

稿件編號：OC1	<p style="text-align: center;">循環腫瘤細胞 (CTCs) 在子宮肉瘤中的應用 Role of CTCs in Uterine Sarcoma</p>
臨時稿件編號： 1195	
論文發表方式： 口頭報告	賴彥汝 ¹ 曾宇泰 ¹ 周輝政 ¹ 林珮瑩 ¹ 基督復臨安息日會醫療財團法人臺安醫院 ¹
論文歸類： 婦癌	<p>Abstract:</p> <p>Background Sarcoma in the uterine is rare and patients with this malignancy have poor overall survival rates and poor prognosis. Diagnosis of uterine sarcoma is often made pathologically after resection of the tumor. Circulating tumor cells (CTCs) are tumor cells in the peripheral blood of cancer patients. By detecting CTCs with certain positive features such as GATA3 and Human epidermal growth factor receptor 2 (HER2), it may have important clinical implications in differentiating between benign myomas and malignant sarcomas.</p> <p>Case A 52-year-old woman was presented with intermittent vaginal bleeding for 1 month. Initial survey including imaging studies revealed enlarged uterus with heterogeneous densities. CTCs assay showed positive results of GATA3 and HER2. Diagnostic hysteroscopy with dilation and staging surgery confirmed epithelioid leiomyosarcoma.</p> <p>Conclusion Positive detection of CTCs with certain features such as GATA3 and HER2 may be helpful in the diagnosis, prognosis and even offering treatment strategies in uterine sarcomas.</p>

稿件編號：OC2	<p>腹腔熱灌注化療 (HIPEC) 治療晚期卵巢癌、腹膜癌和輸卵管癌——單一機構的真實世界經驗</p>
<p>臨時稿件編號： 1054</p>	<p>Hyperthermic Intra-Peritoneal Chemotherapy (HIPEC) in advanced Ovarian, Peritoneal and Fallopian tubal Cancer, A Single Institute Real World Experience</p> <p>范郁敏¹ 陳楨瑞¹ 陳建勳² 陳子健¹ 林玟瑄¹ 張志隆¹ 楊育正¹ 王功亮¹ 郭曉莉¹ 台北馬偕醫院婦產部¹ 台北馬偕醫院大腸直腸外科²</p>
<p>論文發表方式： 口頭報告</p>	<p>Background Ovarian, primary peritoneal or fallopian tubal cancer (OC) is the leading cause of death in gynecological malignancies. Most OC cases are diagnosed at an advanced stage, and their estimated 5-year survival rate is 20%–40%. Current standard treatment for advanced OC remains optimal debulking surgery plus adjuvant platinum-based chemotherapy. However, about 60% OC cases are impossible to reach optimal debulking in primary surgery, so neoadjuvant chemotherapy followed by interval debulking surgery (IDS) with hyperthermic intraperitoneal chemotherapy (HIPEC) was proved to have better progressive free and overall survival. IDS can remove the macroscopic tumor and HIPEC can eradicate the microscopic residual disease. In addition, secondary cytoreductive surgery plus HIPEC also improve the outcome in platinum sensitive recurrent OC.</p>
<p>論文歸類： 婦癌</p>	<p>Purpose We tried to collect the OC cases who received the debulking surgery plus HIPEC in MacKay memorial hospital, Taipei, Taiwan. Basic characteristics, cytoreduction Score (CC score, CC 0, 1, 2), chemotherapy regimen, recurrence, survivorship, changes of tumor markers and complications were found and recorded after IRB approval.</p> <p>Method A single-institute (MacKay memorial hospital, Taipei, Taiwan) retrospective study will be conducted by collecting and reviewing OC cases who received the debulking surgery plus HIPEC between 2017 and 2023. Currently, 28 cases were found and detailed chart review is in progress. The aim of this study is to evaluate the therapeutic effect of advanced OC cases who received such modality of treatment in real-world practice.</p> <p>Result Since this study is still under case collection and data analysis, we would like to report our results in the annual meeting of Taiwan Society of Obstetrics and Gynecology in March 2024 after well preparation.</p>

稿件編號：OC3	<p>Olaparib 在 BRCA 突變的晚期上皮性卵巢癌第一線維持治療病例系列</p> <p>Olaparib as the first line maintenance therapy in advanced stage epithelial ovarian cancer in patients with BRCA mutations – A case series from a tertiary hospital in Taiwan</p>
臨時稿件編號：1250	
論文發表方式：口頭報告	<p>唐維均¹ 周宏學² 張淑涵²</p> <p>基隆長庚醫院¹ 林口長庚醫院²</p>
論文歸類：婦癌	<p>Olaparib, a poly ADP-ribose polymerase (PARP) inhibitor, has emerged as a significant therapeutic option of maintenance treatment in ovarian cancer patients who presented with BRCA mutations. In this case series, conducted from June 2019 to June 2023, we focused on patients diagnosed with Stage 3 and 4 epithelial ovarian cancer with BRCA mutations who underwent Olaparib treatment at the Linkou branch of Chang Gung Memorial Hospital (CGMH). The final analysis included 33 patients. The median duration of Olaparib treatment was 20.5 months (ranging from 3.82 to 31.5 months). Currently, the median progression free survival was 20.3 ± 11.3 months (range 3.8-53.6), with only 6 patients (18.2%) experienced disease progression.</p>

稿件編號：OC4	<p>癌症相關靜脈栓塞的診斷時機點與卵巢癌之預後影響</p>
臨時稿件編號： 1168	<p>Does the diagnostic timing of cancer-associated thromboembolism influence the survival outcome in ovarian cancer patients?</p> <p>洪琬婷¹ 陳瑢² 賴彥伶³ 陳宇立¹ 鄭文芳¹ 臺大醫院婦產部¹ 臺大醫院雲林分院婦產部² 臺大醫院新竹分院婦產部³</p>
論文發表方式： 口頭報告	<p>Background/purpose: Efforts were made to explore the influence of diagnostic timing for cancer-associated thromboembolic events on survival of ovarian cancer patients.</p>
論文歸類： 婦癌	<p>Methods: We reviewed the medical records of 75 ovarian cancer patients with thromboembolism and evaluated the prognostic factors affecting disease-free survival and overall survival.</p> <p>Results: These 75 patients were classified into two categories by the diagnostic timing of the thromboembolism, during (33 cases) and after (42 cases) initial diagnosis of ovarian cancer groups. The diagnostic timing of thromboembolism was not related to disease-free survival or overall survival of the studied population. Advanced disease stage, clear cell histology, interval debulking surgery, no recurrence/persistence of ovarian cancer, and patients treated with anticoagulant(s) treatment >3 months were associated with the disease-free survival. Advanced disease stage, clear cell histology, body mass index (BMI) ≥ 24 kg/m² at the diagnosis of ovarian cancer, and no recurrence/persistence of ovarian cancer influenced the overall survival. In the subgroup analysis, compared to the after initial ovarian cancer diagnosis group, patients with stage I/II disease, BMI <24 kg/m² at the diagnosis of ovarian cancer, or primary debulking surgery in the during cancer diagnosis group had longer disease-free survival, and overall survival benefit was observed in cases with stage I/II disease, or primary debulking surgery.</p> <p>Conclusion: The diagnostic timing of thromboembolism was not related to disease-free or overall survival of ovarian cancer patients, but associated with that of specific patient subgroups.</p>

稿件編號：OC5	<p>黃體素初始反應不佳之非典型子宮內膜增生病患長期使用黃體素治療之結果分析：跨國回溯性研究</p>
<p>臨時稿件編號： 1268</p>	<p>Outcomes of prolonged progestin treatment in atypical endometrial hyperplasia patients with a poor initial response to progestin: A retrospective study from two tertiary centers in Korea and Taiwan</p> <p>林宜衡¹ 陳琮² 賴彥伶³ 陳宇立¹ 鄭文芳¹ 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雲林分院婦產部² 國立台灣大學醫學院附設醫院新竹分院婦產部³</p>
<p>論文發表方式： 口頭報告</p>	<p>Objective: In this study, we evaluated the role of prolonged progestin treatment on atypical endometrial hyperplasia (AEH) patients who did not achieve complete remission (CR) after at least 3 months of progestin treatment. Possible prognostic factors predicting disease remission and recurrence were also assessed.</p>
<p>論文歸類： 婦癌</p>	<p>Methods: We retrospectively identified patients who had histologically confirmed persistent disease after at least 3 months of progestin treatment at two tertiary centers in Korea and Taiwan. Clinicopathologic factors and clinical outcomes were obtained from medical records. Logistic regression was used to analyze the relationship between covariates and the probability of CR and relapse.</p> <p>Results: Fifty-two patients were included. Thirty-seven of 52 patients (71.2%) achieved CR after prolonged progestin treatment. Median time from starting progestin treatment to CR was 12.0 months. Daily administration of medroxyprogesterone acetate ≥ 200 mg or megestrol acetate ≥ 80 mg was associated with higher probability of regression. Nineteen of 37 patients (51.4%) experienced recurrence, with median time from CR to relapse of 15.0 months. Body mass index ≥ 27 was associated with higher relapse probability. Twelve of 16 patients with disease progression to endometrial carcinoma underwent surgery. The 12 cases had stage I tumors and lived without disease.</p> <p>Conclusions: Prolonged progestin treatment is feasible for AEH patients with a poor initial response to progestin. Higher daily progestin dosage was associated with higher probability of CR, and obesity was associated with higher risk of relapse. The patients with a poor initial response to progestins and whose AEH progressed to endometrial carcinoma had good prognoses.</p>

稿件編號：OC6	子宮發炎性肌纖維母細胞腫瘤--一種易被誤診為黏液樣平滑肌肉瘤的罕見惡性腫瘤：病例報告
臨時稿件編號： 1260	<p>Inflammatory myofibroblastic tumor (IMT) of the uterus--a rare malignancy that can be misdiagnosed with myxoid leiomyosarcoma: a case report</p> <p>謝雨彤¹ 林肇柏¹ 林俊宏¹ 許鈞碩¹ 佛教慈濟醫療財團法人大林慈濟醫院婦產部¹</p>
論文發表方式： 口頭報告	<p>Inflammatory myofibroblastic tumor (IMT) of the uterus is a rare but aggressive malignancy that is often misdiagnosed with myxoid leiomyosarcoma. IMT is a mesenchymal neoplasm that often involves the lung or soft tissues of the abdomen, pelvis, and retroperitoneum. Uterine IMT (UMT) is rare, but given the increased availability of immunohistochemistry (IHC) and next generation sequencing (NGS), recognition of IMT has increased. Approximately 50% of IMT harbor rearrangements involving the anaplastic lymphoma kinase (ALK) gene on chromosome 2p23, which encodes a transmembrane receptor tyrosine kinase. These rearrangements result in fusion of the 3' kinase portion of ALK to the 5' portion of a partner gene, and is a known oncogenic driver in non-small cell lung cancer (NSCLC) and other solid tumors, including IMT. Therefore, patients with myxoid UMT harboring ALK rearrangement may derive durable benefit from treatment with ALK inhibitors.</p>
論文歸類： 婦癌	<p>We presented a case with inflammatory myofibroblastic tumor (IMT) of the uterus that was initially misdiagnosed with myxoid leiomyosarcoma with metastatic lung nodules. According to the patient, she was diagnosed with uterine mass that favored uterine leiomyoma 16 years ago without further management. However, she suffered from persistent cough for over 1 month, with blood-tinged sputum or blood clots noted sometimes, along with dyspnea on exertion. Chest X ray revealed multiple nodular opacities over bilateral lung fields. CT scan showed a giant pelvic tumor over 20cm in long axis, favored uterine origin, with venous invasion, and numerous bilateral lung metastases and pulmonary embolism. Therefore, she received debulking surgery with hysterectomy and bilateral salpingo-oophorectomy, along with inferior vena cava filter placement. Initial pathologic diagnosis was myxoid leiomyosarcoma of endometrium, FNCLCC grade 1/score 3, pT2bN0M1, p-stage IVB (AJCC 8). However, further NGS revealed IGFBP5(1)-ALK(19) fusion and IGFBP5(1)-ALK(20) fusion, so the final diagnosis was inflammatory myofibroblastic tumor (IMT) of uterus. After treated with Alectinib--a potent ALK inhibitor, the standard of care first-line treatment for advanced ALK-positive non-small cell lung cancer (NSCLC)--regression of the metastatic lung nodules was noted by follow-up chest X ray. The patient has survived 22 months after the debulking surgery, and is in stable disease under treatment with Alectinib.</p>

稿件編號：OC7	<p style="text-align: center;">染色體 4q 異常的年輕女性輸卵管高分化漿液性：病例報告 High-grade serous carcinoma of the fallopian tube in a young woman with chromosomal 4q abnormality: a case report</p>
臨時稿件編號： 1105	
論文發表方式： 口頭報告	<p>BACKGROUND Few studies have reported the association between increased risk of acquiring cancers and survived 4q deletion syndrome patients. Herein, we report a rare association between chromosome 4q abnormality and fallopian tube high-grade serous carcinoma (HGSC) in a young woman.</p>
論文歸類： 婦癌	<p>CASE SUMMARY A 35-year-old woman presented with acute abdominal dull pain and a known chromosomal abnormality involving 4q13.3 duplication and 4q23q24 deletion. Upon arrival at the emergency room, her abdomen appeared ovoid and distended, with palpable shifting dullness. Ascites was identified through abdominal ultrasound, and a computer tomography scan revealed omentum cake and enlarged bilateral adnexa. A blood test showed elevated CA-125 levels. Paracentesis was conducted, and immunohistochemistry indicated cancer cells favoring ovarian origin, prompting suspicion of ovarian cancer. The patient underwent debulking surgery, leading to the diagnosis of stage IIIC HGSC. Subsequently, she underwent adjuvant chemotherapy with carboplatin and paclitaxel, resulting in a stable current condition.</p> <p>CONCLUSION We present a rare correlation between a chromosome 4q abnormality and HGSC. The UBE2D3 gene may impact crucial cancer-related pathways involving P53, BRCA, Cyclin D, and tyrosine kinase receptors, potentially contributing to cancer development. Additionally, ADH1 and DDIT4 are identified as potential influencers in both carcinogenesis and therapeutic responses.</p> <p>Key Words: high-grade serous ovarian carcinoma; young age; chromosomal abnormal; mental retardation; aging</p>

稿件編號：OC8	IB1 期子宮頸癌 (<2cm) 的開放性手術和微創手術的生存率比較:系統性文獻回顧與統合分析
臨時稿件編號： 1064	<p>Comparison of survival between open and minimally invasive surgeries for stage IB1 cervical cancer (< 2cm): A systematic review and meta-analysis</p> <p>徐詠琳¹ 鄧光宏² 謝宗成² 李佩蓁¹ 丁大清¹ 花蓮慈濟醫院婦產部¹ 慈濟大學大數據教學研究暨統計諮詢研究中心²</p>
論文發表方式： 口頭報告	<p>Abstract</p> <p>The objective of this review was to assess the short-term and long-term results of laparoscopic radical hysterectomy (LRH) versus open radical hysterectomy (ORH) in treating early-stage cervical cancer. A systematic search of PubMed, Web of Science, and Cochrane databases covering the years 1960 to 2022 was conducted, yielding a total of 12 retrospective cohort studies.</p>
論文歸類： 婦癌	<p>The analysis revealed that LRH demonstrated similar outcomes to ORH in terms of 5-year overall survival (OS) (HR = 1.25, 95% CI 0.82–1.86; p = 0.3) and 5-year disease-free survival (DFS) (HR = 1.03, 95% CI 0.67–1.57; p = 0.9). The publication bias was none in OS, but a small bias was noted in DFS.</p> <p>In summary, our findings suggest that LRH is a safe and effective alternative for the treatment of early-stage cervical cancer, offering comparable long-term outcomes.</p> <p>Keywords: systemic review; meta-analysis; cervical cancer; stage IB1; radical hysterectomy; laparoscopy</p>

稿件編號：OC9	<p style="text-align: center;">ICG 顯影於婦科癌症手術之應用:一篇回溯性世代研究 Application of ICG in gynecological staging surgery: a retrospective cohort study</p> <p>田謹慈¹ 丁大清¹ 花蓮慈濟醫院¹</p>
臨時稿件編號： 1071	
論文發表方式： 口頭報告	<p>OBJECTIVE The application of indocyanine green (ICG) sentinel lymph node (SLN) mapping has been used in endometrial cancer for years. We aimed to evaluate lymph node detection rate, distribution, risk factor of laparoscopic ICG sentinel lymph node mapping in endometrial cancer.</p>
論文歸類： 婦癌	<p>METHODS We retrospectively analyzed endometrial cancer patients who underwent laparoscopic staging surgery with ICG sentinel lymph node mapping from Jan. 2018 to July 2023. The ICG was injected to the cervix via 2 to 4 points. The detection rate and mapping failure rate were calculated. Kruskal-Wallis test and chi-square test were used for continuous and categorical variables, respectively. Statistical significance was defined as a p-value <0.05.</p> <p>RESULTS The overall detection rate of SLN was 77.8% in 27 cases. Bilateral SLN was detected in 57.1% (12/21) of 21 cases. Right side was visualized in 85.7% (18/21) of the cases and left side was detected in 71.4% (15/21) of the cases. Complete pelvic lymph node dissection was done where SLN mapping failed. The most common location for SLN of our study was right external iliac and left external iliac. SLN detection in the para-aortic area was 23.8% (5/21) of the cases. There were 21 patients had positive SLN mapping, only 2 patients (9.5%) had positive lymph node metastasis. In two patients had node positive, one underwent complete bilateral pelvic lymphadenectomy with final histologic type of grade 2 endometrioid carcinoma (stage IIIC1) and the other received bilateral pelvic lymphadenectomy plus para-aortic lymphadenectomy with final histologic type of serous carcinoma (stage IIIC1). In 16 patients who were high grade stage IA and above, 5 patients received postoperative adjuvant chemotherapy, 5 patients received postoperative radiotherapy, and 4 patients had chemotherapy + radiotherapy.</p> <p>CONCLUSION In conclusion, the ICG mapping rates were high in our study. Lymph node metastatic status is important for future therapeutic planning of advanced endometrial cancer. It is important to decrease complications and increase accuracy of lymph node sampling. Therefore, ICG SLN mapping utilized for the above purpose.</p>

稿件編號：OC10	探討第三期子宮內膜癌患者中重要的預後因子與適切的輔助性治療：一項多醫療機構之回溯性分析
臨時稿件編號：1128	<p>Defining prognostic factors and optimal adjuvant therapy in patients with FIGO stage III endometrial cancer – a multi-institutional cohort study</p> <p>黃偲嫻¹ 歐育哲² 傅宏鈞¹ 吳貞璇¹ 林浩¹ 高雄長庚紀念醫院¹ 嘉義長庚紀念醫院²</p>
論文發表方式：口頭報告	<p>Background: Endometrial cancer (EC) is the most common gynecological malignancy, and stage III represents an advanced and potentially aggressive disease state. This multi-institute cohort study aimed to identify prognostic factors and assess the impact of adjuvant treatment on survival outcomes in patients with stage III EC.</p>
論文歸類：婦癌	<p>Methods: We conducted a retrospective analysis on a cohort of 294 patients diagnosed with stage III EC who received staging surgery including pelvic lymphadenectomy with or without para-aortic lymphadenectomy across multiple institutes of Chang Gung Memorial Hospital in Taiwan between 2009 and 2021. We collected and analyzed patient demographics, clinicopathological characteristics, and treatment details. Survival outcomes were assessed using Kaplan-Meier survival analysis, and multivariate Cox regression was used to identify independent prognostic factors.</p> <p>Results: The median follow-up was 42 months. Our analysis revealed that age > 60, substage IIIC2 and high grade & non-endometrioid histology were associated with cancer-specific survival (CSS) and overall survival (OS) while only age > 60 was an independent unfavorable prognostic factor for CSS (HR 2.90 [1.72-4.91]) and OS (HR 3.13 [1.91-5.13]) within the stage III patient population. Overall, no survival benefits were found across different adjuvant treatment modalities. However, adjuvant radiotherapy emerged as the least effective treatment strategy in patients aged > 60 years with worst OS (HR 3.15 [1.05-9.47]). The 5-year OS rate in this group was superior for the combination of adjuvant chemotherapy and radiotherapy (68.7%), followed by chemotherapy alone (53.4%), and then radiotherapy alone (42.3%).</p> <p>Conclusion: This real-world, multi-institutional cohort study highlighted age > 60 years as a poor prognostic factor within stage III EC patients. Adjuvant chemotherapy combined with radiotherapy appeared to offer the best survival outcomes only in patients aged > 60 years. Further prospective investigation of adjuvant therapies is warranted.</p>

稿件編號：OC11	<p>利用術前血液檢驗參數評估子宮內膜癌淋巴結轉移的可行性</p> <p>The Feasibility of Using Preoperative Hemogram Parameters to Estimate Lymph Node Metastasis in Endometrioid Endometrial Cancer</p>
臨時稿件編號： 1111	<p>王勁琪¹ 歐育哲² 傅宏鈞¹ 吳貞璇¹ 林浩¹ 高雄長庚紀念醫院婦產部¹ 嘉義長庚紀念醫院婦產部²</p>
論文發表方式： 口頭報告	<p>Objective: Prior investigations have established a correlation between elevated neutrophil-to-lymphocyte ratio (NLR) and platelet-to-lymphocyte ratio (PLR) in cancer patients. Some studies have indicated a positive association between NLR and PLR with myometrial invasion and prognosis in endometrial cancer (EC). In this study, we aimed to assess the utility of preoperative hemogram parameters in predicting lymph node metastasis (LNM) in EC.</p>
論文歸類： 婦癌	<p>Methods: We conducted a retrospective analysis of patients with endometrioid EC who underwent complete staging surgery between January 2015 and June 2022. Clinical and preoperative hemogram parameters were collected, and optimal cut-off values for PLR, NLR, and hemoglobin (Hb) were determined using receiver operating characteristic curve analysis. Multivariate logistic regression analysis was employed to identify independent variables associated with LNM.</p> <p>Results: Among 510 EC cases undergoing staging surgery from January 2015 to June 2022, 355 patients were included in the study. The optimal cut-off values for PLR, NLR, and Hb were identified as 127.5 (AUC 0.611, p=0.010), 1.65 (AUC 0.580, p=0.041), and 13.25 g/dL (AUC 0.608, p=0.011), respectively. Multivariate analysis revealed that a PLR > 127.5 (OR: 2.508; 95% CI: 1.105-5.689) and Hb <13.25 g/dL (OR: 2.586; 95% CI: 1.095-6.106) were independent predictors. If both PLR ≤ 127.5 and Hb ≥13.25 g/dL, the predicted risk of LNM is 3.186%, with a negative predictive value of 97.1%.</p> <p>Conclusion: Preoperative PLR and Hb levels can serve as estimators for the risk of LNM in patients with endometrioid EC. This simple method may aid in deciding the necessity of lymphadenectomy, especially for patients incidentally diagnosed with EC after hysterectomy.</p>

稿件編號：OC12	術後輔助治療對 2023 年 FIGO IIC 期子宮內膜癌患者存活率的影響：韓國和台灣
臨時稿件編號： 1055	<p style="text-align: center;">兩個醫學中心的回溯性研究</p> <p style="text-align: center;">Impact of adjuvant treatment on survival in patients with 2023 FIGO stage IIC endometrial cancer: a retrospective analysis from two tertiary centers in Korea and Taiwan</p> <p>楊恬欣¹ 陳琮² 賴彥伶³ 陳宇立¹ 鄭文芳¹ 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雲林分院婦產部² 國立台灣大學醫學院附設醫院新竹分院婦產部³</p>
論文發表方式： 口頭報告	Objective:
論文歸類： 婦癌	<p>In early-stage endometrial cancer, aggressive histological subtypes (including grade 3 endometrioid, serous, clear cell, carcinosarcomas, undifferentiated, mixed, and other uncommon types) are correlated with elevated risks of distant metastases and inferior survival rates. However, the optimal adjuvant therapy for these patients remains a disputable topic. Our study aims to assess the efficacy of different adjuvant treatments for patients diagnosed with 2023 FIGO stage IIC endometrial cancer.</p> <p>Methods: We detected retrospectively of patients diagnosed with 2023 FIGO stage IIC endometrial cancer, who went through surgical procedures and received either adjuvant therapy or observation between 2000 and 2020 at two tertiary medical centers in Korea and Taiwan. Recurrence-free survival (RFS) and overall survival (OS) were assessed utilizing Kaplan-Meier estimates and Cox proportional-hazards models. Additionally, recurrence patterns subsequent to different adjuvant treatments were investigated.</p> <p>Results: A total of 272 patients were identified in this study; 204 received adjuvant treatment after surgery, while 68 only experienced observation. Adjuvant treatment was not related to improved RFS or OS. Non-endometrioid histologic types (p=0.003) and presence of lymphovascular space invasion (LVSI, p=0.002) were associated with worse RFS, while only non-endometrioid histologic types affected OS (p=0.004). In subgroup analysis, adjuvant treatment enhanced OS in patients with LVSI (p=0.02) and in those with both LVSI and grade 3 endometrioid histologic type (p=0.007). No difference was observed in locoregional and distant recurrence rate between patients receiving adjuvant treatment or observation.</p> <p>Conclusions: This investigation demonstrated that incorporating adjuvant treatment was associated with improvement in OS among patients with LVSI, particularly for those with grade 3 endometrioid tumors.</p>

稿件編號：OC13	從良性、邊緣性到惡性黏液性卵巢腫瘤：基於基因功能體的整合性分析研究 From Benign, Borderline to Malignancy - An Integrated Functionome Based Analysis
臨時稿件編號： 1163	Study of Mucinous Ovarian Tumors 柯俊丞 ¹ 蘇國銘 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 口頭報告	Introduction Ovarian mucinous carcinoma is a relatively uncommon subtype of ovarian epithelial carcinoma (EOC). Generally, early-stage survival rates are exceptionally high, but these tumors are challenging to detect. In contrast, late-stage mucinous ovarian carcinoma, although less prevalent, exhibits a poorer prognosis compared to other types of EOC. Due to the unfavorable prognosis and limited effectiveness of surgery and chemotherapy in advanced-stage mucinous ovarian cancer, there has been considerable controversy regarding whether mucinous borderline ovarian tumors truly represent precursors to mucinous ovarian carcinoma. Based on our past study of utilizing genomic functionality to analyze crucial pathogenic factors and critical differentially expressed genes (DEGs) in various categories of ovarian cancer (such as serous and clear cell subtypes), this research project aims to conduct an integrated analysis using functional genomics and signaling pathway analysis. The goal is to investigate the transition from mucinous borderline ovarian tumors to mucinous ovarian carcinoma, expecting meticulous and comprehensive research analysis to identify pivotal pathogenic factors influencing clinical challenges associated with mucinous ovarian carcinoma, ultimately providing effective solutions for clinical treatment dilemmas.
論文歸類： 婦癌	Materials & Methods Through a comprehensive analysis based on gene ontology (GO), we examined gene set databases encompassing mucinous ovarian tumors, including benign mucinous adenoma, mucinous borderline ovarian tumors, and mucinous ovarian carcinomas. Our investigation aimed to identify dysregulated GO terms, functionomes, and dysfunctional pathways, identifying numerous DEGs. Results and Conclusion Eight DEGs, namely TNF, ITGB1, SLC9A3R1, PSEN1, CAV1, GATA3, SRC, and MAPK1, were discerned, each playing a pivotal role in the pathogenetic mechanism of mucinous ovarian tumors. These identified DEGs imply a progressive evolutionary trajectory from benign cysts through borderline ovarian tumors (BOTs), ultimately culminating in ovarian carcinomas. The delineation of these molecular signatures holds promise for targeted therapeutic interventions, focusing on the modulation of these biomarkers, coupled with precision detection strategies, with the overarching goal of enhancing patient survival rates and therapeutic efficacy. This study aims to elucidate the involvement of functionome-related differentially expressed genes (DEGs) in tumorigenesis within mucinous borderline ovarian tumors and mucinous ovarian carcinoma. Validation of the hypotheses and assumed functionalities of these biomarkers could establish them as potential critical targets for detecting, monitoring and management for all mucinous ovarian tumors.

稿件編號：OC14	對於看似早期的子宮頸癌因手術證實骨盆腔淋巴結轉移而終止進行子宮根除手術：經腹膜方式和腹膜外方式之比較
臨時稿件編號： 1141	<p>Abandon radical hysterectomy due to Surgically confirmed pelvic lymph node metastasis in assumed early-stage cervical cancer: transperitoneal approach versus extraperitoneal approach</p> <p>陳信翰¹ 陳楨瑞² 王曼寧² 陳子健¹ 王敬維³ 詹家豪¹ 施川崎¹ 張幸治¹ 陳思嘉⁴ 林鈴⁴ 翁嘉穗⁴ 林玟瑄² 方泯翔⁵ 王功亮⁵ 楊育正²</p> <p>新竹市馬偕兒童醫院婦產部¹ 台北馬偕紀念醫院婦產部² 台東基督教醫院婦產部³ 淡水馬偕紀念醫院婦產部⁴ 台東馬偕紀念醫院婦產部⁵</p>
論文發表方式： 口頭報告	<p>Introduction:</p> <p>When pelvic lymph node metastasis is confirmed in assumed early-stage cervical cancer, many surgeons would abandon radical hysterectomy (RH) to prevent the combination of complications by both RH and subsequent chemoradiation. This study aims to evaluate the survival outcome and complications of completing RH (RH group), abandoning RH after transperitoneal lymphadenectomy (TPA group), and abandoning RH after extraperitoneal lymphadenectomy (EPA group).</p>
論文歸類： 婦癌	<p>Materials and Methods:</p> <p>Medical records of the patients with assumed stage IB-IIA cervical cancer but with surgically confirmed pelvic lymph node metastasis during 2001 to 2018 were reviewed. The survival outcomes were compared with Kaplan-Meier method. The complication rates were compared with Fisher's exact test.</p> <p>Preliminary Results:</p> <p>Up to the deadline of abstract submission, a total of 170 patients were included in the current series. RH was completed in 109 but was abandoned in 61 (36 in the TPA group and 25 in the EPA group). The median follow-up was 58 months. There were no statistically differences in survival outcome between the 3 groups. Vesicovaginal fistula was documented in 4 of the RH group and in none of either TPA (p=0.5722) or EPA groups (p=1) groups. Major bowel complication requiring laparotomy occurred in 9 (8.3%) of the RH group and 3 (8.3%) of the TPA group but none of the EPA group. Overall bowel complication (including major bowel complication or documented symptomatic radiation proctitis/colitis) occurred in 12 (33.3%) the TPA group and 2 (8%) in the EPA group respectively (p=0.0295). Symptomatic lymphoceles requiring drainage were documented in 6 (24%) of the the EPA group and 0 in the RH (p=0) and TPA groups (p = 0.0032).</p> <p>Conclusion:</p> <p>The risk of major bowel complication was similar between the RH and TLA groups. If RH is to be abandoned due to pelvic lymph node metastasis, ELA approach was associated with lower rate of overall bowel complication, although with more symptomatic lymphoceles.</p>

稿件編號：OC15	<p>一個利用陰道超音波技術的 AI 深度學習模型，用於預測停經前後女性子宮內膜的風險</p>
<p>臨時稿件編號： 1282</p>	<p>A Deep Learning Framework Employing Ultrasonography for the Anticipation of Endometrial Cancer in Pre- and Post-Menopausal Women</p> <p>柯俊丞¹ 張正昌² 三軍總醫院婦產部¹ 中國醫藥大學附設醫院婦產部²</p>
<p>論文發表方式： 口頭報告</p>	<p>Introduction Endometrial cancer (EC) is experiencing a rising incidence globally and in Taiwan, positioning it as one of the frequently diagnosed gynecologic malignancies. In instances of abnormal uterine bleeding preceding endometrial sampling, non-invasive approaches such as pelvic sonography are commonly advised. Discrepancies in sonography reports may arise due to variations in individual physician experiences. This study evaluates the application of machine deep learning in prioritizing cases of abnormal uterine bleeding requiring invasive procedures. Additionally, the research aims to predict the likelihood of benign lesions, precancerous conditions, and endometrial cancer.</p>
<p>論文歸類： 婦癌</p>	<p>Methods In this single-center study conducted in Taiwan spanning from February 2011 to December 2021, a comprehensive examination was undertaken. A total of 594 samples encompassing various diagnoses, including normal cases, endometrial polyps, secretory endometrium, proliferative endometrium, simple endometrial hyperplasia, atypical complex endometrial hyperplasia, and endometrial cancer, were included, constituting a dataset of 1556 images. For individuals presenting with abnormal uterine bleeding, endometrial sampling was performed as clinically indicated. The pathology examination, supplemented with immunohistochemistry (IHC), was meticulously conducted. The study aimed to calculate sensitivity, specificity, and accuracy for the detection of benign lesions, precancerous conditions, and endometrial cancer.</p> <p>Results In a cohort of 594 patients, the distribution of diagnoses included 78 cases of normal endometrium, 20 cases of endometrial polyps, 20 cases of secretory endometrium, 34 cases of proliferative endometrium, 90 cases of simple endometrial hyperplasia, 30 cases of atypical complex endometrial hyperplasia, and 322 cases of endometrial cancer. The testing area under the curve (AUC) for normal endometrium, benign conditions, and endometrial cancer were 0.82, 0.82, and 0.86, respectively.</p> <p>Conclusion Artificial intelligence-based sonography could be a potential tool for detecting normal, benign endometrial lesions and endometrial cancer in abnormal uterine bleeding. Women with abnormal bleeding and positive findings of AI-based sonography examination should consider endometrial sampling.</p>

稿件編號：OC16	錯配修復狀態對輔助治療中高風險早期表皮癌治療結果的影響：探討有限影響的潛力
臨時稿件編號： 1269	Impact of Mismatch Repair Status on Treatment Outcomes in High-Intermediate Risk Early-Stage Endometrial Cancer with Adjuvant Therapy: Exploring the Potential for Limited Influence 黃思于 ¹ 吳貞璇 ¹ 高雄長庚醫院婦產部 ¹
論文發表方式： 口頭報告	Purpose: The aim of this study was to investigate whether the deficiency of mismatch repair (dMMR) proteins in patients with early-stage high-intermediate endometrial cancer, who underwent adjuvant therapy (radiation, chemotherapy, or a combination), is linked to treatment outcomes.
論文歸類： 婦癌	<p>Methods: This retrospective study focused on patients with stage I and II endometrial cancer (EC) who underwent complete staging surgery. The study included individuals classified as high-intermediate risk postoperatively and spanned the period from August 2006 to December 2022 at Kaohsiung Chang Gung Memorial Hospital. We characterized high-intermediate risk early-stage endometrial cancer based on the criteria established in the PORTEC and GOG-99 trials. Adjuvant radiation (EBRT) was administered to individuals meeting the high-intermediate risk criteria. For those with non-endometrioid type endometrial cancer, adjuvant chemotherapy with or without radiation was employed. Clinicopathological characteristics as well as clinical outcomes including PFS and OS was recorded. Lineal variables were assessed using the independent T-test, while categorical variables were subjected to chi-square analysis. Survival curves were constructed using the Kaplan-Meier method, and hazard ratios for the variables were determined through the Cox regression model.</p> <p>Results:</p> <p>A total of 278 patients, with mean follow-up periods of 59.6 ± 42.6 (mean \pm SD) months, were included in the study. The mean age was 58.1 years, with 70% of patients being postmenopausal at the time of endometrial cancer diagnosis. The mean body mass index (BMI) was 26.1 kg/m², and 79.9% of the population had a history of childbirth. The average CA-125 level was 78.6 (ranging from 5 to 4943). The distribution across stages was as follows: 32% for Stage IA, 45.7% for Stage IB, and 22.3% for Stage II.</p> <p>Pathological findings indicated that the majority of the population had endometrioid histology (76.8%) and low-grade tumors (76.8%). Approximately 40% of patients exhibited substantial lymphovascular space invasion (LVSI), and the mean percentage of myometrial invasion (MI) depth was 55%. Analysis of MMR status revealed that 31.9% of patients had dMMR. A higher percentage of parous patients was observed in the dMMR group compared to the pMMR group (95.6% vs. 70.5%, $p = 0.001$). Additionally, higher estrogen receptor (ER) and progesterone receptor (PR) H-scores were both identified in the dMMR group (ER H-score: $p = 0.02$; PR H-score: $p = 0.092$). Although the median overall survival has not yet reached, in multivariate analysis the survival rate was significantly lower in dMMR group as compared to pMMR group. (81.4% v.s 98.9%, hazard ratio 124.1, 95% CI, 1.87 to 8238.11; $p < 0.024$).</p> <p>As for the patients with adjuvant radiation ($n=116$), univariate analysis indicates a significant difference in median overall survival between pMMR and dMMNR groups ($p < 0.001$) though PFS didn't show significantly different. However, multivariate analysis revealed no significant difference neither PFS nor OS between these two groups. Among non-endometrioid type patients undergoing adjuvant chemotherapy ($n=25$), those with dMMR exhibited a significantly lower mean age compared to</p>

pMMR (46.3 vs. 60.3, $p=0.019$). The dMMR population also demonstrated a potential trend towards lower postmenopausal status at the time of EC diagnosis (0% vs 63.6%, $p=0.072$), along with higher ER H-scores in the dMMR group (153.3 vs. 59.9, $p=0.096$). However, both univariate and multivariate analyses for PFS and OS revealed no significant differences between the dMMR and pMMR groups.

Conclusion:

MMR deficiency in high-intermediate early-stage endometrial cancer appears to be correlated with an elevated risk of mortality and poorer overall survival. However, following the administration of relevant adjuvant treatments (radiation, chemotherapy, or a combination of both) to the high-intermediate risk endometrial cancer groups, no discernible differences in overall survival and outcomes were observed. The significance of MMR status as a prognostic factor in planning further adjuvant treatment for early-stage high-intermediate risk endometrial cancer may be limited, taking into consideration the potential cost savings associated with omitting MMR status testing in this group.