稿件編號：OC1 臨時稿件編號： 0730	早期子宮頸癌以腹腔鏡行根除性子宮頸切除並保留雙側子宮動脈：案例報告 Laparoscopic radical trachelectomy with bilateral uterine arteries preservation in early cervical cancer: a case report 馬翊慈 [1] 劉錦成 [1] 童綜合醫院婦產部 [1]
論文發表方式： 口頭報告 論文歸類： 婦癌	A 34-year-old female Gravida 1 Para 1 by normal spontaneous delivery, who was initially diagnosed with cervical squamous cell carcinoma clinical stage IB1 from other clinic. Pelvic MRI at our institution reported cervical tumor with size 1.8cm limited in the cervix without parametrium and vaginal involvement and no enlargement of pelvic lymph nodes. Serum marker of SCC was 0.9 ng/ml. She underwent laparoscopic radical trachelectomy with meticulous bilateral uterine artery preservation along with bilateral pelvic lymphadectomy with intraoperative cervical cerclage. Foley was inserted to the uterine cavity to prevent stenosis of the remaining canal before anastomosis of the corpus with vaginal canal. Operation time was 450 mins, and the estimated blood loss was 150ml. There was no intraoperative or postoperative complications. Hospital staying was 10 days. The final pathology reported a tumor of 7mm in horizontal diameter with infiltration less than 1 mm, surgical margin was free without pelvic lymph node metastasis, thus final stage was AJCC IA1. The anastomosis between uterus and vagina healed well after one and half of month. The patient experienced 4 times of menstruation within 6 months follow-up with normal amount and duration without dysmenorrhea. Preserved and patent uterine arteries flow were confirmed by doppler with hypervascularity of the uterus noted during follow up sonography. She has not yet tried to get pregnant. Post operative pap smear reported normal and she was tested negative high risk HPV. There was no evidence of recurrence.

稿件編號：OC3 臨時稿件編號： 0681	使用癌思停於後期卵巢亮細胞癌之治療 Incorporating Bevacizumab in the Management of Advanced Stage Ovarian Clear Cell Carcinoma 黃冠儒 [1] 許博欽 [2] 吳晉睿 [3] 張文君 [2] 潘貞諭 [2] 李盈萱 [3] 黃韻如 [2] 蕭勝謀 [4] 魏凌鴻 [2] 台大醫院雲林分院 [1] 台大醫院 [2] 台大新竹分院 [3] 亞東醫院 [4]
論文發表方式： 口頭報告 論文歸類： 婦癌	Objective To evaluate the efficacy of bevacizumab in patients with advanced stage ovarian clear cell carcinoma. Methods A retrospective study of patients between January 2011 and December 2020. Patients who had advanced stage ovarian clear cell carcinoma were included. Survival outcomes according to the use of bevacizumab or not, were analyzed. Results Sixty-four Taiwanese women were included, in which 22 patients had bevacizumab target therapy. Most of them had FIGO stage IIIC and IV (N= 59, 60.94%), and 26 (40.63%) patients had high-risk of disease defined by the ICON 7 criteria. Ten patients (15.63%) had neoadjuvant chemotherapy. The mean bevacizumab cycles were 10.59 ± 2.12, and the mean dose was 6.37 ± 1.18 mg/kg. In multivariate analysis, residual tumor $\geq$ 1cm (HR = 4.27, 95% CI = 1.17 to 15.58, p=0.028), and neoadjuvant chemotherapy (HR = 5.39, 95% CI = 1.08 to 26.84, p<0.040) were associated with poorer progression free survival (PFS). For overall survival (OS), performance status $\geq$ 1 (HR = 7.48, 95% CI = 1.39 to 40.24, p=0.019), and residual tumor $\geq$ 1cm (HR = 5.07, 95% CI = 1.31 to 19.65, p=0.019) were associated with poorer outcome. The addition of bevacizumab was not associated with survival benefits (HR 1.52, 95% CI 0.58 to 3.92, p=0.39 for PFS; HR 2.59, 95% CI 0.82 to 8.23, p=0.10). Conclusions Complete surgical resection remains the chief objective in the primary treatment of OCCC. The incorporation of low dose bevacizumab with the current adjuvant chemotherapy regimen might have limited role in OCCC.

稿件編號：OC4 臨時稿件編號： 0738	p53 蛋白突變在第一期子宮內膜樣癌患者的預後 Stage I, Endometrial Endometrioid Carcinoma with Abnormal P53 Expression , A Single Institute, Retrospective Case Study 張祐維 [1] 郭曉莉 [1] 王道遠 [1] 翁嘉穗 [2] 林鈴 [2] 黃琬珺 [1] 陳思嘉 [2] 陳子健 [1] 張志隆 [1] 楊育正 [1] 王功亮 [3] 陳楨瑞 [1] 台北馬偕醫院 [1] 淡水馬偕醫院 [2] 台東馬偕醫院 [3]
論文發表方式： 口頭報告 論文歸類： 婦癌	In Taiwan, the incidence of endometrial cancer is increasing year by year, ranking fifth among female cancers in 2020. Endometrial cancer can broadly be divided into two types. The type 1 endometrial cancer, so called endometrioid cancer, which often occurs in obese women at perimenopause. It is more related to hormones, and has a better prognosis. The other is type 2 endometrial cancer, which often occurs in older women and has poor prognosis. Besides the traditional pathological classification, the Cancer Genome Atlas (TCGA) discovered various genetic alternations in endometrial cancer in 2013. Four categories according to their prognosis were, POLE (ultramutated), MSI (hypermutated), Copy-number low (endometrioid) and Copy-number high (serous-like). The group of copy-number high was mainly type II endometrial cancer, most of which have p53 mutation. It was also the group with the worst prognosis. Generally, p53 mutations with abnormal protein expression are relatively uncommon in type I endometrial cancer, accounting for only 2–15%. However, recent studies found that abnormal p53 protein expression in type I endometrial cancer resulted to higher recurrence rate and mortality in long-term follow-up. The NCCN Guideline has included this molecular analysis as one of the prognostic factors since 2018. However, the adjuvant management has not be changed in current guideline based on molecular classification. That's to say, it is still controversial that early stage endometrioid cell type with abnormal p53 expression needs to escalate adjuvant therapy like additional chemotherapy or radiation therapy. The aim of this retrospective case study is to collect and review the cases with stage-I, endometrioid type endometrial cancer, with abnormal p53 expression under pathologic immunohistochemical stain in MacKay memorial hospital, Taipei, Taiwan, between 2019 and 2021. After grouping them as "morphological low grade (architecture grade 1-2)" and "morphological high grade (grade 3)", basic characteristics, recurrence and survivorship will be compared and calculated. We would like to report our results in this annual meeting of TAOG if possible and available.

稿件編號：OC5 臨時稿件編號： 0934	比較 Imiquimod 與手術切除在治療子宮頸上皮細胞病變的效益：系統性回顧研究 Efficacy of imiquimod and standard excisional procedure for the treatment of cervical intraepithelial neoplasia: A systematic review and meta analysis 謝中凱 [1] 溫國璋 [1] 羅爾維 [2] 譚家偉 [3] 衛生福利部雙和醫院婦產部 [1] 臺北醫學大學臨床醫學研究所 [2] 衛生福利部雙和醫院實證醫學中心 [3]
論文發表方式： 口頭報告 論文歸類： 婦癌	Introduction: Cervical intraepithelial neoplasia (CIN) or cervical dysplasia is a precursor of cervical cancer with increasing incidence in decades. High-grade CIN (CIN 2/3) or recurrent CIN has high progression rates and therefore surgical treatment is indicated. The surgical treatment include knife conization, loop electrosurgical excision procedure (LEEP) or ablative therapy. However, surgical treatment is associated with several complications including cervical stenosis, hemorrhage, pelvic infection or even genito-urinary tract injury. Furthermore, it generally not always suitable for reproductive women with future pregnancy desire in fear of spontaneous abortion, cervical insufficiency or preterm birth. Imiquimod, approved in 1997, is an immunomodulator which is used for the treatment of genital wart most are caused by HPV types 6 and 11. In order to ascertain the effectiveness of imiquimod as an alternative non-invasive therapy, we conducted a systematic review and meta-analysis of the evidence available to date to summarize the outcome of women in cervical intraepithelial neoplasia who received imiquimod treatment. Method: Relevant studies published before December 2022 were identified from the PubMed, Embase, and Cochrane databases. Randomized control trial, prospective non-randomized control trial and retrospective studies evaluating the outcome of topical application of imiquimod in woman newly-diagnosed high grade cervical intraepithelial neoplasia (CIN 2, 3) or recurrent CIN were included in this review. Studies were also required to clearly report the inclusion and exclusion criteria for patient characteristics, HPV status, the standard excisional technique, and the definition and evaluation of disease regression, remission, HPV clearance and recurrence. The main study outcome were regression rate, remission rate and HPV clearance rate after topical imiquimod intervention. Results: Pooling of results from 6 studies (n = 243 women in whom regression was reported) rendered a summary proportion of 68.2% (95% CI 59.2–77.2) for regression with significant variation across the studies (p = 0.036). Pooling of results from 3 studies (n = 135 women in whom remission was reported) rendered a summary proportion of 37.6% (95% CI 29.4–45.7) for remission with significant variation across the studies (p <0.001). Pooling of results from 6 studies (n = 190 women in whom HPV clearance was reported) rendered a summary proportion of 54.5% (95% CI 39.3–69.7) for HPV clearance with significant variation across the studies (p <0.001). Conclusion: In our meta-analysis, we provided a statistic data to answer the clinical question on efficacy of imiquimod to treat cervical intraepithelial neoplasm. After discussing with patients the information and associated risk, imiquimod could be an alternative therapeutic option.

稿件編號：OC6	臨床病理因子來預測上皮性卵巢癌之化學治療敏感度 - 一回朔性研究
臨時稿件編號：0938	Clinicopathological Factors Associated with Chemosensitivity in Advanced Stage Epithelial Ovarian Cancer: A Retrospective Study

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論文發表方式：
口頭報告

論文歸類：
婦癌

Objective: The aim of this retrospective study was to investigate the clinicopathological factors associated with chemosensitivity in advanced stage epithelial ovarian cancer.

Methods: We retrospectively reviewed the medical records of patients with ovarian cancer who underwent primary debulking surgery followed by platinum-based adjuvant chemotherapy between January 2011 and December 2019 at our institution. We collected data on patient demographics, tumor histology, stage, grade, pretreatment serum tumor marker levels, residual disease after surgery, immunohistochemical expression of progesterone receptor, and response to chemotherapy. The primary outcome was platinum-sensitive or platinum-resistant defined as disease progression more than or less than 12 months after completion of chemotherapy, respectively. Logistic regression analysis was performed to identify independent predictors of chemosensitivity.

Results: A total of 68 patients were included in the study. The median age was 58 years (range, 29-78 years). The most common histological subtype was serous (59%). The majority of patients had FIGO stage III disease (72%) and high-grade tumors (70%), and the overall platinum sensitivity rate was 56%. In univariate analysis, progesterone receptor expression, and residual disease were significantly associated with chemosensitivity. Multivariate logistic regression analysis identified pretreatment CA-125 level > 930 U/mL (odds ratio [OR], 6.92; 95% confidence interval [CI], 1.10-43.63; p=0.039) and no residual disease (OR, 0.028; 95% CI, 0.003-0.251; p=0.001) as independent predictors of chemosensitivity.

Conclusion: Our study suggests that pretreatment CA-125 level and residual disease after surgery are independent predictors of chemosensitivity in advanced stage epithelial ovarian cancer. These factors should be considered when initiating treatment strategies for patients with ovarian cancer. Further validation in larger, independent cohorts is necessary.

稿件編號：OC7	治療前血小板增多是上皮性卵巢癌化療抗藥性和預後不良的危險因素之一
	Pretreatment thrombocytosis is one of the risk factors for chemoresistance and poor prognosis in epithelial ovarian cancer
臨時稿件編號：0898	傅雁苹[1] 傅宏鈞[1] 高雄長庚婦產科[1]

論文發表方式：
口頭報告

論文歸類：
婦癌

Background
Patients with platinum-resistant ovarian cancer usually have a low response rate to subsequent chemotherapy and have an unfavorable prognosis. Currently, there are no tools to predict the response to chemotherapy and guide individualized therapy. The aim of this study is to investigate the prognostic significance of thrombocytosis in ovarian cancer.

Methods
We retrospectively analyzed 253 patients who received treatment between 2015 and 2018 at our institution. Univariate and multivariate analyses of clinical parameters were performed to identify factors associated with chemoresistance. Survival analyses were performed with the Kaplan–Meier method and Cox-regression.

Results
Platinum-resistant ovarian cancer was found to be significantly associated with an older age ($p = 0.15$), advanced stage ($p < 0.001$), suboptimal debulking ($p < 0.001$), higher cancer antigen 125 level ($p = 0.035$), white blood cells count > 7500/L, platelet count > 400000/L ($p = 0.009$), absolute neutrophil count(ANC) >7500/L ($p = 0.03$) and Neutrophil-to-lymphocyte ratio (NLR)> 3.7 ($P = 0.003$). However, only high stage of the disease ($p=0.001$) and suboptimal surgical resection ($p=0.002$) were independent predictive factors for chemoresistance. Furthermore, thrombocytosis ($p= 0.043$) , higher stage ($p < 0.001$) and sub-optimal debulking ($p < 0.001$) were independent factors for disease-free survival reduced DFS.

Conclusion
Pre-treatment thrombocytosis might be attributed to chemoresistance, and robustly be taken as a predictor for poor prognosis in epithelial ovarian cancer.

Keywords: ovarian cancer, platinum resistance, thrombocytosis, prognosis

稿件編號：OC8	血清中嗜中性球與淋巴球之比率可作為早期上皮性卵巢癌之預後因子
臨時稿件編號：0928	Neutrophil-lymphocyte Ratio as a Predictor for Disease-free Survival in Early-stage Epithelial Ovarian Cancer
	宋恩羚 [1] 吳貞璇 [1] 林浩 [1] 張簡展照 [1] 蔡景州 [1] 歐育哲 [1] 傅宏鈞 [1] 高雄長庚醫院婦產部 [1]

論文發表方式： 口頭報告

論文歸類： 婦癌

Background

Ovarian cancer is the second most common gynecologic malignancy in developed countries. Moreover, it ranks seventh in cancer incidence in females in Taiwan. Unlike western countries, about 50% of the patients present with early-stage disease (stages I and II) at diagnosis in Taiwan. Nowadays, only few prognostic factors have been disclosed in epithelial ovarian cancer (EOC) including FIGO stage and histological type. Currently, more and more scholars pay attention to the role of neutrophil to lymphocyte ratio (NLR) in cancer as it captures the balance of lymphocyte-mediated adaptive immunity in tumor micro-environment. However, the correlation between NLR and the prognosis in early-stage ovarian cancer patients is still unknown. Therefore, this study aims to determine whether NLR predicts disease survival in early-stage EOC.

Methods

We retrospectively reviewed patients with stage I/II EOC who underwent primary surgery followed by adjuvant chemotherapy or follow-up between January 2011 and December 2018 in Kaohsiung Chang Gung Memorial Hospital. We analyzed age, stage, histology, chemotherapy regimen, progression free survival (PFS), overall survival (OS) and pre-treatment hemogram. NLR is derived from the neutrophil counts and lymphocyte counts in the pre-treatment hemogram. The cut off value of NLR was assessed by receiver operating characteristic (ROC) curve. Cox regression analysis was used for multivariate analysis. Correlations between NLR and survival were computed using Kaplan–Meier method and statistical differences between groups were examined using the log rank test.

Result

225 patients were enrolled with the mean age at 48.5 years old. The median time of follow-up was 63.6 months. The percentage of stage IA/B, IC, II were 41.3%, 40.4% and 18.2% respectively. 60% of the patients received adjuvant chemotherapy because of harboring high risk for recurrence. The mean pre-treatment NLR was 3.9 with the cut-off point as 4.7 determined by ROC curve for survival prediction. In multivariate analyses, FIGO stage was significantly associated with PFS (HR, 3.191; 95% CI, 1.425-7.148; p=0.005), as well as NLR less than 4.7 (HR, 2.443; 95% CI, 1.148-5.199; p=0.020). For OS analysis, FIGO stage remained an independent prognostic factor, while there seems to be a trend with longer OS in patients with NLR< 4.7 as compared to NLR ≥ 4.7 in both univariate (HR,2.371; 95% CI, 0.978-5.751; P = 0.056) and multivariate analysis (HR,2.559; 95% CI, 0.967-6.766; P = 0.059).

Conclusion

In our study, pre-treatment NLR could be a predictor of clinical outcome in early-stage ovarian cancer. Moreover, patients with NLR ≥ 4.7 before treatment may have shorter progression-free survival. It could be applied for clinical use as a prognostic marker in early-stage EOC and may affect the clinical decision in the future.

稿件編號：OC9	回顧性分析低劑量 pembrolizumab 使用在真實世界中對於困難治療的晚期婦女癌症患者之療效和安全性
臨時稿件編號：0746	Real-world efficacy and safety of low-dose pembrolizumab in patients with refractory and advanced gynecologic cancers: a retrospective study

高健祥 [1] 吳貞璇 [2] 林浩 [2] 蔡景州 [2] 歐育哲 [2] 傅宏鈞 [2]
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論文發表方式：
口頭報告

論文歸類：
婦癌

Background
Over the past decade, immune checkpoint inhibitors have revolutionized the treatment landscape in the realm of cancer management. Pembrolizumab, a programmed death 1 (PD-1) inhibitor, demonstrates promising potential in microsatellite instability-high or mismatch repair (MMR) deficiency recurrent solid tumors with failure to prior treatment and metastatic PD-L1–positive cervical cancers. However, the standard dose of pembrolizumab (200 mg once every three weeks) approved for gynecologic cancer causes a high financial burden for patients in Taiwan. So far, there has been sporadic evidence that low-dose pembrolizumab effectively achieves positive clinical outcomes. In this study, we aim to evaluate the efficacy and safety of low-dose pembrolizumab in real-world clinical practices.
Methods
We retrospectively collected clinical profiles and assessed the efficacy and safety data in patients with gynecologic malignancies who received at least one dose of pembrolizumab between 2017 to 2022 in Kaohsiung Chang Gung Memorial Hospital. We used chi-square test and Kaplan-Meier analyses to compare objective response rate (ORR) as well as progression-free survival (PFS) between patients with deficient MMR (dMMR) and proficient MMR (pMMR) protein expression in the tumor tissue.
Results
Thirty-nine patients with gynecologic malignancies were identified, and 80% had advanced stage at diagnosis. All included patients underwent fixed pembrolizumab dosage throughout the treatment course, and the dosage per cycle comprised of 50 mg (n=2, 5.1%), 100 mg (n=33, 84.6%) and 200 mg (n=4, 10.3%). 67% of subjects had received ≥ 2 lines of prior therapy. Compared to the pMMR group, the dMMR group was associated with better ORR (54.6 % vs. 28.6%, p=0.028) and had a non-reached median duration of response. There was no significant difference in PFS between the dMMR group and the pMMR group; nonetheless, the patients with dMMR expression in tumor tissue verged on better survival (Hazard ratio 0.41, 95% CI: 0.84-7.01, p=0.088). At the time of data cutoff, the Kaplan-Meier estimate of the proportion of patients with response duration ≥ 6 months was 100%, with a plateau from ≥ 1 year at 80% in the dMMR group. Immune-related adverse events (irAE) of any grade occurred in 13 patients (33.3%), 3 (7.7%) of whom had grade 3 or 4, which was consistent with previous studies.
Conclusions
This is the first real-world study analyzing the efficacy of low-dose pembrolizumab in patients with refractory gynecologic cancers. The current study suggests that low-dose pembrolizumab is a cost-effective and safe treatment option compared to published clinical trials without compromising clinical outcomes. Our results suggest financial implications in resource-constrained countries, and further randomized trials are needed to validate the correlation between the dose and clinical efficacy.

稿件編號：OC10 臨時稿件編號：0920	比較紫杉醇與環磷醯胺和鉑金類藥物結合作為早期高風險上皮性卵巢癌患者輔助化療的臨床預後 Comparing Clinical Outcomes of Paclitaxel with Cyclophosphamide in Platinum-based Doublets as Adjuvant Chemotherapy for Patients with High-risk Early-stage Epithelial Ovarian Cancer 林美怡 [1] 吳貞璇 [2] 林浩 [2] 張簡展照 [2] 蔡景州 [2] 歐育哲 [2] 傅宏鈞 [2] 高雄長庚紀念醫院婦產部 [1] 高雄長庚紀念醫院婦產部婦癌科 [2]

論文發表方式：
口頭報告

論文歸類：
婦癌

Introduction
In Taiwan, approximate half of ovarian cancer patients are diagnosed at an early stage. In general, platinum-based adjuvant chemotherapy was recommended for women with high-risk early-stage disease to prolong disease survival. However, there is a lack of consensus regarding the optimal regimen in platinum-based doublets. Clinicians preferred using paclitaxel (PTX) largely based upon indirect evidence that it improves outcomes when administered as adjuvant therapy for advanced-stage epithelial ovarian cancer (EOC). We proposed to compare clinical outcomes of PTX with cyclophosphamide (CTX) in platinum-based chemotherapy for high-risk early-stage EOC.

Material and methods
We retrospectively reviewed the medical records of stage I/II EOC patients who received post-operative platinum-based chemotherapy either with PTX or CTX in Kaohsiung Chang Gung Memorial Hospital from January 2011 till December 2018. We analyzed the association between several clinical characteristics and clinical outcomes including age, histology type, pre-treatment platelet/ CA-125/ CEA level, chemotherapy regimen, progression-free survival (PFS) and overall survival (OS). The baseline characteristics were compared using Chi-square test for categorical variables and independent two-sample t-test for continuous variables. Survival analysis of PFS and OS was calculated by Kaplan-Meier method and Cox regression model. A p-value less than 0.05 was considered to be statistically significant.

Results
A total of 136 patients were enrolled with mean age at 50.5 years. 35 (25.7%), 68 (50%), and 33 (24.3%) patients were presented at FIGO stage IA/IB, IC and II, respectively. Of all patients, 87 (64%) of whom were treated with PTX and 49 (36%) with CTX according to clinician's preference. There were no statistically significant differences in clinical characteristics of patients between PTX and CTX groups except most of patient in stage II (31 of 33) receiving PTX (93.9% vs. 6.1%, p<0.001) . Multivariate analysis of all patients revealed only FIGO stage was significantly associated with PFS (II vs I HR, 4.674; 95% CI, 1.366-15.999; p=0.014) and OS (HR, 7.395; 95% CI, 1.274-42.940; p=0.026). Nonetheless, as compared with CTX, administration of PTX had no significant prolongation in PFS (HR, 2.109; 95%Cl, 0.637-7.010; p=0.223). Furthermore, for subgroup analysis of stage I patients, no significant differences in PFS were noted between two groups (p=0.823). However, for stage II patients, it seemed PTX prolonged PFS as compared with CTX. (HR, 18.249; 95%Cl, 1.174-283.665; p=0.038).

Conclusion
In conclusion, the impact on clinical outcomes of CTX is not inferior to PTX in platinum-based doublets as adjuvant chemotherapy for high-risk early-stage EOC patients in particular for stage I subjects. A larger randomized clinical trial is warranted for further verification of the result.

稿件編號：OC11	高復發風險子宮內膜癌於微創及開腹手術之比較 – 韓國及台灣傾向分數配對法分析
臨時稿件編號：0767	Comparison of minimally invasive and open surgery for the treatment of endometrial cancer with a high risk of recurrence – A propensity score matching study in Korea and Taiwan
	林宜衡 [1] 賴彥伶 [2] 鄭文芳 [1] 陳宇立 [3] 國立台灣大學醫學院附設醫院婦產部 [1] 國立台灣大學醫學院附設醫院新竹分院婦產部 [2] 國立台灣大學醫學院附設醫院雲林分院婦產部 [3]
論文發表方式：口頭報告	BACKGROUND: This study compared oncologic outcomes between minimally invasive surgery (MIS) and open surgery for the treatment of endometrial cancer with a high risk of recurrence.
論文歸類：婦癌	METHODS: This study included patients with endometrial cancer who underwent primary surgery at two tertiary centers in Korea and Taiwan. Low-grade advanced-stage endometrial cancer (endometrioid grade 1 or 2) or endometrial cancer with aggressive histology (endometrioid grade 3 or non-endometrioid) at any stage was considered to have a high risk of recurrence. We conducted 1:1 propensity score matching between the MIS and open surgery groups to adjust for the baseline characteristics.
	RESULTS: Of the total of 582 patients, 284 patients were included in analysis after matching. Compared to open surgery, MIS did not show a difference in disease-free survival (HR, 1.09; 95% CI, 0.67–1.77, P=0.717) or overall survival (HR, 0.67; 95% CI, 0.36–1.24, P=0.198). In the multivariate analysis, non-endometrioid histology, tumour size, tumour cytology, depth of invasion, and lymphovascular space invasion were risk factors for recurrence. There was no association between the surgical approach and either recurrence or mortality in the subgroup analysis according to stage and histology.
	CONCLUSION: MIS did not compromise survival outcomes for patients with endometrial cancer with a high risk of recurrence when compared to open surgery.

稿件編號：OC12 臨時稿件編號： 0919	分析晚期上皮性卵巢癌中 BRCA 1/2 及其他同源重組基因變異之盛行率 Prevalence of tumor genomic alternations in BRCA 1/2 as well as other homologous recombination genes in advanced epithelial ovarian cancer <u>林琬婷</u>[1] 吳貞璇[2] 林浩[2] 蔡景州[2] 歐育哲[2] 傅宏鈞[2] 陳盈儀[2] 王映文[2] 黃偲媁[2] 高雄長庚紀念醫院婦產部[1] 高雄長庚紀念醫院婦產部婦癌科[2]
論文發表方式： 口頭報告 論文歸類： 婦癌	Background: Purpose: Homologous recombination repair (HRR) including BRCA1 and BRCA2 genes play essential roles in maintaining genome stability. Loss of function in HRR may indicate potential clinical benefits from PARPi (poly ADP ribose polymerase inhibitor) beyond BRCA1/2 mutations. Recent trials have brought to attention the utility of homologous recombination deficiency (HRD) testing to select patients with advanced epithelial ovarian cancer (EOC) most likely to benefit from PARPi treatment in various settings. However, data on the frequency of HRR gene mutations in Taiwanese patients with EOC are scarce. In this study, we aim to explored the frequency of mutations in BRCA1/2 as well as HRD-associated genes in advanced-stage EOC. Methods: We evaluated the prevalence of BRCA1 / 2 and 16 HR-associated genes mutations as well as HRD through Next Generation Sequencing for formalin-fixed paraffin-embedded tumor samples from stage III-IV ovarian cancer patients diagnosed in Kaohsiung Chang Gung Memorial Hospital during 2021-2022. Results: 65 ovarian cancer samples were assayed for BRCA1/2 including 42 high-grade serous carcinomas (HGSC), 8 endometrioid carcinomas (EC), 3 clear cell carcinomas (CCC), 3 carcinosarcoma (MMMT), 2 mucinous carcinomas (MUC), 2 undifferentiated carcinoma, 1 low-grade serous carcinomas (LGSC), 1 squamous cell carcinoma and 3 unknown cell types. Pathogenic variants of BRCA1 and BRCA2 were detected in 10 (15.4%) and 6 (9.2 %) with 13 in HGSC (81.3%), 1 in EC (6.3%) , 1 in MMMT (6.3%) and 1 in unknown type. No BRCA1/2 mutation was noted in CCC, MUC or LGSC. 7 cases (10.8%) were found as a variant of uncertain significance (VUS) of BRCA including 3 BRCA1 and 4 BRCA2. As compared to BRCA-mutation negative (BRCA-) patients, higher prevalence of family history with breast cancer was noted in BRCA mutation-positive (BRCA+) group (25% vs. 4.1%, p=0.029) while no significant difference with ovarian cancer (12.5% vs. 6.2%, p=406). Furthermore, the profile of HRR gene mutations examined in 33 cases revealed beyond BRCA1 (21.2%) and BRCA2 (6.1%), the most frequent mutation gene is PTEN (9.1%) with endometrioid histology in 50%. For HRD analysis, 51.6% cases were identified as positive HRD (HRD+) including 30% of BRCA+. Moreover, HRR gene mutations were noted in 69% of HRD+ and 67% of HRD- group, respectively. 25% of HRD+ had concurrent BRCA and HRR gene mutation, while the cases harboring PTEN mutation were all determined as HRD-. We also identified TP53 the most frequent mutation gene in both HRD+ (63%) and HRD- (40%) groups. Conclusions: Our study on prevalence of HRR gene alternation as well as HRD in advanced EOC disclosed ethnic specificity in Taiwanese populations. The data of this study might provide a reference in the future for clinical selection to broaden the targeted ovarian cancer patients with defective HRR genes that should be treated with PARPi.

稿件編號：OC13 臨時稿件編號： 0678	主動脈旁淋巴結廓清對高惡性度子宮內膜癌前期病人的預後影響: 跨國回溯性世代研究 Impact of para-aortic lymphadenectomy on survival in pathologically diagnosed early-stage grade 3 endometrioid and non-endometrioid endometrial cancers? A retrospective cohort study in Korea and Taiwan 賴彥伶 [1] 陳瑢 [1] 廖柔謙 [1] 陳宇立 [1] 鄭文芳 [1] 臺大醫院婦產部 [1]
論文發表方式： 口頭報告 論文歸類： 婦癌	Purpose: The therapeutic effect of para-aortic lymphadenectomy in early-stage high-grade endometrial cancer remains controversial. In this study, we investigated whether combined pelvic and para-aortic lymphadenectomy has a survival benefit compared to pelvic lymphadenectomy alone in patients with pathologically diagnosed FIGO stage I-II grade 3 endometrioid and non-endometrioid endometrial cancers. Methods: We retrospectively reviewed the medical records of 281 patients with histologically confirmed FIGO stage I-II grade 3 endometrioid and non-endometrioid endometrial cancers who underwent pelvic lymphadenectomy alone or combined pelvic and para-aortic lymphadenectomy in staging surgery at two tertiary centers in Korea and Taiwan. Prognostic factors to predict outcomes in these cases were also analyzed. Results: Among 281 patients, 144 underwent pelvic lymphadenectomy alone and 137 underwent combined pelvic and para-aortic lymphadenectomy. Within a median follow-up of 45 months, there was no significant difference in recurrence-free survival (RFS) and overall survival (OS) between the two groups. In multivariable analysis, age at diagnosis ≥60 years (HR = 2.20, 95% CI 1.25–3.87, p = 0.006) and positive lymph-vascular space invasion (LVSI) (HR = 2.79, 95% CI 1.60–4.85, p < 0.001) were associated with worse RFS, and only non-endometrioid histology was associated with worse OS (HR = 3.18, 95% CI 1.42–7.12, p = 0.005). In further subgroup analysis, beneficial effects of combined pelvic and para-aortic lymphadenectomy on RFS and OS were not observed. Conclusions: In this study, combined pelvic and para-aortic lymphadenectomy could not improve survival compared to pelvic lymphadenectomy alone in patients with FIGO stage I-II grade 3 endometrioid and non-endometrioid endometrial cancers. Therefore, para-aortic lymphadenectomy may be omitted for these cases.

稿件編號：OC14	子宮內膜神經內分泌癌案例
臨時稿件編號：0935	Neuroendocrine carcinoma of endometrium: a case report

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Introduction
Large cell neuroendocrine carcinoma (NEC) of the endometrium is a rare type of tumor. NEC may have aggressive behavior. There still needs to be a definitive recommendation regarding its management. We herein reported a postmenopausal woman with large cell NEC of the endometrium and its clinical characteristics.

Case Summary
A case of a 55 years old Asian female presenting symptoms of postmenopausal vaginal bleeding for one year. Endocervical biopsy showed high-grade endometrial carcinoma. Transvaginal ultrasound revealed a thickening endometrium (30.2 mm) and a hypervascularity tumor. Computer tomography revealed tumor invades more than half myometrium and pelvic lymph node metastasis. Colonoscopy showed no tumor invasion. Tumor markers, including CA125, CA199, and CEA, were all within normal range. FIGO clinical stage IIIC1 endometrial cancer was suspected. She then underwent type 3 radical hysterectomy, bilateral salpingo-oophorectomy, omentectomy, and bilateral pelvic and para-aortic lymph node dissection. Pathology showed mixed neuroendocrine and endometrioid adenocarcinoma, pT2N0M0, grade 3, and FIGO stage 2. Immunohistochemistry showed ER (estrogen receptor, moderate +, 20%), PR (progesterone receptor, moderate +, 1%), CD56 (focal +, a NEC marker), vimentin (focal +), p53 (+, wild type), p63 (-), p16 (-), and ki67 (+, 90%). Postoperatively, she received one cycle of cisplatin and etoposide.

Conclusion
Large cell NEC of the endometrium is rare. Definite adjuvant chemotherapy needs to be established. We will keep on following up on this case and her prognosis.