

In the name of GOD

Abstract Book

7th Annual Congress of Iranian Society of Gynecology Oncology (IRSGO) Tehran, Iran, April 27-29, 2016

www.irsgo.org

Congress Secretariat: Iranian Society of Gynecological Oncology (IRSGO)

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Congress Secretariat:

Iranian Society of Gynecological Oncology (IRSGO)

- * National Association of Iranian Gynecology Obstetrics (NAIGO)**
- * Tehran University of Medical Sciences
- * Iran University of Medical Sciences
- * Shahid Beheshti University of Medical Sciences
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- * Mashhad University of Medical Sciences
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Dr Mousavi.A.

Dr Yarandi F.

Panahi.S

Message of congress:

“Prevention & Early Detection of Gynecologic Cancer”

" Distinguished Professors "



Mitra Modares Gilani

Professor of Tehran University of Medical
Sciences



Azamsadat Mousavi

Professor of Tehran University of Medical
Sciences

" Researchers of the year "



Mojgan Karimi Zarchi M.D.

Associate Professor, Obstetrician & Gynecologist,
Gynecologic Oncology fellowship, ShahidSadoughi
Hospital, Obstetrician & Gynecolog Department

The publications: 5 book and more than 80 international
paper. 100 national paper.

Presentation: more than 250 national presentation and 65
international presentation.

H index: 12 (the first and best researchers in Shahid Sadoughi
-Yazd University of Medical Science)

The Editorial Board: 10 international Journals



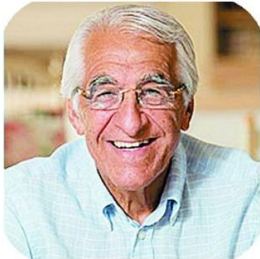
Malihe Hasanazadeh M.D

Associate Professor, Obstetrician & Gynecologist,
Gynecologic Oncology fellowship Mashhad university
of medical & science Ghaem Hospital

The publications: 3 book and 91 paper

H index: 5

“International Speakers”



Prof. Parviz Hanjani

Professor of Gynecology Oncology, Hanjani Institute, Abington Memorial Hospital, PA, USA



Prof. Masoud Azodi

Professor of Obstetrics, Gynecology, and Reproductive Sciences, Yale University, USA.



Dr. Mazdak Momeni

Gynecological Oncology Specialist, Loma Linda University, CA, USA.

First Day of Congress(27th April 2016): Cervix, Vulve, Vagina

Chair Persons: Aleyasin,A. Hosseini,M. Ghaem Maghami,F. Kashanian,M. Mousavi,A.

8:00- 8:30	Opening: Dr. Aminimoghaddam. S, Dr. Vahid Dastjerdi.M	
8:30-8:45	Available guideline in cervical cancer	Dr.Karimi Zarchi. M.
8:45-9:00	Vaccination	Dr. Farzaneh. F
9:00-9:15	What’s new in Colposcopy and Spectroscopy?	Dr. Behnam Far. F
9:15-9:50	Screening & vaccination	Dr.Hanjani. P
9:50-10:15	CIN Treatment	Dr.Hanjani. P
10:15-10:30	Break	
Chair Persons: Dr.IzadiMod,N. Dr. Ayatollahi,H. Dr.Khodakarami,N. Dr. Razi,Taghi. Dr.Azodi,M. Dr. Hanjani,P.		
10:30-10:50	Genital Warts	Dr.Akhavan,S.
10:50-11:20	Conservative surgical treatment in cervical cancer	Dr.Azodi,M.
11:20-11:50	What’s new in HPV?	Dr. Momeni, M.
11:50-12:10	Role of Neoadjuvant Chemotherapy in treatment of Cervical Cancer	Dr. Najafi,S.
12:10-12:20	Dermatologic points of vulvar cancer	Dr.Mansouri,P.
12:20-12:40	Breaking news in cervix Dr.Zamani,M., Dr.ElmiZadeh,Kh., Dr. Beiranvandi,M.	
12:40-13:30	Panel: Reports of 3cases in screening, preinvasive & invasive of cervical cancer Director: Dr Yarandi,F. Members: Dr.Izadimod,N. Dr. KhodaKarami,N. Dr. Sarmadi,S. Dr. Shahverdi,Z. Dr. ShirAli,E. Dr.TabatabaeiFar,M. Dr. Azodi,M. Dr. Hanjani,P. Dr. Yousefi,Z.	
13:30-14:30	Praying & lunch	
14:30-15:30	Panel: Management of major complication of surgery intraoperative hemorrhages & postoper Director: Dr.Tehrani,A. Members: Dr. Ayatollahi,H. Dr. Babaei,M. Dr. Khani, M. Dr. Salimi,S. Dr. Kalantar,A. Dr. Malek,M. Dr. Nazari,Z.	
15:30-17:00	Panel: Cervical Cancer Prevention Directors: Dr.Mousavi,A. Dr. Yarandi,F. Members: Dr. Izadimod,N. Dr. AhmadZadeh,A. Dr. Pouryasini,A. Dr. RafiZadeh,M. Dr. Goodarzi,Sh. Dr. Momtahn,M.	

Second Day of Congress(29th April 2016): Uterus & Breast

<p>7:00-8:00 Sunrise meeting: Time with Professor</p>	<p>Report and Discussion of difficult cases in Gyneco-Oncology Director: Dr.Nazari,Z Case Presentation: Dr. Akhavan,S. Dr. BehnamFar, F. Dr. Arab,M. Dr. AshrafGanjooei,T. Dr. Mohit,M. Dr. Yarandi,F. Members: Dr.Behtash,N. Dr.Azodi,M. Dr.GhaemMaghami,F. Dr.Momeni,M. Dr.Modares Gilani,M. Dr.Mousavi,A. Dr.Hanjani,P.</p>
<p>Chair persons: Dr.Rahmani,M. Dr. Raoufi,Z. Dr. SayahMelli,M. Dr. Arab,M.Dr. TabatabaeiFar,M. Dr. Gharekhani,P.</p>	
<p>8:00-8:20</p>	<p>Management of young women with endometrial cancer Dr.Arab,M.</p>
<p>8:20-8:40</p>	<p>What's new about breast image guided core needle biopsy Dr. Rahmani,M.</p>
<p>8:40-9:00</p>	<p>Metformin & endometrial cancer Dr. Adib,M.</p>
<p>9:00-9:20</p>	<p>Challenges in adjuvant treatment endometrial cancer Dr. Amoozegar,F.</p>
<p>9:20-9:40</p>	<p>Imaging in Breast Cancer Dr. Giti,M.</p>
<p>9:40-10:10</p>	<p>Endometrial Sarcoma, Liomyo sarcoma Dr. Hanjani,P.</p>
<p>10:10-10:30</p>	<p>Break</p>
<p>Chair persons: Dr.Azhar, H. Dr. Razi,T. Dr. Farzaneh,F. Dr. Ghadyani,M. Dr. Kalaghchi,B. Dr. Momtahn,M.</p>	
<p>10:30-11:00</p>	<p>Role of laparoscopic versus robotic surgery in gynecology Dr. Azodi,M.</p>
<p>11:00-11:10</p>	<p>Radical hysterectomy in endometrial cancer with laparoscopy Dr. Mahdavi,A.</p>
<p>11:10-11:30</p>	<p>Stromal sarcoma Dr. Momeni,M.</p>
<p>11:30-11:50</p>	<p>Detection of high risk women for endometrial cancer Dr. HasanZadeh,M.</p>
<p>11:50-12:30</p>	<p>Breaking news in endometrial cancer Dr. Cheraghi,F. Dr. SheikhHasani,Sh. Dr. Karimi,S. Dr. GHaderi.M.</p>
<p>12:30-13:30</p>	<p>Panel: Genital Tract Cancer survivor Director: Dr.Mohit,M. Members: Dr. Akbari,A. Dr. Eftekhari,T. Dr. Bidari,A. Dr. Hazini,O. Dr. Raeisi,F. Dr. SayahMelli,M. Dr. Saraf, Z. Dr. Tahmasebi,M. Dr. Najafi,S.</p>
<p>13:30-14:30</p>	<p>Praying& Lunch</p>
<p>14:30-16:00</p>	<p>Panel: Colposcopy Director: Dr.Akhavan,S. Member: Dr. Akhyani,H. Dr. Nili,F. Dr. Gharebaghi,P. Dr. Mehrdad,N. Dr. Vaezi, M.</p>

Third Day of Congress(29th April2016): ovary

7:00-8:00 Sunrise meeting: Time with Professor		Curriculum og Gynecology fellowship training in U.S.A Director: Hasanzadeh.M Members: Dr.Azodi. M, Dr. Momeni.M, Dr.Hanjani.p	
Chair Persons: Dr.Ashrafganjooei,T. Dr.Aminimoghadam,S. Dr.Fakoor,F. Dr. Ghaemmaghami,F. Dr.Vasei,A.			
8:00-8:10	Genetic in ovarian cancer, Detection of high risk women		Dr. Hashemi, F.
8:10-8:20	Ovarian cancer risk assessment(tumormarker & sonography)		Dr. Hashemi,R.
8:20-8:40	Management of incomplete surgery in gynecologic cancer		Dr.GhaemMaghami,F.
8:40-9:30	Novel treatment in ovarian cancer		Dr. Hanjani,P.
9:30-10:10	Intra peritoneal chemotherapy		Dr. Momeni,M.
10:10-10:30	Break		
Chair Persons: Dr. Esfandbod,M. Dr. Adib,M. Dr. JafariShabiri,M. Dr. Rostami,N. Dr. Hashemi,R.			
10:30-10:50	What’s new in GTN?		Dr.AshrafGanjooei,T
10:50-11:10	What’s new in non epithelial ovarian cancer?		Dr. JafariShabiri,M.
11:10-11:30	PARP inhibitor in ovarian cancer		Dr.Rezaei,O.
11:30-12:00	Laparoscopic lymphadenectomy and ovarian cancer debulking		Dr. Azodi,M.
12:00-13:00	Panel: Ovarian cancer Director: Dr. AshrafGanjooei,T Members: Dr. Esfandbod,M. Dr. Rahmani,M. Dr. AliBakhshi,A. Dr. Azodi,M. Dr. Ghafouri Farz,S. . Dr. Fakoor,F. Dr. Momeni,M. Dr. MirzaeiMoghaddam,M. Dr. Nili,F. Dr. Hanjani,P.		
13:00-13:3	Breaking news in Ovarian cancer cancer Dr. Ghahghaei,A. , Dr. Kazemi, Z., Dr. Goodarzi,Sh.		
13:30-14:00	Closing Dr.Aleyasin,A. Dr. Akbarian,A. Dr. Pourreza,M. Dr. Davaei Dr. Tabatabaei,M. Dr. Atri,M. Dr. Kalantar, M.		
14:00-14:30	Praying & Lunch		

Symposium

(Armin Pathobiology)

Thursday 28th April

VIP Hall

16:00- 18:00

HPV in Iranian Women:

Which test?

Harms & Benefits

Director: Dr Mousavi.A

Members: Dr Alipour.A, Dr Ghazi Moghadam.M, Dr Izadi Mood.N,
Dr Mohseni.M, Dr pirzadeh.L, Dr Pouryasini.A, Dr Yarandi.F

Oral presentations

Table of oral presentation:

1. Adib Sereshki.M
2. Akhavan.S
3. Arab.M
4. Ashrafganjoei.T
5. Behnamfar.F
6. Elmizadeh.P
7. Farzaneh.F
8. Ghaemmaghmi.F
9. Goodarzi.Sh
10. Hasanzadeh.M
11. Hashemi.R
12. Hashemi.F
13. Jafari Shobeiri .M
14. Rahmani.M
15. Zamani.M

1. Metformin and Endometrial cancer

Adib Sereshki.M

Hematologist and Medical Oncologist, Firoozgar General Hospital

Abstract

Endometrial cancer is commonly and intimately related to obesity, type2 diabetes and insulin resistance. The inherent action of metformin in control of these metabolic abnormalities may improve the prognosis of patients with this cancer. Metformin is effective for treatment of polycystic ovary syndrome, a risk factor for endometrial cancer. Administration of metformin can reduce carcinogenic risk and inhibit proliferation of cancer cells. In endometrial cancer metformin causes cell cycle arrest, reduces hTERT mRNA, inhibits the MTOR Pathway via AMPK. Metformin promotes expression of progesterone receptor and this enhances antitumor effects of antiprogesterone drugs. Also metformin may be a chemosensitizer and results of recent studies showed that patients with diabetes and advanced stages of endometrial cancer who used metformin while treated with chemotherapy had improved survival.

Key words: Metformin, Endometrial cancer

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2. FEMALE GENITAL WART

Akhavan.S

M.D,Gynecologist Oncologist, Associate professor,Tehran University of Medical Sciences, vali-e-asr hospital

Abstract

HPV types with a predilection for anogenital keratinized skin and mucous membrane infection exist. Common sites for infection include: the penis, scrotum, perineum, anal canal, perianal region, vaginal introitus, vulva, and cervix. The major manifestations of anogenital HPV include:

Genital warts (condyloma acuminatum) – Condylomata acuminata (also known as genital or venereal warts) are benign anogenital warts, caused most often by HPV types 6 and 11.

Squamous intraepithelial lesions and/or carcinoma of the vagina, vulva, cervix, anus or penis.

Risk factors for genital warts in women and men included baseline and incident infection with HPV types 6 and 11 (90%), acquisition of new sexual partners, and a higher number of sexual partners. Most clear the infection in 9 months. Most anogenital warts are asymptomatic. Symptoms associated with condylomata acuminata vary depending upon the number of lesions and their location. Patients with a small number of warts are often asymptomatic. Other patients may have pruritus, bleeding, burning, tenderness, vaginal discharge (women), or pain. The diagnosis of condylomata can usually be made by visual inspection of the affected area . The lesions, which are skin-colored or pink, range from smooth flattened papules to a verrucous, papilliform appearance.

The three major approaches to the treatment of condyloma acuminatum are chemical or physical destruction, immunologic therapy, and surgical therapy. The preferred approach depends upon the number and extent of the lesions. In general, all therapies for genital warts are somewhat unsatisfactory due to recurrence rates of 30 to 70 percent within six months of treatment. However, spontaneous regression is also possible, and has been reported to occur within three months in 20 to 30 percent of cases.

There is no evidence to suggest that one treatment is significantly superior to another or appropriate for all patients and all types of warts. However, it is suggested initially referring patients with very large condylomata (eg, 1 to 2 cm at the base) to a surgeon (gynecologist or anorectal surgeon) because surgical treatment is probably going to be needed. An algorithmic approach to treatment selection is provided. Chemical agents include podophyllin, trichloroacetic acid, and 5-fluorouracil/ epinephrinegel. Imiquimod and interferon alpha are the two immune modulating agents that have been used. Ablative or excisional surgical therapy may be considered when medical therapy has failed or when warts are amenable to surgical removal. Cryotherapy can be performed in an appropriately equipped office, but laser and excisional therapy require an operating room and thus are usually a last resort after other methods have failed. However, very large lesions may be considered for excisional surgery as an initial approach.

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3. Endometrial cancer management in young women.

Arab.M

MD, Professor of gynecology. Imam hossain medical center. Shahid beheshti university of medical sciences and health services.

Abstract

Endometrial carcinoma in western countries is the most common gynecologic malignancy in women. Mean age of diagnosis is 61 years. standard approach to endometrial carcinoma is total hysterectomy and bilateral salpingoophorectomy, besides lymph node and extra uterine extention assessment. About %2-14 of new cases are reported in young women, below 45 years. In these younger women, increasing fertility desire and nuliparity is observed. Most endometrial cancer patients are diagnosed in early stage. conservative management in young endometrial cancer patients, if fertility sparing is desired might be recommended if following criteria are fulfilled:

1-well-differentiated histopathology

2-no myometrial invasion

3-no extrauterine, extra pelvic and lymphatic extension

4-no coexistant ovarian cancer

5-orientation and approval of risk-benefits of conservative management.

6-standard surgery following completion of fertility is planned.

The most common fertility sparing treatment in endometrial cancer is progestron. In conservative management of endometrial cancer under progestron, endometrial sampling is repeated every 3-6 months. following remission (benign or hyperplasia without atypia),sampling every 3 months is repeated two times. There after two times annually followed by sampling if abnormal bleeding occur. Bilateral salpingo-ophorectomy after fertility completion is indicated just in persistent endometrial carcinoma, recurrence of disease and high risk patients(lynch syndrome). Conservative management of endometrial cancer is uncommon and based on retrospective data. more future studies are needed to achieve standard evidence.

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4. Update on GTN

Ashrafganjoei.T

MD, Gynecologist Oncologist.Shahid Beheshti University of Medical Sciences.Imam Hossein Hospital.

Abstract

GTD is a spectrum of benign and malignant pregnancy-related Conditions. Suction evacuation is the main treatment for molar pregnancy and most often no further treatment is required.

Specimens should be examined by experienced pathologists. Ancillary tests with the use of paternally imprinted genes help to differentiate partial mole from complete mole.Serum and

urine hCG should be monitored to detect any persistent trophoblastic disease.

The diagnosis of GTN is made when the hCG level is stationary or rising after a molar pregnancy, or when choriocarcinoma,PSTT or ETT is found.The relapse rate is about 3% in low-risk GTN and 7-20% in high-risk GTN. More than 80% of patients are salvaged by further chemotherapy. The overall 5-year survival rate is more than 90%, Patients should be advised to refrain from pregnancy for atleast 12 months. They can be reassured that their fertility potential is not jeopardized and that the risks of disease recurrence and foetal abnormality are small. The psychosocial aspects of these patients are often overlooked. Detailed explanation about the disease should be given and a multidisciplinary approach should be adopted.

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5. Updates in Colposcopy

Behnamfar.F

Gyn-oncology fellowship, Associate Professor,Esfahan University of medical Sciences

Abstract

Colposcopic evaluation of the cervix and vagina is based on the finding that malignant and premalignant epithelium have specific macroscopic characteristics relating to contour, color, and vascular pattern that are recognizable by colposcopy. The improved visualization of epithelial surfaces enhances the colposcopist's ability to distinguish normal from abnormal areas and to obtain directed biopsies from suspicious tissue. Colposcopy of the vulva, a keratinized epithelium, provides a magnified

bright light examination. The primary goal of colposcopy is to identify precancerous and cancerous lesions so that they may be treated early.

Conventional colposcopy (CC) has a moderate sensitivity and is a subjective technique that should be performed by trained personnel . Despite the efforts to improve the accuracy of colposcopy, the sensitivity is lower than 70%, and the final histological diagnosis depends on the experience and the ability of the colposcopist to identify the best sites for biopsies .The dynamic spectral imaging system is a new colposcopic system that has been demonstrated to increase the sensitivity of colposcopy in detecting patients with high-grade lesions and improving the selection of cervical biopsy sites. It is a digital colposcope that allows physicians to perform CC and also measure the dynamic color changes occurring on the cervix after the application of acetic acid. During the examination, the software that is embedded in the device, measures these dynamic color changes in a standardized way and then calculates and displays a color-coded dynamic spectral imaging (DSI) map that is based on the intensity and time-evolution of the acetowhitening. The DSI map represents the localization of acetowhitening, and also reflects a prediction on the severity of the cervical lesion, indicating options for biopsies. Additionally, it was recently demonstrated that assessing the DSI map is a procedure easy to perform, especially among less experienced colposcopists. In conclusion, colposcopy performed with the DSI colposcope achieves a better sensitivity in the detection of cervical lesions than CC. Especially in the group of women with HPV16/18 infection and a CIN2+ lesion, the confirmation of an excellent clinical performance is reassuring. The improvement can bring significant benefits to patient care, as it leads to the detection of additional cases that require treatment thereby reducing the risk of progression, patient anxiety and the need for additional follow-up visits.

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6. News in cervical cancer

Elmizadeh.Kh

Gyne-oncologist, Qazvin University of Medical Science

Abstract

Some new findings on cervical cancer are presented in the congress based on recent articles.

In the first article it is shown that patients with abnormal anal cytology may present with varying types of lesions. It is not possible to biopsy every lesion and we must choose the lesions most likely to provide the highest grade of histopathology. A better understanding of the appearance and characteristics of these lesions will maximize the likelihood of obtaining the highest- grade lesions and is possible by use of high resolution anoscopy and acetic acid and Lugol's staining.

In the second article Concerning cervical cancer, there is no consensus about optimal number of adjuvant cycles in patients treated with neoadjuvant chemotherapy and surgery. In the article, 4 versus 6 courses are compared in terms of overall survival, disease-free interval, recurrence rate and toxicity profile and showed similar results concerning OS and DSF, with a better toxicity profile for the 4 cycle regimen.

In the last one assessment of the cost-effectiveness of primary surgery, primary chemoradiation, and an MRIbased triage strategy for patients with Stage IB cervical cancer showed MRI-based triage strategy is more cost-effective in the US, Canada, and Korea. More details are presented in the congress.

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7. Latest news on HPV Vaccination

Farzaneh.F

MD, Gyn-Oncologist, Associate professor, Preventative Gynecology Research Center, Dep Of Ob&Gyn, Imam Hossein HP, Shahid Beheshti University of Medical Sciences, Tehran Iran

Abstract

It is well known that persistent viral infection with carcinogenic Human Papilloma Virus (HPV) causes all cancer of the cervix and most cases of anal cancer. Current HPV vaccines target HPV 16 and HPV 18, which are the most common carcinogenic types of Human Papilloma Virus. These two types together, cause approximately 70% of all cervical cancers and 72% of anal cancers worldwide. Five other common oncogenic types of HPV 31, 33, 45, 52, and 58, are estimated to cause an additional 19 percent of invasive cervical cancers. HPV 6 and HPV 11 cause approximately 90 percent of genital warts. The available vaccine around the world are; the bivalent (Cervarix) includes HPV types 16 and 18, quadrivalent (Gardasil) includes HPV types 6, 11, 16, and 18 and the 9-valent vaccine (Gardasil 9) includes HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58. Studies demonstrated efficacy of bivalent, quadrivalent, and 9-valent HPV vaccines against cervical HPV infection and the development of cervical intraepithelial neoplasia. Quadrivalent and 9-valent vaccines have demonstrated high efficacy against vaccine type-associated vaginal and vulvar intraepithelial neoplasia as well as genital warts associated with HPV 6 and HPV 11. It is important to know that HPV immunization is most effective among individuals who have not yet been infected with HPV (eg, before sexual debut).

Based on new guidelines HPV immunization of females is recommended (Grade 1A). Routine immunization should be offered to girls 11 to 12 years of age, but can be administered as early as nine years. Catch-up vaccination should be offered for females aged 13 to 26 years who have not been previously vaccinated. Immunogenicity of the quadrivalent and 9-valent vaccine in males is similar to that in females. Therefore HPV vaccination in males, is also recommended (Grade 1B). Routine immunization should be offered to boys aged 11 to 12, but can be administered as early as nine years of age. Catch-up vaccination should be offered for males between the ages of 13 to 21 who have not been previously vaccinated. If cost and availability are not issues, the 9-valent vaccine for females and males in whom HPV vaccination is indicated is also recommended (Grade 1B). Vaccination in pregnancy is not recommended.

The three doses of the quadrivalent vaccine and 9-valent are administered at time zero, and at two and six months of follow-up but the bivalent vaccine is administered at time zero, and at one and six months of follow-up. In prelicensure clinical trials and postlicensure monitoring, vaccines have been demonstrated to be generally safe. Clinicians should be aware that HPV immunization is not effective in clearing cytologically evident disease or HPV infection that is already present. Cervical cancer screening is recommended for any woman 21 years of age or older.

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8. Management of Incompletely Operated Gynecological Cancers

Ghaemmaghami.F

MD, Gyn-Oncologist, Associate professor

Abstract

Regardless of the recent technological advance and technical developments in the scientific field, stage is still the most important prognostic factor in gynecological cancers. That's why; extensive surgery is performed to determine stage in all types of gynecological cancers except for cervical cancer. Another advantage of the staging surgery is that it provides data necessary for planning adjuvant therapies that contribute to survival. A staging surgery that is not completed for any reason will not only deprive the patient of necessary treatments, but can also cause administration of unnecessary adjuvant treatments. Accordingly, restaging surgery should be considered in all cases that have undergone incomplete staging. However, care should be taken to evaluate the benefits together with the operative morbidity risk associated with the restaging procedure. This would both ensure accurate planning of postoperative treatment and provide a universal standard of approaching cancer patients and their treatments. The present chapter aims to discuss the approach towards incompletely operated gynecological malignancies and thus draw conclusions for their management.

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9. Breaking News in Ovarian Cancer

Goodarzi.Sh

MD, Gynecologic Oncologist

Abstract

Ovarian cancer is the most challenging cancer between female reproductive cancers. As its rate is low but causes more deaths than any other gynecological cancers.

We know 5-year survival rate approximately for different types and stage of ovarian cancer, for example it is 90% for stage I and just 17% for stage IV. But what about short term survival while most our patients are diagnosed at advanced stages and are comorbid with other medical problems and also higher ages. During Breaking news, we will discuss about this interesting and important topic, based of the newest and valid articles. If you are interested to know about under one month and one year mortality rate (short-term) due to ovarian cancer and its risk factors, we honourably, invite you to participate the session of Ovarian cancer breaking news.

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10. Detection of high risk patient for endometrial cancer

Hasanzadeh.M

Associate Professor, Department of Obstetrics and Gynecology; Faculty of Medicine, Mashhad University of Medical Sciences. Mashhad, Iran

Abstract

Endometrial cancer is hormonal disease. Factors that increase the risk of endometrial cancer include Changes in the balance of female hormones in the body. Ovaries make two main female hormones — estrogen and progesterone .Fluctuation in hormonal balance produce endometrial change. Starting menstruation at an early age — before age 12 — or beginning menopause later, Women who have never been pregnant ,Older age ,Obesity ,Hormone therapy for breast cancer, Hereditary nonpolyposis colorectal cancer (HNPCC) induced endometrial cancer.

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11. Evaluation of risk of ovarian cancer

Hashemi.R

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Abstract

Ovarian malignancy is the deadliest of all gynecological cancers. This cancer is the fifth leading cause of death due to cancer among women. Ovarian cancers mainly diagnosed in advanced stage. Survival statistics have not improved significantly over the last three decades. These facts highlight a significant clinical need for reliable and accurate detection methods for ovarian cancer.

A key component of cancer control is screening. Current screening approaches include tumor markers, ultrasound, or a combination. Screening for ovarian cancer based on CA125 is not recommended among asymptomatic women due to lack of sensitivity both for stage I disease and for mucinous epithelial ovarian cancers. CA125 also lacks specificity, especially for premenopausal women (Level Of Evidence: I, Strength Of Recommendation: B). In women with BRCA1 or 2 mutation, CA125 in combination with TVS may have a role in early detection but no evidence that screening result in a stage shift or reduce morbidity and mortality and the best prevention is bilateral salpingoophrectomy. According to UKCTOCS, risk algorithm using serial CA125 measurement doubles the number of screen detected cancer compared with a single threshold rule in post-menopausal women.

Tumor markers and sonography are clinically important modalities for assessing whether an adnexal mass is likely benign or possibly malignant. This is important for assessing the need for surgery and for planning preoperative preparation, the type of surgical procedure, and the surgical expertise required. RMI, ROMA and ADNEX are used for evaluation of an adnexal mass and risk of malignancy.

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12. Identifying women at high risk of developing ovarian cancer and genetic

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fellowship in gynecology-oncology

Abstract

The causes of ovarian cancer are not yet understood, but the most important risk factors for ovarian cancer are age and a family history of ovarian or breast cancer.

Studies have shown that a number of factors can increase or decrease ovarian cancer risk. Women who have never had children, have never breast fed and those with endometriosis have an increased risk. Women who have used oral contraceptive pills or have had a tubal ligation are at decreased risk. However, any combination of these factors can only change a woman's risk of ovarian cancer from a baseline of approximately 1.5% to somewhere between 1% and 5%. At these levels of risk, neither screening with ultrasound or CA125 nor preventive surgery is recommended.

In contrast, some families carry inherited mutations (changes) in genes that dramatically increase the risk of ovarian, tubal, and peritoneal cancers. The most common of these are in the BRCA1 and BRCA2 genes. These genes are responsible for about 10 to 15 percent of all ovarian cancers. For women with a mutation in one of these genes, the lifetime risk of having ovarian, tubal or peritoneal cancer is 39-46% in BRCA1 mutation carriers and 12-20% in BRCA2 mutation carriers. Mutations in these genes also markedly increase breast cancer risk, raising a woman's lifetime risk of breast cancer to 65-74% compared to 12% in the general population. BRCA1 and BRCA2 associated breast cancers often occur at much earlier ages than non-inherited breast cancers. While it is common to find multiple women affected with cancer in these families, approximately one-third of women with a BRCA1 or BRCA2 mutation who are diagnosed with breast or ovarian cancer have no known family members with breast or ovarian cancer.

For women with mutations in BRCA1 and BRCA2, there are proven methods to reduce the risk of ovarian and breast cancer. Genetic counseling (sometimes with genetic testing) is generally the best way to determine if patient may be at risk of hereditary breast or ovarian cancer. Preventive surgery to remove the ovaries and fallopian tubes (after childbearing is complete) is the most effective method for preventing ovarian cancer in women with BRCA1 or BRCA2 mutations. Annual breast MRIs in addition to annual mammograms are also recommended starting no later than age 30

to reduce the risk of breast cancer mortality through early detection. Removal of the ovaries and fallopian tubes can reduce the risk of breast cancer in women with BRCA1 and BRCA2 mutations by 40–70% if done prior to menopause. Although not of proven benefit, for women with BRCA1 or BRCA2 mutations, screening for ovarian cancer with the CA125 blood test and transvaginal ultrasound is advocated by many experts during the reproductive years prior to preventive surgery. Use of oral contraceptives, which reduce the risk of ovarian cancer, can also be considered.

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13. Nonepithelial Ovarian Cancers

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Abstract

Nonepithelial malignancies of the ovary account for about 10% of all ovarian cancers. Nonepithelial ovarian cancers include malignancies of germ cell origin, sex cord-stromal cell origin, metastatic carcinomas to the ovary, and a variety of extremely rare ovarian cancers (e.g., sarcomas).

Germ Cell Malignancies: Ovarian germ cell tumors (OGCTs) are derived from primordial germ cells of the ovary. Malignant germ cell cancers of the ovary include dysgerminomas and nondysgerminomas, which include immature teratomas, embryonal cell carcinoma, yolk sac tumors, primary ovarian (nongestational) choriocarcinomas, polyembryoma, and mixed germ cell tumors

OGCNs grow rapidly, yet most patients present with stage IA disease.

Tumor markers produced by tumors types are as follows:

- hCG
- AFP
- Lactate dehydrogenase (LDH).

Malignant germ cell tumors as with EOC are staged according FIGO staging system for epithelial ovarian cancer (EOC).

- Most OGCTs are stage I at initial presentation, and most patients can be safely treated with fertility-preserving surgery rather than total abdominal hysterectomy and bilateral salpingo-oophorectomy.

- Malignant OGCTs occurring in adult women are highly sensitive to platinum-based chemotherapy, this has led to routine administration of adjuvant cisplatin-based chemotherapy to most adult patients except those with stage IA or IB dysgerminoma and stage IA, grade 1 immature teratoma who have an excellent prognosis following surgical treatment alone.

The regimen of choice is bleomycin, etoposide, and cisplatin (BEP).

Ovarian sex cord-stromal tumors are rare, comprising only 1.2 percent of all primary ovarian cancers .

In contrast with epithelial ovarian cancer, most patients with malignant sex cord-stromal tumors are diagnosed with early-stage disease; the tumors are generally considered to be low-grade malignancies.

Sex cord-stromal tumors include granulosa cell tumors, fibroma-thecomas, and Sertoli-Leydig cell tumors .Granulosa-stromal cell tumors include granulosa cell tumors, thecomas, and fibromas . They account for 70 percent of ovarian sex cord-stromal tumors.

Granulosa cell tumors have malignant potential (ie, the ability to metastasize). They are the most common type of potentially malignant ovarian sex cord-stromal tumor; they comprise 2 to 5 percent of all ovarian malignancies .

Granulosa cell tumors often produce estrogen and/or progesterone; consequently, symptoms related to hyperestrogenism are common at diagnosis. Preoperative endometrial biopsy is suggested .

- Granulosa cell tumors are staged surgically according to FIGO system. For women with stage I disease who wish to preserve childbearing capacity or avoid estrogen therapy, It is suggested unilateral oophorectomy alone.

- A course of postoperative platinum-based chemotherapy (BEP) for all women with resected stage IC to IV disease is suggested.

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14. What's new about image guided needle biopsy of breast?

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Abstract

Needle biopsy is an important tool in the diagnosis of breast lesions as part of the triple assessment, which includes clinical, radiologic, and cytohistopathologic studies.

Compared with open surgical biopsy, needle biopsy causes less trauma, risks and disfigurement and is performed as an outpatient procedure with the patient under local anesthetic. Because most of the lesions detected during screening are impalpable, subsequent needle biopsy must be image-guided. There are several ways to do needle biopsies, it could be US guided or MR guided or Stereotactic needle biopsy. It depends on how the suspicious lesion was detected but if the lesion were found in US exam, Ultrasonography-guided biopsy is usually the most straightforward approach, but lesions better seen on mammography images, particularly microcalcifications, require stereotactic localization. Performing needle biopsy foreshore has several advantages. For benign lesions, a definitive diagnosis obviates unnecessary surgical excision or stops follow-up, both of which are costly in psychosocial and resource terms. Diagnosis of cancer allows making an informed choice to do the plan for multimodal treatment in terms of neoadjuvant chemotherapy, the type of procedure, and early or delayed reconstruction.

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15.Breaking news in cervical cancer

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Abstract

1-Yet, high grade cervical intraepithelial neoplasia (CIN2/3)a known precursor to invasive cervical cancer, remains very common even in high-resource settings, and is likely to remain so for decades Presently, the standard therapies for CIN2/3 are either excisional or ablative. These treatments are destructive and can be associated with acute adverse side effects and long-term reproductive morbidity Moreover; recurrences are not

uncommon, particularly in patients with involved margins in the surgical specimen, and those with risk factors for cervical dysplasia. For this reason, trying for non-invasive effective treatment is necessary.....

2-A combination of CDDP and paclitaxel (PTX) was reported to be more effective than CDDP alone for advanced or recurrent uterine cervical cancer. As for the anticancer efficacy of PTX for uterine cervical cancer, PTX increased RT sensitization in squamous cell carcinoma in vitro and synergistic effects were seen in combination with CDDP. The JACCRO GY-01 trial discussed in congress we are also know the below facts:

- For women with locally advanced cervical cancer, we recommend primary chemoradiation rather than primary surgery or radiation therapy (RT) ([Grade 1B](#)). We acknowledge that there are greater benefits to treatment for women with earlier-stage (stage IB to IIB) rather than later-stage (stage III to IVA) disease. We suggest weekly [cisplatin](#) during RT rather than combination chemotherapy (eg, cisplatin plus 5-fluorouracil) during RT ([Grade 2B](#)).

- We perform a positron emission tomography (PET)/computed tomography (CT) in all patients with locally advanced cervical cancer in order to define the extent of disease and evaluate the pelvic and para-aortic lymph nodes.

- We suggest not administering extended-field RT for women without evidence of para-aortic node involvement ([Grade 2C](#)).

- Women who are poor candidates for primary chemoradiation include women with acute or chronic pelvic inflammatory disease, a coexisting pelvic mass, or women who are not candidates for optimal RT (due to anatomic considerations or concerns about compliance).

- We suggest not performing a posttreatment hysterectomy following primary chemoradiation ([Grade 2C](#)). However, some experts offer patients with an initially large cervical lesion (>7 cm), lower uterine segment involvement, or a high posttreatment residual tumor volume a simple hysterectomy at the completion of treatment.

●). **3-Neoadjuvant chemotherapy in locally advanced cervical carcinoma: which is better, intravenous or intra-arterial?**

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1. Non-pharmacological therapy to improve symptoms in patients with cancer

Abedini.M

Abstract

Introduction and Objective: Breast cancer is the most common type of cancer among women who have complications in

Materials and Methods: This study is a retrospective study. By searching electronic databases valid

Results: Based on the study team hopes to improve depression treatment, a combination of physical activity on some

Conclusion: Women with breast cancer in healthy women at risk of, especially in

Keywords: non-drug treatments, complications, breast cancer

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2. Micro Genetic Regulatory Elements in Breast Cancer Stage Progression

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Abstract

MiRNAs have effects on translation inhibition or mRNA degradation with the aim of protein expression down regulation. However, miRNAs altered expression can show disorders and complications related to different types of cancers. Hence, miRNAs are tissue-specific or a stage-specific markers. MiRNAs may act as tumor suppressor genes, and increased miRNA can act as oncogenes.

Therefore, there has been discovered various specific miRNAs in different cancer stages. It has been attempted to review altered miRNAs in Breast Cancer (BC) in cancer distinct stages focusing on their impacts on every stage and miRNA related targets and eventually a comprehensive description about molecular mechanisms and pathways. There are progressive stages in cancer named as proliferation, angiogenesis and metastasis which miRNAs play critical specific roles in them.

Firstly, miRNAs with their anti-apoptotic and proliferative functions act in oncogenesis progression and overexpression in cancer cells. Among these, overexpressed miR-9-1 in BC targets HES1 tumor suppressor genes. After that, the angiogenesis stage is a vital step for tumor growth which results in new blood vessel formation. However this stage become regulated by different miRNAs. The most important miRNA participating in this stage is miR-126 which targets VEGF gene.

Finally, metastasis is known as one of the most concerning issues in recognized stages which lead to infirmity or even death in BC patients. MiR-10a is introduced to specifically affect this stage by targeting and blocking TIMP3 and Pcd4 tumor suppressor gene which cause tumor metastatic progression. According to the briefly mentioned miRNAs and also needed comprehensive description in original presentation, it has been indicated that various stage-specific miRNAs play roles in BC.

Keywords: MiRNA, Breast Cancer, Tumor Growth, Cancer Progression, Target Gene

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3. Eligible women's knowledge about the importance of breast self-examination and education in Tabriz health centers in 2015

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Abstract

Introduction: Self breast examination sick Breast Self examination, awareness of breast health boost Although this method is not diagnostic, and as an aid to screening used most breast cancer patients (48%), followed by the image border of the breast (41%) are discovered and physical examination by a physician, only 11 percent of them are identified.

This study aimed to assess the level of awareness of the importance of breast self-examination qualified women and education in Tabriz health centers have been done in 2014.

Materials and Methods: This cross-sectional study using data from the completed questionnaires were entered and analyzed in EXCEL software is

Findings: The results are the average age is 28 years and % 2 self-employment - %2 of teachers - % 96 was home wife. The remaining 19 percent have a college education and 24% of graduate and under graduate diploma. 24 percent to to the bigining time- 33 percent since the beginning of the age of onset of breast self examination correct answer. 20% of those in the 11 breast cancer symptoms noted in 24% to 2 - about 6% for 3, 6% to 4, 2% to 5, 4% to 6 and 8 of the 10 cases, 6% to 11 and % 24 information about no symptoms.

Discussion and conclusion: Given that the majority of breast cancers are discovered by the patient (41%) protocols so that proper implementation of educational and awareness for women over 20 years, the healthy lifestyle including physical activity, nutrition and weight stabilization ... Mark primary prevention would be helpful and breast self-examination, medical examination, mammography and continuity of care for early detection of required Bdvrh seems that this requires a comprehensive system of referral and referral centers for care and further action is given.

Keyword: Self breast Examination

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4. **Assessment of Knowledge and women who qualified for CBE** (Clinical breast Examination in Tabriz health centers in 2015)

Ansari M., Baradaran M., Rahbari Farzoo N

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Abstract

Introduction : Breast cancer is a disease that annually takes many victims of the disease in 99.5% of women and half tore seen in men. According to the statistics of Ministry of Health Management Center breast cancer incidence among women in the first place is Srrtanha in figure 86, 27.15% have been

report. This study aimed to assess the knowledge and referred to women eligible for breast health centers in Tabriz in 93 clinical trials have been conducted.

Materials And Method: This is a cross-sectional study using data from the completed questionnaire and EXCEL software is compiled and analyzed.

Results : According to the results, the average age is 28 years and 2% of jobs and 96% flour and 2% of teachers were home. 16% of subjects in the clinical assessment of breast health centers and health centers were visited by 20 percent of the people in one of the 11 breast cancer symptoms noted 24 percent of the cases, 6% were 3, 6% to 4 cases, 2% 5, 4% to 6% and 8% to 10, 6% to 11 and %24 were not aware of the symptoms.

Conclusion : All women in the study showed signs of inadequate cancer risk and the need for education and awareness is required so the design and implementation of screening programs and training courses for doctors and midwives working in the healthcare system and the establishment of reference and Deputy reference and training centers for clinical trials, symptoms of breast cancer in women over 20 years seems to be necessary.

Key word: Clinical berest Examination

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5. Relation between mutation in D-loop region and breast cancer

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Abstract

Introduction: Mitochondria is a organelle that contain independently genome and replicate from nucleus and had important role in many important biological mechanisms, including oxidative phosphorylation, apoptosis, production of reactive oxygen species and regulated cytosolic calcium levels. Mitochondrial DNA mutations cause changes in cell functions and eventually lead to all type of cancers including breast cancer. Breast cancer is the second most common cancer and leading cause of death in women. According to growing rate of breast cancer, recognition of new marker for prediction and detection of breast cancer such as Displacement loop is so important.

Methods: Since defects in the mitochondria inherited from the mother to daughter cell, today to examine the role of mutations in inherited breast cancer is considered that in this regard Displacement Loop is of one of the importance area, because this region was Sixty times more prone to mutation.

Results: Studies show that the majority of somatic mutations occur in this area, which can be point mutations, deletion or missense, and patient with two or more somatic mutation in D-loop region shown much poorer survival rate than patient with one or no mutation in this region.

Conclusion: According to importance of D-loop in many cellular function including replication, transcription and organization of mitochondrial genome, mutation in this region lead carcinogen. By the studies conducted on serums of patients with breast cancer, can be occluded that mutations in the D-loop region may be as a biomarker in diagnosis and prognosis of cancer.

Key word: breast cancer, mitochondria, D-loop, mutation

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6. Metastatic choriocarcinoma in the small bowel (Case report)

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Abstract

Introduction and Aim: Choriocarcinoma is the most common malignancy of gestational trophoblastic disease. Metastatic gestational trophoblastic neoplasia in gastrointestinal tract is rare. This study is report of a case of metastatic choriocarcinoma in the small bowel.

Case report: A 34-year-old woman presented with postpartum vaginal bleeding and rectal hemorrhage and evaluation revealed metastatic choriocarcinoma in small bowel. We couldn't rescue our patient due to unresponse to local resection of metastases and chemotherapy.

Conclusion: It should be kept in mind possibility of gestational trophoblastic disease as a differential diagnosis in abnormal vaginal bleeding

Keywords: Choriocarcinoma, Gestational Trophoblastic disease, small bowel metastases, gastrointestinal tract metastases, chemotherapy

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7. Role of PET imaging in early detection of breast cancer

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Abstract

Every year, approximately 184,000 patients are newly diagnosed with breast cancer and it is estimated that each year, more than 40,000 people die from breast cancer.

Molecular imaging of breast cancer has undoubtedly permitted a substantial development of the overall diagnostic accuracy of this malignancy in the last years. Accurate tumour staging, design of individually suited therapies, response evaluation, early detection of recurrence and distant lesions have also evolved in parallel with the development of novel molecular imaging approaches. In this context, positron emission tomography (PET) can be

probably seen as the most interesting molecular imaging technology with straightforward clinical application for such purposes. Many receptors and transport molecules present in the tumour cells could also be of interest for imaging. Furthermore, molecules related with the tumour microenvironment, tumour induced angiogenesis or even hypoxia could also be used as molecular biomarkers for breast cancer imaging.

Specifically, PET/CT scanning is a powerful tool for breast cancer: Establishing how advanced the cancer is and whether it has spread to other parts of the body; Helping physicians and patients decide on courses of treatment that are tailored to patients' individual conditions and needs; Determining early on whether chemotherapy or other treatments are working as intended; and Detecting whether the disease is recurring after treatments are completed and assisting physicians in determining a site that is appropriate for biopsy, if necessary.

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8. Things women should know about gynecologic cancer

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Abstract

7 common symptoms of gynecologic cancer that women should know:

- * Abnormal vaginal bleeding or discharge
- * Pelvic pain or pressure
- * Abdominal or back pain
- * Bloating
- * Changes in bathroom habits (increased urination, constipation, diarrhea)
- * Itching or burning of the vulva
- * Changes in vulva color or skin (rash, sores, warts, ulcers)

5 ways to help prevent gynecologic cancer or detect it early, Although there is no guaranteed way to prevent gynecologic cancer, some ways to reduce your risk of getting gynecologic cancer, or to help detect it early, include:

- Know your body

- Protect yourself from HPV
- Know your family health history
- Make healthy lifestyle choices
- Get regular Pap tests.

we explain symptoms and risk factors and the ways to prevent gynecologic cancers include vagina, falupian tubes, uterus, ovarian, cervix and vulva in this article.

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9. Nanoparticle-mediated thermal therapies for breast cancer stem cells

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Abstract

Nanomedicine is a novel technology for delivering drugs to specific cells, such as cancer stem cells (CSCs), by nanoparticles. In this approach, drug consumption and side-effects are reduced, and bioavailability of chemical agents, both at specific places in the body and over a period of time, are improved. Four classes of nanodrugs are used for cancer targeted therapy including lipid based, polymer-based, carbon-based and metallic-magnetic based nanoparticles. In case of breast cancer, various ligands have been added to the surface of nanoparticles to increase both target selectivity and internalization. For instance, carbon nanotubes and spherical magnetic nanoparticles were conjugated to specific antibodies, also known as CSC markers, and successfully labeled circulating breast CSCs. In addition, lipid nanocarriers containing siRNA molecules were used for knockdown of critical targets, such as drug resistance mediators, to alleviate unfavorable properties of breast CSCs.

Heat-based therapies, in forms of hyperthermia and thermal ablation, are effective strategies for the treatment of refractory tumors, as they exert direct cytotoxic effects and also enhance chemotherapeutic uptake and tumor oxygenation. To enhance the efficacy of nanotherapy, one interesting approach is combinatorial use of nanoparticles with heat-based treatments, since CSCs are resistant to many standard thermal therapies; it seems that

high expression of heat shock proteins, such as HSP 90, is responsible for non-sensitivity of breast CSCs to conventional and nanoparticle mediated hyperthermia. Intriguingly, researchers have been able to decrease hyperthermia resistance observed in breast CSCs following conventional treatment through the use of nanoparticle-mediated hyperthermia.

Keywords: Nanomedicine, Thermal therapy, Breast cancer stem cells.

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10. Treatment and prognosis of cervical cancer associated with pregnancy: analysis of 20 cases tumor institution

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Abstract

This study was designed to investigate the therapeutic approaches and prognosis for cervical cancer associated with pregnancy. Clinical information, therapeutic strategies, and follow-up results of 20 patients with cervical cancer associated with pregnancy from Jan. 2000 to June 2009 in the Zhejiang Cancer Hospital were retrospectively analyzed. The International Federation of Gynecology and Obstetrics (FIGO) stages were: in situ (n=1), stage IA1 (n=1), stage IB1 (n=5), stage IB2 (n=1), stage IIA (n=8), stage IIB (n=3), and stage IIIB (n=1). Eight patients were in the first trimester of pregnancy, four in the second, two in the third, and six at postpartum when diagnosed. The therapeutic strategies were either single or combined modalities, including surgery, radiotherapy, and chemotherapy. Fourteen patients survived, five patients died (four of remote metastasis and one of uremia), and one patient was lost to follow-up. One newborn from a patient at stage IIA carcinoma in the third trimester with postponed therapy six weeks after diagnosis survived. Retarded fetal growth was observed in one patient receiving neoadjuvant chemotherapy and cesarean section. Out of the six postpartum patients, three underwent cesarean section and survived, whereas only one out of the three who underwent vaginal delivery survived. The remaining two died of remote metastasis.

Therefore, personalized treatment is necessary for cervical cancer associated with pregnancy. Cervical cancer patients in the third trimester of pregnancy can continue the pregnancy for a short period of time. There may be potential

risk for the fetus by chemotherapy during pregnancy. Cesarean section is the preferred mode of delivery for pregnant cervical cancer patients.

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11. The Investigation Comparison of Hope for Women with Breast Cancer before and after Chemotherapy in Imam Ali Hospital in Zahedan in 2014

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Abstract

Background: Breast cancer is the most common cancer in women and the second leading cause of death among women 55-35 years old, successful treatment of this disease depends on the woman's mental condition and the hope for recovery, one of the reasons for the disappointment in breast cancer, the adverse impact of the disease and chemotherapy on female appearance, for this reason, this study examines the hope before and after chemotherapy in women with breast cancer and its association with demographic characteristics of patients admitted.

Methods: This study is a descriptive - comparative, the population of women with breast cancer admitted to hospital hematology Imam Ali (AS) in Zahedan city in 1393 and the number of samples was 50. For measuring the hope of a questionnaire developed by Snyder and colleagues (1991) that had a 12-item self-reported perceived as was done. To analyze the data descriptive indices and t-tests were performed.

Results: This study, significant differences between the average expectancy before and after Shymy Drmany with elementary education and a master's illiterate patients were observed($P>0.01$)but the Amyddr graduate women was reduced after chemotherapy($p<0.03$)between the average expectancy of women has breast cancer, according to marital status, age, there was no significant difference before and after Shymy Drmany($P>0.01$) t test to compare the average expectancy of women with breast cancer hope, showed that a significant difference before and after Shymy Drmany There is no ($P>0.837$)

Conclusion: The profile showed that the population of the urban environment, according to the study, the majority of patients from economic

class - social medium, but due to late diagnosis, advanced stages of breast cancer, had a mastectomy and chemotherapy while the women were between the ages yet to chemotherapy and temporary changes in appearance, the most important member of their female identity was observed lost because of chemotherapy in the hope he does not, it should be increasing the quantity and quality of health programs. In the early stages of diagnosis and treatment of breast cancer after mastectomy and during chemotherapy Shvdzyra, women in their hopes for change. This relationship with age, marital status, number of children and education.

Keywords: Hope, female Breast cancer, Chemotherapy

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12. The effects of Omega 3 and Omega 6 on breast cancer prevention

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Abstract

Introduction: Breast cancer is one of the most important cancers specially among women. It constitutes 23% of women's cancer and causes mortality in 14% of cases. Lifestyle and diet are among its important risk factors.

Objective: The purpose of the study is to demonstrate the effects of Omega 6 and Omega3 and the ratio of their consumption on breast cancer prevention.

Methods: We conducted a review of articles that evaluated the impact of Omega6 and 3 in breast cancer prevention in Medline, Pubmed and Google scholar .We used "breast cancer, food diet, ratio Omega3 and 6" as key words. The search retrieved 23 articles, after carefully studying them, we selected 10 original field study articles.

Results: The review of the articles shows that normally the consumption ratio of Omega3 to 6 should be between 1:1 to atmost 1:4 whereas most people have 1:16 or 1:15. This indicates an overuse of Omega6 compared to Omega3.

Discussion: Regarding the results of our review, using the great resources of Omega3 like fishes specially cold-water fishes (e.g.) Salmon, Mackerel, Halibut, Herring that can be found in fish oil supplements, are recommended. Meat, dairy and vegetable oils like corn, soya and sunflower oils are rich in Omega6.

Conclusion: A higher ratio of Omega6 to 3 is found to have a significant role in prevalence of breast cancer, while a lower ratio has protective effects.

Keywords: breast cancer, diet, Omega6 consumption, Omega3 consumption, cancer prevention

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13. Nutritional transition risk factors in cause or control of breast cancer

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Abstract

Background: Breast cancer is the second most common cancer in the world and is the most common cancer in women. Many risk factors for this disease is multifactorial assumed that the relationship or interaction between them is unclear. In this study, it has tried to dietary factors affecting the nutritional transition such as genetic variation and gene expression in breast cancer cells and thereby be examined.

Methods: In this study, using keywords related to the effect of diet on breast cancer in the world nutritional transition over a period of 20 years and using the resources of the scientific bases.

Results: According to the 7000 annual increase of patient's growing breast cancer showed a significant association with dietary habits as alcohol, saturated and unsaturated fats, increased consumption of simple carbohydrates, lack of some vitamins (A, D) and minerals folate, especially in women 55-35 years and due to the time before or after menopause are risk factors for nutritional transition.

Conclusion: changing patterns of Persian food in recent years and the transition of Eastern tissue to Western culture and unhealthy diet increase the risk of breast cancer have shown a direct relationship with.

Keywords: breast cancer, nutritional transition, treatment, prevention

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14. A Case of Papillary Thyroid Carcinoma in Struma Ovarii

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Abstract

Background: we report a rare case of follicular variant papillary thyroid cancer arising from a mature cystic teratoma of the ovary, which was unexpectedly discovered during histopathologic examination.

Case Report: A 35-year-old woman, G2P2 L2, with no significant medical history, was admitted to our gynecology polyclinic with complain of 8 months durations of amenorrhea and abdominal distention. Her physical examination revealed a abdominal pelvic mass beyond the umbilicus, hard consistency, movable. Ultrasound of the abdomen revealed a large multilobular mixed cystic and solid abdomino-pelvic mass 18 × 15 cm, containing hyperechogenic areas, calcifications were noted, with moderate ascitis. The intraoperative exploration found a large tumor appeared to have originated from the left ovary. A left salpingo-oophorectomy were performed. Macroscopic appearance of the lesion resembled a dermoid cyst. Microscopic examination revealed a mature cystic teratoma with multiple focus of follicular variant papillary thyroid cancer surrounded by normal ovarian tissue. The diagnosis was of Follicular variant of papillary thyroid carcinoma arising from a mature cystic teratoma. Thyroid ultrasonography was necessary to eliminate any primary thyroid malignancy and serum thyroid function tests were normal. Thyroidectomy was performed and pathological examination of the thyroid gland was normal. The patient was under surveillance for 10 months, with no evidence of recurrence.

Discussion: The initial surgery options include unilateral oophorectomy; total hysterectomy and bilateral salpingo-oophorectomy. The adjuvant treatment options include thyroxine, near-total thyroidectomy with radioactive iodine ablation or no adjuvant treatment. Long-term follow-up is recommended in all cases.

Keywords: Case report, Thyroid Carcinoma, Struma Ovari

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15. Emerging technologies in cervical cancer screening in developing countries

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Abstract

Background and aim : Cervical cancer (CC) represents the fourth most common malignancy affecting women all over the world and is the second most common in developing areas. In these areas, the burden from disease remains important because of the difficulty in implementing cytology-based screening programs. The main obstacles inherent to these countries are poverty and a lack of healthcare infrastructures and trained practitioners. With the availability of new technologies, researchers have attempted to find new strategies that are adapted to low- and middle-income countries (LMIC) to promote early diagnosis of cervical pathology.

Methods: For this review article-based article, several journal, and articles related subject had been evaluate with considering these keyword: Low- and middle-income countries, cervical cancer screening, Human papillomavirus testing

Results: Current evidence suggests that human papillomavirus (HPV) testing is more effective than cytology for CC screening. Rapid molecular methods for detecting HPV DNA have only recently been commercially available. This constitutes a milestone in CC screening in low-resource settings because it may help overcome the great majority of obstacles inherent to previous screening programs. Despite several advantages, HPV-based screening has a low positive predictive value for CC, so that HPV-positive women need to be triaged with further testing to determine optimal management. Visual inspection tests, cytology and novel biomarkers are some options. In this review, we provide an overview of current and emerging screening approaches for CC.

Conclusions:In particular, we discuss the challenge of implementing an efficient cervical screening adapted to LMIC and the opportunity to introduce primary HPV-based screening with the availability of point-of-care (POC) HPV testing. The most adapted screening strategy to LMIC is still a work in progress, but we have reasons to believe that POC HPV testing makes part of the future strategies.

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16. The relationship between Polymorphisms of ABCA1 (T3435C) and ABCG2 (A421C) with clinical and laboratory demonstrations in patients with breast cancer in the population of Kurdistan Province

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Abstract

Background & Objective: After skin cancer, breast cancer is the most common malignancy in women. The risk of breast cancer for women is 10%, meaning that one out of every 10 women suffers from this cancer Since the family of ATP binding pumps (ABC pumps) plays an important role in the disposal of chemical agents and carcinogens and on the other hand these pumps play a role in the disposal of chemotherapy drugs in cancer cells, they can be considered as significant factors in cancer and its outbreak risk in the population. Using PCR-RFLP method, a study was carried out to examine the relationship between common polymorphisms of ABCB1 and ABCG2 genes and the risk of breast cancer outbreak among women in the province of Kurdistan.

Methodology: T3435C polymorphism from ABCA1 gene and polymorphism A421C of f ABCG2 gene in 44 patients with breast cancer and 85 healthy individuals as the control group were analyzed by PCR-RFLP method.

Findings: The results of the study showed no significant association between any of CC, CT and TT. polymorphic genotypes in ABCB1 gene with grade, Stage, type of cancer, ER markers, PR marker and HER marker in the samples. In this study, a significant relationship was observed in the AA, AC and CC polymorphic genotypes in ABCG2 gene and with grade, Stage, type of cancer, ER marker, PR markers and HER marker in the samples.

Conclusion: The results of this study suggest that although ABC transporting proteins play an important role in increasing the resistance of cancer cells to chemotherapy drugs. These proteins and polymorphisms played a tremendous impact on susceptibility to breast cancer.

Keywords: Breast cancer; single nucleotide polymorphism (SNP); ABCG2 A421C; ABCB1 T3435C

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17. Rhabdomyosarcoma of uterine cervix; wide local Excision or Radical surgery? (report of 2 case & review of literature)

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Abstract

Introduction: Embryonal (Botryoid) Rhabdomyosarcoma is an aggressive malignancy that arise from embryonal Rhabdomyoblasts. It is commonly seen in the genital tract of female infants & young children. The primary site of these tumors is closely related to the age of the patient. Embryonal Rhabdomyosarcoma has a marked tendency for local recurrence after excision. Often invading adjacent organs. Due to the young age of affected patients and sexual function, the management of this rapidly growing malignancy is very critical and poses challenges. There is currently no consensus regarding management and treatment strategies for these tumours have evolved from radical surgeries to more conservative management options with adjuvant therapies.

Materials and Methods: We report 2 case of embryonal Rhabdomyosarcoma of uterine cervix, who referred to Emam Khomeini Hospital in 2014. Both of them were young virgine female and had 23 and 25 yrs old respectively . The presenting symptom for both was vaginal bleeding and protrusion of polypoid mass from the hymen. After excisional biopsy and confirmation of diagnosis with pathology, these patients received 3 cycle of NACT with VAC chemotherapy, and after reducing the size of tumor, we suggested Radical Hysterectomy to them. One accepted and Radical Hysterectomy was performed but the other refused and then wide local excision of the cervical mass was done. The final pathology in this patients reveals positive margin in one section.

Both patients received 3 cycle of VAC after surgery. In one year Followup, the patient who had a radical hysterectomy, was tumor free, but in the patient with wide local Excision, 3 months after the end of chemotherapy multiple

metastatic mass presented in pelvic and abdomen. She recieved 2 cycles of chemotherapy with Adriamycin and cisplatin and incomplete debulking surgery, but she died with obstruction and renal failure presentation.

Result and conclusion: There are many methods of surgical approach and variation in adjuvant therapy in the management of Embryonal Rhabdomyosarcoma. The most effective treatment for this tumor has still not been well stablished and is a subject of ongoing investigation. There has been an increasing tendency toward conservative therapy in recent years.

It appears that limited surgery with adjuvant multiagent therapy is feasible in the treatment of early cervical Rhabdomyosarcoma, but if the patient have a large polypoid mass in cervix and we can't achieve negative surgical margin with conservative management, the Radical Hysterectomy should be performed.

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18. Evaluation the effect of oral contraceptive pills on the number and type of ovarian cortex inclusion cysts

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Abstract

Background: Ovarian epithelial cancers are among the most lethal women's cancers. There is no doubt about the preventive role of oral contraceptive pills (OCPs) in development of ovarian cancers. But, there are limited number of studies to address the effect of these agents on the number of cortical inclusion cysts (CICs), their epithelial type and suppression of the metaplastic phenomenon by these pills. The aim of this study was to clarify the role of these agents in the prevention of these cyst formation and tubal

metaplasia and also examine the mesenchymal-epithelial theory in this context by immunohistochemical methods.

Methods: The representative section(s) of ovarian cortex from a total number of 184 consecutive total abdominal hysterectomy with bilateral or unilateral salpingo-oophorectomy specimens were examined for main number of CICs and their epithelial type between two groups of the patients. Group A included the patients who were on oral contraceptive pills for more than 5 years and group B (less than 5 years or not usage). Sections from 20 cases in which more than five inclusion cysts were found in, are selected for IHC staining with calretinine and PAX8 as markers for mesothelium and mullerian epithelium respectively.

Results: The mean number of cysts were 1.27 and 3.23 in group A and B respectively ($P=0.0001$). Similarly the mean number of CICs, lined by tubal epithelium, was significantly different between two groups (0.65 vs 2.65, $P=0.0001$). In IHC staining 123 out of 150 CICs (82%) were PAX+ while only 7 CICs (4.8%) showed positive reaction for calretinin irrespective of type of epithelium.

Conclusion: We concluded that the use of OCP for more than five years in women can reduce significantly the number of ovarian CICs and number of the CICs with tubal type epithelium. In addition, our IHC findings confirmed the Mesenchymal- Epithelial Transition –MET hypothesis about tubal change of CICs epithelium.

Key words: Oral Contraceptive Pills, Ovarian Cortical inclusion cyst, Ovarian Cancer, tubal metaplasia

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19. Comparing the outcomes and side effects of adjuvant chemotherapy with and without ginger in ovarian cancer patients

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Abstract

Background: Ovarian cancer is a common cause of malignancy-related mortality among females. The principle treatment is surgery with or without chemotherapy. The chemotherapy, however, might be ineffective and long with serious side-effects. To obviate these shortcomings, more efficient and safer medications are required, among which ginger has recently gained popularity because of its anti-cancer properties. This study aims to compare outcomes and side-effects of adjuvant chemotherapy with and without ginger in ovarian cancer patients.

Methods: A total of 49 patients (20 cases and 29 controls) with stage I-III, histopathologically proved ovarian cancer underwent cytoreductive surgery followed by platinum-based adjuvant chemotherapy with and without oral investigator-prepared ginger capsules (2 gr per day for 6 cycles). Potential side-effects, bad 12-month outcome (serum CA125 levels >35 U, or radiologic metastasis/recurrence, or death), and 12-month disease-free survival were documented and compared between the two groups.

Results: The two groups were comparable for demographic and general variables. Nausea/vomiting, weight loss, peripheral neuropathy, bone marrow depression, transient cortical blindness and any complication were detected in 40%, 5%, 15%, 10%, 5%, and 50% of patients in the case group, respectively. The corresponding values were 48.3%, 3.4%, 17.2%, 6.9%, 0% and 72.4% in the control group, respectively (all statistically insignificant). Bad outcome was documented significantly more common in the control group (40% vs. 69%; $p=0.04$, $OR=3.3$). Mortality rate and survival time did not differ significantly between the two groups.

Conclusion: Administration of oral ginger is along with a significantly better 12-month outcome in patients on chemotherapy because of ovarian cancer, and accordingly, considering its safety, its administration is recommended.

Keywords: Ovarian Cancer, Ginger, Chemotherapy, Outcome.

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20. Excitement –focused approaches of women after breast cancer diagnosis

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Abstract

Introduction: Despite of increasing incidence rate of breast cancer and the survival rate of this malignancy worldwide due to the cancer diagnosis and treatment improvements during recent years, acceptance manner and confronting circumstance of this illness have not sufficiently investigated. While, deep realizing of patients' experiences of coping with illness and identifying major challenges and effective interventions in this area can facilitate adjustment with the circumstance and improve the supportive interventions for cancer survivors. The aim of this study was to investigate the deep experiences of women with breast cancer after definite diagnosis in order to plan and improve the psychological- emotional supportive cares.

Methods: Using a qualitative study with phenomenology approach, a purposeful sampling was done from among Iranian women with definite malignant breast tumor referring to a public and a private hospital in Tehran. Thirty two semi-constructed interviews were conducted with patients, including twenty two in-depth interviews with women who under gone mastectomy and six with breast conservative surgery (lumpectomy), those four patients were re-interviewed. Data analysis was done concurrently with data gathering with Van Manen thematic analysis and also MAXQDA software was used for data management.

Results: Analysis of the patients' statements was done from initial data obtained from interviews and field notes considering common aspects of them lead to extraction of final codes, conceptual sub-categories and appearing of main themes. Extracted main themes from patient' experiences after confronting definite breast cancer diagnosis included as" emotional turbulence", and "avoidance" which following conceptual sub-categories

explained them: "confronting", "isolation", fatalism", role wasting", feeling sinfulness", fear", "distraction", and"abstention".

Conclusions: According to the emotional –focused responses following the breast cancer diagnosis, patients confront various exciting-focused responses resulted from illness confronting that vary from accepting refusal to readiness to beginning the treatment and post treatment side-effects that may continue years after treatment is finished. Nevertheless, patients' psychological and physiological supportive care needs are often ignored by health care providers, while, patients do need informational and psychological-emotional supports from health professional, those have an important role to improve the patients' quality of life and cure expectancy after cancer diagnosis.

Key words: breast cancer diagnosis, Excitement –focused approach

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21. Polycystic ovary syndrome possibly will associated with women oncology

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Abstract

Background: Within the scope of this paper the association of polycystic ovary syndrome (PCOS) with gynecologic Carcinoma's will reviewed. PCOS is an endocrinopathy in reproductive aged women and the most common cause of dysfunctional ovulation affecting female fertility. PCOS accompanying with significant long-term health consequences in women. The association between PCOS and breast, endometrial and ovarian cancer were identified.

Methods: a literature review was done in the field of risk of gynecological oncology in women with PCOS.

Results: PCOS women seem to be three times more likely to develop endometrial cancer but are not at increased risk of breast cancer. There is insufficient evidence to implicate PCOS in the development of vaginal, vulvar, cervical or ovarian cancers. Even more recent evidence about

association between PCOS and ovarian malignancy are still conflicting but generally supportive.

Conclusions: The lack of studies investigating the association between PCOS and gynecological cancers is likely to affect the consistency of the conclusions.

Keywords: cancer, gynecology, PCOS.

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22. The effects of physical activity on cancer prevention

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Abstract

Background:Breast cancer is the most commonly diagnosed invasive malignancy and the second leading cause of cancer death in women globally .Physically active individuals have lower rates of many cancers and improved cancer outcomes. The purpose of this review was to evaluate the relationship between the effects of physical activity on Breast cancer prevention.

Material and method: In this review article , 26 articles published in Pubmed and SID and Google Scholar from 2010 to 2015 is used.

Result: Reaserches have shown that physical activity (PA) has a positive role on the primary prevention of breast cancer risk. On average, a 25% reduction and less risk of developing breast cancer risk has been observed among physically active women in comparison to the least active women. physically active women at the time of breast cancer diagnosis have been reported to have lower all-cause mortality, with 2–3 h/wk of moderate-intensity physical activity associated with an approximate 50% less risk of death . It is likely that physical activity is associated with decreasing breast cancer risk via multiple interrelated biologic pathways. Metabolic components [body mass index, blood pressure, serum lipids] and physical activity may affect the importance of biological mechanisms for breast cancer prognosis. Increasing moderate-to-vigorous and light intensity physical activity, and decreasing sedentary time, assist with weight management and improve other metabolic health outcomes for breast cancer survivors .

Conclusion: There is some evidence to support the role of exercise in modulating various cancer pathways. The benefit of diet and physical activity decrease the rates of breast cancer through improving life style.

Keywords: Breast cancer, physical activity, prevention

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23. Breast cancer risk with Gail Model among women of Rasht urban

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Abstract

Introduction: Breast cancer is the most common cancer in women. Screening as a method of disease control is very important. In addition to screening, methods such as the Gail model are to assess breast cancer risk. Gail model can estimate the risk of breast cancer. Because of women are most at-risk population for breast cancer, so this study was conducted with the aim of assess the risk of breast cancer using the Gail model.

Materials & Methods: This cross-sectional descriptive and analytical study on 1,000 women by systematic sampling was conducted in Rasht during 2014-2015. Age, marriage status, age of marriage, pregnancy and menopausal history and Gail Model results for these people was determined. Mann-Whithney U and Kruskal Wallis and Spearman Correlation were used in the evaluation of the averages and SPSS 22 software was used for the analysis. The mean of age of women was 49.43 ± 10.18 years. The risk of breast cancer in the next five years (5R) was $0.93 \pm 0.96\%$ and the risk of breast cancer during the whole life (LTR) was found to be $8.09 \pm 2.31\%$. Results showed that there are significant relationship between the risk of breast cancer in the next five years (5R) With age of menopause and risk of

breast cancer during the whole life (LTR) With Income and consumption duration of OCP ($p < 0.05$)

Conclusions: By identifying People at risk of breast cancer, can be With Screening and timely referral of people took an important step in reducing mortality. According to refer public to health care centers.

Results: It is essential to Staff at the centers especially nurses had ability to find risk factors for breast cancer and have the necessary training in this field

Key Words: Risk, Breast Cancer, Gail model, Women

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24. The role of HER2 gene in diagnosis and prognosis of breast cancer

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Abstract

Introduction: Breast cancer is the most common cancer in women that has relatively high mortality rate because of its relapse and metastasis. Statistics show that %16 of all cancers is related to breast cancer in Iran. One of the causes of cancer is proto-oncogenes that turn to oncogenes by different processes including mutation and gene amplification and thereby activate or overexpress of gene products. HER2 oncogene that also known as HER2/neu or cerbB-2 is located in (17q21) position. This gene encodes a transmembrane tyrosine kinase receptor with 1255 amino acids and 185 KD weight. HER family includes HER1, HER2, HER3 and HER4. HER2 is the second member of the family of Class I receptor tyrosine kinase which is activated by various growth factors such as EGF, VEGF or TGF β .

Methods: In this study relevant articles were reviewed to provide an overview of the role of HER2 oncogene in diagnosis and prognosis of breast cancer.

Results: Experiments show that mutations in codon 655 in transmembrane domain of HER2 receptors make changes that lead to the development of receptor dimerization and its activation without the presence of ligand. Studies show that overexpression of the HER2 gene in 25-30% of breast cancers occur that acts as a prognostic factor for cancer. The incidence of

brain metastases in patients with HER2-positive breast cancer have been reported about 24.9 %. Overexpression of this marker increases the ability of tumor invasion, early lymph node metastasis, prolongation the S phase of the cell cycle and also the resistance to hormonal therapy.

Conclusion: HER2 is a factor of prognosis and diagnosis in breast cancer that is recently taken into consideration. Overexpression of HER2 represents a poor prognosis, early metastasis and shorter lifespan.

Key words: HER2, Breast cancer, Gene amplification

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25. The role of metformin on breast cancer cell reprogramming

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Abstract

Introduction: Breast cancer is one of the main reasons of women death in developing countries. To date the most common treatment is chemotherapy. Since this method often causes damages to the normal cells, today, finding a suitable solution to replace is too important that to this point cell reprogramming has been introduced as a powerful method. Cell reprogramming is the direct induction of functional cell types from one cell line to another lineage without passing through an intermediate pluripotent stage.

Methods: This paper is a review of the novel result of articles about effects of metformin in breast cancer cells reprogramming which results show notable decrease in the cancer risk of diabetic patients who treated with metformin.

Conclusion: Studies has shown reduced risk of cancer in diabetic patients who treated with metformin that due to the role of metformin in the expression of some factors such as c-Myc, Oct-4 and FOXO3. These factors are involved in cell cycle regulation and change in their expression due to reprogramming of the cell. Recent studies show that lower dosages of

metformin increase the expression of FOXO3 and stimulate of histone H2AX phosphorylation in response to DNA damage in cancerous cell lines. In addition low dosage of metformin reduces the expression of c-Myc and Oct4. These factors have a role in the stability of stem cells and down-regulated expression of them lead to inhibition of the growth and survival tumor cells in the breast and ovary cancer. Eventually these changes lead to cancerous cells to non- cancerous cells, and may aid the patient to overcome the cancer with minimal side effects.

Key word: Breast cancer, Reprogramming, Metformin, Transcription factors

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26. Diagnostic Value of Endometrial Cytology in Detection of Endometrial Cancer

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Abstract

Background: Endometrial carcinoma is the most frequent malignancy of the female genital tract in developed countries. Most women with endometrial cancer are diagnosed at an early stage as vaginal bleeding is an early, even if nonspecific, presenting symptom. Unlike cervical carcinoma, no mass screening programs for the early detection of endometrial carcinoma have been detected. Endometrial cytology sampling devices for direct uterine sampling have been shown in previous studies to be a reliable and relatively painless method for detecting endometrial lesions. This study aims at determining the diagnostic value of endometrial cytology in detection of endometrial cancer.

Methods: In this analytic-descriptive cross-sectional study, 105 patients with abnormal uterine bleeding who were suspected to have endometrial cancer, were recruited in Alzahra Teaching Hospital during a 28-month period. All the outpatients were candidates for histological evaluation of endometrium by the Pipelle device. The results were considered as the final diagnosis

(gold standard). Likewise, liquid-based cytology was performed on endometrial specimens acquired by a device known as Endobrush.

The diagnostic value of the later technique in detection of endometrial cancer was accordingly determined.

Results: One hundred and five patients with a mean age of 51.5 ± 9.8 (26-82) years were enrolled on this study. Based on the histological assessment results, there were 73 (69.5%) benign lesions and 32 (30.5%) malignant lesions. Endometrial cytology determined malignancy in 31 (29.5%) cases and nonmalignant conditions in 74 (70.5%) specimens. Accordingly, there were 26 (81.25%), 68 (93.15%), 5 (6.8%) and 6 (18.75%) true positive, true negative, false positive and false negative cases in cytological assessment, respectively; yielding a sensitivity, specificity, positive predictive value, negative predictive value and accuracy of 81.3%, 93.2%, 83.9%, 91.9% and 89.5%, respectively. Multivariate analysis showed that the percentage of nulliparous cases was significantly higher in cases labels as false negative in endometrial cytology. Our data suggested that Endobrush caused significantly less pain than does the Pipelle ($P < 0.001$).

Conclusion: This study showed that endometrial cytology by Endobrush is a highly sensitive and specific method in diagnosis of endometrial cancer. Endobrush method is also simple and painless and therefore well acceptable to patients and suitable for outpatients use. However, more definite methods such as D&C should not be replaced with this method in high-risk cases.

Keywords: Endometrial Cancer, Endometrial Cytology, Endometrial Histology, Liquid- based Cytology(LBC).

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27. Ovarian Cancer and its Consequences

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Abstract

Introduction: Ovarian cancer (Most commonly, tumors arise from the epithelium, or lining cells of the ovary; Epithelial ovarian cancer) accounts for about 3% of cancers among women, but it causes more deaths than any other cancer of the female reproductive system. Ovarian cancer is diagnosed annually in nearly a quarter of a million women globally, and is responsible for 140,000 deaths each year. Statistics show that just 45% of women with ovarian cancer are likely to survive for five years compared to up to 89% of women with breast cancer. Also, about 58% of ovarian cancer cases occurred in less developed countries (according to world cancer research fund

international). This cancer mainly develops in older women. A woman's lifetime risk of developing ovarian cancer is about one in 73 and lifetime risk of dying is one in 100. So, knowing about risk factors, prevention and early detection are essential and important.

The purpose: The objective of this paper is to study and know about the ovarian cancer and its consequences.

Methodology and kind of study: It is a kind of Meta analysis study. By searching from foreign and national valid websites and literatures, the researches about the ovarian cancer and its consequences have reviewed.

Results: Symptoms are often misdiagnosed, as they can be confused with symptoms of other less severe illnesses, particularly gastrointestinal complaints. So, the majority of patients are only identified in the advanced stages when the disease becomes more difficult to treat. Many factors can increase a woman's risk for ovarian cancer. These known factors are: age, inherited genes, Family history of ovarian, breast and colorectal cancers, Hormone replacement therapy, reproduction, fertility treatment, birth control use, obesity and so on. However, it's important to note that just because a person may fit one or many of these categories, that doesn't mean they will develop the disease.

Discussion and conclusion: Ovarian cancer is the seventh most common cancer in women worldwide, accounting for more deaths than any other cancer of the female reproductive system. About 15- 20% of ovarian cancers are found at an early stage. When ovarian cancer is found early at a localized stage, about 94% of patients live longer than 5 years after diagnosis. Although there is no proven way to completely prevent this disease, researches have shown that these certain factors may reduce a woman's risk of developing ovarian cancer:

1- Taking birth control pills. Women who took oral contraceptives for three or more years are 30% to 50% less likely to develop ovarian cancer.

2- Breastfeeding

3- Pregnancy.

4- The change of life style as followings:

✚ Stay away from tobacco.

✚ Get to and stay at a healthy weight.

✚ Get moving with regular physical activity.

✚ Eat healthy with plenty of fruits and vegetables.

✚ Know yourself, your family history, and your risks.

✚ Limit alcohol drink.

✚ Get regular check-ups and cancer screening tests

Key words:Ovarian cancer – risk factors – prevention - early detection

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28. Breast cancer and pregnancy

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Abstract

Introduction: Breast cancer is the most common cancer for females. According to the statistics, more than 1.6 million people worldwide are diagnosed with the disease. Having breast cancer during pregnancy is very rare but more and more women are choosing to have children later in life, and the risk of breast cancer goes up as women get older. Because of this, doctors expect there will be more cases of breast cancer during pregnancy in the future. Breast cancer is found in about 1 in every 3,000 - 10,000 pregnancies. Thus, diagnosis and treatment of the disease have specific importance in pregnancy.

The purpose: The objective of this paper is to review and know different aspects of breast cancer in pregnancy.

Methodology and kind of study: It is a kind of Meta analysis study. By searching from foreign and national valid websites and literatures, the researches about the breast cancer and pregnancy have reviewed.

Results: Women should have breast masses properly evaluated during pregnancy. Mammography with fetal shielding, ultrasonography and MRIs should be considered. Fine needle aspiration, core biopsies and breast surgeries appear to have no significant increase in risk and should be performed in a timely fashion for a breast lump diagnosed during pregnancy. The therapy of choice is modified radical mastectomy for the first two trimesters and lumpectomy or partial mastectomy followed by radiation therapy after childbirth for patients diagnosed in the third trimester of pregnancy. Chemotherapy should be considered after the first trimester in coordination with a multidisciplinary approach with monitoring by an obstetrician. Anthracycline-based chemotherapy has the most published safety data during pregnancy and should be considered in the first line. Also, radiation should be completed after delivery of the child.

Discussion and conclusion: Despite the fact that most breast changes are normal during pregnancy, but any lump or change in the breasts should be taken seriously and before breasts are influenced by pregnancy, should be investigated and even taken biopsy. The treatment of breast cancer during pregnancy is multidisciplinary and necessitates active communication among the patient, obstetrician, medical, surgical and radiation oncologists. Also,

appropriate diagnosis, biopsy and imaging is required for proper surgical and medical management of the breast tumor.

Key words: Breast cancer – pregnancy – diagnosis- treatment

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29. Chemosensitization of Breast Carcinoma Cells by Antisense Therapy

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Abstract

Breast cancer is the most frequent malignancy diagnosed in women. Lots of patients experience de novo or acquired resistance to chemotherapy during the period of their treatment, which introduces one of the major obstacles in clinical breast cancer chemotherapy. Recently our knowledge about molecular mechanisms that mediate cancer progression and chemoresistance has been improved. Advances in the field of Antisense technology offer an attractive strategy for cancer therapy. Antisense Oligonucleotides(ASOs) inhibit translation by formation of an mRNA–ASO duplex, leading to RNase-H-mediated cleavage of desired transcript, so the promising targets for antisense therapy are those which become upregulated during tumorigenesis and chemoresistance. ASOs selectively modulate or inhibit the expression of desired genes which involved in different signaling pathways like: pathogenesis of malignancies, drug resistance and even congenital genetic diseases. Chemoresistance generally is the result of the oncogene over expression, so targeted therapy that results in down regulation of oncogenes such as: bcl-2, ErbB2, bcl-2/bcl-xL, RAD6B can revert chemosensitivity. MicroRNAs also have crucial roles in regulating gene expression. Increasing evidence supports a role for miRNAs in pathogenesis of many human diseases, including cancer and even chemoresistance pathways. The miRNA functions can be efficiently and specifically inhibited by antisense oligonucleotides and it is supporting the idea that they have the potential to be appropriate molecular targets for the development of novel therapies against chemoresistance in breast cancer. Researchers have introduced different miRNAs like: miR-181b, miR-944 and miR-320a as miRNA-targeting therapeutics in chemoresistance breast cancer cells. However, because numerous genes are involved in tumor progression, inhibition of a single target gene will likely be insufficient to inhibit tumor progression in a meaningful way. In fact, combined use of ASO with other compounds, such as chemotherapeutic agents, has been demonstrated to

produce more potent antineoplastic effects in several tumor models. Despite the positive points in this area a few challenges remain like: optimization of tissue exposure, cellular uptake, specific and efficient delivery to tumors, uniform distribution throughout the tumor due to the intra-tumoral regional specificities and demonstration of their mechanism and antitumor activity in the clinic. It can be safely concluded that antisense therapeutics have a tremendous and promising potential in the field of medical research for resensitizing resistant cancer cells to chemotherapy.

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30. The effects of exercise programs on prevention and rehabilitation for patients with breast cancer

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Abstract

Background and Purpose: Breast cancer is the most common type of cancer among women worldwide. Several epidemiological studies have shown an inverse relationship between the risk of breast cancer and physical activity levels, whereas exercise training has been recognized as a significant means in the rehabilitation process of breast cancer survivors. The relative risk reduction of breast cancer for women who engaged in moderate to vigorous physical activity for 3–5 days' peek week ranged between20-40%. Furthermore, several studies demonstrated 50–53% reduction in the risk of breast cancer deaths in women who are physically active after breast cancer diagnosis compared with sedentary women. Breast cancer survivors should be encouraged to participate in rehabilitation programs in order to obtain numerous physiological and psychological benefits. These include reductions in fatigue and improvements in immune function, physical functioning, body composition, and quality of life. The purpose of this review, the effects of exercise programs on prevention and rehabilitation for patients with breast cancer .

Analysis method: ISI databases and browsers using Google Scholar, pubmed, Science direct and Medline to Article 30 in the period from 2000 to 2014 in this area was accessed. Among the found articles, articles that met the inclusion criteria were selected and used for writing this article

Conclusion: The findings of this study have shown that Breast cancer survivors should follow systematic exercise during their rehabilitation in order to achieve a better recovery and to improve their health status, quality

of life, and prognosis and a complete rehabilitation program for patients with breast cancer should combine both strength and aerobic exercise in order to maximize the expected benefits.

Keywords: Breast cancer, Exercise, Prevention, Rehabilitation

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31. Investigating Sexual Function and Factors Affecting It in Women with Breast Cancer in Iran

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Abstract

Background: Since the breast is strongly relevant to sexual desires, physical and sexual attractiveness, and due to the high prevalence of breast cancer (BC) in Iran and long-term survival of patients with their further involvement in side effects and consequences of BC, taking measures in order to identify their sexual problems seem necessary. Therefore, this study was conducted to assess sexual function and factors affecting it in women with BC. **Materials and Methods:** This cross-sectional study was performed on 94 women with BC, referred to Imam Reza (AS) Hospital, Mashhad, Iran, in 2014. The data were collected through demographic and clinical questionnaire and also sexual function questionnaire. The data analysis was performed using SPSS version 16. **Results :** The total score of women's sexual function was about 24.34 ± 4.41 . 71.3 (63 patients) percent of women participated in this study had sexual dysfunction, while, only 28.7 (27 patients) percent of them had normal sexual function. **Conclusion:** Breast cancer can affect women's sexual function and decrease it. Thus, due to the high incidence of sexual dysfunction in women with breast cancer, taking measures to eliminate women's sexual problems are necessary.

Keywords: Sexual Function, Women, Breast Cancer, Iran

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32. The effects of tamoxifen on spatial and nonspatial learning and memory impairments induced by scopolamine and the brain tissues oxidative damage in ovariectomized rats

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Abstract

Background: Modulatory effects of tamoxifen (TAM) on the central nervous system have been reported. The effects of TAM on spatial and nonspatial learning and memory impairments induced by scopolamine and the brain tissues oxidative damage was investigated. **Materials and Methods:** The ovariectomized (OVX) rats were divided and treated: (1) Control (saline), (2) scopolamine (Sco; 2 mg/kg, 30 min before behavioral tests), (3–5) Sco-TAM 1, Sco-TAM 3 and Sco-TAM 10. TAM (1, 3 or 10 mg/kg; i.p.) was daily administered for 6 weeks.

Results: In Morris water maze (MWM), both the latency and traveled distance in the Sco-group were higher than control ($P < 0.001$) while, in the Sco-TAM 10 group it was lower than Sco-group ($P < 0.05$). In passive avoidance test, the latency to enter the dark compartment was higher than control ($P < 0.05 - P < 0.01$). Pretreatment by all three doses of TAM prolonged the latency to enter the dark compartment compared to Sco-group ($P < 0.05 - P < 0.001$). The brain tissues malondialdehyde (MDA) concentration was increased while, superoxide dismutase activity (SOD) decreased in the Sco-group compared to control ($P < 0.05 - P < 0.01$). Pretreatment by TAM lowered the concentration of MDA while, increased SOD compared to Sco-group ($P < 0.05 - P < 0.001$).

Conclusions: It is suggested that TAM prevents spatial and nonspatial learning and memory impairments induced by scopolamine in OVX rats. The possible mechanism(s) might at least in part be due to protection against the brain tissues oxidative damage

Key Words: Memory, morris water maze, superoxide dismutase, lipid peroxidation, scopolamine, tamoxifen.

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33. A rare case of acute myeloid leukemia in first trimester

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Abstract

acute myeloid leukemia () is a type of blood cancer that affects cells in the bone marrow or myelocytes. The prevalence of acute myeloid leukemia in pregnancy is very rare and accurate statistics on the prevalence are not available.

30-year-old female patient with a history of 7 years of primary infertility become pregnant after taking clomiphene was the first time in pregnancy tests have been reported very high levels of white blood cells that repeat testing of serum and bone marrow biopsy, acute myeloid leukemia the definitive diagnosis week 14 of pregnancy, was that patients treated with chemotherapy were immediately because of the adverse effects of chemotherapy on the fetus, according to the oncologist and gynecologists Hospital Ghaem Mashhad, termination of pregnancy was performed at week 16 and 8 months Tehran, Taleghani hospital diagnosis was undergoing a bone marrow transplant that this action was successful.

Keywords: acute myeloid leukemia, pregnancy

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34. Positive peritoneal cytology as a predictor of prognosis in early stage of endometrioid adenocarcinoma

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Abstract

Purpose: Peritoneal cytology has been reported to be an independent risk factor for poor survival, but it is not included in the current International Federation of Gynecology and Obstetrics (FIGO) staging system for risk stratification. We aimed to investigate the prognostic significance of positive peritoneal cytology (PPC) in patients with early stage endometrioid adenocarcinoma.

Method: Medical profile of patients with uterine carcinoma referring to Imam Khomeini hospital and Mirza Koochak Khan Hospital between September 2005 and December 2011 has been reviewed. Patients had a complete staging procedure and peritoneal cytology evaluation.

Results: Among 220 patients with mean age of 56.3 ± 9.1 years, 204 were negative for peritoneal cytology (NPC) and 16 showed PPC. In the group of patients with endometrioid adenocarcinoma, 125 were in stage I and 32 were in stage II. Univariate analysis on patients with endometrioid adenocarcinoma revealed, stage II (OR=7.12, 95% CI=2.95-22.10, $p < 0.001$), stage III (OR=8.04, 95% CI=2.14-30.09, $p < 0.001$), stage IV (OR=58.09, 95% CI=13.74-245.66, $p < 0.001$), recurrence of either intra (OR=32.65, 95% CI=12.2-86.7, $p < 0.001$) or extra pelvic (OR=14.54, 95% CI=4.4-47.7, $p < 0.001$), and number of lymph nodes involvement (OR=5.59, 95% CI=2.5-12.51, $p < 0.001$) were significantly associated with survival. Also, patients with PPC had significantly poorer survival compared to those with negative peritoneal cytology: 38% Vs 88% were alive after 5 years, respectively ($p < 0.0001$). Mean 5-year survival in PPC and NPC patients were 3.31 years and 4.74 years, respectively.

Conclusion: Our study demonstrated that positive peritoneal cytology is an independent prognostic factor in patients with early stage endometrioid adenocarcinoma. We propound that peritoneal cytology adds back into the future FIGO staging criteria revision. Until then, peritoneal washings should still consider as an important part for accurate risk-stratification.

Key words: early stage, endometrioid adenocarcinoma, peritoneal cytology, survival

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35. Viral infections in Iranian Women Cervix: Merkel cell polyomavirus and human papillomavirus

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Abstract

Human papillomavirus (HPV) infection is a necessary cause of cervical neoplasia. Concomitant infection with other infectious agents has been demonstrated to be a cofactor for HPV-related cervical carcinogenesis. The present investigation aimed to determine the prevalence of HPV and Merkel cell polyomavirus (MCPyV) infections and to evaluate the role of MCPyV as a co-factor for HPV-related cervical carcinogenesis in Iranian women. From 2011 to 2013, a total of 112 cervical samples were examined. Forty-five samples (40.2 %) were positive for HPV. MCPyV was found in 37 samples (33 %). Both HPV and MCPyV were present in 14 samples (12.5 %). MCPyV was seen in 30 % of squamous cell carcinomas, 37.5 % of adenocarcinomas, and 16.7 % of undifferentiated carcinomas. The MCPyV large T antigen (LT-Ag) DNA load was determined as the viral copy number per cell. The median MCPyV LT-Ag copy number in positive women was $0.049 \times 10(-3)$ per cell (range $0.0006 \times 10(-3)$ - $4.558 \times 10(-3)$ copies per cell). In comparison with other types of cervical cancer, the MCPyV LT-Ag load was higher in adenocarcinomas ($0.1024 \times 10(-3)$ copies per cell). A logistic regression model adjusted to HPV positivity and age revealed no statistically significant association between MCPyV infection and cervical cancer (OR, 1.12; 95 % CI, 0.07-16.83). More studies should be conducted to clarify the role of MCPyV in cervical carcinogenesis.

Keywords: Human papillomavirus (HPV), Merkel cell polyomavirus (MCPyV), cervical cancer.

36. Cervical Lesion investigation in Iranian Women: Human Papillomavirus Genotypes Distribution

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Abstract

Background: Persistent infection with high-risk human papillomavirus (HPV) has been recognized as a major cause of cervical cancer. Distribution of HPV genotypes may differ according to the geographic region and the severity of the cervical lesion. Determining HPV genotypes' specific distribution is useful for HPV surveillance and control programs. However, little is known about the distribution of HPV genotypes in Iranian women.

Objectives: The aim of this study was to determine the distribution of HPV genotypes in Iranian women with different grades of cervical lesions.

Patients and Methods: From 2011 to 2013, a total of 436 Iranian women with convenience sampling strategy were included in this cross-sectional study. In detail, 287 women negative for intraepithelial lesion or malignancy, 32 with atypical squamous cells of undetermined significance (ASCUS), 50 with low-grade squamous intraepithelial lesion (LSIL), 44 with high-grade squamous intraepithelial lesion (HSIL), and 23 with cervical cancer were evaluated in this investigation. HPV genotypes were determined by INNO-LiPA HPV Genotyping Extra assay.

Results: In total, HPV infection was detected in 45.4% of the cases. The most common high-risk HPV (HR-HPV) genotype was HPV-16 (32.8%), followed by HPV-53 (9.1%). Within low-risk (LR-HPV) genotypes HPV-6 (22.2%) and HPV-44 (6.1%) were the most prevalent. HPV-16 was the

predominant genotype in cases with cervical cancer (56.5%), ASCUS (34.4%), and HSIL (34.1%). HPV-6 was the most common genotype in normal cases (9.1%) and LSIL patients (18%). The prevalence of HPV positivity was significantly higher in cases with high-grade lesions (\geq HSIL) (64.2%) than in normal/LSIL (37.3%) ($P = 0.033$). The rate of HR-HPV infection was significantly higher in \geq HSIL cases (61.2%) than normal/LSIL (27.9%) ($P = 0.003$).

Conclusions: This study describes robust information on the distribution of HPV genotypes among Iranian women with and without cervical lesions. The present data may be of importance for designing future public health strategies, including HPV vaccination programs.

Keywords: Papillomavirus Infections; Cervical Cancer; Iran

37. How to detect breast cancer symptoms by Iranian women: a qualitative study

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Abstract

Background: Breast cancer is the most common cancer in women worldwide. Early detection of breast cancer is an important strategy for disease control. In Iran there is no national screening program and breast cancer symptoms are largely discovered by women themselves. Therefore, symptom detection by patients is an important modality to the early diagnosis of breast cancer. Symptom is a subjective experience and beyond pathophysiological changes may reflect individual and socio-cultural factors. This study was performed to explore how to detect breast cancer symptoms by Iranian women.

Methods: This qualitative study was conducted during 2012-2014. Purposeful and Theoretical sampling was adopted to recruit 25 Iranian women with self-discovered symptoms of breast cancer who attended the Cancer Institute, Imam Khomeini Hospital, Tehran. Data were collected through semi-structured in-depth audiotaped interviews, which were transcribed and analyzed using content analysis with MAXqda software version 2010. The trustworthiness of the study was verified via prolonged engagement, Peer review and thick description of the study.

Result: Analysis of the data revealed four categories related to detection of breast cancer symptoms by women including: 1-symptom discovery by chance, 2- appearance of pain and annoying symptoms, 3-appearance of obvious symptoms such as large or superficial lumps and 4-purposeful self-examination. In most cases, breast lumps were detected accidentally while bathing or getting dressed or following occurrence of pain, outside of a structured breast self-exam. Although even in women with regular breast self-examination, most of changes are discovered by chance, it is important that these women sought medical advice as soon as possible.

Conclusion: This study supports the efficacy of BSE in seeking help and suggest that BSE training could provide an opportunity to increase women's awareness about breast cancer.

Keywords: breast cancer, symptom detection, Iran

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38. Exaggerated serum levels of CA-125 and CA 19-9: ovarian malignancy or endometriosis of omentum?

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Abstract

Objective: To present a case of unruptured unilateral endometrioma with a totally involvement of omentum by diffuse foci of endometriosis patch and extremely elevated of serum concentrations of CA-125 and CA19-9.

Design and Setting: case report – university hospital.

Case presentation: An 18 year's old virgin girl was referred to gynecological clinic of Rasool e Akram hospital with constant low grade

lower abdominal pain. Imaging studies showed a 14*10 cm complex multiseptate cystic mass containing solid components in the right ovary and a little free fluid in the cul-de-sac. The serum concentrations of CA-125 and cancer antigen 19-9 were 6484 IU/MI and 1309 IU/MI (reference range 35 IU/MI). HE4 was 50.7 and ROMA was 11% that were in normal range.

Intervention: Laparotomy was done. After frozen section of ovarian cyst and biopsy of omentum, right ovarian cystectomy performed.

Result: unruptured endometrima with a little very fine adhesions of right ovary to the uterus and diffuse endometriosis of omentum (black puckered lesions).

Conclusion: CA 19-9 and CA-125 are high-molecular-weight glycoproteins that increase in endometriosis. It is shown along with advancing stage of endometriosis, the mean serum levels of these tumor markers increases. Furthermore of malignancy, endometrioma and extensive involvement of omentum should be considered with respect to differential diagnosis of premenopausal women presenting with an ovarian mass and extra ordinary high serum levels of tumor markers like CA 19-9 and CA-125.

Key words: CA 19-9, CA-125, endometriosis, omentum, malignancy.

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39. Chemotherapy-induced alopecia and effects on quality of life among women with breast cancer: a literature review

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Abstract

Background: Alopecia is a common side effect of chemotherapies used in the cure of breast cancer. The aim of this review is to designate the effects of alopecia on quality of life (QOL) in this population

Methods: We conducted a literature review using Medline, Embase, Cumulative Index to Nursing and Allied Health Literature and PsycInfo databases. We searched for studies on the effects of alopecia on various aspects of QOL in breast cancer patients including anxiety and distress, body image, sexuality, self-esteem, social functioning, global QOL and return to work outcomes from the years 2000 to 2015.

Results: A total of 38 articles were included in the review. Hair loss consistently ranked amongst the most troublesome side effects, was described as distressing, and may affect the body image.

Conclusions: We found very little quantitative data on other aspects of QOL. More research is needed to determine the presence and extent

Keywords: Chemotherapy-induced alopecia; breast cancer; psychological distress; body image; quality of life

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Abstract

Few effective preventive measures can be offered. Contraceptive pills are known to lower the risk for ovarian cancer, most likely by reducing ovulation and gonadotropin levels as well as reducing blood flow at menstruation. This positive effect can be seen for both epithelial and nonepithelial cancers. combination of the aromatase inhibitor letrozole and the progestin norethindrone acetate is effective and well tolerated for women poorly responsive to medical and surgical therapy for endometriosis, Tubal ligation (most likely by eliminating retrograde menstruation) is known to reduce the risk primarily for clear cell and endometrioid cancers. More recently, the benefits of salpingectomy have been discussed. Bilateral salpingo-oophorectomy upon completing childbearing is already recommended to women carrying risk-increasing mutations (BRCA1 and BRCA2). Bilateral salpingectomy, when pregnancy is no longer desired, should be considered at the time of surgery for benign diseases even for women who are not at high risk for ovarian cancer. On the other hand, the immediate surgical risks as well as the potential impact of bilateral salpingectomy on ovarian function must be considered.

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41. Dermatologic points of vulvar cancer

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Abstract

Vulvar cancer accounts for approximately 5% of all female genital malignancies. Although representing a rare disease of elderly women with a current incidence of 2–3 per 100,000 women and a median age of 65–70, vulvar cancer has shown an increasing incidence (20% between 1973 and 2000) with concurrently decreasing median age at onset over the past few decades. While risk factors for the development of vulvar cancer include smoking, immunosuppressive disease and chronic skin diseases of the vulva such as lichen sclerosus, these trends can most likely be attributed to an increasing number of human papillomavirus (HPV) infections. Therefore, younger and sexually active women are affected and the scope of surgical treatment has been put to reduce surgical radicality and morbidity but still guarantee oncologic safety for the patients. These young patients tend to have early microcarcinomas, which may be associated with diffuse intraepithelial neoplasia of the vulva. In most series, an extended delay in diagnosis appears to occur mainly because the patient does not seek medical attention for several months or because the lesion is treated medically for months, without biopsy for definitive diagnosis. Different malignancies may involve vulvar cancer including Squamous cell carcinoma, melanoma, paget disease, sarcoma and metastasis. Most vulvar cancer is squamous in origin. Because the vulva is covered with skin, any malignancy that appears elsewhere on the skin also can occur on the vulva. Squamous vulvar cancer can have many different characteristics. It can occur in an area of epithelial neoplasia that develops into a small nodule, which may break down and ulcerate. Long-term pruritus, lumps, or masses on the vulva are present in most patients with invasive vulvar cancer. Melanoma is the second most frequent histological type, but this represents less than 5% of vulvar cancers. Melanoma probably arises from a lesion containing a junctional or compound nevus. Consider pigmented lesions on the vulva suspicious if they are blue-black in color, have a jagged or fuzzy border, are raised or ulcerated, or are larger than approximately 1 cm. Vulvar basal cell carcinoma (BCC) is rare, accounting for less than 5% of all vulvar neoplasms and less

than 1% of all BCCs. Vulvar BCCs are usually diagnosed late because they are often asymptomatic and tend to grow at slow rates. Vulvar sarcomas account for 5% of the primary malignant vulvar tumors. The most common type is leiomyosarcoma, and other types are malignant fibrous histiocytoma, malignant rhabdoid tumor, angiosarcoma, rhabdomyosarcoma and epithelioid sarcoma. Epithelioid sarcoma of vulva is extremely rare. Only 20 cases have been reported in the literature so far. Early diagnosis is difficult because of its benign appearance as a painless subcutaneous nodule. Therefore, treatment can be delayed, although epithelioid sarcoma requires prompt surgery. Metastatic vulvar cancers are less common constituting 5–8% of vulvar cancers with the labia majora being the most common location. Epidermoid carcinoma of the cervix is the most frequent primary sites, Genitourinary tract is the second common primary site for metastasis, Most of the lesions present as painless nodule on vulva. Paget disease of the vulva is rare. Symptoms of pruritus and tenderness or identification of a vulvar lesion occur most frequently. The patient may experience symptoms for several years before seeking medical advice. The lesion may be localized to one labium or involve the entire vulvar epithelium. It may extend to the perirectal area, buttocks, inguinal area, or mons. we present unusual cases of Vulvar malignancy .

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42. International Scientific Cooperation of Iran in the Field of Breast Cancer: A Scientometrics Study

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Abstract

Introduction: Breast cancer is the most common type of cancer among women. So far, a lot of research has conducted to survey various areas this disease. This study aimed to assess the international scientific cooperation of Iran in the field of breast cancer based on the Web of Science database during 2000-2015.

Methods and Materials: This study is descriptive, which used scientometrics method. By breast cancer and Iran keywords were chosen as the subject and address, and 2000-2015 for study time span. Data were

extracted and entered in the designed check list. Excel 2010 software was used for statistical data analysis.

Results: A total of 2113 records were retrieved. The results showed Iran in the production of 472 proof (34/22%) has international scientific cooperation. International scientific cooperation had increased from 1 in 2000 to 85 in 2015. The USA (75/27%), Canada (95/16%), Sweden (3/12%) and Germany (3/12%) were the main contributors in Iran's scientific production. Tehran university of medical sciences, Shahid Beheshti university of medical sciences and Tehran university, each with 11/27, 1/9, 7.8 percent had most international cooperation. Karolinska Institute of Sweden with 5/8% of cooperation was main international partner organizations of Iran.

Conclusion: International scientific cooperation of Iran in the field of breast cancer research during 2000-2015, has been a growing trend and this could be to transfer the knowledge and experience of researchers from other countries, especially the developed countries to Iranian researchers. Since the highest international cooperation has taken place by universities in the Tehran, so it is needed to perfect policies for international scientific cooperation of other Iranian universities.

Keywords: Breast Cancer Research, International Scientific Cooperation, Scientometrics, Web of Science

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43. Reviews and factors affecting the quality of life for women with cancer

Molaei.M

Abstract

Introduction and Objective: Breast cancer is the most common cancer in women under the group's quality of life

Materials and Methods: The Search for electronic resources and receive credible articles Keyword

Results: Based on the findings of cancer compared with healthy women, women with lower self-efficacy and empowermentThe results showed that in the later social-emotional-spiritual approach to coping with the disease, impaired self-image,Marital status and occupation of important factors frequently not only in the course of chemotherapy, but long afterEsteem in

women with breast cancer and women who preserved during surgery of breast of breast removed

Conclusion: The quality of life of cancer patients in mental aspect was lower than it is proposed plans to

Keywords: breast cancer, quality of life, review

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44. Prognostic Factors and Treatment Modalities of Granulosa Cell Tumor in South of Iran

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Abstract

Introduction: Granulosa Cell Tumors (GCTs) are uncommon ovarian tumors which are divided into adult and juvenile types. These tumors appear with different symptoms such as Abnormal Uterine Bleeding (AUB), abdominal pain, and distension. Moreover, these tumors have the potential of low grade malignancy and may relapse several years after treatment. Numerous prognostic factors are important in survival of the patients such as tumor stage, rupture, size, number of mitoses, patient's age, etc. The aim of this study was to investigate prognostic factors in GCT patients who were followed in clinics and hospitals affiliated to Shiraz University of Medical Sciences.

Materials and methods: In a retrospective study, all patients with Granulosa Cell Tumor who referred to Shahid Motahari Tumor Clinic affiliated to Shiraz University of Medical Sciences were selected as subjects. Medical records of 32 patients were investigated for 2 and 5 years' survival of patients based on the patients' age, parity, periodic condition, clinical symptoms, and tumor information (rupture, relapse, size, location, type, distinction, differentiation grade, and stage). In addition, information on treatment and disease relapse was collected

Results: Totally, 32 patients aged 15-80 were investigated (the average age=43.47±15.046). Among them, 30 patients had adult type and 2 had juvenile type of this disease. The patients were followed from 6 to 120 months and 3 relapses were reported among them. Comparison of the 2 types of the disease in patients revealed that only AUB had a statistically significant relationship with the tumor type (Chi-square Test, $p < 0.05$), so that 70% of the adult patients had AUB. 5 years and 10 years of disease-free survival were observed in 93.5% and 90.6% of subjects, respectively.

Studying the effect of different factors on the disease-free survival indicated that other factors such as the stage, size, and location of tumor, patients' parity, number of mitoses, adjuvant therapy, and age had no statistically significant impact on the tumor relapse. Only tumor rupture had a significant relationship with the disease-free survival. Survival rate in patients with tumor rupture and without tumor rupture was 50 ± 25.4 months and 114.4 ± 5.41 , respectively, which shows a statistically significant difference (Log Rank Test, $p < 0.05$). These ruptures occurred before the surgery.

Conclusion: According to the present study, among different effective factors, only tumor rupture has a statistically significant impact on GCT relapse. However, further research with larger sample size and longer follow-up time is required for better evaluation.

Keywords: Granulosa cell tumors, survival, relapse, follow-up

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45. Increased Efficacy of Cisplatin Activity in Colon Carcinoma Cells by 7-geranyloxycoumarin

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Abstract

Background: Colorectal carcinoma(CRC) is a common malignancy worldwide, and in our country Iran, it has been ranked as the fifth and fourth frequent cancer among males and females, respectively. The high mortality rate of CRC is partially due to the inefficacy of current therapeutic modalities including chemotherapy. Cisplatin is an anticancer drug that is commonly used for CRC. To study whether coumarin derivatives could increase the efficacy of chemical drugs, synergic effects of 7-geranyloxycoumarin was examined in present study in vitro.

Methods: In present attempt, 7-geranyloxicoumarin was synthesized by a reaction between 7-hydroxicoumarin and transgeranyl bromide in acetone at room temperature and purified by column chromatography. Then, IC₅₀ of cisplatin was determined on CRC cells, HT-29 cell line, and cells were treated with increasing concentrations of 7-geranyloxicoumarin and cisplatin, including 20 µg/ml 7-geranyloxicoumarin with 2, 4 and 8 µg/ml cisplatin. Afterwards, effect of each combination was assessed on morphology of cells and viability after 24, 48, 72 h.

Results: Studying HT-29cells after combinatorial treatments revealed that combination of 20µg/ml7-geranyloxicoumarin with 8µg/ml cisplatin increased the toxicity of cisplatin up to19%.

on CRC cells, future studies could be carried out to determine its synergic effects on other anticancer drugs and also more cancer cell lines.

Key words: Colon carcinoma, Cisplatin, 7-geranyloxicoumarin,Cytotoxicity

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46. Sclerosing stromal tumor with massive hemorrhage

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Abstract

Sclerosing stromal tumor (SST) is an extremely rare benign ovarian neoplasm occurring predominantly in the second and third decades of life. We report a case of a26-year-old woman who presented with pelvic pain. Her hormonal status and tumor markers :AFP,LDH,CEA,CA125were normal.but on imaging we suspected not to a benign tumor. right ovarian mass resected and diagnosed as ovarian stromal tumor compatible with sclerosing stromal tumor. Several unique histologic features including pseudolobulation, sclerosis and prominent vascularity are clearly reflected at ultrasonography and MRI. It is, therefore, necessary to keep in mind the possibility of a sclerosing stromal tumor in a young woman.

Keywords:scierosing stromal,ovarian

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47. Total laparoscopic radical hysterectomy with lymphadenectomy VIDEO PRESENTATION

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Abstract

Background: Radical hysterectomy refers to the excision of the uterus en bloc with the parametrium and the upper part of vagina. Surgeon usually performs a bilateral pelvic lymphadenectomy. Use of laparoscopic approach offers benefits of less blood loss and short recovery period.

Materials & methods: In our experience 2 patients (mean age 42 years) underwent total laparoscopic radical hysterectomy type 3 and pelvic lymphadenectomy between September-December 2015. These patients were referred for re-staging. According to the imaging studies and primary clinical staging, they were stage 2b1 cervical cancer, but our clinical FIGO staging included 1b1, SCC. Another case was endometrial villo-glandular carcinoma which 2% of prevalence, that underwent total laparoscopic hysterectomy and lymphadenectomy.

Results: Total laparoscopic radical hysterectomy can be considered a safe and effective therapeutic procedure for early stage cervical and endometrial cancers with a low morbidity.

Key words: Cervical cancer; Endometrial cancer; Hysterectomy; laparoscopy; lymphadenectomy

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48. Laparoscopic Management of Giant Ovarian Neoplasm

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Abstract

Introduction : Huge intra-abdominal cysts are very rare and conventional treatment is laparotomy. We present 20 cases with giant cysts managed by laparoscopic surgery.

Materials & methods: Twenty patients were done laparoscopic surgery in an educational hospital, between 2013-2016.

Results: Patient's age ranged 20-60 years. One patient was pregnant and another was morbid obese (137kg). Tumor markers were normal. The maximum diameter by ultrasound ranged between 16-30 cm. All patients had upper umbilical site or subxiphoid direct trocar entry. After evaluation of abdominal-pelvic cavity, 2-7 Liters were drained from the cysts and laparoscopic cystectomy or oophorectomy was done. The final histopathology reports confirmed benign serous cystadenoma in 30% of cases, one pregnant patient had low malignant potential serous tumor [1/5%], 10% benign mucinous adenoma, 15% mature teratoma, 15% endometrioma, 10% paratubal serous adenoma, 5% malignant serous adenocarcinoma, 5% malignant endometrioid tumor and one had Extra GIST.

Conclusion: There is still no consensus for the size limitation of ovarian cyst decided to be a contraindication for laparoscopy. With proper patient selection and experts in laparoscopic surgery it is possible to remove giant cysts by laparoscopy.

Key Words: Giant intra-abdominal cyst ; laparoscopy

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49. The obese women and gastrointestinal cancers

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Abstract

Background: Obesity negatively impacts the women's health in many different ways. Obesity is an established risk factor for multiple cancers including GI (Gastrointestinal) cancers such as colorectal, esophageal adenocarcinoma, gastric cardia, gallbladder, pancreas, and liver cancer in the obese women. 20% of all cancer deaths in women are attributable to obesity. **Methods:** This article was written by reviewed the available original and review literatures which have been published in English and Persian in websites of Google scholar and Pub Med with keywords obesity, neoplasms, weight loss, women and cancer. **Findings:** 26% of women ages 20-39 are overweight and 29% are obese. Obesity causes 20% of all cancer cases and is associated with an overall poor prognosis and higher death rate, based on all-cause and cancer-associated mortalities. The obese women with GI cancers may have decreased survival

due to later screening, comorbid illnesses, or weaker response to treatment. The obese women have increased surgical, chemotherapy and radiation complications. Studies didn't find overall decrease in obesity-related GI cancers in intentional weight loss group compared with the baseline incidence among the obese people. Studies showed maintaining a BMI of <25 kg/m² is considered to prevent 90,000 cancer deaths per year. Then, efforts directed toward prevention of obesity can be more helpful than intentional weight loss in attempts to decrease the incidence of obesity related GI cancers.

Conclusion: The incidence of GI cancers is increased in the obese women, but it is not clear that intentional weight loss can reduce the incidence of GI cancers. Clinicians can counsel women about the broad negative effects of obesity and the importance of controlling weight to prevent negative outcomes. Then, it seems that primary prevention measures against the environmental factors of obesity remain of utmost priority.

Keywords: obesity, neoplasms, weight loss, cancer, women

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50. Frequency of Chemotherapy Induced Anemia in Breast Cancer Patients

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Abstract

Introduction: Breast cancer is the second most common malignancy in women, worldwide. Several etiologic factors may cause anemia in a patient with breast cancer. Anemia is a prevalent complication in patients with breast cancer who undergo chemotherapy which affects the health status and quality of life in these patients. The aim of this study was to evaluate the prevalence of anemia in patients with non-metastatic breast cancer who undergone adjuvant chemotherapy.

Methods: In this cross-sectional study, 144 women with non-metastatic breast cancer who referred to radiotherapy and oncology department of Imam Reza Hospital and had inclusion criteria were included. Data were obtained from patient's archived documents and were analyzed by SPSS software (version16).

Results: In this study, 41% of patients were anemic before the chemotherapy and 43.1% of patients became anemic during and after treatment. The prevalence of post-chemotherapy anemia was significantly higher in advanced stages of cancer ($P=0.01$). The chance of developing anemia was more in patients who undergone 8 cycles and AC + paclitaxel regimen, compared to the ones with 6 cycles and other regimens. There was no significant relationship between the prevalence of anemia and type of chemotherapy regimen, number of chemotherapy cycles, positive lymph nodes, co-morbidities, menstrual status, and body mass index (BMI).

Conclusion: Due to the high prevalence of chemotherapy-induced anemia and its effects on quality of life, even mild degrees of anemia should be detected and evaluated before treatment. Considering early interventions is of cardinal importance, especially in the elderly.

Keywords: Anemia, Breast Cancer, Chemotherapy, Adjuvant chemotherapy

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51. Angiogenesis Genes and Breast Cancer

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Abstract

Introduction:Angiogenesis, the process of new blood vessel formation, plays a key role in both local tumor growth and distant metastasis in breast cancer.Tumors cannot grow larger than 2mm without angiogenesis. By inhibiting angiogenesis genes, the suppression of malignant tumors such as breast cancer could be possible. Research and development in this field has been driven largely by the desire to find better cancer treatments.Some of the important genes are c-KIT, PI3K,VEGFR, EGFR and PDGFR that were suppressed by specific drugs.

Material and Methods: English databases PubMed and Google scholar were scanned for articles between 2000 and 2016, and 15 relevant articles were selected.

Result: This study demonstrated that variations such as copy number variation and point mutation in c-KIT, PI3K, VEGFR, EGFR and PDGFR genes of angiogenesis pathway and their over expression are important in breast cancer development.

Discussion and Conclusions: Angiogenesis genes could be an important factor in cancer development, and in association with increased risk of developing sporadic breast cancer. Studies were done in some population for example European, Asia and America and so subtype of different breast cancer. Maybe in future, were used for treatment and suppress subtype of different breast cancer specially triple negative breast cancer that no have common tissue markers. Administering angiogenesis gene inhibitor drugs can suppress sporadic breast cancer. Further studies with more detailed data are needed to verify these initial findings.

Key words: Angiogenesis Gene, Breast Cancer

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52. Features breast cancer screening for women 20 to 69 years old found in health centers University from 2012 until the end of 2014

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Abstract

Background: Early diagnosis of infrastructure, efforts to reduce mortality from breast cancer. Efforts for early detection of breast cancer screening programs for the creation and discovery of the disease in its early stages led. This study reviews the results of this screening approach to identify the age and type of cancer in patients performed.

Methods: This is a descriptive-analytic study is according to the results derived from the common forms of cancer care, prevention and control women from Women 20 to 69 years old that for health care in 1392 to urban and rural health centers affiliated to Isfahan University of Medical Sciences had been completed.

Results: A total of 441,124 women by the midwife or doctor about breast physical examination were, examination result at 11.13 per cent was reported as abnormal. Of all people who search for materials, the number of 388 mammograms were suspicious for malignancy (Mammography results BIRADS four and five). Of these, 224 cases of breast cancer were identified. Lobular carcinoma in situ so that the final diagnosis of 78 cases, 59 cases of ductal carcinoma in situ and invasive cancer was diagnosed 87 cases. Most patients were in the age group 35 to 39 years (17.4%) - 40 to 44 years (16.5%) - 30 to 34 years (14.7%) - 45 to 49 years (14.2%) and 55 to 59 years (9.3%).

Conclusions: The present study shows that administration of organized breast diagnostic services for early-stage breast cancer has contributed significantly. In women who are more likely to develop breast cancer risk factors are essential to carrying out the method

Key words: breast cancer, mammography, screening

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53. Glucose metabolism in cancer cells

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Abstract

Cancer is complex of genetic mutations that occurring in DNA and causing excessive cell proliferation. Cell gene mutations are observed in two groups: oncogenes and tumor suppressor genes. In order to positioning, a cancer cell alters cellular metabolism of carbohydrates, fats, proteins and nucleic acids. Oncogenes such as MYC, HIF and AKT are very important in alteration of cellular metabolism. In contrast, tumor suppressor factors such as P₅₃ and AMPK, reduces transcription of the oncogenes. Mutations in the tumor suppressor genes prevent their true functions.

Method: In this study, for providing an overview of changes in glucose metabolism in cancer cells, relevant articles were reviewed.

Results: Research shows that the first and most important changes in cancer cell metabolism are conversion of aerobic glucose metabolism to anaerobic metabolism. Hypoxia-inducible factor or HIF plays important role in this alteration. HIF increases glucose transporters, glycolytic enzymes,

angiogenesis and it induces suppression of aerobic glucose metabolism. AKT oncogene stimulates glycolysis pathway in cancer cells. AKT increases expression of glycolytic enzymes and glucose transporters in the cell, such as HIF. In contrast, tumor suppressor proteins such as P₅₃ are effective in inhibiting glycolysis by increasing transcription of SCO₂ PTEN tumor cells. P₅₃ gene mutation causes tumorigenesis.

Discussion and conclusion: Overexpression of hypoxia inducible factor and AKT is important in glucose metabolism alteration and thereby cancer progression. Therefore, inhibition of these factors can be useful in the treatment of cancer.

Keywords: Cancer, Glucose metabolism, Oncogene, Tumor suppressor gene

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54. The association between endometriosis and ovarian tumors: a review of pathological data.

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Abstract

Background: Endometriosis is one of the most common benign disorders which affects 10% of all women in reproductive age. The association between endometriosis and ovarian tumors has been described in the medical literature. The aim of this study was to evaluate association between endometriosis and ovarian surface epithelial tumors.

Materials and Methods: Microscopic slides of 182 cases with diagnosis of epithelial ovarian carcinoma and borderline tumor were reviewed from 2004-2013 in gynecological center. The presence of endometriosis and transition from atypical endometriosis to cancer were histologically evaluated. Additional data included age, tumour size and side, site of endometriosis, and concomitant uterine endometrial carcinoma also evaluated.

Results: Endometriosis was found in 32 of the 182 cases (17.58%). The mean age was 41.06 years old in ovarian tumor with endometriosis. They were included: endometrioid carcinoma (46.87%), clear cell carcinoma (18.75%), borderline tumor (31.25%) and low-grade serous papillary carcinoma (3.12%).

Coclusion: A small proportion of ovarian surface epithelial tumors were found to be associated with endometriosis. Endometriosis was most frequently associated with endometrioid and clear cell types of ovarian tumors. There lack of information about the strictness of the criteria, and also sampling techniques are to yield a small sample of endometriosis with an adjacent malignant tumor.

Keywords: Endometriosis, Ovarian cancer, clear cell, endometrioid, borderline tumors

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55. OncomiRs and Tumor Suppressor MiRNAs Regulate Target Genes in Ovarian Cancer

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Abstract

Ovarian cancer is the sixth most common cancer in women worldwide and, despite advances in detection and therapies, it still represents the most lethal gynecologic malignancy in the industrialized countries.

The relatively recent discovery of miRNA, a novel class of noncoding RNA genes triggering negative expression regulation, translation repression and RNA degradation, have been implicated in several cancers. The overall miRNA expression could clearly separate normal versus cancer tissues. Here, is also identified miRNAs whose expression was correlated with specific ovarian cancer biopathologic features, such as histotype, lymphovascular and organ invasion, and involvement of ovarian surface. Several miRNAs are altered in human ovarian cancer, with the most significantly deregulated miRNAs being miR-214, miR-200a, miR-200c,

miR-141 (up regulated/Onco-miRNAs) miR-199a, miR-125b, miR-140, miR-145 and let-7 cluster (down regulated/Tumor Suppressor miRNAs). For example, miR-124 as the key regulator of the myc/p27/phospho-Rb pathway, is usually altered in ovarian cancer.

Significantly, miR-214 targets the 3'-untranslated region (UTR) of the PTEN, which leads to down-regulation of PTEN protein and activation of Akt pathway. Consequently, miR-214 induces cell survival and cisplatin resistance, which were overridden by either small-molecule Akt inhibitor (API-2/triciribine) or expression of PTEN cDNA lacking 3'-UTR.

Also, miR-125b, located at chromosome 11q23-24, one of the most frequently regions deleted in ovarian tumors. Moreover, the let-7 cluster is involved in deletions in a range of solid malignancies, including ovarian cancers.

Conversely, upregulation of putative oncogenic microRNAs can result from DNA hypomethylation, as shown in ovarian cancer for miR-21. Hence, the levels of miR-21 have been found to be elevated in ovarian tumors compared to their respective normal tissues. Also, HuR was recently shown to be target for translational repression by miR-519 in ovarian cancer cell lines resulting in reduced cell proliferation. Moreover, the oncogenic protein Bmi-1 was reported to be the target for miR-16 and is responsible for the proliferative effect in ovarian cancer. Hence, these results indicate that miRNAs might play a role in the pathogenesis of human ovarian cancer.

Keywords: Ovarian Cancer, MiRNA, Gene Regulation, OncomiR

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56. Nutrition & breast cancer

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Abstract

Introduction: Nutrition and diet is an important factor in cancer. However diet alone is not a factor for breast cancer and can't control properly cure breast cancer. 30-40 percent of cancers have been reported, mainly due to pure diet. It is recommended that use fruits and vegetables in each meal.

Material and methods: This is a review study that prepare from articles.

Results: Study shows strong anti-cancer properties in breast cancer patients are: garlic, ginger, soy, carrots, cabbage, parsley, parsnip and pepper, broccoli, onions, tomato and cauliflower are mild anti-cancer properties.

In a study at American cancer society explain that in women with high carotenoid in plasma, developing of breast cancer was less. Beta-carotene is in orange, red and dark vegetables, carrot, watermelon, broccoli, grapes are rich in lycopene. And lutein is in dark leafy-vegetables such as spinach.

The studies show that vegetables and fruits have in addition to anti-cancer properties, fiber, anti-oxidants and potassium. Those are necessary for normal metabolism of the body and anti-oxidizing free radicals in the body. A diet rich in fat in pregnancy and breast feeding is the reason of breast cancer in daughter newborns in the future. In an interventional study on 93 Brazilian women with breast cancer intake of vegetable and fruit, reduction in red and processed meat intake has been effected in their treatment . Researches in different countries show severe and mild deficiency of vitamin D increase the risk of lung, breast, colorectal cancers .

Conclusion: To get more vitamins, dietary supplements should not be used more natural resources. It is recommended for patients. A balanced diet and adequate amounts of calories and proteins. Another benefit of using more vegetable is to help young immune system anti-cancer. vegetables and carotenoids are in B.C diet but meat and eggs are rarely recommended.

Keywords: nutrition, breast cancer.

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57. The role of life style on breast cancer

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Abstract

Introduction: Breast cancer is the most common cancer of women worldwide is on the rise. In America one of 8 women and in Iran one in every 15-20 women are suffering from this disease. The aim of this study

was to identify factors associated with lifestyle, so as to raise awareness of breast cancer and screening tests detect latent stages of the disease.

Methods: This review has been prepared using the papers.

Results: Results of research has shown that regular physical exercise 15-20% and a healthy weight 9% and breastfeeding 5% have protective effect on breast cancer. The results of 45 meta-analysis studies approved the relationship between saturated fat intake and breast cancer and vice versa Fish oil contains omega-3 is useful. Study of Chinese and American women under 50 years showed that high-carbohydrate diet is related to breast cancer. Consumption of calcium and vitamin D, fiber, cereal, soya, bread, cereal more than 25 grams a day, aspirin, anti-inflammatory steroids, tamoxifen, raloxifene was associated with reduced breast cancer.

Consumption of carotenoids, isoflavones and green tea is effective in reducing breast cancer. Women who drank more than five cups of coffee a day, had a 20% reduction in breast cancer. Research shows that people with celiac disease have a low risk of breast cancer. Alcohol and cigarettes raises risk in some studies . In a study in America, the risk of breast cancer in women with gum disease increase to 14% and smoking add 2% .

Conclusion: Change lifestyle of balanced food intake, regular physical activity, breast-feeding, some medicines, oral hygiene, education and regular screening are effective for the prevention of breast cancer .

Key words: lifestyle, breast cancer.

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58. Endometriosis and Ovarian Cancer

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Abstract

Background: Endometriosis is clearly a benign condition, it shares characteristics often encountered in malignancy, such as local and distant dissemination, cell-invasion, and damage of adjacent tissues. An association between endometriosis and ovarian cancer has been reported in the literature. Endometriosis and ovarian cancer share several common predisposing

factors, including early age at menarche, short intervals between menses, and late age of menopause and nulliparity and they are both inversely associated with tubal ligation, hysterectomy, use of oral contraceptives, and pregnancy. This article aimed to examine the association between endometriosis and ovarian cancer.

Methods: Electronic databases such as Medline, Pub med, Cochrane Library, Embase, and CINAHL were searched for the following key words: “ovarian tumor” or “ovarian cancer” or “ovarian neoplasia” and “endometriosis”. The studies reporting the incidence of ovarian cancer in women with a history of endometriosis, and the studies reporting the incidence of endometriosis in ovarian cancer patients were examined. The case report studies and reviews of the literature were excluded. Results: The search process yielded 16 articles (1 prospective cohort study, 10 retrospective cohorts, and 5 case–control studies). Endometriosis was associated with a slight increase of ovarian cancer risk, by a factor ranging between 1.3 and 1.9 in terms of OR or RR in most studies. An association of endometriosis with clear-cell and endometrioid ovarian cancer was a consistent finding in most studies. The weakness of most studies, both case–control and cohort, was the lack of histological confirmation of endometriosis, since accurate diagnosis can be made only after laparoscopy or laparotomy.

Conclusion: From an evidence-based point of view, existing epidemiological evidence linking endometriosis with ovarian cancer remains rather weak, especially given the lack of data from prospective studies. These associations do not seem to have clinical implications. These findings are not strong enough to establish a clear-cut causal association between endometriosis with ovarian cancer, accordingly a change of current clinical practices cannot be justified. Prospective cohort studies, with prior laparoscopic confirmation, localization, and staging of endometriosis are needed, in order to clarify the causal association between endometriosis and ovarian cancer.

Keywords: ovarian tumor, ovarian cancer, ovarian neoplasia, endometriosis.

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59. Human Papillomavirus (HPV) and Ovarian Cancer

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Abstract

Background: Ovarian cancer is the fifth leading cause of female cancer deaths. The survival rate of patients presenting with widespread metastatic disease is only approximately 20%. Human papillomaviruses play a causal role in cervical cancer; this infection is additionally detected in other cancers such as laryngeal, invasive anal and breast cancer. This study was conducted to examine the prevalence HPV DNA in ovarian cancer cells.

Methods: Electronic databases such as Medline, Pub med, Cochrane Library, Embase, and CINAHL were searched for the following key words: “ovarian tumor” or “ovarian cancer” and “HPV” or “human papillomavirus”. The included studies were case-control and cross-sectional studies, prospective or retrospective, that evaluated clinical ovarian cancer and provided a clear description of the use of in situ hybridization, Southern blot hybridization, and polymerase chain reaction.

Results: Findings showed whereas most studies were unable to identify HPV in ovarian tumor tissues; other studies have reported that HPV DNA has been found in substantial numbers of ovarian cancer. Reports of HPV and ovarian cancer coincidence were in Chinese women cases. Negative cases have been found principally in European patients. Human papillomavirus type 16 was the most common type. The HPV prevalence was the highest for studies published between 2006 and 2012. Overall, the HPV prevalence in patients with ovarian cancer was 17.5 (95% confidence interval [CI], 15.0%-20.0%). Human papillomavirus prevalence ranged from 4.0% in Europe to 31.4% in Asia. Case-control studies from Asia showed an odds ratio of 2.48 (95% CI, 0.64-9.57).

Conclusion: A high prevalence of HPV-positive DNA in ovarian cancer cases was reported. HPV infection may spread via endocervical canal to the upper genital tract; In addition, sperm cells may be responsible for the transfer of HPV. However the role of HPV in the development of ovarian cancer remains inconclusive. Further studies are needed to determine it.

Keywords: Human papillomavirus, HPV, ovarian tumor, ovarian cancer

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60. Women's Perceptions and Barriers to Breast and Cervical Cancer Screening

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Abstract

Background: Among women, breast and cervical cancer account for a large percent of worldwide deaths today. From 1980 to 2000, global breast cancer incidence increased at an annual rate of 3.1% whereas global cervical cancer incidence increased by 0.6%. Challenges of modernization bring lifestyle changes, including urbanization, diet, obesity, tobacco and alcohol use, changes in reproductive patterns, chronic infection and increasing lifespan that all contribute to an ever-increasing cancer burden in Asian countries. The purpose of this study is to understand the key factors guiding women's decision of whether or not to use breast and cervical cancer screening services.

Methods: This review study was done with the method of gathering data by targeted research among scientific data bases PubMed, Science direct, Pro Quest, Ovid, Elsevier, Google scholar.

Results: women understand the severity of both breast and cervical cancer and fear the associated lifestyle challenges that come with a cancer diagnosis. With the exception of several non-screeners in the breast cancer group, all women reported they believed they were at risk of developing cancer. All women reported the benefits of early detection and accuracy of preventative screening. Both screeners and non-screeners feared cancer detection during screening and saw the screening clinic as a place of possible cancer diagnosis. How women perceive their cancer diagnosis, accepting the cancer reality or succumbing to fatalist beliefs, greatly impacts their decision to screen. Screeners were more likely to report that they had recommendations from friends, referrals from doctors, and influences from promotion campaigns. Non-screeners were more likely to have perceived fatalistic views (lack of control over a diagnosis (fatalism) was a unique barrier reported by non-screeners.

Conclusion: Our findings contribute to the understanding of women's preferences, knowledge, and potential misconceptions of breast and cervical cancer screening. While it is difficult to recommend specific health policy measures, our study implies several suggestions for future studies or programs that attempt to address screening uptake. Women know they are susceptible to cancer and understand the benefits of early screening, but still

choose not to screen, suggesting that targeted campaigns addressing the most important barrier to cancer screening may have more effect than general awareness campaigns. Because both screeners and non-screeners see the screening clinic as a place of possible cancer diagnosis and more attention should also focus on addressing patient fears of cancer diagnosis possibly with the use of multicomponent interventions. Non-screeners, however, uniquely viewed a cancer diagnosis as a death penalty, whereas screeners chose to look at options to move forward. Multicomponent-strategies to address the fatalistic belief of a cancer diagnosis are recommended to target non-screeners that are not being reached by current intervention. On the other hand, screeners reported peer and family support as a key screening motivator, suggesting successful cancer screening programming should continue to leverage the use of peer and family support as motivation to screen. Both screeners and non-screeners reported socioeconomic barriers to screening (cost, location, inconvenience, gender of doctor) and recommended removing such barriers for increased adoption. Private and public health system officials would be advised to encourage preventative screening uptake by keeping them free of charge and reducing the amount of wait times for exams.

Key words: Breast and Cervical Cancer, Screening, Perceptions and Barriers

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61. Survival Outcomes after Contralateral Prophylactic Mastectomy

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Abstract

Background: The use of contralateral prophylactic mastectomy (CPM) among women with unilateral breast cancer has markedly increased in the United States during the past decade. Breast cancer patients report that the main reason they choose CPM is worry about the risk of contralateral breast cancer (CBC), yet they tend to substantially overestimate their risk of developing CBC. The objective of this study was to evaluate the magnitude of the survival benefit of CPM for women with unilateral breast cancer.

Methods: This review study was done with the method of gathering data by targeted research among scientific data bases PubMed, Science direct, Pro Quest, Ovid, Elsevier, Google scholar.

Results: The predicted remaining life expectancy's (LE) for women undergoing CPM and no CPM are presented according to age, stage, and ER status at primary breast cancer diagnosis. LE gain from CPM ranged from 0.13 to 0.59 years for women with stage I breast cancer and 0.08 to 0.29 years for those with stage II breast cancer. CPM was more beneficial among younger women and those with stage I and estrogen receptor (ER)-negative breast cancer. Forty year-old women with stage I ER-negative breast cancer will live on average 36.44 years with no CBC and 0.32 years with CBC if they choose CPM; if they did not choose CPM, they would live 33.20 years with no CBC and 2.97 years with CBC. Thus, while women will live on average 0.59 years longer with CPM than without, much of that time is spent without CBC and with only the negative impact of CPM. The potential benefit of CPM was consistently lower for patients with stage II breast cancer because of the worse prognosis associated with the primary breast cancer. Similarly, the potential benefits of CPM are more modest for older women because they have relatively fewer years of remaining LE. Sixty-year-old women will gain less than 2 months in LE from CPM whereas 40-year-old women will gain as much as 7 months. CPM for ER-negative breast cancer patients is more beneficial as the probability of developing a CBC is higher amongst these women compared to ER-positive breast cancer patients. Twenty-year survival differences ranged from 0.56% to 0.94% for women with stage I breast cancer and 0.36% to 0.61% for women with stage II breast cancer, depending on age and ER status. Twenty-year disease free survival differences ranged from 4.25% to 7.20% for women with stage I breast cancer and 2.73% to 4.62% for women with stage II breast cancer, depending on age and ER status. Findings were observed when varying age and stage. The survival benefit ranged from 0.22% to 0.93% for 40-year-old women with stage II breast cancer; 0.31% to 1.3% and 0.20% to 0.86% for 50-year-old women with stage I or II breast cancer, respectively; and 0.25% to 1.06% and 0.16% to 0.68% for 60-year-old women with stage I and II breast cancer, respectively.

Conclusion: The absolute 20-year survival benefit from CPM was less than 1% among all age, ER status, and cancer stage groups. Estimates of LE gains and survival differences derived from decision models may provide more realistic expectations of CPM.

Key words: Breast Cancer, Prophylactic Mastectomy, Survival

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62. BSMI polymorphisms of restriction enzymes in breast cancer among women in the city of Urmia

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Abstract

Tubers abnormal tissue cancer, disorders of the members with the task to create and symptoms of cancer are appearing. Vitamin D is an anti-proliferative agent against cancer cells and helps regulate cell differentiation. VDR gene contains 9 exons multiple polymorphisms in exon 2 and Bsm1 that Fok1 and Apa1 in intron 8 and exon 9 Taq 1 restriction enzymes. The study, to investigate the relationship between vitamin D BSM1 receptor gene The desire to breast cancer in women is Urmia city

Methods: The study sample included 100 blood samples of women with breast cancer and 100 healthy women will be divided in two groups and the control group. After sampling of both genomic material Tmamafrad extraction of DNA from white blood cells and gene amplification was performed by PCR. Then on all products PCR, RFLP process execution and shear zone and BSM1 enzymes were studied. The frequency of each genotype in both groups according monitors and controls were identified and the results were analyzed by SPSS software.

Results: The mean serum levels of vitamin D in patients micrograms per deciliter 678/11 and 0196/19 controls micrograms per deciliter were Lytrtyyn and between levels of vitamin D Babymary significant correlation was found ($P = 0/007$)

Keywords: polymorphism. Restriction enzymes. Breast Cancer

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63. FOK1 polymorphisms of restriction enzymes, with the women getting breast cancer in women Urmia

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Abstract

Introduction: Breast cancer is a neoplastic proliferation of breast epithelial cells in the small airways that are affected by genetic and environmental factors. Vitamin D is 1,25 (OH) 2D 3 hormones that regulate the metabolism of calcium and phosphorus in addition to anti-cancer properties that bind to certain parts of the receptors induces the expression of these genes and pathways regulating cell cycle controls. VDR gene contains 9 exons multiple polymorphisms in exon 2 and Bsm1 that Fok1 and Apa1 in intron 8 and exon 9 is Taq 1. The aim of this study was to evaluate the possible effect of shear enzyme vitamin D receptor gene FOK1 and BSM1 in the incidence or severity of the disease is breast cancer.

Methods: In this study, 120 women with breast cancer and 120 controls of the same sex and race were investigated Grft.hm cutting enzymes such polymorphisms of vitamin D receptor gene FOK1 and BSM1 evaluated by PCR-RFLP it placed.

Results: No significant difference in the distribution of allele and genotype polymorphism restriction enzymes, vitamin D receptor gene BSM1 and FOK1 between patient and control groups was observed ($P = 0/43$)

Conclusion: The role of the vitamin D receptor in the immune system and its inhibitory role on breast cancer in women need to explore other gene polymorphisms with breast cancer is recommended

Key words: breast cancer - vitamin D- receivers restriction enzymes

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64. Relationship between depression and psychological well-being perception in women with breast cancer

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Abstract

Introduction & Objective: Breast cancer is the most common cancer among women, and Iranian women a decade earlier than their counterparts in developed countries affects. This cancer is psychologically effects, including depression. This study aimed to investigate the relationship between depression and psychological well-being perception in women with breast cancer were included.

Materials & Methods: The study population included a cross and women with breast cancer at the Cancer Institute of Imam Khomeini Hospital had treated over the years was 95-94. The sample consisted of 160 married women diagnosed with breast cancer and sampling are available sample of the population. All this research with Depression Inventory (Beck, 1972) Psychological Well-Being Scale) Reef 1989) and illness perception questionnaire (IPQ-R)

Results: The study hypotheses were tested by multivariate regression analysis, since the criterion variables (perceived illness) from the surface of the positive aspects has been formed, the six hypotheses in three steps plan and in each step a level of criterion variables (perceived illness) was predicted,).

Conclusion: The depression and psychological well-being to reverse significant and meaningful impact on the perception of women with symptoms of breast cancer. This result confirms the hypothesis of the study of depression and psychological well-being on the positive aspects of the changing perception of the disease, the importance of evaluating and interpreting behavioral interventions and clinical symptoms in search of people with breast cancer have shown.

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65. Metastasis of ductal carcinoma of the breast to uterine leiomyoma: a case report and literature review

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Abstract

Introduction: Breast cancer is one of the most common cancers among women and the second most fatal cancer after lung cancer. Though female reproductive organ metastasis and uterine and/or uterine leiomyoma metastasis are both rare, this research reports an uncommon case of invasive ductal breast carcinoma that metastasized to uterine leiomyoma five years after the patient's initial treatment.

Case report: A 54-year-old woman, gravida 5, para 5 was admitted to our clinic with a chief complaint of abnormal uterine bleeding. The patient had a history of invasive ductal carcinoma and underwent a modified radical mastectomy and axillary lymph node dissection five years ago. She had received chemoradiation and then was treated with tamoxifen for 5 years after which she was treated with exemestane. The patient did not have a family history of breast cancer. Subsequent to diagnosis and treatment the patient had no problem for five years, after which she experienced persistent abnormal bleeding. Though curettage showed no abnormality, due to the persistence of abnormal uterine bleeding, a total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO) were performed. Taking into consideration the patient history of invasive ductal breast carcinoma and histopathological and immunohistochemical (IHC) findings of adenocarcinoma in cellular spindle cell proliferation, a diagnosis of metastasis of ductal carcinoma of the breast to uterine leiomyoma was made.

Discussion: In existing reports, metastasis to uterine leiomyoma have been reported in 20 patients, of which twelve (63%) cases were of breast cancer origin. In 6 (31%) cases the metastasis were limited to leiomyoma. Our patient is the 21st case of metastasis to uterine leiomyoma and the 13th case of breast cancer origin. In most of these cases, the prognosis is poor; however, hysterectomy is effective in the prognosis of patients with micrometastases limited to leiomyoma.

Conclusion: In patients with a history of breast cancer, the possibility of metastasis to the uterus or leiomyoma should be considered in cases where there is abnormal uterine bleeding and/or enlarged leiomyoma.

Keywords: Breast cancer, Metastasis, Leiomyoma

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66. Clinicopathological significance of PAI-1 4G/5G polymorphism in breast cancer patients from North West of Iran

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Abstract

Background: A common polymorphism 4G/5G in the promoter region of the Plasminogen activator inhibitor-1 gene has been reported to influence expression levels of PAI-1. According to the evidence that progression of breast cancer can be associated with elevated levels of PAI-1, it seems reasonable to evaluate a possible correlation between the polymorphism and clinical status of breast cancer patients.

Methods: 200 unrelated patients from North West of Iran who were diagnosed as having breast cancer according to established clinical criteria, and PAI-1 4G/5G polymorphism had been determined. For the study the association of this polymorphism with clinicopathological features using Fisher's exact tests and SPSS software, with a significance level of 0.05 were evaluated.

Results: We tested all declared features of breast cancer regarding PAI-1 4G/5G polymorphism to study its function in the severity of disease. Results indicated that PAI-1 4G/5G correlates with several traditional prognostic factors, including tumor size, lymph node metastases and tumor stage. **Conclusion:** Our data suggest that PAI-1 4G/5G polymorphism can be a risk factor for development of some clinical features of breast cancer in this cohort.

Keywords: PAI-1 4G/5G polymorphism, breast cancer, clinical status.

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67. Preoperative Preparation in cancer disease

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Abstract

Patients with malignant tumors may be otherwise healthy or may be desperately ill with nutritional, neurologic, metabolic, endocrinologic, electrolyte, cardiac, pulmonary, renal, hepatic, hematologic, or pharmacologic disabilities. Thus, determining the other disabilities accompanying malignant tumors requires evaluation of all systems. Abnormalities frequently accompanying such tumors include hypercalcemia, uric acid nephropathy, hyponatremia, nausea, vomiting, anorexia and cachexia, fever, tumor-induced hypoglycemia, intracranial metastases (10% to 20% of all cancers), peripheral nerve or spinal cord disorders, meningeal carcinomatosis, toxic neuropathies secondary to anticancer therapy, and paraneoplastic neurologic syndromes. Correction of nutrient deficiencies, anemia, coagulopathy, and electrolyte abnormalities may be needed preoperatively. Nausea and vomiting are the most common and distressing side effects of chemotherapy and, to some extent, of radiation treatment. Serotonin antagonist drugs, such as ondansetron, droperidol, and metoclopramide may help control nausea in these patients. Tricyclic antidepressants are useful for potentiating the analgesic effects of opioids and producing some inherent analgesia. Opioids used to manage cancer pain may be responsible for preoperative sedation.

The presence of hepatic or renal dysfunction may influence the choice of anesthetic drugs and muscle relaxants. Although not a consistent observation, the possibility of a prolonged response to succinylcholine is a consideration in patients being treated with alkylating chemotherapeutic drugs such as cyclophosphamide. Attention to aseptic technique is important because immunosuppression occurs with most chemotherapeutic agents. Immunosuppression produced by anesthesia, surgical stimulation, or even blood transfusion during the perioperative period could exert effects on the patient's subsequent response to cancer. There is concern that, because of their suppression of the immune response, some anesthetic drugs may assist in tumor growth or enhance aggregation of some cancer proteins.

Cancer patients may have life-threatening airway difficulties and upper airway obstruction with head, neck, and chest tumors. Preoperative preparation is required to assess potential difficulties that may arise in securing the airway. Awake fiberoptic intubation is the gold standard for

difficult airway management. In some patients, tracheostomy may be indicated.

Preoperative evaluation includes a review of potential side effects related to chemotherapy. Placement of intravenous catheters in the arm at risk of lymphedema is avoided because exacerbation of lymphedema and susceptibility to infection are considerations. It is also necessary to protect that arm from compression (as with a blood pressure cuff) and heat exposure. The presence of bone pain and pathologic fractures is noted when considering regional anesthesia and when positioning patients during surgery. Selection of anesthetic drugs, techniques, and special monitoring is influenced more by the planned surgical procedure than by the presence of breast cancer. If isosulfan blue dye is injected during the surgical procedure, it is likely that pulse oximetry will demonstrate a transient spurious decrease in the measured SpO₂ value (approximately a 3% decrease).

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68. Management of Anesthesia in breast cancer

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Abstract

Breast Cancer

The risk of death from breast cancer is approximately 4%. Most women in whom breast cancer is diagnosed do not die of the disease.

Risk Factors

The risk factors for development of breast cancer are increasing age and family history, early menarche, late menopause, late first pregnancy, and nulliparity, which are all presumed to prolong exposure of the breasts to estrogen

Screening

Include the triad of breast self-examination, clinical breast examination and screening mammography.

Treatment

Breast conservation therapy, including lumpectomy with radiation therapy, simple mastectomy, and modified radical mastectomy.

The morbidity is related to lymphedema and restricted arm motion, Obesity, weight gain, and infection in the arm .

Preoperative Preparation

Preoperative evaluation includes consideration of the pathophysiologic effects of the disease and recognition of the potential adverse effects of cancer chemotherapeutic drugs .

Correction of nutrient deficiencies, anemia, coagulopathy, and electrolyte abnormalities may be needed. Nausea and vomiting are the most common side effects of chemotherapy and radiation treatment.

The presence of hepatic or renal dysfunction may influence the choice of anesthetic drugs. Attention to aseptic technique is important.

Preoperative preparation is required to assess potential difficulties that may arise in securing the airway. Awake fiberoptic intubation is the gold standard for difficult airway management. Tracheostomy may be indicated.

Preoperative Tests in Patients with Cancer:

- Hematocrit
- Platelet count
- White blood cell count
- Prothrombin time
- Electrolytes
- Liver function tests
- Renal function tests
- Blood glucose concentrations
- Arterial blood gases
- Chest radiography
- Electrocardiography

MANAGEMENT OF ANESTHESIA

Placement of intravenous catheters in the arm at risk of lymphedema is avoided. It is also necessary to protect that arm from compression and heat exposure. The presence of bone pain and pathologic fractures is noted when considering regional anesthesia and when positioning patients during surgery. Selection of anesthetic drugs, techniques, and special monitoring is influenced more by the planned surgical procedure than by the presence of breast cancer. If isosulfan blue dye is injected during the surgical procedure, it is likely that pulse oximetry will demonstrate a transient spurious decrease in the measured SpO₂ value (approximately a 3% decrease).

Postoperative Considerations

Mechanical ventilation may be required.

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69. Management of acute and chronic Pain in cancer

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Abstract

Cancer patients may experience acute pain associated with pathologic fractures, tumor invasion, surgery, radiation, and chemotherapy. A frequent source of pain is related to metastatic spread of the cancer, especially to bone. Nerve compression or infiltration may be a cause of pain. Patients with cancer who experience frequent and significant pain exhibit signs of depression and anxiety.

Pathophysiology: Organic causes of cancer pain may be subdivided into nociceptive and neuropathic pain. Nociceptive pain includes somatic and visceral pain and refers to pain due to the peripheral stimulation of nociceptors in somatic or visceral structures. Somatic pain is related to tumor involvement of somatic structures such as bones or skeletal muscles and is often described as aching, stabbing, or throbbing. Visceral pain is related to lesions in a hollow or solid viscus and is described as diffuse, gnawing, or crampy if a hollow viscus is involved. It is more commonly described as aching or sharp if a solid viscus is involved. Nociceptive pain is typically responsive to both nonopioids and opioids. Neuropathic pain involves peripheral or central afferent neural pathways and is commonly described as burning or lancinating pain. Patients experiencing neuropathic pain often respond poorly to opioids.

Trauma associated with surgery for removal of cancerous tissue may also be a cause of chronic pain. Scars and injury of soft tissue and of sensory afferents that innervate the surgical area may all contribute to the development of chronic pain. Chronic postmastectomy pain may impair the activities in a woman's life. Multimodal analgesia with local anesthetics and gabapentin may be effective in preventing both acute and chronic postmastectomy pain and reducing analgesic consumption after breast surgery.

Drug Therapy: Drug therapy is the cornerstone of cancer pain management because of its efficacy, rapid onset of action, and relatively low cost. Mild to moderate cancer pain is initially treated with nonsteroidal anti-inflammatory drugs and acetaminophen. Nonsteroidal anti-inflammatory drugs are especially effective for managing bone pain, which is the most common cause of cancer pain. The next step in management of moderate to severe pain includes addition of codeine or one of its analogues. When cancer pain is severe, opioids are the major drugs used. Morphine is the most commonly

selected opioid and can be administered orally. When the oral route of administration is inadequate, alternative routes (intravenous, subcutaneous, epidural, intrathecal, transmucosal, transdermal) are considered. Fentanyl is available in transdermal and transmucosal delivery systems. There is no maximum safe dose of morphine and other μ -agonist opioids. Tricyclic antidepressant drugs are recommended for those who remain depressed despite improved pain control. These drugs are also effective in the absence of depression and appear to have direct analgesic effects and cause potentiation of opioids. Anticonvulsants are useful for management of chronic neuropathic pain. Corticosteroids can decrease pain perception, have a sparing effect on opioid requirements, improve mood, increase appetite, and lead to weight gain.

Neuraxial Analgesia: Neuraxial analgesia is an effective way to control pain in cancer patients undergoing surgery and may play a role in providing preemptive analgesia. Neuraxial analgesia with local anesthetics provides immediate pain relief in patients whose pain cannot be relieved with oral or intravenous analgesics and is frequently used for the treatment of cancer pain. Neuraxial analgesia is not performed in patients with local infection, bacteremia, and systemic infection because of the increased risk of epidural abscess. However, in the presence of intractable cancer pain, there may be a role for the use of epidural analgesia despite meningeal infection. Morphine may be administered intrathecally or epidurally for management of acute and chronic cancer pain. Spinal opioids may be delivered for weeks to months via a long-term, subcutaneously tunneled, exteriorized catheter or an implanted drug delivery system. The implantable systems can be intrathecal or epidural and typically feature a drug reservoir and the capability for external reprogramming. Patients are typically considered for neuraxial opioid administration when systemic opioid administration has failed as a result of the onset of intolerable adverse side effects or adequate analgesia cannot be achieved. Neuraxial administration of opioids is usually successful, but some patients require an additional low concentration of local anesthetic to achieve adequate pain control.

Neurolytic Procedures: Neurolytic procedures intended to destroy sensory components of nerves cannot be used without also destroying motor and autonomic nervous system fibers. Important aspects of determining the suitability of destructive nerve blocks are the location and quality of the pain, the effectiveness of less destructive treatment modalities, life expectancy, the inherent risks associated with the block, and the availability of experienced anesthesiologists to perform the procedures. In general, constant pain is more amenable to destructive nerve blocks than is intermittent pain. Neurolytic celiac plexus block has been used to treat pain originating from abdominal

viscera. The block is associated with significant side effects, but analgesia usually lasts 6 months or longer.

Neurosurgical procedures for managing cancer pain are reserved for patients unresponsive to other less invasive procedures. Cordotomy involves interruption of the spinothalamic tract in the spinal cord and is considered for treatment of unilateral pain involving the lower extremity, thorax, or upper extremity. Dorsal rhizotomy involves interruption of sensory nerve roots and is used when pain is localized to specific dermatomal levels. Dorsal column stimulators or deep brain stimulators may be used in selected patients.

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