稿件編號：OC1

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0558

乳房外柏哲德氏病案例報告
A Rare Case of Extramammary Paget's Disease

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論文發表方式：
口頭報告

論文歸類：
婦癌

Introduction: Extramammary Paget's disease (EMPD) is a rare intraepithelial neoplasm which develops in the apocrine gland-bearing areas of elder adults. The most common locations in females are labium majus, labium minus and clitoris (vulva encompasses 65% of EMPD), followed by perineal and perianal areas. Most EMPD cases are carcinoma in situ with indolent progression. Common initial presentations are chronic pruritis with well-circumscribed erythematous plaque. EMPD can often mimic various types of other dermatosis such as eczema or dermatitis.
Case: A 61-year-old postmenopausal woman was presented with chronic pruritic plaque on bilateral vulvas for several years. Empirical treatment of topical steroids and antifungals were applied without satisfactory response. Excisional biopsy was done. The histopathological picture and immunohistochemical markers confirmed EMPD. Surgical excision was done, along with further investigations to rule out secondary EMPD with other underlying malignancies.
Discussion:This article reports this rare EMPD case, as well as further discussion regarding the latest insight in this topic, including classifications, diagnosis, and management strategies. This case also reminds the importance of screening for underlying malignancies when encountering such lesions. Regular follow up is also necessary due to its high recurrence rate.

台灣婦產科醫學會 111 年度年會暨學術研討會

論文摘要

稿件編號：OC2

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生育保留式分期手術是否影響臨床上第一期卵巢清亮細胞癌患者的預後？單中心回溯性研究

Does Surgical Fertility Sparing Procedure Worsen Outcome of Stage I Ovarian Clear Cell Carcinoma? Single Institute Retrospective Study

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論文發表方式：口頭報告

論文歸類：婦癌

Ovarian clear cell carcinoma (OCCC) is the second common histologic type of epithelial ovarian cancer in Taiwan. OCCC is considered to be related to pelvic endometriosis or ovarian endometrioma, which is co-existed in the reproductive age of female patients. OCCC is sometimes found incidentally during minimally invasive or open benign ovarian surgeries, and tumor often is restricted inside the posterior cul-de-sac, the adhesion area caused by pelvic endometriosis. To preserve normal uterus and the other not affect ovary is still controversial even in the manuscript of current national collaborative cancer network (NCCN) guideline from USA.

Retrospectively we collected the early stage (final surgical stage I) OCCC cases from 2008 to 2021 in MacKay memorial hospital , Taipei, Taiwan, and performed the chart review after IRB approval. Total 147 cases fit our selective criteria. These cases were divided into 2 groups by surgical procedures (complete staging without preservation of uterus (n=141) and another ovary versus fertility sparing procedure (n=6)) for recurrence and survival analysis. Currently we are running the statistic analysis for our cases and we would like to present our data after statistic specialist's audit in the annual meeting in 2022.

After data collecting, the limitation of our study should be the limited case number of fertility sparing cases, the imbalance case numbers between these 2 groups could cause the low reliability of statistic analysis. However, we found several interesting cases who experienced the unpredictable recurrence away from pelvic cavity even after complete staging procedure. Based on this observation, the surgical procedure might not be the major factor to effect the outcome of such early stage cases of OCCC. Multi-center collaborative data collection would be the better way to gain more power of our study in the future.

稿件編號：OC3

臨時稿件編號：
0388

卵巢上皮細胞癌患者腹水 YKL40 表現量與臨床預後的關聯性

The Correlation of YKL40 expression in Ascites and Clinical Outcomes of Epithelial Ovarian Cancer Patients

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論文發表方式：
口頭報告

論文歸類：
婦癌

Background: Epithelial ovarian cancer (EOC) is the most lethal gynecologic malignancies all over the world. Most patients are diagnosed at advanced stages (stage III–IV) with disseminated abdominal-pelvis metastasis and the formation of massive ascites. Current standard treatments include debulking surgery and adjuvant carboplatin/paclitaxel chemotherapy, but disease recurrence occurs in 2 years after completing primary treatments. YKL-40, the product of CHI3L1 gene, is expressed in several human inflammation diseases or cancers. In the study, we measured the expression of YKL 40 in the ascites of EOC patients and correlated it with the clinical outcomes.

Methods: The specimens of ascites were separated into supernatant or sera and cellular components. Enzyme-linked immunosorbent assay (ELISA) were performed to evaluate the amount of YKL40 in the ascites. The correlation of YKL-40 expression and these clinic-pathologic parameters were analyzed.

Results: There were 150 EOC patients collected. The expression of YKL-40 in ascites of EOC patients were associated with FIGO stage, ascites cytology, tumor recurrence and tumor related death.

Conclusion: According to the current results, the higher expression of YKL-40 in ascites was a poor prognostic factor for EOC patients.

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論文摘要

稿件編號：OC4

臨時稿件編號：
0588

Platinum+ Topotecan 治療復發性卵巢癌的回顧和真實世界數據
Review of recurrent ovarian cancer treated with Platinum+ Topotecan & The real-world data

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論文發表方式：
口頭報告

論文歸類：
婦癌

Objective
NCCN guideline suggested topotecan+- Bevacizumab as an acceptable therapy option for Platinum-Resistant(P-R) patient with recurrent ovarian cancer (ROC). HECTOR trial showed carboplatin(AUC5)+ topotecan(0.75 mg/m2, D1-3) in platinum-sensitive(P-S) patient with ROC had similar response rate and clinical benefit rate to the established regimens(Carboplatin+ Paclitaxel/Gemcitabine/PLD). A retrospective study in Korean found Cisplatin(50mg/m2 D1)+ Topotecan(0.75mg/m2 D1-3) every 21 days for P-R and P-S ROC effective, especially in the P-S group. Thus, the aim of this study was to evaluate the outcomes of patients with ROC treated with Platinum+ Topotecan as palliative chemotherapy in both P-S and P-R groups.

Design
This retrospective study enrolled total 28 patients with ROC who received cisplatin(50mg/m2 D1)/carboplatin+ Topotecan(0.75mg/m2 D1-3) every 21 days as palliative chemotherapy between October, 2016 and August, 2021 in Chang Gung Memorial Hospital in Taiwan. We observed overall response rates (ORR), progression-free survival (PFS) and duration of response (DOR) in both P-S and P-R groups. The response to chemotherapy was defined by Response Evaluation Criteria In Solid Tumors (RECIST) and CA-125 values of Gynecological Cancer Intergroup (GCIG) criteria. Adverse event was defined by Common Terminology Criteria for Adverse Events 5.0(CTCAE 5.0).

Result
A total of 28 patients/29 cases with 19 in P-S group and 10 in P-R group were enrolled. ORR (Complete Response (CR)+ Partial Response (PR)) in P-S group and P-R group were 57.8% and 30%. Clinical benefit rate (CR+ PR+ Stable Disease (SD)) in in P-S group and P-R group were 58% and 60%. Total ORR and clinical benefit rate were 48% and 59% respectively. Total median duration of response, median of best response and median PFS were 7.17 month, 4.56 and 7.04 months. The most common grade 3/4 adverse effects was thrombocytopenia(35.2%) in P-S group and neutropenia(15%) in P-R group.

Conclusion
This real-world experience showed it is feasible to administrate Platinum+ Topotecan as second- or higher-line palliative chemotherapy in patient with recurrent ovarian cancer. Moderate toxicity and nearly 60% of Clinical benefit rate was observed in both P-S groups and P-R groups.

台灣婦產科醫學會 111 年度年會暨學術研討會

論文摘要

稿件編號：OC5 臨時稿件編號：0549	Bevacizumab 合併化學治療運用在持續性、復發性或轉移性子宮頸癌真實世界經驗分享 The addition of bevacizumab to combination chemotherapy in patients with recurrent, persistent, or metastatic cervical cancer 張淑涵 [1] 林口長庚醫院 [1]
論文發表方式：口頭報告 論文歸類：婦癌	Cervical cancer is the fourth most common women's cancer worldwide. Treatments for cervical cancer are surgery for the early-stage disease and concurrent chemoradiotherapy for the late-stage. The addition of Bevacizumab to combination chemotherapy in patients with recurrent, persistent, or metastatic cervical cancer was associated with an improvement of 3.7 months in median overall survival according to Gynecologic Oncology Group (GOG) 240 trial. The primary objective of this study is to evaluate the outcome of the addition of bevacizumab with combination of chemotherapy on recurrent, persistent, or metastatic cervical cancer in Chang Gung Memorial Hospital. During 2020/06 to 2021/11 (15 months), 109 patients applied for the use of Bevacizumab and 81 received more than 2 cycles of Bevacizumab. Mean duration of Bevacizumab use is 7.08 ± 4.69 months (8.83 ± 5.23 cycles). The clinical benefit rate is 79.0% and overall response rate is 44.4%. Adverse effect included anemia (91.4%), neutropenia (76.5%), proteinuria (63.0%), thrombocytopenia (60.5%) and hypertension (55.6%). Fistula occurred in 8.6% patients.

稿件編號：OC6

臨時稿件編號：
0663

應用聊天機器人給予婦癌病人化療中個人化的醫療照護
Using a ChaBot for Personalized Care among Patients with Gynecologic Malignancies During Chemotherapy

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論文發表方式：
口頭報告

論文歸類：
婦癌

Introduction:A chatbot is an automatic text-messaging tool that creates a dynamic interaction and simulates a human conversation through text or voice via smartphones or computers. A chatbot could be an effective solution for cancer patients' follow-up during treatment, and could save time for healthcare providers.
Objective We conducted a retrospective cohort pilot study to evaluate whether a chatbot-based collection of patient-reported symptoms during chemotherapy, with automated alerts to clinicians, could decrease emergency department (ED) visits and hospitalizations. A control group received usual care.
Methods:Self-reporting symptoms were communicated via the chatbot, a Facebook Messenger-based interface for patients with gynecologic malignancies. The chatbot included questions about common symptoms experienced during chemotherapy. Patients could also use the text-messaging feature to speak directly to the chatbot, and all reported outcomes were monitored by a cancer manager. The side effects reported by patients and their patterns of use on the chatbot were described. Factors associated with long-term use of the chatbot were analyzed.
Result:Sixty patients were included in the chatbot group, and 43 in the usual-care group. A total of 2560 evaluations of chemotherapy induced side effects were recorded. Patients in the chatbot group were younger with higher education. Clinical factors including tumor type, age, stage and chemotherapeutic drugs were found to be no differences among long-term users and short-term users.
Conclusions The chatbot was helpful for personalized care in patients with gynecologic malignancies who were receiving chemotherapy with early intervention to chemotherapy-induced side effects. These findings are valuable for inspiring the future design of digital health interventions for cancer patients.

稿件編號：OC7

臨時稿件編號：
0533

Pembrolizumab 和 bevacizumab 結合使用在復發性卵巢癌的治療成效
Combined pembrolizumab and bevacizumab therapy in heavily treated recurrent ovarian cancer: a single-centre case series

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論文發表方式：
口頭報告

論文歸類：
婦癌

Introduction
Epithelial ovarian cancer (EOC) is ususllay treated by surgery and chemotherapy. However, recurrence is common especially in late stage diseases. Once recurrence is considered always recurrence, leading to a median five years survival rate around 40%. Although EOC was considered as an immuno-reactive cancer, the phase II KEYNOTE-100 study using pembrolizumab monotherapy demonstrated a disappointing objective response rate (ORR) of 8% in advanced recurrent EOC patients. Nevertheless, a recent phase 2 trial combining pembrolizumab, bevacizumab, and oral cyclophosphamide in patients with recurrent EOC presented with an ORR of 47.5%. However, severe adverse events were found in 32.5% patients, which mainly were associated with cyclophosphamide. We analyzed the response of heavily treated EOC by pembrolizumab and bevacizumab without cyclophosphamide in our hospital.

Method
We retrospectively reviewed the therapeutic response and side effects of EOC patients, who had been treated by at least 3 lines of chemotherapies, receiving combination therapy of pembrolizumab and bevacizumab from 2018 to 2021. The response rates were evaluated by Gynaecological Cancer Inter Group (GCIG) criteria using serum CA-125 (response and normalized; response; non response; progression) or RECIST criteria if pretreatment CA-125 is within the normal limit. Side effects were reviewed by patients medical records.

Result
There were 12 patient included in the study, including 6 (50.0%) high grade serous, 3 (25.0%) clear cell carcinoma, 1 (8.3%) mucinous, 1 (8.3%) endometrioid, and 1 (8.3%) mixed type EOCs. The initial diagnosis stage are 3 in early and 9 in late stages. The median age was 55(39-69) years. There was one patient (8.3%) with response and normalized, 4 patients (33.3%) with response, 4 patients (33.3%) with non response and 3 patients (25.0%) with disease progression. The overall response rate was 41.7 %, especially clear cell type (3/3, 100%), including the one with response to normalized. The CA-125 decreased after the first cycle in 9 cases (75%). There were no severe adverse effects in all treatments.

Conclusion
The combination therapy of pembrolizumab and bevacizumab is promising in recurrent EOCs, especially for clear cell type. Further prospective trials using this combination in clear cell carcinoma are warranted. The ongoing ovarian clear cell cancer moonshot (OCCCMoS) project will provide more in depth biomarkers for this regimen.

稿件編號：OC8

臨時稿件編號：
0372

Serine/threonine kinase 31 (STK31) 是卵巢亮細胞癌有潛力的預後生化指標
Serine/threonine kinase 31 (STK31) is a potential favorable prognostic biomarker in patients with ovarian clear cell carcinoma

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論文發表方式：
口頭報告

論文歸類：
婦癌

[Objective] The incidence of ovarian clear cell carcinoma is estimated to be 15% in East Asia, especially in Japan and Taiwan. STK31 is one of the novel cancer/testis antigens for which its biological functions remain largely unclear. In the study, we investigated the STK31 expression in ovarian clear cell carcinoma and correlated with the clinical outcomes.
[Methods] We investigated the expression of STK31 in 88 clear cell carcinomas by real-time Q-PCR method.
[Results] The median expressions of STK31 were significantly different in FIGO stage (Early versus Advanced: 1.96 versus 0.66; Kruskal-Wallis test, $p = 0.013$), lymph node metastasis (No versus Yes: 1.12 versus 0.11, $p = 0.009$), recurrence (No versus Yes: 2.63 versus 0.62, $p = 0.005$), chemo-response (Sensitive versus Resistant: 1.90 versus 0.23, $p = 0.010$) and prognosis (Alive versus Death: 2.16 versus 0.11, $p < 0.001$). The patients with high STK31 expression had better progression free survival and overall survival than those with low STK31 expression. The Cox regression models for evaluating the risk of recurrence and death were performed. Advanced FIGO stage (H.R.: 4.02, 95% C.I.: 1.84-8.81), optimal debulking surgery (H.R.: 0.45, 95% C.I.: 0.21-0.97) and STK31 expression (H.R.: 0.37, 95% C.I.: 0.16-0.83) were independent factors for disease recurrence. Also, advanced FIGO stage (H.R.: 5.11, 95% C.I.: 1.59-16.31), optimal debulking surgery (H.R.: 0.29, 95% C.I.: 0.12-0.71) and STK31 expression (H.R.: 0.27, 95% C.I.: 0.08-0.96) were independent factors for disease related death.
[Conclusion] STK31 expression is a potential favorable biomarker in patients with ovarian clear cell carcinoma.

稿件編號：OC9

臨時稿件編號：
0560

卵巢亮細胞癌形態及分子異質性之空間分析

The spatial analysis of morphology and molecular heterogeneity in ovarian clear cell carcinoma

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論文發表方式：
口頭報告

論文歸類：
婦癌

Background
Ovarian clear cell carcinoma (OCCC) is a histotype of ovarian cancer with high incidence in Asia. It has distinct pathological features of clear cytoplasm at the cellular level and 3 complex morphology of papillary, tubulocystic, and solid patterns at the architectural level. Although these 3 patterns have been correlated with clinical outcomes, specific molecular signatures associated with the morphologic intra-tumoral heterogeneity (ITH) have yet to be defined.
Methods
Formalin-fixed paraffine embedded (FFPE) tumor sections from 10 primary OCCC patients were included. Digital Spatial Profiling (DSP) of 18 protein targets from the Human Protein Core was conducted by using the nanoString GeoMx system to select regions of interest (ROIs) and define areas of illumination (AOIs) according to ROI segmentation by the fluorescence signals of visualization markers pan-cytokeratin (PanCK), CD45, or DNA and the reference H&E staining morphology. The digital signals were quantified by the nanoString nCounter system.
Results
Unsupervised hierarchical clustering of 252 AOIs from 229 ROIs showed 5 distinct clusters. PanCK+ AOIs were mainly distributed in 4 clusters: PanCK-high epithelial cells (C1-a), immune-like epithelial cells (C1-b), fibronectin-high epithelial cells (C2-a), and signal-cold epithelial cells (C2-b), while the CD45+ AOIs were mostly in 1 cluster: immune cells (C1-c). Infiltrating CD45+ immune cells, especially with high HLA-DR expressed, were more frequently found in those C1-b AOIs with high expression of B2M (beta-2-globulin). Interestingly, samples (N=2) with more infiltrating CD45+ immune cells show poorer prognosis with a median progression-free survival (PFS) of 14 months. However, samples with molecular signatures of C1-a (N= 4) showed better outcome with a median PFS of 26 months. Correlating with the morphology, the PanCK+ AOIs in C1-a were predominantly tubulocystic (23/46, 50%) and solid (19/46, 41.3%); the PanCK+ AOIs in C1-b were predominantly papillary (20/39, 51.3%) and tubulocystic (17/39; 43.6%). The papillary pattern accounted for 100% of PanCK+ AOIs in C1-c. The C2-a cluster showed an equal distribution among the 3 patterns (papillary: 16/55, 29.1%; tubulocystic: 19/55, 34.5%; solid: 20/55, 36.4%). The C2-b cluster showed a slightly higher enrichment of the solid pattern (28/64, 43.8%) in PanCK+ AOIs. The tubulocystic pattern predominant samples (N= 2) were noted with better prognosis with a median PFS of 37 months.
Conclusions
There exists significant ITH within OCCC tumors. Tumor cells with high expression of PanCK and B2M were associated with more CD45+ immune cells infiltration, suggestive of intensive inflammation and worse prognosis. The tubulocystic pattern predominant samples would have better prognosis and were associated with C1-a molecular features.

稿件編號：OC10

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0429

利用患者之腫瘤類器官作為婦癌精準醫療
Precision medicine by patient-derived cancer organoids in gynecology

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論文發表方式：
口頭報告

論文歸類：
婦癌

1.Background
Current treatment modalities of gynecological cancers include surgery, chemotherapy, and radiotherapy. However, the current guideline takes limited considerations in the tumor heterogeneity. Tumor heterogeneity may cause an individual response to the same chemotherapy. This concept of one-fit-for-all should be revisited. Identifying the individual tumor heterogeneity before chemotherapy is needed in future precision medicine. Cancer organoid is a 3D culture technology preserving the heterogeneity of patient tumors, which has been demonstrated as a better model for in vitro drug testing than patient-derived xenograft in mice. Therefore, we tried to establish PDOs from gynecological cancer tissues and test the feasibility of precision medicine by in vitro drug testing.
2.Methods
We collected fresh tumor specimens during surgery of cancer patients and cultured them to 3D organoids. The morphology and molecular profiles were compared between organoids and clinical pathology results. In vitro drug testing was performed using a panel of commonly used drugs, such as paclitaxel, carboplatin, cisplatin, epirubicin, doxorubicin, gemcitabine, and topotecan.
3.Result
Totally, 30 ovarian cancer patients and 16 endometrial cancer patients were enrolled. We successfully established 29 PDOs, including 17 ovarian cancer PDOs and 12 endometrial cancer PDOs. Pathological exams including H&E stain, immunohistochemical, and immunofluorescence staining confirmed the similarity of PDO to original tumor tissues. In vitro drug testing was performed in10 ovarian cancer PDOs and five endometrial cancer PDOs. Each patient reveals an individual profile for chemotherapeutic drugs, even with the same cell types.
4.Conclusion
We have successfully established PDOs and in vitro drug testing for gynecological cancers. Further investigation of this PDOs-based chemotherapy may shed new light on precision gynecological oncology in the future.

稿件編號：OC11

臨時稿件編號：
0394

同步子宮內膜樣癌和卵巢透明細胞癌：Precursor escape 的分子證據的新例子？
Molecular evidence for a clonal relationship between synchronous uterine endometrioid carcinoma and ovarian clear cell carcinoma: a new example of “precursor escape”?

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論文發表方式：
口頭報告

論文歸類：
婦癌

Synchronous endometrial and ovarian carcinomas (SEOCs) that share the same endometrioid histology are generally considered as the result of metastatic spread from one organ to another. However, SEOCs with different histologies are regarded as distinct primary lesions that arise independently from each other. We attempted a potential explanation -precursor escape- as precursor cells of endometrial cancer spread beyond the uterus to reach the pelvis and eventually evolve into an OCCC under an increasing mutational burden. Four patients with synchronous uterine endometrioid carcinoma (UEMC) and ovarian clear cell carcinoma (OCCC) were examined. UEMCs were accompanied by endometrial hyperplasia/endometrioid intraepithelial neoplasia, whereas endometriosis was evident in two cases. Paired UEMC and OCCC specimens were subjected to mutation analysis with massively parallel sequencing. Surprisingly, we found that 50% (2/4) of paired SEOCs with different histologies shared the same somatic mutations, some of which localized in cancer driver genes. Clonality analyses indicated that these tumors were clonally related to each other. Notably, 75% (3/4) of the study patients had Lynch syndrome. The cancer-specific survival figures of patients with synchronous UEMCs and OCCCs were more favorable than those observed in a historical cohort of patients with isolated stage 2/3 OCCCs. The mutational landscape of clonally-related SEOCs with different histologies to confirm or refute the hypothesis of an independent origin is discussed.

稿件編號：OC13 臨時稿件編號： 0361	單次尿液白蛋白肌肝酸比例可適當預測使用癌思停婦癌病患之總蛋白尿量 Urine Albumin Creatinine Ratio for the Assessment of Bevacizumab Induced Proteinuria in Gynecologic Cancer Patients 黃冠儒[1] 謝昊頤[2] 潘威霖[2] 李盈萱[3] 吳晉睿[4] 張文君[3] 魏凌鴻[3] 許博欽[3] 台大醫院雲林分院[1] 台大醫學系[2] 台大醫院[3] 臺大新竹分院[4]
論文發表方式： 口頭報告 論文歸類： 婦癌	[Background] Severe proteinuria is a rare adverse event arising from treatment with bevacizumab. Evidence-based guidelines for management of proteinuria in patients receiving VEGF-targeted agents are lacking. Baseline and periodic urinalysis are recommended as a screen test, and further diagnostic test by 24-hour urine collection is required. However, the cumbersome and time-consuming test limits its clinical use. Spot urine albumin to creatinine ratio (UACR) has been proved closely correlated with 24-hour quantitative proteinuria in glomerular diseases. The primary objective of this study is to assess the relation between urine dipstick, spot urine albumin to creatinine ratio and 24-hour urine protein in ovarian cancer patients receiving Bevacizumab. The secondary objective is to report incidence of nephrotic syndrome, kidney injury and cardiovascular disease from severe proteinuria. [Materials and Methods] The study retrospectively evaluated patients with gynecologic malignancy receiving Bevacizumab with risk of grade 2 (or higher grade) proteinuria. Patients with spot urine protein 2+ or spot urine albumin to creatinine ratio 2+ by dipstick test (screen tests) were eligible for study. The spot microalbumin, total protein and creatinine levels, and 24-hour microalbumin, total protein and creatinine levels were recorded and compared subsequently. [Results] 70 records were available between Jan. 2020 to Nov. 2021. For those with positive results in screen tests, only 10 (14.29%) records were regarded as clinical significant proteinuria that prohibited bevacizumab use temporary or permanently. The correlation between UACR, urine total protein to creatinine ratio, and 24-hour urine protein were 0.73 and 0.71 (0.72 and 0.70 by MDRD methods, respectively). Urine albumin account for 67% of total urine protein. [Conclusion] Despite relative lower percentage excretion of albumin in urine compared with glomerular disease, UACR remains as an effective way to predict urine total protein amount and aid clinical managements for gynecologic patients receiving bevacizumab with a risk of grade 2 (or higher grade) proteinuria.

稿件編號：OC14

臨時稿件編號：
0637

雄激素受體表現對卵巢高度漿液性癌患者鉑金敏感度及存活結局的影響

The impact of androgen receptor expression on platinum-sensitivity and survival outcomes in patients with ovarian high-grade serous carcinoma

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Objective: The presence of sex steroid hormone receptors in many of epithelial ovarian cancer (EOC) tissues proposes a potential role for hormones in the origin and promotion of this disease. Although studies have found that strong androgen receptor (AR) expression was associated with improved disease-specific survival in patients with triple negative breast cancer, the results in EOC were conflicting due to limited sample sizes and statistical power. In present study, we attempted to investigate the impact of AR expression on platinum-sensitivity and survival outcomes in patients with ovarian high-grade serous carcinoma (HGSC) and to evaluate underlying mechanism.

Materials and Methods: We retrospectively reviewed 90 patients with ovarian HGSC who underwent surgery followed by adjuvant chemotherapy and analyzed AR expression by immunohistochemical (IHC) staining. The AR expression was quantified using the H-score. The platinum-sensitivity and survival outcomes were compared between weak and strong AR expression. Cisplatin viability experiments were performed in OC-3-VGH cells with different AR expression. We also analyzed the changes of apoptosis-related proteins and DNA damage marker γH2AX after cisplatin exposure using Western blotting.

Results: Among 90 patients, 49 and 41 patients were considered as platinum-sensitive and platinum-resistant disease, respectively. In platinum-sensitive patients, the mean AR H-score was significantly higher than platinum-resistant patients (18.1 vs. 8.7, p=0.037). Although there was no significant difference of progression-free and overall survival between patients with high and low AR expression, the patients with high AR expression had a trend towards better survival. In cell models, AR protein was weakly detectable in OC-3-VGH cells. Through transfection of AR gene, OC-3-VGH cells with strong AR expression were verified by western blot analysis. After treatment of OC-3-VGH cells with cisplatin, we found that overexpressing of AR enhanced cisplatin cytotoxicity. The apoptosis-related proteins cleaved-caspase 8, 9, 3, and cleaved PARP1 were found to be more in OC-3-VGH-AR than OC-3-VGH-vector cells. DNA damage marker γH2AX was also found more in OC-3-VGH-AR cells.

Conclusions: Our data suggest AR expression increased cisplatin-induced cell apoptosis via regulating DNA damage. The value of AR as a tumor sensitizer to cisplatin in ovarian HGSC should be further investigated.

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論文摘要

稿件編號：V1 臨時稿件編號： 0648	利用 ICG 來輔助進行神經保留式主動脈旁淋巴切除手術 ICG-assisted nerve-sparing paraaortic lymph node dissection 孫仲賢[1] 方俊能[1] 王元勇[1] 李宜明[1] 李佾潔[1] 莊國泰[1] 四季台安醫院[1]
論文發表方式： 影片展示 論文歸類： 婦癌	Background: There are a lot of sympathetic nerve fibers lying in front of the abdominal aorta, and around the inferior mesentery artery. These nerve fibers are intermingled with lymphatic tissues, and are frequently destructed during the paraaortic lymph node dissection procedure. ICG injection for sentinel lymph node detection and removal is getting more and more popular, with the main purpose to minimize the numbers of removed lymph nodes, so as to decrease the morbidities and complications after complete lymphadenectomy. In this video, we are trying to illustrate another benefit of ICG injection: differentiation between lymphatic tissues and nerve fibers. The pre-aortic sympathetic nerve fibers will not be stained after transcervical or transfundal ICG injection. This will help us to maximally preserve the sympathetic nerve fibers even during more radical paraarotic lymph node dissection. Materials & Methods: Setting: single hospital, single surgeon. Video system: Storz TIPCAM 1 Rubina 4K-3D-NIR/ICG videoendoscope. Surgical videos review. Results: ICG was injected into both uterine cervix area and bilateral uterine cornus. Gradually, the pelvic and paraaortic lymph nodes will become ICG(+), while the nerve fibers will remain ICG(-). By tracing the ICG(-) nerve fibers, those important pre-aortic/paraaortic sympathetic nerve fibers (including inferior hypogastric plexus, intermenstery plexus, inferior mesentery ganglia and plexus, and even sympathetic trunk) can be identified and preserved as possible. Conclusions: ICG injection is not only an important way for sentinel lymph node detection, but also may be useful for performing nerve-sparing paraaortic lymph node dissection.