

稿件編號：OC01	<p>婦科惡性腫瘤與靜脈血栓發生之臨床特徵分析:台大醫院研究</p> <p>Clinical characteristics associated with venous thromboembolism in gynecologic malignancies: analyses in National Taiwan University Hospital</p>
臨時稿件編號：0203	<p>陳瑤¹ 陳宇立¹ 鄭文芳¹ 賴彥伶² 台大醫院婦產部¹ 台大醫院新竹分院婦產部²</p>
論文發表方式：口頭報告	<p>Background: Patients with gynecological malignancy have high risk of venous thromboembolism (VTE), with a reported incidence up to 25%.</p>
論文歸類：婦癌	<p>Patients and methods: This study from January 2009 to December 2019 was designed to retrospectively evaluate the clinical features of VTE events, including patient characteristics, disease histology, FIGO stage, VTE types and occurring timing in patients with gynecological malignancies. Those with incomplete records were excluded.</p> <p>Results: A total of 189 cases were included, including 68 patients with uterine cancer (36%), 87 with ovarian cancer (46%), 28 with cervical cancer (14.8%), and 6 (3.2%) having concurrent ovarian cancer and endometrial cancer. Of all uterine cancers, endometrioid endometrial cancer patients took the largest proportion of 55.9%, while clear cell carcinoma exceeded other subtypes with 47.1% of VTE events in all ovarian cancers. Squamous cell carcinoma accounted for 64.3% of all cervical cancer patients developing VTE. Uterine cancer and cervical cancer patients presented half in early stages (stage 1/2) and half in advanced stages (stage 3/4). One-third (33.3%) ovarian cancer patients developed VTE in early stages. Ovarian cancer patients, especially those with clear cell carcinoma, had the highest percentage (51.2%) of suffering from more than two thromboembolic events. 39.1% of ovarian cancer patients were diagnosed with VTE before the beginning of disease treatment. Most patients had VTE after the completion of primary treatment, with 66.7% of endometrial cancer, 51.7% of ovarian cancer, and 92.9% of cervical cancer patients.</p> <p>Conclusion: Patients with endometrioid adenocarcinoma of endometrium, clear cell subtype of ovarian cancer, and squamous cell carcinoma of uterine cervix had great risk of VTE events. Gynecologic oncologists need to pay more attention for the signs of VTE in the post-treatment follow-up.</p>

稿件編號：OC02	<p style="text-align: center;">臨床、影像及手術因子與黏液性卵巢腫瘤的惡性度之相關性 Clinical, Image and Surgical Factors Associated with Malignancy in Early stage Mucinous Ovarian Tumor</p>
臨時稿件編號：0331	
論文發表方式：口頭報告	<p>黃冠閔¹ 台北榮民總醫院¹</p>
論文歸類：婦癌	<p>Objective: Clinical diagnosis of ovarian tumor by tumor marker and image study have unreliable diagnostic accuracy. Intra-operative frozen section remained a reliable diagnostic tool. Mucinous ovarian tumor have lower diagnostic accuracy compare to other type. Thus we aim to determine if there were clinical, image or surgical characteristics which can differentiate ovarian mucinous tumor</p> <p>Methods: Total of 215 cases of mucinous ovarian tumor was obtained from Taipei Veteran General Hospital. Clinical, image and surgical factor were collected from electronic medical records. Factors associated with malignancy are calculated with chi-squared test or Fisher's exact test. Sensitivity, specificity, and diagnostic accuracy of frozen section diagnosis was calculated, and determination of factors associated with upgrading of frozen pathology was also analyzed.</p> <p>Results: The sensitivity and specificity of frozen section diagnosis were 95.5% and 69.2% respectively for benign mucinous ovary tumor, 52.4% and 89.2% respectively for borderline mucinous ovary tumor, and 50% and 100% respectively for stage I malignant mucinous ovary tumor. No body weight loss, smaller tumor size, absence of solid part on image study, absence of gross solid part, absence of ascites, and no elevation of tumor marker CEA, CA-199 and CA-125 are assoicated to benign mucinous tumor. Presence of solid part on image study might is the only factor that is associated with upgrading in frozen section of ovary mucinous tumor.</p> <p>Conclusions: Significantly more patient with malignant mucinous tumor had body weight loss. Benign tumor had smaller tumor size, and absence of solid part on image study. Presence of ascites and gross solid part are higher in proportion for borderline and malignant tumor. Tumor markers including CA-125, CA-199 and CEA all have diagnostic value for mucinous ovarian tumor. Presence of solid part on image study might be associated with upgrading in frozen section of mucinous tumor.</p>

稿件編號：OC03	<p>高危險子宮內膜癌婦女之存活預測因子及三明治化放療和同步化放療的比較</p>
<p>臨時稿件編號： 0019</p>	<p>Predictors of survival in women with high-risk endometrial cancer and comparisons of sandwich versus concurrent adjuvant chemotherapy and radiotherapy</p> <p>陳惠華¹ 蕭聖謀¹ 亞東紀念醫院¹</p>
<p>論文發表方式： 口頭報告</p>	<p>Background: To elucidate the predictors of progression-free survival (PFS) and overall survival (OS) in high-risk endometrial cancer patients.</p>
<p>論文歸類： 婦癌</p>	<p>Methods and Results: The medical records of all consecutive women with high-risk endometrial cancer were reviewed. Among 92 high-risk endometrial cancer patients, 30 women experienced recurrence, and 21 women died. The 5-year PFS and OS probabilities were 65.3% and 75.9%, respectively. Multivariable Cox regression revealed that body mass index (hazard ratio (HR) = 1.11), paraaortic lymph node metastasis (HR = 11.11), lymphovascular space invasion (HR = 5.61), and sandwich chemoradiotherapy (HR = 0.15) were independently predictors of PFS. Body mass index (HR = 1.31), paraaortic lymph node metastasis (HR = 32.74), non-endometrioid cell type (HR = 11.31), and sandwich chemoradiotherapy (HR = 0.07) were independently predictors of OS. Among 51 women who underwent sandwich (n = 35) or concurrent (n = 16) chemoradiotherapy, the use of sandwich chemoradiotherapy were associated with better PFS (adjusted HR = 0.26, 95% CI = 0.08–0.87, p = 0.03) and OS (adjusted HR = 0.11, 95% CI = 0.02–0.71, p = 0.02) compared with concurrent chemoradiotherapy.</p> <p>Conclusion: Compared with concurrent chemoradiotherapy, sandwich chemoradiotherapy was associated with better PFS and OS in high-risk endometrial cancer patients. In addition, high body mass index, paraaortic lymph node metastasis, and non-endometrioid cell type were also predictors of poor OS in high-risk endometrial cancer patients.</p>

稿件編號：OC05	<p>比較劑量密集化療與腹腔內化療於晚期卵巢癌之治療成效</p>
<p>臨時稿件編號： 0179</p>	<p>Comparisons of Clinical Outcomes in Women with Advanced Ovarian Cancer Treated with Frontline Intraperitoneal versus Dose-dense Platinum/Paclitaxel Chemotherapy without Bevacizumab</p> <p>陳奐樺¹ 蕭吉晃² 陳惠華¹ 魏銘洲¹ 林鶴雄^{1,3} 蕭聖謀^{1,4} 亞東紀念醫院婦產部¹ 亞東紀念醫院血液腫瘤部² 國立臺灣大學醫學院附設醫院婦產部³ 元智大學生物技術與工程研究所⁴</p>
<p>論文發表方式： 口頭報告</p>	<p>Background: We aimed to compare the clinical outcomes between intraperitoneal chemotherapy and dose-dense chemotherapy for the frontline treatment of advanced ovarian, fallopian tube and primary peritoneal cancer in women not receiving bevacizumab.</p>
<p>論文歸類： 婦癌</p>	<p>Methods: All consecutive women with stageII~IV cancer treated with either frontline intraperitoneal or dose-dense platinum/paclitaxel chemotherapy and not receiving bevacizumab between March 2006 and June 2019 were reviewed.</p> <p>Results: A total of 50 women (intraperitoneal group, n = 22; dose-dense group, n = 28) were reviewed. Median progression-free survival (32.6 months versus 14.2 months; adjusted hazard ratio = 0.38; 95% CI = 0.16 to 0.90, p = 0.03) and overall survival (not reached versus 30.7 months; adjusted hazard ratio = 0.23, 95%CI = 0.07 to 0.79, p = 0.02) were significantly higher in the intraperitoneal group than in the dose-dense group. A multivariable Cox proportional-hazards model also indicated that the number of frontline chemotherapy cycles (adjusted hazard ratio = 0.66, 95% CI 0.47 to 0.94, p = 0.02) was a predictor of better overall survival. Nausea/vomiting and nephrotoxicity occurred more frequently in the intraperitoneal group (p = 0.02 and <0.0001, respectively).</p> <p>Conclusions: Intraperitoneal chemotherapy seems to be superior in progression free survival and overall survival to dose-dense chemotherapy in the frontline treatment of women with optimally resected advanced ovarian, fallopian tube or primary peritoneal cancer and not receiving bevacizumab.</p>

稿件編號：OC07	<p style="text-align: center;">女性非胃原發性之腸胃道基質瘤預後因子 Factors Affecting Clinical Outcomes in Women with Non-gastric Gastrointestinal Stromal Tumors</p>
臨時稿件編號：0007	
論文發表方式：口頭報告	<p><u>黃芃瑄</u>¹ 亞東醫院婦產部¹</p>
論文歸類：婦癌	<p>Objective: The clinical presentation of non-gastric GISTs might mimic adnexal cancer, and non-gastric GIST might be managed and treated by gynecologists. Knowledge of the clinical outcomes of women with non-gastric gastrointestinal stromal tumors (GISTs) is important. Our aim is to elucidate the factors affecting the clinical outcomes of women with non-gastric GISTs.</p> <p>Materials and methods: Between January 2000 and October 2019, all consecutive women with non-gastric GISTs who underwent surgery in a tertiary referral center were reviewed.</p> <p>Results: Twenty-six women were reviewed. Eight (31%) women experienced recurrence. The probabilities of recurrence-free survival (RFS) at 60 and 120 months were 65.2% and 55.9%, respectively. The probabilities of overall survival (OS) at 60 and 120 months were 71.1% and 63.9%, respectively. Cancer stage was the only independent predictor of RFS (hazard ratio=6.00, p=0.007) and OS (hazard ratio=3.88, p=0.04). However, excluding cancer stage, metastasis (hazard ratio=8.74) was the only independent predictor of RFS, and tumor size (hazard ratio=1.20) and metastasis (hazard ratio=6.03) were independent predictors of OS. Tumor size ≥ 13.9 cm was the optimum cut-off value to predict death and had an area under the receiver operating characteristic curve of 0.75 (95% confidence interval=0.53 to 0.98). Among the above 5 women with non-gastric GISTs admitted to the Gynecology Department, optimal debulking surgery was performed in two women, and small bowel resection was performed in three women; and all five women remained alive without disease.</p> <p>Conclusion: Non-gastric GISTs may mimic gynecologic tumors. Metastasis was an independent predictor of PFS. In addition, metastasis and large tumor size (especially ≥ 13.9 cm) were independent predictors of OS in women with non-gastric GISTs.</p> <p>Keywords: Gastrointestinal Stromal Tumors; Risk Factors; Survival; Women; Ovarian Neoplasm</p>

稿件編號：OC08	<p style="text-align: center;">早期子宮內膜癌的生物指標之潛力實證</p> <p style="text-align: center;">Pilot study on biomarkers for screening endometrial hyperplasia and early-stage endometrioid cancer</p> <p style="text-align: center;">林偉力¹ 鄭兆珉² 張廷彰¹ 林口長庚醫院婦產部¹ 國立清華大學生物醫學工程研究所²</p>
臨時稿件編號：0115	
論文發表方式：口頭報告	<p>Pilot study on biomarkers for screening endometrial hyperplasia and early-stage endometrioid cancer</p> <p>Author: Wei-Li Lin, Chao-Min Cheng, Ting-Chang Chang</p>
論文歸類：婦癌	<p>Introduction</p> <p>Endometrial cancer is the most common malignancy of the female reproductive system in developed countries including Taiwan. Ways to screen precancerous endometrial lesion and early-stage endometrial cancer are mandatory. We performed proteomics study on endometrioid endometrial cancer and proteinase-3 (PRTN-3) showed significant expression in cancerous tissue compared with normal endometrial tissue. High expression of vascular endothelial growth factor (VEGF) and interleukin-6 (IL-6) was noted through literature review. We then conducted a pilot study to check if these are effective markers in vaginal discharge for the detection of early-stage endometrial cancer and its precancerous lesion.</p> <p>Patients and Methods</p> <p>After granted by institutional IRB, vaginal discharge samples of 133 patients between 2015 and 2017 at Linkou Chang Gung Memorial Hospital were collected. Study subjects were those (1) with known endometrial lesions, which including any type of endometrial hyperplasia and any stage of endometrioid carcinoma of the endometrium, (2) with symptoms/signs of endometrial hyperplasia or endometrial cancer, including abnormal uterine bleeding with thick endometrial stripe or medically uncontrollable uterine bleeding, as study group. Patients with benign uterine/ovarian tumors were invited as the control group. The sample was collected using a designed cotton swab by study physician and was stored in -70C until ELISA analysis.</p> <p>Results</p> <p>Statistically significant elevation of IL-6 titer and VEGF titer but not PRTN-3 among endometrial cancer patients, compared with those with normal uterus or with benign tumors, were noted (Figure 1). No significant differences were observed for PR-3 level within the groups. Algorithm for endometrial hyperplasia and endometrial cancer screening is established accordingly.</p> <p>Conclusion</p> <p>This study represents the first evaluation of IL-6, PR-3 and VEGF level extracting from vaginal fluid as potential markers in screening for endometrial cancer. As a noninvasive measure, further validation study is needed.</p>

稿件編號：OC09	<p style="text-align: center;">子宮頸小細胞癌之臨床特性與基因分析</p> <p style="text-align: center;">Clinical characteristics and genomic study of Small cell carcinoma of uterine cervix</p>
臨時稿件編號： 0352	<p>張宸邠¹ 張廷彰² 林口長庚醫院婦產部¹ 林口長庚醫院婦產部婦癌科²</p>
論文發表方式： 口頭報告	<p>As we known, patients with small cell carcinoma of uterine cervix is rare and have a poor prognosis. Their course characterized by the development of widespread hematogenous metastases and loco-regional recurrence outside irradiated fields. In recent studies, genetic alterations involving the MAPK, PI3K/AKT/mTOR, and TP53/BRCA pathways were identified and those alterations became promising target of precise medical treatment. We analysed 21 patients in our hospital with small cell carcinoma of uterine cervix via genomic study and compared with clinical characteristics. The relations of genomic alterations and clinical outcomes may suggest novel treatment or paradigm shift of this cancer.</p>
論文歸類： 婦癌	

稿件編號：OC10	<p style="text-align: center;">早期子宮肉癌患者在微創手術與傳統手術之存活率 Outcome of early staged uterine sarcoma through different surgical procedures</p>
臨時稿件編號： 0226	<p>王彥涵¹ 許恒誠¹ 陳宇立² 江盈澄² 戴伊柔² 鄭文芳² 台大醫院新竹分院婦產部¹ 台大醫院婦產部²</p>
論文發表方式： 口頭報告	<p>Background: The aim of this population-based cohort study was to evaluate the impact of minimally invasive surgery versus open method on overall survival (OS) in patients with uterine sarcoma.</p>
論文歸類： 婦癌	<p>Patients and methods: All women newly diagnosed with uterine cancer from 2009 to 2015 in Taiwan were identified from the National Health Insurance Research Database (NHIRD). Six hundred and fifteen patients with early stage (stage I-II) uterine sarcoma, including malignant mixed Müllerian tumor(MMMT), leiomyosarcoma(LMS), low grade and high grade endometrial stromal sarcoma(ESS), who were surgically treated were analyzed. Outcomes were compared between patients treated with laparotomy or minimally invasive surgery (MIS) using secondary data analysis.</p> <p>Results: After stratification of these 615 patients for age and stage, 130 (27%) patients underwent minimally invasive surgery, and 353 (73%) patients underwent laparotomy. There were no between-group differences in histological type, adjuvant therapy, or follow-up time. The 5-year OS rates were 80% for MIS group and 75% for laparotomy group. Log-rank test showed no difference in OS (P = 0.2542) between the two groups. Multivariate analysis showed that tumor stage(P<0.0001), LMS type(P=0.0003), and patients age(P=0.0005) were significantly associated with OS.</p> <p>Conclusion: Surgical approach with MIS or laparotomy in early-stage uterine sarcoma showed no statistically significant difference on the 5-year OS of the patients. Stage II disease, LMS type and older age were poor risk factors of outcome of uterine sarcoma patients.</p>

稿件編號：OC11	<p>復發性卵巢癌患者重複施作減積手術合併腹腔溫熱化學治療的初步報告 Preliminary experience of repeated cytoreductive surgery (CRS) with hyperthermic intraperitoneal chemotherapy (HIPEC) in patients with recurrent ovarian cancer</p>
臨時稿件編號：0146	<p>蔡亞築¹ 黃子豪² 王鼎堯³ 歐育哲¹ 李莉文⁴ 陳兆瑜⁵ 嘉義長庚紀念醫院婦產科¹ 嘉義長庚紀念醫院一般外科² 嘉義長庚紀念醫院血液腫瘤科³ 嘉義長庚紀念醫院放射診斷科⁴ 嘉義長庚紀念醫院婦產科(指導作者)⁵</p>
論文發表方式：口頭報告	<p>Background: Ovarian cancer is a leading cause of cancer-related death among women. In recent years, the incidence of ovarian cancer has increased, and so does the mortality rate of that. The standard therapy of ovarian cancer is debulking surgery, and adjuvant chemotherapy is given in the following treatment. Hyperthermic intraperitoneal chemotherapy (HIPEC) is one of the choices for ovarian cancer after cytoreductive surgery (CRS). Repeated HIPEC is considered if ovarian cancer recurs and completeness of cytoreduction is possible. However, limited data on utility and feasibility has been published regarding recurrence of ovarian cancer treated with repeated CRS/HIPEC, and indications remain unclear. Thus, this study aims to share our preliminary experience about repeated HIPEC and analyze the impact of these procedures.</p>
論文歸類：婦癌	<p>Methods: Twelve CRS/HIPEC procedures, performed in 5 patients during the period 2015-2020, were reviewed retrospectively in a single institution. All the decision making, procedures and perioperative care were performed by the multi-disciplinary teamwork (MDT) for CRS/HIPEC.</p> <p>Results: The FIGO stage of these five patients was from stage Ic to stage IVB. The cell types of ovarian cancer in these patients include three serous cell types, one clear cell type, and one granulosa cell type. The ECOG performance was 0-1. Five patients underwent a second CRS/HIPEC (median interval between the two procedures: 20.4 months, range 9-30). Two patients underwent a third CRS/HIPEC, 12 and 9 months, after the second procedure. The median PCI was 15.2 (range, 4-33) during the first, 3.8 (range, 0-9) during the second, and 14.5 (range, 9-20) during the third CRS/HIPEC of these patients. CC score of 0 (CC-0) was achieved in 40% of first procedures (CC-0; n=2. CC-1; n=1. CC-2; n=1. CC3; n=1), in all second procedures, and in 50% third procedures (CC-0; n=1 and CC-1; n=1). The mean operating time was 291 min (range, 60-390) and 141 min (range, 30-240) during the first and the second procedure. Anti-adhesive agents were used in 5 procedures. Median intensive care unit (ICU) stay was 0.7 days, and hospital stay after the second CRS/HIPEC was 8.2 days (range, 5-13). The mean time of resumption of oral intake was 4.2 days and 3.8 days after the first and the second procedures. There was no 30-day mortality neither after the second nor after the third CRS/HIPEC. Median disease-free interval between first CRS/HIPEC and peritoneal recurrence was 17.2 months (range,3-28). Median disease-free survival of 4 months (range, 1-9) was achieved after the second CRS/HIPEC, and two patients were disease-free after their second procedures. After a median follow-up of 32.2 months (range, 27-37), one patient died of disease (DOD), four patients are alive with disease (n=2) or disease free (n=2) under chemotherapy.</p> <p>Conclusions: Repeated CRS/HIPEC is performed with safety and CC-0 was achieved in 67% of twelve procedures. No profound morbidity or mortality is noted after all procedures. Well patient's selection and experienced MDT care are of particular importance in the feasibility and achieving control of the disease. Repeated CRS/HIPEC could be considered as one of the treatment option for selected patients with recurrent ovarian cancer.</p>

稿件編號：OC12	結合黃體激素受體、腫瘤細胞分化程度及 CA 125 預測子宮內膜癌的淋巴轉移 Combination of progesterone receptor immunohistochemical staining, histologic grade and CA-125 for prediction of lymph node metastasis in endometrial cancer
臨時稿件編號：0252	蕭宇揚 ¹ 林浩 ¹ 傅宏鈞 ^{1,2} 吳貞璇 ¹ 歐育哲 ^{1,2} 高雄長庚紀念醫院婦產部 ¹ 嘉義長庚紀念醫院婦產科 ²
論文發表方式：口頭報告	Objective Previous studies have shown that endometrial cancer loss of estrogen receptor(ER) and/or progesterone receptor (PR) expression is associated with poor outcomes, while highly expressed tumors correlate with a favorable prognosis. In the present study, we attempted to investigate the role of hormone receptor expression and other clinicopathological parameters in predicting lymph node metastasis in endometrial cancer.
論文歸類：婦癌	Methods We conducted this single-center retrospective study of endometrioid-type endometrial cancer patients treated with complete staging surgery between January 2015 and March 2020. We analyzed ER and PR status by immunohistochemical (IHC) staining, and the extent of expression was estimated using the H-scoring system. We attempted to identify optimal cut-off values of H-score and CA-125 using receiver operating characteristic (ROC) curves, combined with other clinicopathological factors for predicting lymph node metastasis. We used the univariate and multivariate logistic regression analyses to identify independent predictors. Results Of the 310 patients evaluated, the optimal cut-off values of ER H-score, PR H-score, and CA-125 were 102.5 (area under the ROC curve [AUC] 0.63, p=0.012), 162.5 (AUC 0.67, p=0.001), and 40 U/mL (AUC 0.739, p<0.001), respectively. Multivariate analysis showed that CA-125 \geq 40 U/mL (OR: 8.03; 95% CI: 3.44-18.77) , PR H-score <162.5 (OR: 5.22; 95% CI: 1.87-14.60) and Grade 2/3 (OR: 3.25; 95% CI: 1.33-7.91) were significant independent variables predicting lymph node metastasis. The combination of these three variables yielded a positive predictive value of 51.5%, and a negative predictive value of 98.4%. Conclusion Our results provide evidence that the use of PR IHC staining combined with tumor grade and CA125 level is helpful to predict lymph node metastasis in patients with endometrioid-type endometrial cancer. Keywords: progesterone receptor, CA-125, endometrial cancer, lymph node metastasis

稿件編號：OC13	<p>婦癌不能負向預測尋求女性性功能障礙的意願: 結構方程模組分析 Gynecologic cancer not a negative predictor of seeking-help motivation for female</p>
臨時稿件編號： 0051	<p>sexual dysfunction: Structural Equation Modeling 周吟柔¹ 悠仁婦兒聯合診所¹</p>
論文發表方式： 口頭報告	<p>Introduction: Few large-scale studies have focused on the effect of gynecologic cancer compared with other biopsychosocial factors on willingness to seek treatment among women with sexual dysfunction.</p>
論文歸類： 婦癌	<p>Aim: To identify predictors of the intention to treat female sexual dysfunction (FSD) among sociodemographic factors, physiologic factors, psychologic factors, gynecologic cancer, and health belief model (HBM). Methods: This study was a cross-sectional, hospital-based survey conducted from October 2013 to September 2019. Participants included healthy women and gynecologic cancer survivors who were aged 20 years or older and had been in a monogamous relationship for at least 12 months. They were enrolled in the gynecologic departments in southern Taiwan. Those who met DSM-5 criteria of sexual dysfunction were analyzed with Structural equation modeling. Results: 448 of 643 women met DSM-5 sexual dysfunction. The mean age was 42.0 years (range: 21.8 to 68.1 years). Fifty-eight percent of women reported sexual treatment intention. Perceived severity, perceived benefits, perceived barriers, cue to action, self-efficacy and university education at least significantly predicted treatment intention. There were no significant differences in treatment intention regarding age and gynecologic cancer. Self-efficacy was the strongest predictor, which directly affected treatment intention (P = .001). Perceived severity was the second strongest predictor, mainly affecting treatment intention indirectly (P = .01). Perceived barriers was the third strongest predictor (P = .001), indirectly and negatively affected treatment intention. Conclusions: Health belief model and education other than gynecologic cancer could be significant predictor of seeking-help motivation for female sexual dysfunction. Keywords: Female sexual dysfunction, Treatment intention, Health belief model, Structural equation modeling</p>

稿件編號：OC15	<p>預測卵巢癌化療效果及預後模型</p>
臨時稿件編號： 0077	<p>Ovarian cancer risk score predicts chemo-response and outcome in epithelial ovarian carcinoma patients</p> <p>魯筱筠¹ 吳佳穎² 戴依柔² 陳宇立² 江盈澄² 許恆誠³ 鄭文芳² 台灣大學分子醫學研究所¹ 台大醫院婦產部² 台大醫院新竹分院婦產部³</p>
論文發表方式： 口頭報告	<p>Objective: Cytoreductive surgery followed by adjuvant chemotherapy is a standard frontline treatment for epithelial ovarian cancer (EOC). We aimed to develop an ovarian cancer risk score (OVRs) based on the expression of 10 ovarian-cancer-related genes to predict the chemoresistance, and outcomes of EOC patients.</p>
論文歸類： 婦癌	<p>Methods: We designed a case-control study with total 149 EOC women including 75 chemosensitives and 74 chemoresistants. Gene expression was measured using the quantitative real-time polymerase chain reaction. We tested for correlation between the OVRS and chemosensitivity or chemoresistance, disease-free survival (DFS), and overall survival (OS), and validated the OVRS by analyzing patients from the TCGA database.</p> <p>Results: The chemosensitive group had lower OVRS than the chemoresistant group (5 vs. 15, $p \leq 0.001$, Mann-Whitney U test). Patients with disease relapse (13 vs. 5, $p < 0.001$, or disease-related death (13.5 vs. 6, $p < 0.001$) had higher OVRS than those without. The median DFS (5 months vs. 29 months) and OS (39 months vs. >60 months) of patients with OVRS ≥ 9 were significantly shorter than those of patients with OVRS <9). The high OVRS group also had significantly shorter median OS than the low OVRS group in 255 patients in the TCGA database (39 vs. 49 months, $p = 0.046$).</p> <p>Conclusions: Specific genes panel can be clinically applied in predicting the chemoresistance and outcome, and decision-making of epithelial ovarian cancer.</p>

稿件編號：OC16	<p style="text-align: center;">卵巢癌患者 DNA 損害修復基因體細胞突變之研究</p> <p style="text-align: center;">Somatic mutations of DNA damage repair (DDR) genes in patients with epithelial ovarian cancer</p> <p style="text-align: center;">江盈澄¹ 林柏翰² 戴依柔¹ 許恆誠³ 鄭文芳¹ 陳祈安¹ 臺大醫院婦產部¹ 臺大醫院基因醫學部² 臺大醫院新竹分院婦產部³</p>
臨時稿件編號：0202	
論文發表方式：口頭報告	<p>Introduction: Gene mutations are proved to be associated in epithelial ovarian cancer. The majority of researches focus on BRCA1 / 2 in ovarian serous carcinoma. The incidence of ovarian clear cell carcinoma and endometrioid carcinoma are estimated to be 15% respectively in East Asia, especially in Japan and Taiwan, which is far more prevalent than in the Western countries. However, the somatic gene mutations of DNA damage repair genes in ovarian clear cell carcinoma and endometrioid carcinoma is unclear.</p>
論文歸類：婦癌	<p>Material and Methods: We investigated the somatic mutations of epithelial ovarian cancer patients using a panel containing DNA damage repair genes by next generation sequencing method. Totally 172 epithelial ovarian carcinoma patients, including 69 serous carcinoma, 39 endometrioid carcinoma and 64 clear cell carcinoma, were enrolled.</p> <p>Results: Totally 78 patients with DDR somatic gene mutations were noted, including 48 (69.6%) in serous carcinoma, 13 (33.3%) in endometrioid carcinoma and 17 (26.6%) in clear cell carcinoma. In 69 serous carcinoma patients, gene mutations were 39 TP53 (56.5%), 4 BRCA2 (5.8%), 4 RAD51C (5.8%), 3 MUTYH (4.3%), 3 ERCC8 (4.3%), 1 BRCA1 (1.4%), 1 BRIP1 (1.4%), 1 FANCG (1.4%), 1 RAD51D (1.4%), 1 MLH3 (1.4%), 1 MSH6 (1.4%), 1 OGG1 (1.4%), 1 XRCC6 (1.4%) and 1 ATM (1.4%). In 39 endometrioid carcinoma, gene mutations were 6 TP53 (15.4%), 5 ATM (12.8%), 3 MSH2 (7.7%), 2 MUTYH (5.1%), 2 MLH3 (5.1%), 2 RAD50 (5.1%), 1 BRCA2 (2.6%), 1 MSH6 (2.6%), 1 FANCC (2.6%), 1 FANCM (2.6%), 1 MRE11 (2.6%), 1 MLH1 (2.6%) and 1 MSH3 (2.6%). In 64 clear cell carcinoma, gene mutations were 6 MUTYH (9.4%), 3 TP53 (4.7%), 2 BRCA2 (3.1%), 2 ERCC8 (3.1%), 1 BRCA1 (1.6%), 1 FANCI (1.6%), 1 RAD50 (1.6%), 1 MLH1 (1.6%), 1 MLH3 (1.6%), 1 MSH6 (1.6%), 1 XRCC4 (1.6%), 1 POLD1 (1.6%), 1 CHEK2 (1.6%) and 1 BARD1 (1.6%). In homologous recombination repair genes, the percentage of somatic mutations was 15.9%, 7.7% and 6.3% for serous, endometrioid and clear cell carcinoma (p=0.154, chi-square test). In mismatch repair genes, the percentage of somatic mutations was 2.9%, 15.4% and 4.7% for serous, endometrioid and clear cell carcinoma respectively (p=0.003, chi-square test). In double strand break repair genes, the percentage of somatic mutations was 17.4%, 7.7% and 6.3% for serous, endometrioid and clear cell carcinoma (p=0.092, chi-square test). In single strand break repair genes, the percentage of somatic mutations was 13.0%, 20.5% and 15.6% for serous, endometrioid and clear cell carcinoma (p=0.591, chi-square test). In cell cycle regulation genes, the percentage of somatic mutations was 58.0%, 23.1% and 6.3% for serous, endometrioid and clear cell carcinoma (p<0.001, chi-square test). In DNA damage repair genes (DDR), the percentage of somatic mutations was 69.6%, 33.3% and 26.6% for serous, endometrioid and clear cell carcinoma (p<0.001, chi-square test). The percentage of DDR somatic mutations in patients with tumor recurrence was higher than those without recurrence (53.9% vs. 32.9% p=0.006, chi-square test). The percentage of DDR somatic mutations in patients with tumor related death was higher than alive patients (59.2% vs. 34.4% p=0.001, chi-square test).</p> <p>Conclusion: The pattern of somatic gene mutations of DNA damage repair genes differs in the serous, endometrioid and clear cell carcinoma patients. Our findings could provide the basis of precision medicine strategy for ovarian cancer treatment.</p>

稿件編號：OC17	期別 IA2-IIA2 子宮頸癌患者於術中發現骨盆淋巴轉移選擇捨棄或完成根治性全子宮切除術的預後
臨時稿件編號：0080	<p>Outcome of abandoned versus completed radical hysterectomy in stage IA2-IIA2 cervical cancer with positive pelvic lymph nodes found during planned operation</p> <p>王曼寧¹ 郭曉莉² 陳子健¹ 陳裕仁³ 吳孟浩³ 翁嘉穗¹ 林鈴⁴ 黃琬琿¹ 張志隆¹ 蘇聰賢⁵ 王國恭¹ 王功亮⁶ 楊育正¹ 李杰³ 陳楨瑞¹</p> <p>台北馬偕紀念醫院婦產部¹ 台北馬偕紀念醫院² 台北馬偕紀念醫院放射腫瘤科^{3 4} 新竹馬偕紀念醫院⁵ 台東馬偕紀念醫院⁶</p>
論文發表方式：口頭報告	<p>Objectives.</p> <p>Management regarding either to complete or abandon radical hysterectomy in patients with early stage cervical cancer (stage IA1 – IIA2) who are found to have positive lymph nodes during the operation is controversial. The aim of this study was to compare the outcomes of completed vs. abandoned radical hysterectomy with patients with intraoperative diagnosis of nodal metastasis.</p>
論文歸類：婦癌	<p>Methods.</p> <p>A retrospective single center study was performed. Cervical cancer patients diagnosed from 2007 to 2018 at MacKay Memorial Hospital, Taipei, Taiwan, were identified. All patients were scheduled for radical hysterectomy with pelvic lymphadenectomy. Patient’s demographics, surgery treatment, clinicopathologic data, progression free survival (PFS), overall survival (OS) were analyzed by student t, Kaplan–Meier, and log rank tests. Significance was defined as a P-value <0.05. Data analyses were performed using SPSS software for Windows (SPSS Inc., Chicago, IL, USA).</p> <p>Results.</p> <p>This single-institution review assessed 124 patients scheduled to undergo radical hysterectomy that had gross nodal disease diagnosed intraoperatively. 83 (66.9%) underwent radical hysterectomy and lymphadenectomy and 41 (33.1%) underwent aborted radical hysterectomy after lymphadenectomy. When comparing those undergoing radical hysterectomy to aborted radical hysterectomy, we found no significant differences in PFS (113.1 months vs 98.1 months, p = 0.76) or OS (121.8 months vs 84.6 months, p = 0.141).</p> <p>Conclusion</p> <p>In this study, complete or abandoned hysterectomy demonstrate similar outcomes for early stage cervical cancer. Further analysis is needed to evaluate the independent effect of other clinical factors, such as cell type, number of metastatic lymph nodes, tumor size, on PFS and OS.</p>