diagnostic criteria are different: A nationwide population-based cohort study. *Medicine (Baltimore)* 2015;94:e1633.
- [3] Chang WH, Wang KC, Lee WL, Huang N, Chou YJ, Feng RC, et al. Endometriosis and the subsequent risk of epithelial ovarian cancer. *Taiwan J Obstet Gynecol* 2014;53:530–5.
- [4] Huang TS, Chen YJ, Chou TY, Chen CY, Li HY, Huang BS, et al. Oestrogen-induced angiogenesis promotes adenomyosis by activating the Slug–VEGF axis in endometrial epithelial cells. *J Cell Mol Med* 2014;18:1358–71.
- [5] Tsui KH, Lee WL, Chen CY, Chen YJ, Sheu BC, Yen MS, et al. Medical treatment for adenomyosis and/or adenomyoma. *Taiwan J Obstet Gynecol* 2014;53:459–65.
- [6] Jin X, Ruiz Beguerie J. Laparoscopic surgery for subfertility related to endometriosis: a meta-analysis. *Taiwan J Obstet Gynecol* 2014;53:303–8.
- [7] Tsai HJ. Suitable timing of surgical intervention for ruptured ovarian endometrioma. *Taiwan J Obstet Gynecol* 2015;54:105.
- [8] Koga K, Takamura M, Fujii T, Osuga Y. Prevention of the recurrence of symptom and lesion after conservative surgery for endometriosis. *Fertil Steril* 2015;104:793–801.
- [9] Chen YJ, Li YT, Huang BS, Yen MS, Sheu BC, Chow SN, et al. Medical treatment for heavy menstrual bleeding. *Taiwan J Obstet Gynecol* 2015;54:483–8.
- [10] Horng HC, Chen CH, Chen CY, Tsui KH, Liu WM, Wang PH, et al. Uterine-sparing surgery for adenomyosis and/or adenomyoma. *Taiwan J Obstet Gynecol* 2014;53:3–7.
- [11] Wang PH, Liu WM, Fuh JL, Cheng MH, Chao HT. Comparison of surgery alone and combined surgical–medical treatment in the management of symptomatic uterine adenomyoma. *Fertil Steril* 2009;92:876–85.
- [12] Yen MS, Ng HT, Wang PH. Is more radical more effective? *Taiwan J Obstet Gynecol* 2013;52:463–4.

- [13] Yen MS, Ng HT, Wang PH. Teamwork is needed for better care. *Taiwan J Obstet Gynecol* 2013;52:159–60.
- [14] Chao HT, Wang PH. Fertility outcomes after uterine artery occlusion in the management of women with symptomatic uterine fibroids. *Taiwan J Obstet Gynecol* 2014;53:1–2.
- [15] Tsai HW, Wang PH, Yen MS, Chao KC, Hsu TF, Cheng YJ. Prevention of post-laparoscopic shoulder and upper abdominal pain: a randomized controlled study. *Obstet Gynecol* 2013;121:526–31.
- [16] Tsai HW, Chen YJ, Ho CM, Hseu SS, Chao KC, Tsai SK, et al. Maneuvers to decrease laparoscopy-induced shoulder and upper abdominal pain: a randomized controlled study. *Arch Surgery* 2011;146:1360–6.
- [17] Wang PH, Yuan CC, Lin G, Ng HT, Chao HT. Risk factors contributing to early occurrence of port site metastases of laparoscopic surgery for malignancy. *Gynecol Oncol* 1999;72:38–44.
- [18] Wang PH, Yuan CC, Lee WL, Chin TW. Laparoscopic surgery for early-stage endometrial cancers. *Gynecol Oncol* 2008;108:456–7.
- [19] Cheng HY, Chen YJ, Wang PH, Tsai HW, Chang YH, Twu NF, et al. Robotic-assisted laparoscopic complex myomectomy: a single medical center's experience. *Taiwan J Obstet Gynecol* 2015;54:39–42.
- [20] Chen YJ, Wang PH, Ocampo EJ, Twu NF, Yen MS, Chao KC. Single-port compared with conventional laparoscopic-assisted vaginal hysterectomy: a randomized controlled trial. *Obstet Gynecol* 2011;117:906–12.
- [21] Hong X, Wang X, Yong EL, Gong Y. Determination of breviflavone A and B in *Epimedium* herbs with liquid chromatography–tandem mass spectrometry. *J Pharm Biomed Anal* 2009;49:853–7.
- [22] Cheng MH, Chen JF, Fuh JL, Lee WL, Wang PH. Osteoporosis treatment in postmenopausal women with pre-existing fracture. *Taiwan J Obstet Gynecol* 2012;51:153–66.
- [23] Lee WL, Huang BS, Chen YJ, Wang PH. Overcoming the barriers of osteoporosis treatment—a better route and a longer use. *J Chin Med Assoc* 2015;78:567–8.
- [24] Chang CP, Chang WH, Hsu YM, Chen YJ, Wen KC, Chao KC, et al. Comparison of single-incision mini-slits (Adjust<sup>®</sup>) and standard transobturator midurethral slits (Align<sup>®</sup>) in the management of female stress urinary incontinence: a one-year follow-up. *Taiwan J Obstet Gynecol* 2015;54:726–30.
- [25] Liu CK, Tsai CP, Chou MM, Shen PS, Chen GD, Hung YC, et al. A comparative study of laparoscopic sacrocolpopexy and total vaginal mesh procedure using lightweight polypropylene meshes for prolapse repair. *Taiwan J Obstet Gynecol* 2014;53:552–8.
- [26] Wang H, Lau HH, Su TH. Single-incision mesh repair for the treatment of neo-vaginal prolapse. *Taiwan J Obstet Gynecol* 2014;53:417–9.

Peng-Hui Wang\*

Department of Obstetrics and Gynecology, National Yang-Ming University School of Medicine, Taipei, Taiwan

Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan

Department of Medical Research, China Medical University Hospital, Taichung, Taiwan

Chi-Hong Ho, Yi-Jen Chen, Huann-Cheng Horng, Yen-Hou Chang, Hsiang-Tai Chao, Ming-Shyen Yen

Department of Obstetrics and Gynecology, National Yang-Ming University School of Medicine, Taipei, Taiwan

Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan

Song-Nan Chow, Bor-Ching Sheu

Department of Obstetrics and Gynecology, National Taiwan University Hospital, Taipei, Taiwan

Taiwan Association of Gynecology Systematic Review Group<sup>1</sup>

Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan

\* Corresponding author. Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, and National Yang-Ming University School of Medicine, 201, Section 2, Shih-Pai Road, Taipei, Taiwan.

E-mail addresses: [phwang@vghtpe.gov.tw](mailto:phwang@vghtpe.gov.tw), [phwang@ym.edu.tw](mailto:phwang@ym.edu.tw), [pongpongwang@gmail.com](mailto:pongpongwang@gmail.com) (P.-H. Wang).

<sup>1</sup> The Taiwan Society of Gynecology Systematic Review Group includes the following members: Kuo-Chang Wen, Yi-Wen Chang, Department of Obstetrics and Gynecology, Taipei Veterans General Hospital and National Yang-Ming University, Taipei, Taiwan; Kuan-Hao Tsui, Department of Obstetrics and Gynecology, Kaohsiung Veterans General Hospital, Kaohsiung, National Yang-Ming University, Taipei, Taiwan, and Department of Pharmacy and Graduate Institute of Pharmaceutical Technology, Tajen University, Pingtung County, Taiwan; Man-Jung Hung, Department of Obstetrics and Gynecology, National Yang-Ming University Hospital, Yilan, Taiwan, and National Yang-Ming University, Taipei, Taiwan; Ben-Shian Huang, Department of Obstetrics and Gynecology, National Yang-Ming University Hospital, Yilan, Taiwan, and National Yang-Ming University, Taipei, Taiwan; Ruey-Jian Chen, Yih-Ron Lien, Wen-Chun Chang, Ting-Chen Chang, Department of Obstetrics and Gynecology, National Taiwan University Hospital and National Taiwan University, Taipei, Taiwan; Jah-Yao Liu, Department of Obstetrics and Gynecology, Tri-Service General Hospital and National Defense Medical Center, Taipei, Taiwan; Wen-Yih Wu, Department of Obstetrics and Gynecology, Far Eastern Memorial Hospital, New Taipei City, Taiwan; Tze-Chien Chen, Jian-Pei Huang, Department of Obstetrics and Gynecology, Mackay Memorial Hospital, Taipei, Taiwan; Jeng-Hsiu Hung, Kuo-Hu Chen, Department of Obstetrics and Gynecology, Taipei Buddhist Tzu Chi General Hospital, Taipei, Taiwan; Tsung-Hsuan Lai, Department of Obstetrics and Gynecology, Cathay General Hospital, Taipei, Taiwan; Chi-Ruey Tzeng, Department of Obstetrics and Gynecology, Taipei Medical University Hospital and Taipei Medical University, Taipei, Taiwan; Chin-Jung Wang, Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital and Chang Gung University, Taoyuan, Taiwan.