

稿件編號：OC1	第二期子宮內膜癌中根治性子宮切除術與簡單性子宮切除術的生存結果：系統性文獻回顧與統合分析
臨時稿件編號：1595	Survival outcomes of radical and simple hysterectomy in stage 2 endometrial cancer: a systematic review and meta-analysis 朱羽群 ¹ 丁大清 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式：口頭報告	Objective This systematic review and meta-analysis evaluated the survival outcomes of radical (RH) and simple hysterectomy (SH) for stage 2 endometrial cancer.
論文歸類：婦癌	Methods A comprehensive search of PubMed, Web of Science, Embase, and Cochrane databases from 1960 to 2024 identified 19 cohort studies for inclusion. Search with keywords “endometrial cancer, radical hysterectomy, simple hysterectomy”. Original research papers were included. A descriptive analysis and a meta-analysis were conducted. We used the Mantel-Haenszel random-effects model to analyze dichotomous data, with odds ratio (OR) as the effect measure and 95% confidence intervals (CIs). A random-effects model was applied throughout the meta-analysis to account for potential variability across studies. The Review Manager Software (Revman, version 5.3) and Comprehensive Meta-Analysis (CMA) Software (version 3.7) were used for the analysis. The statistical heterogeneity among the included studies was evaluated using the Chi-square test. P-values < 0.10 were used to determine statistical significance. Results The results indicated no significant difference in 5-year overall survival (OS) between RH and SH (OR = 0.87, 95% CI 0.70–1.07; p = 0.19). Cancer-specific survival was notably higher in SH compared to RH (OR = 2.34, 95% CI 1.63–3.36, p < 0.00001). However, RH showed a significantly better 5-year disease-free survival (DFS) than SH (OR = 0.75, 95% CI 0.58–0.98; p = 0.04). No significant difference was observed in recurrence rates between RH and SH (OR = 0.94, 95% CI 0.69–1.27; p = 0.67). Conclusion In conclusion, while there was no significant difference in 5-year OS between RH and SH, cancer-specific survival was significantly higher in SH. However, RH demonstrated a better 5-year DFS than SH. These findings suggest that while SH may improve cancer-specific outcomes, RH could provide better long-term disease control.

稿件編號：OC2	<p>探討錐狀切除檢體大小及雙側子宮頸動脈結紮對子宮頸病變患者術後出血的影響</p> <p>Assessing the Impact of Specimen Size and Bilateral Cervical Artery Ligation on Post-LEEP Bleeding in Cervical Dysplasia Patients</p>
臨時稿件編號：1408	<p>胡育嘉¹ 張燕後¹ 台北榮民總醫院¹</p>
論文發表方式：口頭報告	<p>This study examines the impact of specimen size and bilateral cervical artery ligation on post-LEEP bleeding in patients with cervical dysplasia. Conducted at a single institution over five years (2019–2024), the study collected data to analyze potential risk factors and mitigation strategies for post-LEEP hemorrhage. LEEP (loop electrosurgical excision procedure) is a cornerstone treatment for high-grade squamous intraepithelial lesions (HSIL), yet postoperative bleeding remains a notable complication, ranging from minor discomfort to severe morbidity requiring intervention.</p>
論文歸類：婦癌	<p>The investigation focuses on specimen size, a key indicator of excised tissue volume, as a significant contributor to bleeding risk. Additionally, the study evaluates whether adjunctive measures, such as suturing at the 3 and 9 o'clock positions and bilateral cervical artery ligation, can effectively reduce bleeding. Results suggest a positive correlation between larger specimen volumes and increased bleeding rates, with bilateral artery ligation showing promise in mitigating this risk, particularly for cases involving extensive tissue removal.</p> <p>This comprehensive dataset provides valuable insights into optimizing surgical strategies for cervical dysplasia treatment. By addressing bleeding risks associated with excision size and exploring the protective role of artery ligation, the study aims to enhance postoperative outcomes and guide evidence-based clinical practices. Further research is recommended to validate these findings and refine management protocols.</p>

稿件編號：OC3	<p style="text-align: center;">東台灣非預期性婦癌：20 年病例回顧</p> <p style="text-align: center;">A 20-year observational study of incidental gynecological cancer in a single center at Eastern Taiwan</p> <p>徐詠琳¹ 丁大清¹ 花蓮慈濟醫院婦產部¹</p>
臨時稿件編號： 1604	
論文發表方式： 口頭報告	<p>Objective: This study aimed to explore the different qualities and outcome of incidental gynecological cancer in a single medical center in Eastern Taiwan.</p>
論文歸類： 婦癌	<p>Methods: This was a retrospective observational study. The subjects included patients who was diagnosed with gynecological cancer incidentally post surgery in our hospital. These patient included has a pre-operative diagnosis as a benign lesion or biopsy result showing various form of hyperplasia. We analyzed the characteristics of such patients including the patients' gynecological history, initial diagnosis, final pathology, staging, types of surgery received, pre-operational imaging, tumors markers, adjuvant chemotherapy or radiotherapy and 5-year survival.</p> <p>Results: The study included 21 cases of incidental gynecological cancer, in which 9 cases with final pathology as ovarian cancer, 7 cases as endometrial cancer, 4 cases as cervical cancer and 1 case of sacroma.</p> <p>Conclusion: The study found that most incidental cancer has a early stage of disease and a high 5-year survival.</p> <p>Keywords: ovarian cancer, endometrial cancer, cervical cancer, sacroma</p>

稿件編號：OC4	MMR status 在晚期子宮內膜癌預後之探討: 單一醫學中心研究成果
臨時稿件編號： 1605	Prognosis of advanced endometrial cancer with MMR deficiency: a single institute study 劉啓凡 ¹ 張燕後 ¹ 台北榮民總醫院 ¹
論文發表方式： 口頭報告	The prognosis of advanced endometrial cancer (EC) is influenced by multiple factors, including molecular characteristics. One such factor is the presence of mismatch repair (MMR) deficiency, which results from mutations or epigenetic silencing of MMR genes. MMR deficiency is associated with microsatellite instability (MSI) and a distinct immunogenic tumor microenvironment. This study evaluates the impact of MMR deficiency on the clinical outcomes of patients with advanced endometrial cancer, focusing on its role as a prognostic biomarker and its implications for therapeutic strategies.
論文歸類： 婦癌	<p>Emerging evidence suggests that MMR-deficient endometrial tumors have a more favorable prognosis compared to MMR-proficient counterparts, likely due to increased immunogenicity that enhances responsiveness to immune checkpoint inhibitors (ICIs). However, challenges remain in understanding the heterogeneity within MMR-deficient tumors and the interplay of other molecular factors, such as coexisting mutations in genes like PTEN, PIK3CA, and TP53.</p> <p>This study collected recent findings on the prognostic significance of MMR deficiency in advanced endometrial cancer, highlighting its predictive value for response to ICIs and standard therapies by analyzing the patients from a single institute in Taiwan.</p>

稿件編號：OC5	<p style="text-align: center;">陰道滴蟲與生殖系統癌症的相關性：系統性回顧與統合分析 The Role of Trichomonas vaginalis in Cervical Carcinogenesis : A Comprehensive Systematic Review and Meta-Analysis</p> <p style="text-align: center;">許旭寧¹ 楊稚怡¹ 王英哲¹ 中國醫藥大學附設醫院¹</p>
臨時稿件編號：1618	
論文發表方式：口頭報告	<p>Introduction:</p> <p>Trichomoniasis is a common non-viral sexually transmitted infection. However, whether Trichomonas vaginalis infection contributes to the development of gynecological cancers remains controversial. This study utilizes a meta-analytic approach to investigate the potential association between T. vaginalis infection and cervical cancers.</p>
論文歸類：婦癌	<p>Material and methods:</p> <p>We searched scientific databases (PubMed/Medline, Scopus, the Web of Sciences, and Embase) from inception to Nov. 30, 2024. Research discussing the relationship between T. vaginalis infection, cervical dysplasia, and cervical cancer were enrolled.</p> <p>Results:</p> <p>A total of 18 studies, consisting of over 5,000 participants, were included in the analysis. The meta-analysis revealed a significant association between T. vaginalis infection and an increased risk of cervical cancer (pooled OR = 2.14, 95% CI: 1.65–2.78). Subgroup analysis showed a stronger association in women with high-risk human papillomavirus (HPV) co-infection and in studies from regions with high cervical cancer incidence. The sensitivity analyses confirmed the robustness of the results. However, significant heterogeneity was observed among studies, suggesting potential variations in study design and population characteristics.</p> <p>Conclusions:</p> <p>Our findings revealed that T. vaginalis infection may associated with an increased risk of cervical carcinogenesis, especially in women with concurrent HPV infection.</p>

稿件編號：OC6	<p style="text-align: center;">巨大卵巢顆粒細胞瘤與極高的 AMH 值</p> <p style="text-align: center;">A rare huge ovarian granulosa cell tumor presenting with extremely high antimüllerian hormone levels</p>
臨時稿件編號： 1643	
論文發表方式： 口頭報告	<p>林佩琪¹ 曾宇泰¹ 周麗雲¹ 基督復臨安息日會醫療財團法人臺安醫院婦產科¹</p>
論文歸類： 婦癌	<p>Introduction: Sex cord-stromal tumors (SCSTs) are the neoplasms that could be benign or malignant. They developed from the sex cord (Sertoli cell tumor, granulosa cell tumor) or stromal cells (fibroma, thecoma, Leydig cell tumor) or both (Sertoli-Leydig cell tumor). In contrast to the more common epithelial ovarian malignant neoplasms, most patients with malignant SCSTs are diagnosed with early-stage disease, Adult granulosa cell tumors (AGCTs), the most common subtype, typically affect women aged 40–50. These tumors often present with hormonal symptoms, such as abnormal menstrual bleeding, abdominal fullness, or a palpable pelvic mass. Despite their infrequency, GCTs are significant due to their unique hormonal activity and potential for late recurrence. Here, we present a case of a 39-year-old woman diagnosed with an AGCT, highlighting her clinical presentation, diagnostic workup, and management.</p> <p>Case presentation: A 39-year-old female, gravida 0, presented to the outpatient department with the chief complaint of abdominal fullness over the past few months. The patient reported a history of menorrhagia and irregular menstrual cycles. She had no significant past medical or surgical history. On physical examination, the patient was noted to have a palpable abdominal mass, and pelvic examination revealed a large, non-tender mass. The patient was anemic, with a hemoglobin level of 8.5 g/dL. Pelvic ultrasound revealed endometrial thickness of 0.8cm, and a large pelvic mass. A subsequent abdominal computed tomography (CT) scan showed a 20 cm heterogeneous pelvic mass with solid components, hemorrhagic areas, and necrosis. Due to the patient's age and the tumor characteristics, potential germ cell tumor was suspected. Laboratory results showed Anti-Müllerian Hormone (AMH) level of 124 ng/mL, and a Dehydroepiandrosterone sulfate (DHEAS) level of 441 µg/dL, both of which were very high for a woman of this age. Other hormone levels such as estradiol, Alpha-fetoprotein (AFP) and Beta-human chorionic gonadotropin (β-HCG) were all within normal range. Based on imaging and tumor marker results, a germ cell tumor was initially suspected.</p> <p>The patient underwent an exploratory laparotomy. A right ovarian mass, measuring 1220 grams, was completely excised without rupture. The frozen section of the ovarian mass was sent for pathological examination, which showed features of an adult granulosa cell tumor. We performed fertility-sparing surgery including right salpingo-oophorectomy, omentectomy and right inguinal lymph nodal dissection . Final diagnosis was consistent with adult granulosa cell tumor. Postoperatively, AMH and DHEAS levels were rechecked. Both markers had significantly decreased to normal levels with AMH (3.81 ng/mL) and DHEAS (246.4 µg/dL).</p> <p>Conclusion: This case highlights the importance of considering ovarian tumors, such as adult granulosa cell tumors, in the differential diagnosis of women presenting with abnormal menstrual bleeding, abdominal fullness, and a pelvic mass. Early detection and surgical intervention are crucial, and the outcome is generally favorable, particularly with complete surgical resection. Regular follow-up is essential to monitor for recurrence, as these tumors, while generally indolent, can occasionally exhibit late recurrence or metastasis.</p>

稿件編號：OC7	比較腹腔內化療與靜脈化療併癌思停單株抗體治療於晚期卵巢癌一線輔助療法的臨床結果
臨時稿件編號： 1326	<p style="text-align: center;">Intraperitoneal Chemotherapy without Bevacizumab versus Intravenous Chemotherapy with Bevacizumab as the Frontline Adjuvant Therapy in Advanced Ovarian Cancer</p> <p>陳奐樺¹ 陳惠華² 魏銘洲³ 孫序東³ 蕭聖謀⁴ 亞東紀念醫院婦產部，元智大學電機工程學系兼任講師¹ 亞東紀念醫院婦產部，元智大學醫學研究所² 亞東紀念醫院婦產部³ 亞東紀念醫院婦產部，元智大學生物科技與工程研究所合聘教授⁴</p>
論文發表方式： 口頭報告	Objectives: To compare the clinical outcomes of intravenous carboplatin/paclitaxel chemotherapy plus bevacizumab versus intraperitoneal cisplatin/paclitaxel chemotherapy without bevacizumab as the frontline treatment in women with advanced ovarian, fallopian tube and primary peritoneal cancer.
論文歸類： 婦癌	<p>Methods: Between November 2012 and January 2024, medical records of all consecutive women with stage II~IV cancer treated with either frontline adjuvant intraperitoneal cisplatin/paclitaxel without bevacizumab (IP group), intravenous carboplatin/paclitaxel without bevacizumab (IV group) or intravenous carboplatin/paclitaxel with bevacizumab (IVB group) at a tertiary referral center were reviewed.</p> <p>Results: A total of 143 women (IP group, n = 57; IVB group, n = 23; IV group, n = 63) were reviewed. The IP group had greater progression-free survival compared to the IVB group (49.1 months, 95% confidence interval [CI] = 27.8 months to infinity, versus 11.9 months, 95% CI = 11.2 to 16.2 months; adjusted hazard ratio [HR] = 0.45, 95% CI = 0.24 to 0.87, p = 0.017). Additionally, the IP group also had a higher overall survival compared to the IVB group (not reached, 95% CI = 55.6 months to infinity, versus 38.9 months, 95% CI = 21.9 months to infinity; adjusted HR = 0.34, 95% CI = 0.15 to 0.79, p = 0.012).</p> <p>Conclusions: Intraperitoneal cisplatin/paclitaxel chemotherapy without bevacizumab seems to offer a survival advantage when compared with intravenous carboplatin/paclitaxel with bevacizumab in the frontline treatment of women with advanced ovarian cancer.</p>

稿件編號：OC8	透過術後前哨淋巴結超分期、使用淋巴結切片法及術中靛氰綠標記，優化子宮局限性子宮內膜癌的淋巴結轉移檢測
臨時稿件編號：1610	<p>Optimized Detection of Lymph Node Metastases in Uterine-Confined Endometrial Cancer through Postoperative Sentinel Lymph Node Ultrastaging Utilizing Bread Loaf Slicing and Intraoperative Indocyanine Green Mapping</p> <p>黃煜盛¹ 林浩¹ 歐育哲¹ 傅宏鈞¹ 黃昭誠² 蔡景州¹ 陳盈儀¹ 王映文¹ 黃偲嫻¹ 黃思于¹ 王劭琪¹ 高健祥¹ 吳貞璇¹ 高雄長庚紀念醫院婦產部婦癌科¹ 高雄長庚醫院解剖病理科²</p>
論文發表方式：口頭報告	<p>Background:</p> <p>The advent of sentinel lymph node (SLN) mapping and biopsy for early-stage endometrial cancer (EC) has gained recognition as a viable alternative to traditional systematic lymphadenectomy. This approach aims to minimize the intra- and post-operative morbidities associated with conventional methods. This study seeks to clarify the role and diagnostic precision of SLN mapping utilizing the bread loaf slicing technique, supplemented by intra-operative indocyanine green (ICG) mapping in EC patients treated at a tertiary center.</p>
論文歸類：婦癌	<p>Materials and Methods:</p> <p>A retrospective identification was conducted for all patients pre-operatively diagnosed with uterine-confined EC who underwent staging with planned SLN mapping at Kaohsiung Chang Gung Memorial Hospital from November 2021 to October 2024. Each case was subjected to post-operative SLN ultrastaging using the bread loaf slicing method. Demographic, clinicopathologic, and treatment data were collected and analyzed using descriptive statistics. Univariate and multivariable logistic regression analyses were performed to determine predictors of unsuccessful mapping.</p> <p>Results:</p> <p>A total of 103 patients were identified with a mean age of 53.9 years and a mean BMI of 26.8 kg/m². Most patients (87.4%, 90/103) underwent minimally invasive staging surgery using ICG as the detection dye (89.3%, 92/103). Endometrioid histology constituted the majority of cases (90.3%, 93/103). A majority (73.8%, 76/103) had successful bilateral mapping with the same unsuccessful rate bilaterally (9.7%). The average number of collected SLNs on the right and left sides were 3.1 and 2.7, respectively. Neither BMI (p=0.2) nor pre-treatment CA-125 level (p=0.608) was associated with the unsuccessful rate, but using ICG dye as the tracer was more likely to result in successful SLN mapping compared to using patent blue (85.9% vs 63.6%, p=0.081). In patients with successful mapping, the most common SLN locations were the obturator and external iliac vessels on the right side, and the external and internal iliac vessels on the left side. The detection rate of SLN metastases by postoperative ultrastaging with the broad-loaf slicing method was 4.9%, very close to those early-staged cohorts that underwent complete lymph node dissection in previous studies.</p> <p>Conclusion:</p> <p>Postoperative SLN ultrastaging with the broad-loaf slicing method following intraoperative ICG mapping yields an optimal detection rate of lymph node metastases in uterine-confined EC. The results of this study may serve as a reference for future SLN mapping procedures in early-stage EC.</p>

稿件編號：OC9	<p>在漿液性卵巢癌中，同源重組功能正常與 HER-2 陽性呈正相關</p> <p>Positive Correlation between Homologous Recombination Proficiency and HER-2 Expression in Serous Ovarian Carcinoma</p> <p>賴昱蓁¹ 吳昭志² 王道遠² 張志隆¹</p> <p>台北馬偕醫院婦產部¹ 馬偕紀念醫院醫學研究部²</p>
臨時稿件編號：1378	
論文發表方式：口頭報告	Objective:
論文歸類：婦癌	<p>Homologous recombination deficiency (HRD) has been a major breakthrough for ovarian cancer patients due to the revolutionary impact of PARP inhibitors on patient management. We used ovarian tissue array immunohistochemistry (IHC) with four markers—gamma-H2Ax, geminin, RAD51, and PARP—which play roles in DNA damage and repair, to assess HRD and Homologous Recombination Proficiency (HRP). The aim of our study is to evaluate their associations with HER-2, progression-free survival, and overall survival.</p> <p>Methods:</p> <p>A retrospective cohort study was conducted on stage IA to stage IVB ovarian cancer, encompassing serous, clear cell, endometrioid, mucinous, mixed type, MMMT, and germ cell tumors, at a tertiary medical center from January 2008 to December 2011. The ovarian carcinoma tissues underwent immunohistochemical analysis and were placed on tissue array slides. Gamma-H2Ax, geminin, RAD51, and PARP were identified as positive and negative stains (Grading as 0/1). Her-2 was graded as 0/1/2/3.</p> <p>Results:</p> <p>Among 287 ovarian carcinomas, HER-2 positive rate (HER-2: 3+) was 3.8%. Overall, HER-2 positivity was not related to any of the HRP markers. In the serous type (N=92), HER-2 positivity was positively related to geminin (5.88% vs 0%, p=0.035), PARP (5.88% vs 0%, p=0.046), RAD51 (5.88% vs 0%, p=0.035), and the sum of the four markers (3 vs 0.63 ± 0.972, p=0.017). HER-2 positivity was not associated with a higher recurrence rate or death. The correlations among the four markers showed significant positive results.</p> <p>In all serous ovarian carcinomas, gamma-H2Ax and geminin were associated with a lower rate of recurrence (42.86% vs 83.11%, p</p> <p>Conclusions:</p> <p>In serous type ovarian carcinomas, HRP markers—gamma-H2Ax, geminin, RAD51, and PARP—identified as positive through IHC staining and ovarian tissue array were associated with HER-2 positivity. They were also associated with better progression-free survival, but not overall survival.</p>

稿件編號：OC10	<p>分析第 IIC 期子宮內膜癌預後因子與輔助性治療選擇：多機構世代性研究 Evaluating prognostic factors and adjuvant treatment strategies in 2023 FIGO stage</p>
臨時稿件編號： 1442	<p>IIC endometrial cancer: a multi-institute cohort study 吳佩姿¹ 傅宏鈞¹ 黃偲嫻¹ 歐育哲¹ 吳貞璇¹ 林浩¹ 高雄長庚紀念醫院婦產部¹</p>
論文發表方式： 口頭報告	<p>Background: The optimal adjuvant treatment and prognostic factors for patients with 2023 FIGO stage IIC endometrial cancer remain unclear due to limited and controversial data.</p>
論文歸類： 婦癌	<p>This study aimed to evaluate prognostic factors and assess the impact of different adjuvant therapies on survival outcomes in a large multi-institutional cohort. Methods: We conducted a retrospective multi-institutional cohort study, enrolling 692 patients with 2023 FIGO stage IIC endometrial cancer between January 2009 and December 2021 from the Chang Gung Research Database. Clinicopathological factors, including histological type, lymphovascular space invasion (LVSI), adjuvant therapy type, tumor marker levels, and inflammatory markers, were analyzed for their association with disease recurrence. Cox proportional hazards regression was applied to identify independent prognostic factors. Results: Patients were classified into histological subtypes: 523 with grade 3 endometrioid carcinoma, 66 with serous carcinoma, 34 with clear cell carcinoma, and 69 with carcinosarcoma. At a median follow-up of 63.4 months, disease recurrence was significantly associated with histological type, LVSI, adjuvant therapy, and hemoglobin levels. However, only grade 3 endometrioid carcinoma (hazard ratio [HR] 0.325; 95% confidence interval [CI] 0.123–0.861) and hemoglobin level (HR 0.837; 95% CI 0.721–0.971) were identified as independent prognostic factors for disease-free survival (DFS). Compared to observation, adjuvant therapies (radiotherapy, chemotherapy, or a combination of both) did not significantly impact DFS across the cohort. Patients with carcinosarcoma had the worst DFS outcomes compared to other histological subtypes. Conclusions: In patients with FIGO stage IIC endometrial cancer, grade 3 endometrioid histology and higher hemoglobin levels were associated with improved DFS outcomes. Traditional adjuvant therapies did not significantly improve DFS, suggesting that alternative strategies should be explored. Further studies are warranted to refine the selection of adjuvant therapies for this patient population.</p>

稿件編號：OC11	<p>辨認侷限於子宮之並具侵襲性組織學特徵之子宮內膜癌的淋巴結轉移預測因素</p> <p>Identifying Preoperative Predictors of Lymph Node Metastasis in Clinically Uterine-Confined Endometrial Cancer with Aggressive Histologies</p>
臨時稿件編號：1495	<p>黃若婷¹ 傅宏鈞¹ 黃偲嫻¹ 歐育哲¹ 吳貞璇¹ 林浩¹ 高雄長庚醫院婦產部¹</p>
論文發表方式：口頭報告	<p>Background: Accurately predicting lymph node metastasis preoperatively in clinically uterine-confined endometrial cancer with aggressive histologies is critical for optimizing surgical management and reducing overtreatment. However, reliable pretreatment predictors for lymph node metastasis remain undefined in this population. This study aimed to identify clinicopathological and immune-inflammatory factors associated with lymph node metastasis.</p>
論文歸類：婦癌	<p>Methods: A multi-institutional retrospective cohort study was conducted, enrolling 601 endometrial cancer patients with clinically uterine-confined aggressive histologies between January 2009 and December 2021 from the Chang Gung Research Database. Patients were evaluated for lymph node metastasis based on surgical-pathological findings. Potential pretreatment predictive factors, including tumor markers (CEA and CA125), immune-inflammatory markers, and clinicopathological variables, were analyzed using univariate and multivariate logistic regression models to identify independent predictors of lymph node metastasis.</p> <p>Results: Among the 601 patients, 65 were found to have lymph node metastasis. The incidence of lymph node metastasis in this cohort was 10.8%, emphasizing the importance of preoperative risk stratification. Pretreatment platelet count >400,000/mL and CA125 >40 U/mL were identified as independent predictors of lymph node metastasis. The odds ratio (OR) for platelet count >400,000/mL was 2.36 (95% CI: 1.35–4.12), while CA125 >40 U/mL had an OR of 2.24 (95% CI: 1.26–3.97).</p> <p>Conclusion: Clinically uterine-confined endometrial cancer with aggressive histologies has a notable risk of lymph node metastasis. Pretreatment platelet count and CA125 level are significant, independent predictors of lymph node metastasis and could guide the need for systemic lymphadenectomy. These findings provide a foundation for developing preoperative risk assessment models to improve the individualized management of endometrial cancer.</p>

稿件編號：OC12	<p>運用生殖細胞定序檢測與多步驟檢測法診斷 Lynch syndrome 之比較 Detecting Lynch syndrome utilizing multi-step protocol and immediate germline sequencing</p> <p>李若瑜¹ 趙安琪¹ 賴瓊慧¹ 林口長庚醫院婦產部¹</p>
臨時稿件編號： 1349	
論文發表方式： 口頭報告	<p>Background: Lynch syndrome is characterized by hereditary germline mutations in mismatch repair (MMR) genes. It is often diagnosed among patients with endometrial and/or colorectal cancers. Since these individuals encounter increased lifetime risk of developing other cancers, efforts were made to seek effective screening tools. We aim to compare the diagnostic performance between immediate germline sequencing (IGS) with multi-step screening protocol (MSP).</p> <p>Methods: We reviewed 31 patients with synchronous or metachronous endometrial and colorectal cancer treated in Chang Gung Memorial hospital from 2000 to 2017. Participants underwent MSP, including immunohistochemical staining of MMR proteins, MLH promoter methylation test and MMR germline mutation analysis to detect Lynch syndrome. In contrast, IGS was performed by extracting DNA from plasma or normal tissues to identify pathogenic variants using Ion Ampliseq Library Kit 2.0 cancer panel.</p> <p>Results: Of the 31 patients, 19 would have been disqualified from germline mutation analysis in MSP. MSP identified six cases of Lynch syndrome while IGS detected nine. IGS surpassed diagnostic yield (29.0% vs. 19.4%) and sensitivity (90% vs. 60%) compared to MSP.</p> <p>Conclusion: IGS demonstrated superiority over MSP in diagnostic yield and sensitivity when identifying Lynch syndrome in high-risk patients.</p>
論文歸類： 婦癌	

稿件編號：OC13	<p>卵巢癌病人使用 Bevacizumab 的腸穿孔發生率及臨床表現的 15 年回顧性研究 A 15-Year Retrospective Analysis of Gastrointestinal Perforation Incidence and Clinical Profiles in Ovarian Cancer Patients Treated with Bevacizumab</p>
臨時稿件編號： 1405	<p>許沛恩¹ 王映文¹ 林浩¹ 蔡景州¹ 歐育哲¹ 傅宏鈞¹ 張簡展照¹ 陳盈儀¹ 黃偲嫻¹ 吳貞璇¹ 高雄長庚紀念醫院婦產部¹</p>
論文發表方式： 口頭報告	<p>Objective: Bevacizumab (BEV) has been increasingly used in managing epithelial ovarian cancer (EOC) since 2011. Phase 3 trials have shown BEV's efficacy in EOC, with the rate of \geq grade 2 gastrointestinal perforation (GIP) ranging from 1.3–2.6%. However, the occurrence of GIP can lead to detrimental outcomes for these patients. This study aims to illustrate the incidence and clinical characteristics of GIP associated with BEV use in EOC patients in a real-world setting.</p>
論文歸類： 婦癌	<p>Methods: Patients with EOC treated with BEV at Kaohsiung Chang Gung Memorial Hospital from 2009 to 2024 were retrospectively reviewed. Patients receiving BEV in front-line or recurrent settings were included. Demographic and clinical data, including FIGO stage, histology, debulking surgery details, and BEV dosage and cycles, were collected. Clinical profiles at GIP occurrence and subsequent management were documented.</p> <p>Results: Of 262 patients, 11 (4.2%) experienced GIP. All had risk factors associated with GIP, including bowel resection during debulking surgery, history of peptic ulcer or irritable bowel syndrome, or bowel involvement on imaging. Median time to perforation and treatment cycles of BEV varied. GIP was confirmed via pelvic CT or surgery. Most perforation sites were undetermined. Most cases were managed conservatively, with 2 patients undergoing CT-guided drainage. Only 2 patients received surgical intervention. Survival following GIP ranged from 6 to 1,080 days.</p> <p>Conclusion: The incidence of GIP in this real-world cohort was 4.2%, slightly higher than rates reported in phase 3 trials. Although rare, GIP is a severe complication that can compromise survival. Identifying patient-specific risk factors and providing counseling on GIP risk are essential when evaluating the benefits of incorporating BEV into EOC management.</p>

稿件編號：OC14	<p>前導性治療於子宮頸癌的復興:前導性化療合併免疫治療之案例分享 Renaissance of neoadjuvant therapy for cervical cancer: case reports of neoadjuvant chemo-immunotherapy</p>
臨時稿件編號： 1309	<p>張宸邇¹ 趙安琪¹ 黃慧君¹ 張廷彰¹ 賴瓊慧¹ 林口長庚紀念醫院婦癌科¹</p>
論文發表方式： 口頭報告	<p>Cervical cancer is the third most common female cancer in Taiwan. Based on NCCN guideline, radical hysterectomy is standard of care in early-stage cervical cancer which does not meet criteria of SHAPE trial. Concurrent chemoradiation (CCRT) is recommended in locally advanced cervical cancer (LACC). However, short term of long-term complications of radiation compromise quality of life. Besides, combined radical hysterectomy and postoperative radiation appeared to be possible and associated with severe complications. An additional treatment option is neoadjuvant chemotherapy followed by radical hysterectomy (NACT-S). However, EORTC-55994 trial showed this strategy is not superior to CCRT and associated to adjuvant chemotherapy. Although NACT-S is not recommended, a current study which investigated neoadjuvant chemo-immunotherapy (NACI) for LACC showed near 40 % of patients had pathologic complete remission. Therefore, NACI has potential for treatment of LACC.</p>
論文歸類： 婦癌	<p>We described three patients who received neoadjuvant chemo-immunotherapy and those outcomes.</p> <p>Case 1: A 42-year-old female presented with 3-months history of vaginal bleeding. Cervical mass was found on per vagina examination and cervical adenocarcinoma was proved later. The tumor size is 5.7cm, without parametrial invasion and nodal metastasis. The clinical stage is IB3. She received NACI with cisplatin, paclitaxel, and pembrolizumab, followed by surgery. Pathologic complete remission was noted on pathologic evaluation.</p> <p>Case 2: A 60-year-old female visited outpatient clinic for routine cervical smear. No obvious ectocervical lesion was found. However, ultrasound showed hydrometra. Transcervical resection was arranged and endocervical tissue and endometrium were sampled. The specimen of endocervical tissue is cervical adenocarcinoma and measures 1.2x0.8x0.5 centimeter in dimension. MRI revealed a 1.8 cm residual cervical mass with parametrial and lymph nodes involvement. The clinical stage is IB2. She received NACI with cisplatin, paclitaxel, and pembrolizumab, followed by surgery. Only 0.47 cm residual tumor was presented microscopically.</p> <p>Case 3: A 33-year-old female visited for histologically proven cervical squamous cell carcinoma. The tumor size is 3.3 cm with parametrial invasion. The clinical stage is IIB. She had a strong willingness to preserve uterus. Therefore, she received NACI plus bevacizumab. After 4 cycles of treatment, she had radiologically and grossly complete remission.</p>