روشنا

Cancer Treatment Center

مرکز رادیوتراپی انکولوژی

مجهز به دستگاه پیشرفته

VARIAN IX

در امر درمان بیماران سرطانی

- درمان رادیوتراپی **ECLIPSE** با سیستم محاسبات **CONFORMAL**
- مجهز به دستگاه های شتاب دهنده خطی پیشرفته با استفاده از روش **IMRT**
- انجام براکی تراپی به روش **HDR**
- کلینیک شیمی درمانی

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سی تی اسکن اسپیرال **HRCT** با قدرت تفکیک بالا

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کلیه گرافی های روتین

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10th International Congress of IRSGO
22,23,24 February 2023 | Tehran, Iran

Congress Secretariat:

Iranian Society of Gynecology Oncology (IRSGO)

Partnership With:

- Tehran University of Medical Sciences
- Shahid Beheshti University of Medical Sciences
- Iran University of Medical Sciences
- Mashhad University of Medical Sciences
- Esfahan University of Medical Sciences
- Yazd University of Medical Sciences
- Tehran Islamic Azad University of Medical Sciences
- National Association of Gynecology & Obstetrics (NAIGO)
- Iranian Society of Colposcopy & pathology
- Iranian Society of Radiation Oncology
- Iranian Society of Minimally Invasive Gynecology

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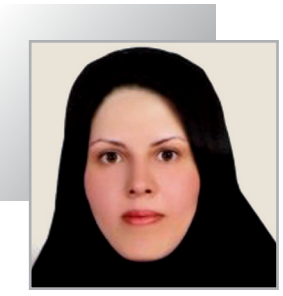

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…Dr Maryam Talaye

Gynecologist Oncologist, Shahid Beheshti University of Medical Sciences

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Keynote Lecturers:

Prof. David Cibula

Professor at The Charles University
and General University Hospital

Department of Obstetrics and Gynecology, General University Hospital in Prague First Facutly of Medicine, Charles University, Prague, Czech Republic.

Scientific Program

10th International Congress of IRSGO

22,23,24 February 2023 | Tehran, Iran

Main Hall

First Day | Wednesday Feb/22/2023 | Time: 14:00-8:00

8:00-8:30	**Welcome and Opening** **Dr.Ashrafganjoei.T** **Dr. Mousavi.A** **Dr.Moadab Shoar.L**	
	Scientific Session1: Endometrial Cancer	
	Chair Persons: Dr.Arab.M, Dr.Behtash.N, Dr.Hoseini.M, Dr.Sarmadi.S	
8:30 - 8:45	Endometrial hyperplasia; predictors of progression	Dr. Tehranian.A
8:45 -9:00	Updates of pathology & molecular classifications of endometrial carcinoma	Dr.Mohamadi.B
9:00 - 9:15	Endometrial cancer staging and role of lymphadenectomy	Dr.Hasanzadeh.M
9:15 – 9:30	Fertility preservation in Endometrial Cancer	Dr.Arab.M
9:30 –10:30	**Panel Discussion:** Novels and challenges in the management of Endometrial Cancer **Director:** Dr.Behtash.N **Members:** Dr.Hoseini.M, Dr.Maddah.A, Dr.Moradi.B, Dr.Sarmadi.S, Dr.Vahidi.Sh	
10:30–10:45	Update advances in immunotherapy of endometrial and cervical cancer	Dr.Najafi.S
10:45-11:00	Break, Posters and exhibition	
	Scientific Session 2: Cervical Cancer	
	Chair Persons: Dr.Ameri.A, Dr.Behnamfar.F, Dr.Kashanian.M, Dr.Tehranian.A	
11:00 - 11:15	ESGO2022- Update of Cervical Cancer Guideline	Dr.Cibula.D
11:15 - 11:30	Role of Imaging in Cervical Cancer Staging	Dr.Malek.M
11:30 - 11:45	Management of locally advanced Cervical Cancer	Dr.Behnamfar.F
11:45 – 12:00	Management of Cervical Cancer with lymph nodes spread	Dr.Ameri.A
12:00 – 12:15	Updates of pathologic classification, staging and prognostic factors in Cervical Cancer Carcinoma	Dr.Nili.F
12:15 - 13:15	**Panel Discussion:** Fertility Preservation in Cervical Cancer **Director:** Dr.Karimi Zarchi.M **Members:** Dr.Abrishami.A, Dr.Akbari.A, Dr.Gholami.H, Dr.Malekzadeh.M, Dr.Panahi.M	
13:15 – 13:30	Nano Alvand Co.	
13:30 - 14:00	Praying and Lunch	

Main Hall

First Day | Wednesday Feb/22/2023 | Time: 14:00-18:30

Scientific Session 3: Cervical Cancer prevention		
Chair persons: Dr.Allameh.F, Dr.Karimizarchi.M, Dr.Kazemi.S, Dr.Mohit.M, Dr.Yarandi.F		
14:00-14:15	CIN treatment: choosing excision versus ablation, prognosis and post treatment follow-up	Dr.Sayyah-Melli.M
14:15-14:30	ASCCP risk-based guidelines and integration into clinical practice	Dr.Allameh.FZ
14:30-14:45	Management of abnormal screening and pre invasive lesions in young women	Dr.Momtahan.M
14:45-15:00	Primary HPV- Screening	Dr.Aminimoghaddam.S
15:00-16:00	**Oral Communication:** Cervical Cancer Screening in Iran, challenges of an organized screening program planning **Moderator:** Dr.Farzaneh.F **Members:** Dr.Farzami.M, Dr.Moshiri.F, Dr.Motlagh.A, Dr.Nahvijou.A, Dr.Yarandi.F	
16:00-16:10	HPV Vaccination	Bayat.M MSD lecture
Special Interests Session		
Chair Persons: Dr.Akhavan.S, Dr.Ayatollahi.H, Dr Samiee.F, Dr.Yousefi.Z		
16:10–16:25	Controversies in sentinel LN evaluation in gynecologic malignancies	Dr.Yousefi.Z
16:25–16:35	We can end cervical cancer: The first high performance, fully validated, HPV test in Iran	Naghizadeh.R Zist tashkhisfarda Co.
16:35–16:50	Impact of Covid19- Pandemic on Gynecology Oncology practice	Dr. Najib.F
16:50-17:00	Non-invasive treatment of genital wart with Quimocyte	Yalchi.F Kimia Kalaye Razi Co.
Scientific Session 4: GTN		
17:00–18:00	**Panel Discussion:** Updates on the diagnosis and management of GTN **Director:** Dr.Nasiri.S **Members:** Dr.Faghih.N, Dr.Mirzaeeyan.E, Dr.Shirinzadeh.L, Dr.Yousefi-sharemi.R	
18:00–18:30	Questions & Comments	

Main Hall

Second day | Thursday Feb/23/2023 | Time: 7:00-14:00

7:00 - 8:00	**Sunrise Meeting (U-Hall):** Rare Gynecologic Tumors **Members:** Dr.Beyranvandi.M, Dr.Honarvar.Z, Dr.Nakhostin.F, Dr.Nili.F, Dr Sheikh-Hasani	
	Scientific Session 1: Ovarian Cancer	
	Chair Persons: Dr.Akbarian.A , Dr.Alavi.MH, Dr.Ghaemmaghami.F, Dr.Mousavi.A, Dr.Sanjari.N	
8:0 – 8:15	Fertility Preservation in Ovarian Cancer	Dr.Shirali.E
8:15 - 8:35	Primary treatment planning of advanced OC, primary surgery vs NAC	Dr.Ghaemmaghami.F
8:35 - 8:55	Frontline therapy of EOC, role of Maintenance Chemotherapy	Dr.Mousavi.A
8:55 -9:10	Updates and approach to low grade serous carcinoma of ovary	Dr.Ashraf Ganjoee.T
9:10 -10:10	**Panel Discussion:** Recurrent / persistent Ovarian Cancer **Director:** Dr.Akhavan.S **Members:** Dr.Esfandbod.M, Dr Adeli.P, Dr.Ameli.F, Dr.Kiani.F, Dr.Modarres gilani.M, Dr.Parviz.S	
10:10-10:30	Break, Posters and Exhibition	
	Scientific Session 2	
10:30 - 11:30	Panel Discussion: Hereditary Cancer Syndromes Director: Dr. Hashemi.R Members: Dr.Joolaii.A, Dr.Majidzadeh.K, Dr.Vaezi.M, Dr.Yazdanmehr.Kh	
11:30 – 11:50	Updates of ESGO Cogress 2022	Dr.Behtash.N
11:50-12:05	Updates of screening and early diagnosis of breast cancer	Dr.Omranipour.R
12:05 - 12:20	Medical versus surgical oophorectomy in hormone-receptor positive breast cancer in premenopausal women	Dr.Amouzgar-hashemi.F
12:20 – 13:10	**Panel Discussion:** Palliative Care issues in Gynecologic Cancers **Director:** Dr.Tahmasebi.M **Members:** Dr.Rezagholizadeh.A, Dr.Khaledi.AR, Dr.Sotoodeh.S, Dr.Sinaei.B	
13:10 – 13:20	Questions & Comments	
13:20 - 14:00	Praying, Lunch	

Main Hall

Second day | Thursday Feb/23/2023 | Time: 14:00-18:00

Scientific Session 3: Special Interests Session/ Uterine Sarcoma		
14:00 – 14:15	Oncology clinician mental health & Burn out; prevention, diagnosis and management	Dr.Nejatisafa.A
14:15 – 14:30	Medico-legal aspects of Oncology Practice	Dr.Adeli.P
14:30 – 15:30	**Panel Discussion:** Uterine Sarcoma **Director:** Dr.Ghahghaee.A **Members:** Dr.Dehghan.H, Dr.Rahmani.M, Dr.Seyfollahi.A, Dr.Mousavi.L, Dr.Toogeh.Gh	
Scientific Session 4: Preoperative & Intraoperative Considerations/ ERAS		
Chair persons: Dr.Amini-moghaddam.S, Dr.Ashraf Ganjoee.T, Dr.Ghaffari.P, Dr.Vahidi.Sh		
15:30– 15:45	Urinary Complications in Gyn Oncology	Dr.Basiri.A
15:45-16:00	Venous Thromboembolism: Thrombo-prophylaxis and treatment in gynecologic cancers	Dr.Zamani.N
16:00– 16:15	Surgical site and wound infection in gynecologic oncology surgery; prevention and management	Dr.Sabet.F
16:15-17:15	**Panel:** Preoperative Consideration & ERAS in Gyn-Oncology **Director:** Dr.Ghaffari.P **Members:** Dr.Alizadeh.M, Dr.Cheraghi.F, Dr.Yazdani.F, Dr.Yousefnezhad.A	
17:15–17:45	**Symposium Panel :** Challenges of anesthesia in high risk cases of Gynecology Oncology **Members:** Dr.Teymourian.H, Dr.Safari.S, Dr.Salimi.A	
17:45– 18:45	Questions & Comments	

Main Hall

Third day | Friday Feb/24/2023 | Time: 7:00-13:00

7:00 - 8:00	**Sunrise Meeting:** Rare Gynecologic Tumors **Members:** Dr.Bahman.A, Dr.Mohammadian.Sh, Dr.Shahsiah.R, Dr.Sarmadi.S, Dr.Talayeh.M

Scientific Session 1: VIN / Vulvar Cancer

8:00 - 8:50	**Panel Discussion:** VIN **Director:** Dr.Sheykhhasani.SH **Members:** Dr.Agah.Zh, Dr.Ghaffarizadeh.F, Dr.Mohit.M, Dr.Pirzadeh.L
8:50 - 9:00	Question & Comments
9:00 – 9:50	**Panel Discussion:** Updates of vulvar cancer **Director:** Dr. Ayatollahi.H **Members:** Dr.Anbiaee.R, Dr.Gharebaghi.P, Dr.Moridi.A, Dr.Shahsiah.R, Dr.Shirvani.Z
9:50 - 10:20	Break, Posters and Exhibition

Scientific Session 2: Minimally Invasive Surgery

10:20 – 11:20	**Debate session:** Minimally invasive surgery in Gynecology Oncology **Director:** Dr.Hashemi.F **Members:** Dr.Alborzi.S, Dr.Arab.M, Dr.Chaichian.Sh, Dr.Esmailzadeh.A, Dr.Mahdavi.A, Dr.Mehdizadeh.A

Scientific Session 3: Gynecologic Cancers Survivorship Care

Chair Persons: Dr.Fakoor.F, Dr.Ghanbari.Z, Dr.Haghighat.Sh, Dr.Sheikhi.Z

11:20 – 11:35	Menopausal Hormone Therapy in Cancer Survivors	Dr JafariShobeiri.M
11:35 – 11:50	Psychosocial Health of Cancer Survivors	Dr.Etesam.F
11:50 – 12:05	Lymphedema: prevention & approaches	Dr.Haghighat.Sh
12:05 – 12:20	Follow up of Survivors: Surveillance Protocols	Dr.Fakoor.F
12:20 – 12:35	Sexual Dysfunctions in Cancer Survivors	Dr.Eftekhar.T
12:35 - 13:00	Closing	

Allameh Tabatabai Hall

First Day | Wednesday Feb/22/2023 | Time: 10:00-11:00

Symposium: Laser in Gynecology Oncology
(Tooba negin Co.)

10:00 – 11:00	• Impact of Laser in Gynecological diseases treatment • Principles of Laser in treatment of cervical dysplasia • Laser in treatment of vulvo vaginal lesions • Laser Vs cryotherapy in Gynecological diseases	Dr.Karimizarchi.M

Allameh Tabatabai Hall

First Day | Wednesday Feb/22/2023 | Time: 11:30-12:30

Dena Lab Symposium: HPV
Review and update on HPV diagnosis
(Dena Lab)

11:30 – 11:50	HPV infection and Cervical Intraepithelial Neoplasm	Dr.Farzaneh.F
11:50 – 12:10	HPV prevention	Dr. Behtash.N
12:10 – 12:30	Laboratory HPV testing	Dr.Garshasbi.M

Allameh Tabatabai Hall

First Day | Wednesday Feb/22/2023 | Time: 14:00-16:00

Oral Presentations

14:00 – 14:10	**Welcome**	
14:10 – 14:20	Primary diffuse large B-cell lymphoma of the uterine cervix	Dr.Dehghan.H
14:20 – 14:30	Endometrial adenocarcinoma with bone metastasis: A case report	Dr.Mirzaee.M
14:30 – 14:40	Tubo-ovarian abscess with highly elevated CA125 level is misdiagnosed as ovarian cancer: A case report	Dr.Ghasemian.S
14:40 – 14:50	Comparison of demographic and obstetric features between epithelial ovarian cancer patients with and without endometriosis	Dr.Hajiaghaei.N
14:50 – 15:00	Assessment of the diagnostic value of sentinel lymph node mapping with blue dye (blue methylene) with complete lymph node dissection for endometrial cancer staging surgery (a multicenter, prospective, cross-sectional study).	Dr.Mirazimi.M
15:00 – 15:10	The cost effectiveness of HPV vaccination; need for economic and social policy intervention	Dr.Mousavi.L
15:10- 15:20	Management of malignant bowel obstruction in advanced gynecologic malignancies: A proposed algorithm	Dr.Nikfar.S
15:20 – 15:30	Quality of Life among Ovarian Cancer: A Cross-Sectional Approach	Dr.Peydayesh.M
15:30 – 15:40	Comparative study of the effect of neoadjuvant chemotherapy followed by radical hysterectomy versus chemo radiotherapy in locally advanced cervical cancer (stage Ib2_IIb): a retrospective cohort study	Dr.Rafii.Z
15:40 – 15:50	Familial Hereditary Cancers registry, effective method in cancer prevention in high risk population	Dr.Bahar.M
15:50 – 16:00	Evaluation of changes in the position of healthy organs during an HDR Brachytherapy session and proposing a protocol for in-vivo Dosimetry	Dr.Siavashpour.Z

Sheykhbahai Hall

Second Day | Thursday Feb/23/2023 | Time: 9:00-11:00

Hysteroscopy Workshop
(Tasnim Behboud Co.)

Scientific Manager: Dr.Keykha.F

9:30 – 9:30	Hysteroscopy instruments and patient preparation	Dr.tarafdari.A
9:30 – 10:00	Principles of diagnostic and operative Hysterrescopy	Dr.Jafarabadi.M
10:00 – 10:30	Hysteroscopy in patient with AUB, endometrial polyp, suspicious for endometrial cancer	Dt.Keykhah.F
10:30 – 11:00	Hysteroscopy myomectomy, endometrial ablation and main complications	Dr.Tehraninejad.E

Allameh Tabatabai Hall

Second Day | Thursday Feb/23/2023 | Time: 11:00-12:00

A Review of the basics of breast cancer genetics Symposium
(Nilou Lab)

11:00 – 11:10	Pathologic grading of Breast Cancer	Dr.Balvayeh.P
11:10 – 11:20	Genetic in Breast Cancer	Dr.Savad.Sh
11:20 – 11:30	Clinical application of genetic tests in Breast Cancer	Nilou lecturer
11:30 – 11:45	Female hereditary cancer in patients with Breast Cancer	Dr.Mohit.M
11:45 – 12:00	ESMO 2022 Guideline for detection and treatment hereditary breast cancer	Dr.Iravani.M

Sheykhbahai Hall

Second Day | Thursday Feb/23/2023 | Time: 14:00-17:00

Colposcopy Workshop
(Tasnim Behboud Co.)

Topics: • Cervical cancer Screening • New ASCCP risk-based management • Colposcopy Standards • Interactive discussion with ASCCP mobile app • Treating cervical lesion	Dr.Yarandi.F Dr.Shirali.E
Coordination of Colposcopic and Pathologic Findings of CIN	Dr.Shiravi.M

Sheykhbahai Hall

Third Day | Friday Feb/24/2023 | Time: 9:00-11:00

HIPEC Workshop
HIPEC : Intraperitoneal chemo-radiation of Ovarian Cancer
(Shina Hirkan teb Co.)

CRS And Hipec in Ovarian Cancer	Dr.Bohlooli.M
Literature Review	Dr.Kazemi.V
CRS and Hipec: video presentation	Dr.Bohlooli.M
Pipac in Ovarian Cancer	Dr.Bohlooli.M
Panel Discussion: Dr.Akavan Moghadam.J, Dr.Bohlooli.M, Dr.Elahi.F, Dr.Farzaneh.F, Dr.Kazemi.V. Dr.Rezaei.O	

Abstract of Lectures

10th International Congress of IRSGO

22,23,24 February 2023 | Tehran, Iran

1. Efficacy of primary HPV test for prevention of cervical cancer

Soheila Aminimoghaddam
Gynecologist Oncologist
Associate professor of Iran university of medical sciences , medical school

Abstract

Cervical cancer screening is a secondary prevention level. Available screening tests include:

1. pap test alone, 21 to 65 years old every 3 years
2. Cytology and hpv test (co test) ,30 to 65 years old every 5 years
3. Primary HPV test , 25 to 65 years old every 5 years

The primary HPV test has been approved since 2014 this test identifies 15 high-risk types of HPV that cause invasive and preinvasive lesions of the cervix. There are no data that show the importance of low-risk HPV subtypes in cervical cancer screening. In addition to screening for cervical cancer, the primary HPV test can also be used for abnormal pap smear results. HPV testing is used in ASCUS triage and LSIL management, surveillance and diagnosis of recurrence in people who have been treated for cin3.

Both DNA-based hpv tests (cobas) and RNA-based tests (aptima) can be used for cervical cancer screening in the co-test method, but in the primary hpv test, only DNA-based methods include: cobas hpv, BD onclarity, qiagen care hpv and Cepheid Xpert hpv are used.

Primary hpv test compared to Pap test , provides %70-60 more protection against invasive cervical cancer . 4 large RCT studies and a meta-analysis concluded that the use of primary hpv test screening methods provides much greater protection against invasive cervical cancer.

With these tests, the screening interval is increased. According to the starting age of HPV vaccination from around 11 years old, the rate of abnormal pap smear in this group is certainly less and therefore primary hpv test screening methods are a better option in this group. Although Cervical cancer screening methods are different in resource-rich and resource-limited settings, but WHO emphasizes on the use of primary hpv test as the main screening method for cervical cancer.

Keywords: cervical cancer screening , HPV test , secondary prevention
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2. Low-Grade Serous Carcinoma of the Ovary

Tahereh Ashrafganjoei MD.
Gynecologic Oncologist, Shahid Beheshti University of Medical Sciences

Abstract

Low-Grade Serous Carcinoma of the Ovary(LGSC) is a distinctive entity of epithelial ovarian
carcinoma (EOC) with a specific molecular alteration and patterns of clinical behavior. It accounts for <%5 of ovarian carcinoma. Patients with LGSC are usually diagnosed at a younger age, are less sensitive to the standard chemotherapy, have a longer disease trajectory. Thus, women with LGSC often repeatedly receive frequent treatment regimens.

Several factors might have implications for increasing the risk of developing LGSC. For instance, a previous history of SBT or obesity have been linked. Yet, the BRCA gene mutation does not seem typically associated with LGSC, and having a family history of ovarian cancer is less likely in these patients. LGSC grows either de novo or from a SBT, and
the fallopian tube has been assumed to be the origin of LGSC cells.

LGSC may present as an early stage, or more frequently, as metastatic abdominal Disease. Generally, CA125- in LGSC is lower than its level in high-grade serous carcinomas (HGSC). The CA125- level is valuable for predicting the prognosis and monitoring the treatment response. Imaging modalities such as ultrasounds,CT scans, MRI, and PET scans are tools that have been used as part of the initial evaluation of LGSC or during surveillance. .

PET scan has superior sensitivity,specificity, and accuracy in detecting disease recurrence.

Numerous factors influence the prognosis of LGSC. Women below the age of 35 have an inferior outcome, with a higher risk of progression and death from the disease. Current
smoking and an elevated BMI are also associated with worse outcomes. In addition, the mutational status, hormone receptor expression, and Ki67- proliferation affect the disease course. Mutation of BRAF or KRAS seems to have a protective effect on the overall survival. A BRAF mutation is believed to be associated with early disease and an improved outcome. The hormone receptors of positive tumors showed longer progression-free survival.

Surgery is the primary treatment option for LGSC, with comprehensive surgical staging for apparent early disease and cytoreductive surgery for metastatic disease. The size of residual disease directly influences survival. Therefore, cytoreductive surgery aims to remove all measurable disease and achieve a microscopic residual. The chance of attaining a microscopic residual in advanced LGSC is about %85–50 . While LGSC is indolent and not as chemotherapy-sensitive as HGSC, it is not totally chemotherapy-resistant. Given the lack of a more proven, effective therapy, platinum-based adjuvant chemotherapy remains the standard of care for all LGSC with disease beyond the ovary. It is recommended that endocrine therapy, such as aromatase inhibitors or tamoxifen, is continued until disease progression or development of unacceptable toxicity. Once the disease recurs, the suitability for secondary cytoreductive surgery needs to be considered. As with the primary setting, debulking surgery aims to achieve no gross disease. Other options include rechallenging with chemotherapy or hormonal therapy. When the response to both therapies is low, enrollment in clinical trials should be considered. HIPEC can be regarded as a treatment option in the primary or recurrent setting, although data in LGSC are not well-established.

3. Fertility preservation in endometrial cancer

Maliheh Arab
Professor of Gyneco -oncology.Shahid Beheshti University of Medical Sciences and Health Services.

Abstract
More women postpone their pregnancy to older age ,so there are more endometrial cancer patients who desire preserve their fertility. Incidence of endometrial cancer is increasing. About %7 of endometrial cancer patients occur in 44-20 age group.
Necessary characteristics for fertility preservation in endometrial cancer:
1 Grade1 (well differentiated)
2 Endometrioid type
3 Diagnosis based on D&C
4 Review of expert pathologist
5 Disease limited to endometrium(stage 1A based on MRI or TVS)
6 No suspicion to metastasis in imaging
7 No contraindication for medical treatment
8 No contraindication for pregnancy
9 Consultation and awareness of fertility preservation as a non- standard option
10 Genetic survey (negative)
11 Infertility service consultation
Continuous progestin treatment after patient selection is prescribed.
Followup of treatment effect is done by D&C or endometrial biopsy every 6-3 months.
Comlete response is expected after 12 months.
Aim of treatment is to postpone surgery until fertility.

4. ASCCP Risk-Based Management guidelines: principles and integration into clinical practice

Dr Fatemahzahrasadat Allameh
GYN oncologist Isfahan University of medical sciences

Abstract

Recommendations of colposcopy, treatment, or surveillance will be based on a patient›s risk of CIN +3 determined by a combination of current results and past history (including unknown history).

Expedited treatment is the preferred option (forImmediate CIN +3 risk >60 percent)

1 Patients with HSIL and (HPV) -16positive (risk of CIN 60 +3 percent).

2 Under-screened patients (patients with no screening for >5 years) with HSIL who are HPV-positive (risk of CIN 64 +3 percent).

3 patients who are at risk for loss to follow-up or who have completed

Expedited treatment with excision

Form of loop electrosurgical excisional procedure [LEEP] without colposcopy and preferred management option for non pregnant patients ≥25 years but ablation should not be performed because do not provide a specimen for diagnosis

and Expedited treatment is contraindicated in

1 patients <25 years and pregnant patients

2 Patients planning future childbearing

Expedited treatment or colposcopy are acceptable options for (Non pregnant patients ≥25 years with an immediate risk of CIN +3 between 25 and 59 percent)

1 HPV-positive with HSIL (risk of CIN 49 +3 percent)

2 HPV-positive with ASC-H(risk of CIN 26 +3 percent)

3 HPV-negative with HSIL (risk of CIN 25 +3 percent

Colposcopy (Immediate CIN +3 risk 4 to 24 percent)

1 HPV-positive with ASC-US(risk of CIN 4.4 +3 percent).

2 HPV-positive with LSIL(risk of CIN 4.3 +3 percent).

3 HPV-negative with ASC-H (risk of CIN 3.4 +3 percent).

4 Patients who are positive for HPV genotypes 16 and 18(are at an increased risk of CIN 3 and cancer and they require colposcopy even if cytology is negative)

Surveillance in one year (Five-year CIN +3 risk ≥0.55and<4 percent)

1 HPV-positive with negative for NILM and an unknown history (risk of CIN +3 at five years 4.8 percent).

2 HPV-positive with LSIL or less (LSIL, ASC-US, and NILM) and a prior HPV-negative screen (risk of CIN +3 at five years 3.8 ,3.8, and 2.3 percent, respectively).
3 HPV-negative with LSIL and an unknown history (risk of CIN +3 at five years 2 percent).
(the patient can be followed with HPV-based testing in one year)
Surveillance in three years (Five-year CIN +3 risk 0.15 to 0.54 percent)
1 HPV-negative with ASC-US and an unknown history (risk of CIN +3 at five years 0.4 percent).
2 HPV-negative with ASC-US and a prior HPV-negative screen (risk of CIN +3 at five years 0.36 percent)
(the patient can be followed with HPV-based testing in one year)
Surveillance in five years (CIN +3 risk <0.15 percent)
1 HPV-negative with no cytology performed (risk of CIN +3 at five years 0.14 percent).
2 HPV-negative with NILM (risk of CIN +3 at five years 0.12 percent).
the patient can be followed with HPV-based testing in five years
similar to the general population .

5. Management of locally advanced cervical cancer

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Soltani M,
Fellowship Assistant of Gynecology Oncology, Isfahan University of Medical Science

Abstract

The Locally advanced cervical cancer in women has a higher rate of recurrence and worse survival than early-stage disease.

Five year survival rates range is 30 percent for stage III disease versus 80 percent for stag IB disease. Locally advanced cervical cancer is defined by stage IB3 to stage IV A. All women with cervical cancer should undergo a lymph node evaluation and assess for local disease extension. Initial imaging›s including pelvic MRI with contrast, PET/CT scan or chest/abdomino pelvic CT is requested that evaluate metastatic disease. Other imaging should be based on symptomatology and clinically concern for metastatic disease.

For women with locally advanced cervical cancer, experts administer primary chemoradiation and brachytherapy. Chemo therapy is usually administered with either single-agent cisplatin or the combination of cisplatin plus Fluorouracil. Single-agent cisplatin with RT has similar outcomes versus cisplatin plus FU and less toxicity too. Whether cisplatin in combination with FU would improve survival outcomes is not clear.

For most patients RT with concurrent chemotherapy is used. Cervical brachytherapy is also administered for maximal response. Adequate cervical regression typically occurs between two and five weeks of therapy, depending on presenting tumor stage and size and response to therapy. If there is evidence of para-aortic node involvement, prognosis is poor and in these cases extended field RT consider.

For all patients undergoing chemoradiation, treatment should be completed within eight weeks. Some surgeons in select patients perform a simple extrafasial hysterectomy following chemo radiotherapy. Disease characteristics that suggest a higher risk of relaps include initially large cervical lesion >7 cm lower uterine segmental involvement or post-treatment residual disease. In locally advanced disease with small cell NECC, preferred treatment is chemoradiation plus brachytherapy and/or chemo therapy with cisplatin / etoposide or carbo platin / etoposide.

The main goal of subsequent post – treatment surveillance is early detection of

recurrences that may be able to cure. Post – treatment imaging include PET/CT scan (preferred) or chest / abdomen / pelvis CT with contrast within 6-3 months of completion of therapy. Pelvic MRI with contrast consider at 6-3 months post completion of therapy. Other imaging should be used on symptomatology and clinical concern for recurrent disease.

The optimal surveillance protocol has not been established. Interval history and physical examination perform every 6-3 m for 2 y , every 12-6 mo for 5-3 y then annually. Laboratory assessment (CBC, BUN-Cr) indiated based on symptoms or examination findings, suspicious for recurrence Patients education for symptoms of recurrence, periodic self-examination , lifestyles, exercises , sexuall health , nutrision – counceling and smoking cessation should be performed.

Site of recurrent may be local or regional. The risk of recurrence is associated with tumor size, nodule involvement, tumor histology, tumor grade and LVSI. Treatment consists of chemo radiation.

6. Sexual Rehabilitation After Gynecological Cancers

Dr. Tahere Eftekhar

Abstract

After genital cancer surgery, many biological complications occur, including decreased sexual desire and stimulation, vaginal shortening, fistulas, and premature ovarian failure, all of which affect the patient›s sexual health. Factors predicting sexual health after treatment include Good emotional and affective relationship, Open couple communication, Satisfying sexual relationship before the diagnosis, Support from sexual partner and Partner's sexual health and desire for sex.

Appropriate treatment approaches of an oncology surgeon can help reduce complications. The use of sentinel biopsy to reduce lymphedema of the lower limbs, avoid nerve damage to maintain urinary and sexual function, and preserve the ovaries as much as possible are among these approaches.

Evaluation of patients after cancer surgery, radiotherapy, and chemotherapy includes a complete review of history and physical examination, including a complete review of internal and external genitalia. Pain in the vulvovaginal area and sexual dysfunction should be specially considered.

The recommended treatments for the problems and complications created for patients with gynecological cancers include oral and topical drug treatments and non-drug treatments. The use of topical estrogen ointment after various types of cancer treatments in patients who are not prohibited from receiving estrogen, as well as the use of suitable dilators after radiotherapy are necessary and helpful recommendations.

7. Is laparoscopy recommended In management of cervical cancer? What are the effective drawbacks of laparoscopy in cervical cancer?

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Abstract

Laparoscopy in cervical cancer has been a matter of debate in the literature. Radical hysterectomy is a standard of care for treatment of early-stage. Based on numerous retrospective and few prospective studies (Not RCT) traditional laparoscopy is safe, feasible, and seems to be equivalent to laparotomy. Multiple studies have confirmed the safety and feasibility of robatic radical hysterectomy.

Recently published controlled randomized trials demonstrated that minimally invasive (MIS) radical hysterectomy was associated with lower rate of disease-free survival and overall survival than open abdominal radical hysterectomy. After that many centers are stopped laparoscopy for treatment of early-stage cervical cancer. On the other hand, some authors have believed that low experienced surgeons and application of uterine manipulator might result in dissemination of malignant cells. Some authors have raised concern that uterine manipulator might disrupt tumor.

The main question is: should MIS abandoned for early-stage cervical cancer actually? If the patient request MIS what the gynecologist oncologist should be done. Some centers believed that type of surgery should be counselled and performed according to patient wishes. It is logical that surgeons should be careful in counseling the patients about short-term versus long-term outcomes and oncologic risks of the different surgical approaches and minimally invasive radical hysterectomy should be performed only by trained surgeons and patients should be informed about research data of the two surgical approaches.

There are some acceptable applications of laparoscopy in cervical cancer such as surgical Staging to guide the radiation field, gross LN metastasis removal, ovarian transposition in young and sentinel lymph node dissection.

Key words: laparoscopy, cervical cancer.

8. Psychosocial health of cancer survivors

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Abstract

Due to the advances in early diagnosis and treatment of cancer in recent years, the number of survivors of this disease has increased significantly. Therefore, the need to investigate improved methods of patient-focused care is emphasized.

psychosocial effects of cancer and its treatment are an important area for discussion and investigation in the sense that these effects are different based on different types of cancer and treatments performed and the individual characteristics of patients.

Worry and stress associated with conditions caused by illness, fatigue, relationships with family members and financial issues resulting from cancer are among the most common psychosocial problems of gynecological cancer survivors. Fear of cancer recurrence is one of the most common unmet needs, which is reported in %60-20 of these patients. Qualitative studies have raised the needs associated with sexual issues related to the complications of this type of cancer, including fertility, sexual function, management of changes in sexual organs, care during pregnancy, early menopause, and relationship with the partner in the survivors.

Psychological interventions help cancer patients to identify and express fears and discomforts related to the various effects of cancer on physical and psychosocial conditions and deal or cope with them with the aim of maintaining the quality of life and evaluating and changing their life priorities.

According to the research, social support is the most important factor in better adaptation of patients with gynecological cancers. It is possible that the caregivers or sexual partners of these patients also face problems related to the effects of the disease and its treatment on their relationships, roles and future plans, and this issue should be considered in the management of the care of these patients.

9. Updates on the diagnosis and management of GTN

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Abstract

Gestational trophoblastic disease (GTD) arises from abnormal placenta and is composed of a spectrum of premalignant to malignant disorders.

One of the goals of the 'European Organisation for Treatment of Trophoblastic Diseases' (EOTTD) is to harmonise treatment in Europe. To provide a basis for European standardisation of definitions, treatment and follow-up protocols in GTD, They composed a set of guidelines for minimal requirements and optimal management of GTD .We will review some points of « Practical clinical guidelines of the EOTTD for treatment and referral of gestational trophoblastic disease « here.

Diagnosis of hydatidiform mole should be confirmed by histology with or without ancillary techniques such as genotyping and p57kip2 staining .

If genetic analysis is available, this can be considered if seemed necessary.

Microsatellite short tandem repeat (STR) genotyping enables precise diagnosis of CHM and

PHM by identifying the absence of maternal genetic contribution

and diandric triploidy, respectively.

Partial mole does not require prolonged follow-up and can be discontinued after one confirmatory normal hCG value. For complete moles, the chance of recurrence after a normal hCG is higher, so up to 6 months follow-up is advised.

Although, patients may be followed up at a local centre, discussing and registering these cases with the GTD centre and following GTD centre advice is essential to prevent unnecessary complications and deaths. If the hCG plateaus over three weekly values or rises over two weekly values according to the FIGO criteria [9], referral to a GTD centre is advisable.

It has been shown that expert pathology review changes diagnosis in %26 of cases [10] Therefore, obtaining pathological review by a GTD expert reference pathologist should be considered.

In low-risk GTN, a second curettage can be discussed with a patient, which in a prospective trial had curative effect in %40 of patients [11] and in retrospective studies

had a curative effect ranging between %9 and %80.

In Post-molar GTN assessment/staging , Imaging and hCG measurement should be performed prior to start of treatment. Pelvic MRI can be considered.

chest X-ray and CT in case of possible metastases, the FIGO score and stage can be determined . For FIGO 2000 scoring, a chest X-ray is used to count the number of metastases.

10. Uterine sarcoma

Akram Ghahghaee
Gyn oncologist

Abstract

INTRODUCTION:

Uterine sarcomas arise from the myometrium or the connective tissue elements of the endometrium and account for <10 percent of cancers of the uterine corpus. Uterine sarcomas are referred to as «homologous» or «heterologous.» Homologous sarcomas only contain elements normally found in uterine tissues (eg, endometrial stroma [connective tissue], smooth muscle, vascular tissue, fibrous tissue) and are the most common type..Endometrial stromal sarcoma and uterine leiomyosarcoma are examples of homologous sarcomas. Heterologous sarcomas contain non-native elements (eg, skeletal muscle,cartilage, bone, fat) and include uterine rhabdomyosarcoma and uterine liposarcoma.

Uterine sarcomas are rare. In one report that corrected for hysterectomy prevalence, the age-adjusted incidence of uterine sarcoma was 2.8 per 100,000 person-years among females ages 30 to 79 years in the United States .Most uterine sarcomas occur in patients over age 40; however, they have been diagnosed in patients as young as 20 years old. The mean age at diagnosis is approximately 60 years old.

Clinical presentation

The diagnosis of uterine sarcoma is often made upon routine pathology examination after myomectomy or hysterectomy performed because of presumed leiomyoma. Some cases are diagnosed preoperatively based upon endometrial sampling.Signs and symptoms of uterine sarcoma typically include abnormal uterine bleeding, pelvic pain/pressure, and/or a uterine mass, although some patients are asymptomatic. In rare cases, the sarcoma prolapses through the cervix. These clinical findings are the same as those in patients with benign uterine leiomyomas, which affect over 70 percent of patients.

DIAGNOSIS

The diagnosis of uterine sarcoma is based upon histologic examination.

Examination of multiple sites in the mass is often necessary .Features of the gross appearance of the mass, including the color, consistency, and variegation of the incised surface, can help guide sites for tissue sampling for microscopic examination.

The three most important histologic criteria for the diagnosis of uterine sarcomas are

mitotic index, cellular atypia, and geographic areas of coagulative necrosis separated from viable neoplasm

Histopathology:

Endometrial stromal and related tumors:

- Endometrial stromal nodule (ESN)
- Low-grade endometrial stromal sarcoma (LG-ESS)
- High-grade endometrial stromal sarcoma (HG-ESS)
- Undifferentiated uterine sarcoma (UUS)
- Uterine tumor resembling ovarian sex cord tumor (UTROSCT)

Leiomyosarcoma :Epithelioid leiomyosarcoma ,Myxoid leiomyosarcoma

Other — Less common histologies include: Mixed endometrial stromal and smooth muscle tumor and Adenosarcoma.

Treatment: Age ,histology of tumor and the stage of disease are important factor for treatment. Surgical staging is the mainstain of treatment and adjuvant chemotherapy or radation or endocrine therapy may be used.

RHABDOMYOSARCOMA:

Rhabdomyosarcomas (RMS) are thought to originate from immature cells that are destined to form striated skeletal muscle; however, these tumors can arise in locations where skeletal muscle is not typically found .The presenting signs and symptoms of rhabdomyosarcomas (RMS) are variable and are influenced by the site of origin, the age of the patient, and the presence or absence of distant metastases. In general, the primary lesion has the appearance of a nontender mass, occasionally with overlying skin erythema. The treatment of rhabdomyosarcoma (RMS) has evolved considerably over the past several decades. Using modern combined modality therapy, over 70 percent of children with localized RMS can now be cured. These improved outcomes are the direct result of the use of risk-based multimodality therapeutic protocols that have been developed by large international cooperative groups, such as the Intergroup Rhabdomyosarcoma Study Group (IRSG, now known as the Soft Tissue Sarcoma Committee of the Children›s Oncology Group [COG]).

Modern treatment includes chemotherapy for primary tumor ,cytoreduction and eradication of both macroscopic and microscopic metastatic disease; surgery, if feasible; and radiation therapy (RT) to control microscopic local residual disease. The specific treatment regimen depends on the estimated risk of a disease recurrence, which is based upon a variety of clinicopathologic prognostic factors, an approach termed risk-adapted therapy. Management of cervical RMS ranges from radical surgery to a more fertility sparing conservative approach, along with chemotherapy and radiotherapy. However, as this is a rare tumour there is paucity of literature consisting mainly of case reports and series and treatment is still not standardized.

11. Endometrial cancer staging and role of lymphadenectomy

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Abstract

Objectives

Endometrial cancer is now the most common gynecological cancer among women. Surgical staging identifies most patients with extrauterine disease as well as uterine risk factors for recurrence, thereby allowing for a more informed approach to postoperative adjuvanttherapy.

While lymphadenectomy is part of the current FIGO 2009 surgical staging for endometrial cancer, it is important for clinicians to consider the benefits, limitations and morbidity of the procedure in the absence of compelling evidence for any survival advantage related to full surgical staging. This is of particular importance in patients who are at lower risk of nodal metastasis.

Many women with endometrial cancer are elderly or obese and have serious comorbidities, and the increase in operative time required to perform a full lymphadenectomy may increase risks of surgery and anaesthesia.

Search methods

We searched the MEDLINE and Embase and another information resources for the original article.

In the future, molecular markers may be useful to predict preoperatively tumor aggressiveness and lymph node metastasis. It is hoped that an approach of surgical staging with selective lymph node dissection will improve survival and spare patients additional surgical complications or unnecessary postoperative exposure to radiation and/or chemotherapy.

12. Primary treatment planning of advanced ovarian cancer; primary surgery vs NACT

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Abstract

Epithelial ovarian cancer (EOC) is the deadliest gynecological cancer. According to the WHO report, the annual incidence of EOC is estimated as 225,500 with 140,200 deaths worldwide (%4.2 of cancer deaths). Approximately %80 of EOC cases are diagnosed at advanced stage (III and IV). Primary debulking surgery (PDS) has remained the only treatment of ovarian cancer with survival advantage since its development in the 1970s. However, survival advantage is only observed in patients who are optimally resected. Neoadjuvant chemotherapy (NACT) has emerged as an alternative for patients in whom optimal resection is unlikely and/or patients with comorbidities at high risk for perioperative complications. The purpose of this review is to summarize the evidence to date for PDS and NACT in the treatment of stage III/IV ovarian carcinoma.

To date, there have been four randomized controlled trials comparing NACT to PDS with inconclusive results where two demonstrated non-inferiority, one failed to demonstrate non-inferiority, and one failed to demonstrate superiority. While non-inferiority or superiority have not been confirmed, NACT followed by IDS has been shown to have fewer postoperative adverse events and is a reasonable alternative in select patient populations including the elderly, those with multiple comorbidities, poor surgical candidates, and those with extensive metastases resulting in decreased morbidity without a negative impact on survival.

The study of European Organisation for Research and Treatment of Cancer (EORTC) 55971, European randomized multicenter clinical trial (CHemotherapy OR Upfront Surgery [CHORUS]) comparing PDS to NACT-IDS, and JCOG0602 from Japan are main studies about this topic. There exist debatable issues in both EORTC 55971 and CHORUS studies comparing upfront surgery to NACT-IDS, but gynecologic oncologists have not yet reached a consensus on whether NACT-IDS could be a preferred approach in the management of advanced EOC. In order to further investigate the role of NACT-IDS and PDS in treatment of advanced EOC, well-designed trials with surgical quality assurance are needed. In the SUNNY study, patients with stages IIIC and IV ovarian cancer of any tumor burden are enrolled and randomized. The goal of SUNNY study is to evaluate

whether upfront surgery with quality guarantee can improve OS as compared to NACT-IDS. We look forward to the survival data from the SUNNY study a few years later. At this time, there are not enough data for a fully algorithmic approach to selecting candidates for NACT and the decision must be considered on an individual patient level. A combination of imaging, CA125-, laparoscopy, and patient factors can be useful to stratify patients into PDS or NACT. Those patients with suspected stage IIIC or IV disease should be evaluated by a gynecologic oncologist prior to initiation of therapy and should have a CT of the chest, abdomen, and pelvis. If the gynecologic oncologist prognosticates a low likelihood of optimal reduction to residual disease <1 cm, NACT should be initiated, but if there is a high likelihood of achieving optimal resection, PDS continues to be the recommended therapy. 18F-FDG-PET and functional MRI, such as DWI and DCE-MRI, have been proven to be a useful tool for screening candidates for NACT and timing of IDS

Regarding timing of IDS, normal CA125 levels as well as absence of ascites prior to IDS and an interval between preoperative and postoperative chemotherapy no longer than 5 weeks were associated with improved prognosis in advanced ovarian cancer patients. The current recommendations are for patients receiving NACT to undergo surgery after four or fewer cycles of chemotherapy. However, there have also been studies showing worse survival with NACT followed by IDS with >4 cycles of preoperative chemotherapy despite optimal cytoreduction at time of IDS.

Multiple retrospective studies have shown NACT may contribute to platinum resistance, higher risk of a platinum-resistant recurrence, and shorter interval to development of platinum resistance compared to the PDS group. However, these claims have never been assessed in a prospective study.

While trends have shown NACT is becoming more widely accepted amongst practicing gynecologic oncologists as an alternative to PDS, further randomized controlled trials

Keywords: Advanced ovarian cancer, treatment, NACT, primary surgery.

13.Pregnancy and Breast Cancer

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Abstract

According to statistics from the International Agency for Research on Cancer (IARC), there are approximately 44 million people living with cancer worldwide. The five-year survival rate for female breast cancer is approximately 90 percent. Patients who are living for decades beyond cancer experience the normal issues of aging, which are often compounded by the long-term effects of having had cancer and cancer therapy. These patients are at risk for a breast cancer recurrence (which is most common in the first five years but may occur even decades following treatment), a new primary breast cancer, other cancers, and short-term and long-term adverse effects of treatment.

In regard of pregnancy some experts recommend that patients wait two years after diagnosis before attempting conception in order to avoid pregnancy during the time of highest relapse risk, some data suggest that pregnancy sooner is safe . Reassuringly, prior breast cancer treatments do not appear to increase the risk of congenital malformation. Still, due to risks for teratogenicity, we encourage women with a history of hormone receptor-positive breast cancer to wait at least three months from cessation of tamoxifen before attempting pregnancy.

In addition, women who were treated with trastuzumab for a human epidermal growth factor receptor 2 (HER2)-positive breast cancer should utilize effective contraception for at least seven months after the end of trastuzumab before attempting pregnancy because of trastuzumab-related oligohydramnios to the fetus, which could result in pulmonary hypoplasia and neonatal death. Young breast cancer survivors may experience infertility after breast cancer due to chemotherapy-related gonadotoxicity and the delay in childbearing required when women are taking the recommended five years of hormonal therapy . The ongoing POSITIVE trial will assess the safety of interrupting endocrine therapy while attempting to conceive

We typically advise women to wait for at least two years before attempting pregnancy . The primary reason for this approach is to see that the patient does not have early cancer recurrence. However, for women with a history of breast cancer, a subsequent pregnancy does not appear to compromise survival . In addition, a case-control study suggests that pregnancy after breast cancer is safe regardless of estrogen receptor status . Similar data now exist for women who are breast cancer susceptibility gene

(BRCA) carriers with a history of breast cancer, and we offer similar counseling. A retrospective cohort study of such women showed that pregnancy was not associated with increased risks of breast cancer recurrence or pregnancy complications .

14. Is Uterine Cervix Lymphoma Missed Most of the Time? A Rare Case of Primary Cervical Lymphoma

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Abstract

Background & Objective: Primary lymphoma of the cervix is rare and can be misdiagnosed most of the time. On the other hand, there is no consensus on the best treatment and follow-up strategy for this type of cervical malignancy. The present study aimed to present a misdiagnosed primary cervical lymphoma due to its confusing presentation and rarity.

Case Report: A -41year-old woman presented with abnormal vaginal discharge and dyspareunia complaints. Unfortunately, the patient was not examined, and cervicitis was reported on biopsy. Therefore, the patient was treated for vaginitis for a long time. Due to a lack of response to antibiotic therapy, an ultrasound was performed, which showed a huge mass in the cervix. Patient was referred to the oncology department of obstetrics and gynecology center, Beheshti Hospital, Isphahan, Iran, in July 2013.

Diffuse large B-cell lymphomas was diagnosed on a CT-guided biopsy of the presacral mass. Fortunately, despite the delay in diagnosis, 5 years after the last R-CHOP chemotherapic session (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone), the patient has good quality of life with no sign of recurrences.

Conclusion: Due to the rarity of uterine cervix lymphoma, the diagnosis of genital lymphoma could be missed if the clinician does not consider this malignancy. High suspicion, rapid diagnosis and proper communication between clinician and pathologist lead to an excellent prognosis.

Keywords: B-Cell lymphoma, Cervix uteri, Extra-nodal lymphoma, Non-Hodgkin›s lymphoma, Vaginal bleeding

15. A pathologically and clinically rare case with uterine neoplasm similar to Ovarian Sex Cord Tumors

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Abstract

Uterine tumors resembling ovarian sex cord tumors (UTROSCT) are a very rare type of uterine stroma of endometrial sarcoma, an ovarian tumor that resembles a reproductive cord and behaves like a benign tumor. Evaluation of histological and immunohistochemical characteristics is essential for the diagnosis and management of these cases. In this study, a -45year-old woman with a large uterine mass underwent bilateral hysterectomy and oophorectomy, and the lesion was reported as uterosct by pathology.

Goal: This case study demonstrates the importance of distinguishing the details of UTROSCT to recognize it: from potentially malignant types . Also we can use tumor marker inhibin when suspicious to this tumor.

Case presentation: The studied case was a -45year-old Iranian woman (gravida 2, para. 2) who had previously been visited by a physician due to lower abdominal pain and was referred to our hospital for examination and treatment. A vaginal ultrasound had shown that her right ovary was formed in several places in the uterus. She had no positive family history of cancer. Magnetic resonance imaging (MRI) revealed a lobulated cystic mass of 80mm*110mm in the left lateral body and fundus .it has few encasing solid components up to 16*46 mm. This solid component shows abnormal restriction on DW1and ADC sequences. These findings may represent degenerated myoma (Figure1A, 1B).

Discussion & Conclusion: (It is difficult to distinguish this tumor from low-grade sarcoma and stromal fibroids histologically.

The use of immunohistochemistry was able to provide us with more microscopic details of tumor granulosa cells. Histopathological characteristics and immunohistochemical appearance can be considered as specific identification for ovarian tumor granulosa cells. In fact, the ovarian germline stromal tumor group consists of multiple types of tumors, which are affected by various aggressive clinical processes. As a result, it may be necessary between the various histological UTROSCT have a morphology resembling granulosa cell tumors are classified. In the future, we will need additional analysis to

better evaluate different subtypes of UTROSCT. These data suggest that UTROSCT may indicate differentiation of tumors originating from endometrial stroma, or may indicate a separate group of uterine tumors with differentiation, such as the sex cords, which is closer in histogenesis to the stromal tumors of sex cords of ovaries
In this tumor, like in ovarian granulosa cells ,Tumor marker Inhibin is increased and our team follow her 2 months after hysterectomy and check inhibin .we obtained that serum level inhibin decreased clearly .we can use this tumor marker for detection of this tumor. This indicates that measuring and examining this tumor marker makes us suspect the presence of a tumor. In addition, although UTROSCT is a histopathologically different case, several tumors and benign cancers make a differential diagnosis.
keyword: UTROSCT/inhibin
Email:shima792003@yahoo.com

16. Management of abnormal screening and preinvasive lesions in young women

Dr. Mozhdeh Momtahan

Abstract

The primary goal of screening and management is cancer prevention through detection and treatment of cervical precancer. Management of patients who are younger than 25 years are different. In patients younger than 25 years with low grade cytology screening results of LSIL, ASC-US HPV positive or ASC-US without HPV testing, repeat cytology alone at 1 and 2 years after the initial abnormal result is recommended. if high grade cytology is found (HSIL, ASC-H, AGC, AIS) colposcopy is recommended as well as 2 years persistence of low-grade cytology.

for patients younger than 25 years with ASC-H or HSIL, Immediate treatment without histologic confirmation is not recommended. Excisional treatment is not recommended for patients younger than 25 with preceding cytology of ASC-H or HSIL and colposcopy with biopsy of CIN1 or less with satisfactory colposcopy and endocervical sampling is less than CIN2.

In patients younger than 25 years with histologic HSIL (CIN3), treatment is recommended, and observation is unacceptable but in CIN2, observation is preferred and treatment is acceptable, observation includes colposcopy and cytology at 6 months intervals. If during follow up of histology HSIL, all cytology results are less than CIN2 at 6 and 12 months, next follow up should be at 1 year after the second evaluation.

Patients less than 25 years old have higher rates of regression for HSIL and lower risk of progression to invasive cancer therefore less intensive management strategies are appropriate for these patients except CIN3 that should be treated at any age.

17. Two Rare Cases of Non-Endometrioid Synchronized Endometrial and Ovarian Carcinoma
Running title:
Synchronized Endometrial and Ovarian Carcinoma

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Abstract
Synchronized endometrial and ovarian cancer is a condition in which, there are both of primary endometrial and primary ovarian cancer at the same time in a patient. These tumors have better prognosis than metastatic ones. Most of them are diagnosed in early stages and are low-grade tumors. So differentiation of this kind of rare tumor from others is important. More than %90 of Synchronized endometrial and ovarian cancers are endometrioid types. But there are rare reports of others histologic types such as papillary serous carcinoma and clear cell carcinoma. Due to the low incidence of these tumors, there is no unique guide line for treatment even in synchronized tumors with endometrioid types. About other subtypes the challenges are more. No adjuvant chemotherapy seems to be reasonable in cases with low-grade tumors both in endometriod and non-endometriod types. High- grades tumors have been described less but, in some studies, genetic mutations were found in these tumors which have been the basis of targeted therapy after surgery. In the present report, we will discuss about two rare cases of non-endometriod types of Synchronized endometrial and ovarian cancer. One of them was a low- grade papillary serous carcinoma of the ovary and uterus endometrium and another one, was a clear cell carcinoma of the ovary and endometrioid adenocarcinoma of the uterus. We also review the literatures in this field and finally we conclude that in these cases chemotherapy with routine regimens does

not seem to be helpful in early stages with low-grade tumors and also, in high-grade tumors, targeted therapy maybe more effective than adjuvant chemotherapy.

Key words:
Papillary Serous Carcinoma, Clear cell Carcinoma, Synchronized Endometrial and Ovarian Cancer

18. Aluminum Levels in the Serum and Myometrium: A Comparison Between Women with and without Uterine Fibroids

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Abstract

Background: Aluminum (Al) is used in different industries to produce cosmetics, supplements, drugs, food packaging, toothpaste, kitchen utensils, and antiperspirants. Uterine fibroid (UF) is women›s most prevalent benign tumor during reproductive ages. Since Al can accumulate in the body›s organs, it may play a role in the pathogenesis of UF. This study aimed to measure Al levels in serum and uterine samples (normal uterine tissue of control and UF patients, and leiomyoma of UF patients).

Materials & Methods: In this descriptive, we included ten women who underwent hysterectomy (five women due to UF and five women for a reason other than UF). Samples were obtained from serum, normal uterine tissue, and leiomyoma. Tissue and serum samples were digested with nitric acid (HNO3) and hydrogen peroxide (H2O2). Eventually, the Al levels in samples were analyzed by inductively coupled plasma atomic emission spectroscopy (ICP-AES). Results: Al level was higher in the serum of the control group compared with UF patients (360.8 ± 326.8 µg/L vs. 56.4 ± 211.2 µg/L, p=0.310). Al level was higher in the control group compared with the normal tissue of UF patients (244.7 ± 410.2 µg/L vs. 138.0 ± 300 µg/L, p=0.465). Besides, leiomyoma had a higher Al level compared with the normal tissue of UF patients (2062.9 ± 1482.2 µg/L vs. 138.0 ± 300 µg/L, p=0.138). Conclusions: The results showed that Al levels of tissue and serum samples in various groups differed, but these differences were not statistically significant.

Keywords: Aluminum, Myoma, Oxidative stress, Uterine fibroid

19. Cervical intraepithelial neoplasia: Choosing excision versus ablation, prognosis and follow-up after treatment

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Abstract

The mainstays of treatment of cervical intraepithelial neoplasia (CIN) are excision or ablation of the transformation zone of the cervix. Factors to consider when choosing between treatment with excision or ablation include: whether a diagnostic specimen is needed, future pregnancy plans, complications and side effects, and efficacy. In practice, it is preferred excision over ablation in almost all instances because it provides a diagnostic specimen. Hysterectomy is not a first-line treatment for CIN. Hysterectomy is a reasonable option only for patients with CIN 2,3 who have: a positive excisional margin, in whom an additional excisional procedure cannot be performed, who have completed childbearing and are unwilling or unable to comply with long-term follow-up. Higher rates of persistent disease after excision or ablation are associated with: positive margin status, HPV DNA positivity posttreatment, large lesion size, and endocervical gland involvement. An entirely negative excisional specimen raises concern that the lesion was missed. Therefore, patients should be followed similarly to those with positive margins. After treatment with excision or ablation, follow-up testing is determined based on CIN grade and margin status, if available. In general, patients 25 years or older are followed with HPV-based testing, and patients younger than 25 are followed with cervical cytology until age 25, when HPV-based testing can begin. If results are negative, testing should continue for at least 25 years, given that there is a -5 to -10fold risk of developing cervical cancer in these patients compared with the general population.

20. Fertility preservation in ovarian cancer

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Abstract

Ovarian cancer is one of the leading causes of death from gynaecological malignancies among women worldwide. The majority of patients with ovarian cancer are postmenopausal mostly with epithelial origin(up to %90) but during the last two decades an increasing number of ovarian tumors have emerged in premenopausal age which is also the time of childbearing capacity for many women. Based on previous statistics, 3 to %17 of patients with ovarian cancer are younger than 40 years of age at the time of their diagnosis. This emphasizes the importance of fertility preservation which is the topic of our presentation.

The standard approach for patients suspected of having an ovarian malignancy, consists of an exploratory laparotomy, frozen section of the ovarian tumor and in case of invasive carcinoma, a staging procedure is followed which includes total abdominal hysterectopmy, bilateral salpingo-oophorectpmy, tumor debulking, omentectomy, pelvic and para-aortic lymphadenectomy and multiple peritoneal biopsies of the abdomen and pelvis.

The selection of patients and the appropriate surgical or medical intervention are crucial when deciding about fertility preservation. In order to identify the low-risk group of patients, parameters such as the FIGO stage, histologic subtype, the grade of the tumor, Ca125 serum values, the patient's age and overall performance status must be evaluated. In this manner patients with disease confined to one ovary with no rupture of the capsule and negative peritoneal washings (FIGO stage IA), grade 1, mucinous and endometrial tumors compared with clear-cell ones & those without highly elevated Ca 125 levels would be best candidates for conservative treatment specially when the age is under 40 years old. In endometrioid type ovarian tumors, fertility preservation could be done unless the coexistent endometrial-ovarian carcinomas has been ruled out.

A comprehensive surgical staging is the mainstay of the conservative surgical approach which includes the involved adnexa to be removed while the uterus and the normal appearing contralateral ovary would be maintained. A complete evaluation of the upper and lower abdomen by omentectomy and multiple biopsies as well as

an evaluation of the retroperitoneal space by pelvic and paraaortic lymphadenectomy should also be performed in all the cases.
It must always be mentioned for the patients that these innovative procedures are not considered "standard" therapeutic approaches and have an experimental nature. Thus, an extensive counseling in order to understand the undefined risk of recurrence, as well as the close follow-up is required in all cases. In addition, testing for BRCA mutation gene in order to identify a hereditary predisposition to breast/ovarian cancer is necessary in young women with ovarian cancer and questionable family history.
Finally, while we continue to improve and expand our knowledge about the biology and spread of gynaecologic malignancies, many young women of reproductive age diagnosed with a gynaecologic malignancy will be offered alternative treatment options to preserve their fertility. Novel approaches and surgical techniques have been studied, while others are under investigation.

21. IHC biomarkers as predictors of pregestins responsiveness

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Abstract

Endometrial hyperplasia is a precursor of endometrioid type of endometrial cancer and is actually an irregular proliferation of endometrial glands. It is divided into two general categories without atypia (benign) and with atypia (premalignant). The risk of progression to malignancy in without atypia cases is %5 within twenty years. Therefore, it can be managed with follow-up and endometrial biopsy, and progestins can be recommended in symptomatic patients. The treatment of atypical types is total hysterectomy. But in women who want to preserve fertility or have contraindications for surgery, progestins are used for therapy. Such a conservative approach can also be used in stage 1A, G1 endometrial cancer of the endometrioid type. Although progestins are widely used in young women with hyperplasia and endometrial cancer, they are not always effective. Patients who do not respond to progestin are at risk of progression to invasive disease. Therefore, in recent years, many efforts have been made in clinical, pathological, and immunohistochemical fields to find out predictive markers of progesterone response. Most studies have focused on estrogen and progesterone receptors, whose expression and manifestation are easily available by immunohistochemistry. Progesterone acts through its receptor. However, the results are inconsistent and its possible predictive role has not yet been defined. In this regard, other biomarkers have also been introduced, such as PTEN, CTNNB1, PIK3 CA, PIK3R1, PAX2, Bcl2-, MMP9-. However, most of them are investigational and not used routinely.

22. Controversies in Sentinel Lymph NodeEvaluation for Gynecologic Malignancies; Accuracy and Safety

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Abstract

Pelvic and paraaortic lymphadenectomy remains the standard procedure for definite lymph nodes status assessment, without lymphadenectomy even %90 of lymphatic metastases become undetected.

There is an increasing of the long-term complications of the procedure such as lymphoceles, lymphedemas, and nerve injuries.

Sentinel lymph node mapping (SLN) technology is a diagnostic method and feasible procedure which accurately predicts lymph
node status in gynecologic cancer.

SLN biopsy can decrease both early and long-term morbidity and can improve quality of life compared with a complete pelvic lymphadenectomy. However reduce the unnecessary lymph node resection in non-metastatic patients and preserve the function of lymphatic ducts.SLN detection rates exceed %90 using different techniques. Detection rates depend on histologic features, cancer stage, tumor grade, size, and depth of invasion. In addition, surgeon's experience, and technical ability could be important.

Factors associated with possible failure of SLN mapping including.
patients aged more than -70years, BMI ≥30kg/m2, larger tumor size,
clinically enlarged lymph nodes and longer cervical and uterine longitudinal lengths.

2022 NCCN guidelines recommend that SLN is considered
for early-stage cervical cancer.

Patients with low-risk endometrial cancer are ideal candidates for sentinel node biopsy. Accuracy of SLN mapping in in low grade EC to be %98–91 and in high-grade have shown over 90. it did not evaluate the sensitivity of the SLN algorithm.

SLN has increasingly utilized as part of the treatment of EC
based on pre-operative molecular classification.

SLN biopsy procedure is an acceptable alternative to systemic lymphadenectomy in patients for T1b or T2 vulvar cancer with
negative inguinal lymph nodes.

NCCN guideline has not yet been recommended SLN in ovarian cancer.
Recent studies reported immune activator injection in SLNs may prevent tumor metastasis.
In addition, injection of targeted chemotherapy drugs may maximize killing of tumor metastasis.
Conclusion: SLN technology as a standard practice has great development at present. however, controversies remain in how it can be applied with the most safety and efficacy
Adopting of new surgical technique with further clinical trials and observations of larger series of patients might be expected to improve their success rate.

Oral Presentation

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1. PRIMARY DIFFUSE LARGE B-CELL LYMPHOMA OF THE UTERINE CERVIX

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Abstract
INTRODUCTION:
Malignant lymphomas are a group of neoplasms that originate from B or T cell lymphocytes which become abnormal and multiply.
Primary lymphoma of the uterine cervix is extremely rare. Chemotherapy, radiation therapy and surgery as well as their combination are the medical options available for treatment.
CASE PRESENTATION:
A 48 year old female patient G2P2 consulted for bleeding, pelvic pain and vaginal discharge.
She underwent colposcopy due to cytology finding of atypical squamous cells. Pathology was sent for second review as she was tested for CBC, LFT, RFT, HIV, cystoscopy, proctoscopy and pelvic MRI. It was believed that it was a case of uterine cervix carcinoma S2b as the exams showed parametrial involvement.
Primary Pathology was undiffrenciated carcinoma .Then the pathology sample was sent to The another Center for IHC exam and reevaluation.
A PETCTscan was performed for staging and didn't show any extrapelvic involvement but a vaginal mass with parametrial extension. A chemoradiation treatment started for the patient . 10 days pathology review confirmed diffuse large B cell lymphoma . The chemo radiation treatment continued and then She underwent chemotherapy with R-CHOP for 6 cycles . She is well and disease free after 1 year.
CONCLUSION:
Primary lymphoma of the uterine cervix is an unusual condition that is

rarely detected through an abnormal Pap smear result, as in this case. A colposcopy was done because of this finding, confirming the diagnosis of diffuse large B-cell lymphoma.Also pathological IHC and reevaluation needed for lymphoma confirmation .This case report describes the satisfactory evolution of the patient and disease-free survival after 1year.

2. Tubo-ovarian abscess with highly evaluated CA125 level is misdiagnosed as ovarian cancer: A case report
Running title: Tubo-ovarian abscess with highly evaluated CA125

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Abstract

Background: complex pelvic masses with elevated CA125 could be due malignant and benign condition. Tubo-ovarian abscess with irritation of peritoneum, could increase level of CA125 and mimic advanced ovarian cancer. Pre-operatively, high accuracy radiological evaluation can reduce the high risk and unnecessary laparotomies.

Case presentation: The patient was a -50year-old near menopause woman with abdominal pain, fever and recent vaginal bleeding with highly evaluate CA4000<)125 u/ml) and complex pelvic mass, suspected ovarian cancer with final pathology of tubo- ovarian abscess (TOA).

Conclusion: Misdiagnosed TOA with ovarian cancer only based on highly elevated CA_125 and performing upfront radical surgery in stable patients could be resulting in visceral injury.

Key words: Tubo-ovarian abscess, ovarian cancer, CA125, radical surgery, radiologic intervention

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3. Comparison of demographic and obstetric features between epithelial ovarian cancer patients with and without endometriosis

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Abstract

Women with endometriosis have a high risk of developing ovarian carcinoma that may occur due to endometriosis lesions. There is little research comparing the clinical factors in patients with endometriosis-associated ovarian cancer (EAOC).

Methods:

This prospective, descriptive-comparative study was conducted on 20 EAOC patients and 140 non-EAOC patients who had gone under surgery from 17-2011 in Al-Zahra Hospital. Demographic and obstetric information of the two groups was compared in the SPSS 17.

Results:

EAOC patients were significantly younger (p=0.002) and had lower number of pregnancy (p=0.002), parity (p=0.004), and term pregnancy (p=0.005) than non-EAOC patients.

A large proportion of EAOC patients had clear cell and endometrioid histopathology in comparison to non-EAOC patients (p<0.001) and most of the tumors in these patients were unilateral (p=0.01).

Conclusion:

We found that age, parity, gravidity, and term pregnancy as well as laterality and histopathologic type of epithelial ovarian cancers vary in EAOC and non-EAOC patients. Further research is required to identify these differences.

Suggestions:

1) Patients with endometriosis and especially endometrioma should receive closed follow-up so that in case of severity of clinical symptoms and sonographic changes such as change in size and development of parietal nodules, surgical decisions would be made instead of conservative treatments.

2) Conducting more research with larger sample size on the impact of OCPs on reducing ovarian cancers especially of clear cell and endometrioid types in patients with endometriosis, and if confirmed, long-term OCP consumption could be used to reduce the possibility of developing associated ovarian cancers.

3) Conducting cohort studies on patient survival and prognosis.

4) Conducting more research on pathological and molecular pathways of EAOC development in order to find pathological pathways and thus prevent the development of ovarian cancers.

4. Assessment of the diagnostic value of sentinel lymph node mapping with blue dye (blue methylene) with complete lymph node dissection for endometrial cancer staging surgery (a multicenter, prospective, cross-sectional study).

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Abstract

In gynecological cancers, sentinel lymph node mapping has been proposed as an alternative to complete lymph node dissection. The goal of this study was to determine sentinel lymph node mapping›s sensitivity, specificity, NPV, and PPV versus gold standard surgery (complete lymph node dissection) in patients with metastatic illness. From spring2021 to winter 2022A total of 26 patients were prospectively enrolled from spring 2021 to winter 2022. Sentinel lymph node mapping with complete pelvic lymph node dissection was done in all of them, and para-aortic lymphadenectomy was detected in %43.33) 11) of the patients. At least one sentinel lymph node was successfully mapped in %84.6) 22) of the patients. Three patients (%11.5) had positive lymph nodes, with an %85.7 sensitivity (95 percent CI) to detect node positive illness, a specificity of %74.93, an NPV of 99.5) 99.6 CI), and a PPV of %5.9 calculated. were no serious adverse effects due to blue dye. The accuracy rate of sentinel lymph node mapping by methylene blue was %75.1.

Key words:

Endometrial carcinoma,sentinel lymph node mapping,methylene blue,IHC

6. Endometrial adenocarcinoma with bone metastasis: A case report

Monire Mirzaei,Abbas Eshraghi,Mahdiieh Ghoddoosi,Maedeh Alsadat Fatemi,Azhar Eshraghi,Tarun Kumar Suvvari,Danial Fazilat-Panah

Abstract

We reported a female with endometrial adenocarcinoma who was evaluated with whole-body bone scan for new-onset bone pains 6 months after completion of treatment.

1 INTRODUCTION

Endometrial cancer is one of the common malignant conditions among postmenopausal women. The common presenting complaint of endometrial cancer was uterine bleeding. The bone metastasis among endometrial cancer was very rare ranging from %2 to %15 and in cases where metastasis occurred usually restricted to pelvis or vertebrae.1 So, here, we present a case of endometrial adenocarcinoma with a bony metastasis to the sacrum.

2 CASE PRESENTATION

A postmenopausal married woman was admitted to the department of gynecology at the age of 61 due to abnormal uterine bleeding. There was not any specific past medical and familial history and the patient did not take any specific medications. She mentioned that the bleeding was presented as occasional spotting. The physical examinations including the physical examination of the vagina, cervix, and uterus, were all normal. A pipelle biopsy reported the presence of adenocarcinoma, and therefore, the patient underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO), subsequently. The pathologic report showed grade I adenocarcinoma that cancer cells had spread halfway or more into the myometrium without any extension outside of the uterine without extension outside the body of the uterus. The tumor was located at the fundus of it (FIGO stage IB). The patient underwent observation alone.

Six months after surgery, she was referred to the department due to new-onset bone pain at her pelvic region. Physical examination showed tenderness at the middle part of sacrum and the proximal parts of femur. A whole-body Tc99-m MDP bone scan (WBBS) and computed tomography (CT) scanning of the abdomen/pelvis were requested which showed a single osteolytic metastatic lesion at the greater trochanter of the left femur (Figure 1). Because of the rarity of bone metastasis in patients with endometrial adenocarcinoma and solitary nature of lesion, a CT-guided core needle biopsy was requested. The pathologic examinations confirmed the diagnosis of bone metastasis from endometrial carcinoma.

7. The cost effectiveness of HPV vaccination; need for economic and social policy intervention

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Abstract

Highlights:

• In Iran current studies demonstrate that HPV vaccination for young girls is not cost effective, but recent studies about the prevalence of HPV infection in Iran indicate an upward trend.

• Demographic and cultural changes in Iranian population seem to be neglected in the prior studies, so the policies around high risk -HPV infection and cervical cancer preventive strategies needs to be reconsidered.

Abstract:

Objective: the cost effectiveness of HPV vaccination in low-middle income countries is a matter of debate for healthcare authorities and stakeholders. In Iran current studies demonstrate that HPV vaccination for young girls is not cost effective.

Methods: this work aimed to gather the available information surrounding the epidemiology of high risk-HPV infection and cervical cancer in Iran. In addition to the demographic and cultural features of the Iranian population.

Result: recent studies about the prevalence of HPV infection in Iran indicate an upward trend. Demographic and cultural changes in Iranian population seem to be neglected in the prior studies.

Keyword: Health policy, HPV, human papilloma virus, vaccination, uterine cervix neoplasm.

8. Management of malignant bowel obstruction in advanced gynecologic malignancies: A proposed algorithm

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Abstract

INTRODUCTION

Malignant bowel obstruction (MBO) is common in women with gynecologic cancer and is considered as a major clinical challenge due to the significant burden on patients, caregivers, and health systems [1]. Of all the gynecologic malignancies, ovarian cancer is the predominant cause of MBO and the deadliest malignancy. MBO is an important cause of morbidity and mortality of ovarian cancer, and its early detection may improve patient outcomes [2]. Although MBO may be the first manifestation in %20 of patients with gynecologic or gastrointestinal malignancies, in most cases, it is a sign of incurable recurrent disease [3 ,1]. Among gynecologic cancers, MBO is more common

in women with cancers of the ovaries, fallopian tubes, and peritoneum, and eventually affects up to %20 of patients. MBO has also been described as an end of life condition in 3 to %11 of patients with uterine cancer [4]. In retrospective studies, up to %51 of women with recurrent ovarian cancer developed MBO and their median survival after diagnosis of MBO ranged from 45 to 159 days. This rate was 124 to 408 days in patients who underwent palliative surgical intervention [1]. However, most cases of MBO in ovarian cancer are diagnosed when the bowel is involved at several levels and therefore are not a good candidate for surgical treatment [2].

MBO can be partial or complete and can occur at single or multiple sites of the bowel. Small bowel obstruction is more common than large bowel obstruction. The majority of MBO occurs due to external compression or functional occlusion of the gastrointestinal tract from peritoneal carcinomatosis or tumor infiltration of bowel muscle/nerves and in some cases, it may be due to nonmalignant causes such as adhesions from previous surgery, intraperitoneal chemotherapy, radiation enteritis, or opioids [3 ,1]. However, other differential diagnosis should also be considered (Table 1) because it is estimated that approximately %25 of patients with peritoneal carcinomatosis have secondary MBO due to nonmalignant etiologies [3].

9. Quality of Life among Ovarian Cancer: A Cross-Sectional Approach

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Abstract

Introduction:

Advances in ovarian cancer (OC) treatments during the former 40 years, have caused in the five-year survival rate enhancement. Although, the patients› survival increasing, patients with cancer experience different side effects that influence the quality of life (QoL). Hence, this study was to assess the quality of life between OC women by using validated questionnaires EORTC QLQ-C30, six months after their chemotherapy course termination.

Materials and Methods:

This cross-sectional study was done on 137 histological confirmed ovarian cancer women, diagnosed and treated in Imam Khomeini hospital from September 2018 to September 2020.

Results:

The average age of OC patients was 14.4±51.9 year-old with a range of 16 to 87 year-old. Comparing EORTC QLQ-C30 questionnaires mean scores according to chemotherapy types showed role (p-value=0.048), emotional (p-value=0.013), cognitive (p-value=0.005) and social (p-value=0.011) functioning were significantly better in BEP treatment group. Pain (p-value=0.002) and insomnia (p-value=0.028) and QoL (p-value=0.001) scores were worse in Paclitaxel and Carboplatin treatment group. Surprisingly, Cognitive function in patients older than 60 year-old treated with BEP had the least score and in women younger than 40 year-old underwent BEP the least adverse effect was seen. In addition, Constipation was significantly (p-value=0.036) higher in patients with BEP

chemotherapy regimens and older than 60 year-old.
Noticeably, the financial factor had a significant adverse association with the patients› global health status (r= 0.61-, p-value<0.001). Also, higher social and emotional function significantly (p-value<0.001) associated with a higher score of QoL.
Conclusion:
It seems physicians should encourage prescribing proper conservative therapy besides chemotherapy agents to reduce their adverse effects on OC patients, also try to reduce the adverse effect of anxiety, depression, and financial stress because of cancer treatment, it consequently could promote the QoL of patients.
Keywords: Ovarian cancer; long-term survivor; psychosocial; quality of life; mood; lifestyle

10. Comparative study of the effect of neoadjuvant chemotherapy followed by radical hysterectomy versus chemoradiotherapy in locally advanced cervical cancer (stage Ib2_IIb): a retrospective cohort study

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Abstract

Background: Despite many advances, locally advanced cervical carcinoma (LACC) is one of the most important and challenging stage in treatment of cervical cancer. Material and methods: The present study is a retrospective cohort study that was conducted on 67 patients between 2012 and 2019. Inclusion criteria were patients with LACC(stage Ib2_ IIb)that treated with NACT followed by RS (group 2) and chemo radiotherapy (group1). We evaluate staging of the disease, pathological indicators, indication of radiotherapy after surgery, duration of follow-up, the patient›s condition at the last follow-up period and complications by studding patient›s record. Data was analyzed using SPSS 20 and P<0.05 considered to be significant.

Result: In term of recurrence, %36.1)13) cases in group 1 were shown a recurrence in two years after treatment and in group 2,2patiente (%10.5) have recurrences in two years. In terms of recurrence, significant differences was shown between the two groups (P = 0.04). There was no significant difference in mortality rate between two groups using Chi-square test. One and two -year-disease free survival were observed in %75) 27)and in %58.3) 21)in group1 and in %100) 19) and in %89.5) 17) in group 2 respectively. The differences between two groups were significant (p=0.02 & p=0.03).Three- year-disease free- survival was observed in %36.1) 13) and %52)10) patients of group 1 and 2 respectively (p=.103) that was not significant.

Conclusion: This research has shown that NACT followed RS is superior to chemo radiotherapy in term of relapse and DFS in one and two years in LACC

11. Effect of Ambulation Time on the Neurological Complication after Spinal Anesthesia with Bupivacaine

1*Zeinab Amirpour2, Mina Ataei

Abstract

Introduction: Using spinal anesthesia has been increasingly used in cesarean and gynecological surgery. Bupivacaine is the golden standard for spinal anesthesia and cesarean surjery and it has been mainly used due to its ease of use and lower side effects. The current research aimed to compare the side effects after spinal anesthesia with bupivacaine in the early and late ambulation after spinal anesthesia with bupivacaine after cesarean surgery.

Method: The present research is a randomized clinical trial, which was done on 230 candidate mothers for elective caesarean referring to the Kamali Hospital of Alborz Province in Iran. The sampling method was convenient and randomized via the random number tables and the participants were divided into the groups of the early ambulation less than 8 hours and late ambulation after 15 hours and the side effects of anesthesia with bupivacaine such as dizziness, difficulties deification, weakness, backache, headache, vomiting, urinary retention were compared by the means of Visual Analogue Scale (VAS) 24 ,15 ,8 and 72 hours after anesthesia and analyzed by SPSS software.

Results: This research show that there is no difference in the side effects of anesthesia with Marcain ® (dizziness, difficulties deification, weakness, backache, headache, vomiting) in the ambulation 8 and 15 hours after delivery and there is just a difference in urinary retention 24 hours after surgery in the early and late ambulation groups and the urinary retention was just higher in one participant in the late ambulation group.

Discussion: The results of the current research manifest that there is no difference in the side effects after early and late ambulation after spinal anesthesia with Bupivacaine and more researches are suggested to compare the side effects of other anesthesia drugs and in other times of ambulation

Keywords: Early ambulation, late ambulation, bupivacaine, neurologic complication, spinal anesthesia

Poster Presentation

10th International Congress of IRSGO

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1. The Association Between rs11568821 Polymorphism in Programmed Cell Death 1 (PD1-) and the Risk of Endometrial Cancer

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Soheila Aminimoghaddam
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Abstract
Background: Endometrial cancer is the second most common gynecological cancer and a main cause of gynecologic cancer-related deaths worldwide. In this study, we aimed to investigate the association between rs11568821 polymorphism in PD1- and the risk of endometrial cancer.
Methods: In this case-control study, we enrolled 91 patients with endometrial cancer and 50 healthy individuals as the control group. Peripheral blood was taken from these individuals, and DNA extraction was carried out. Polymerase chain reaction (PCR) amplified the region containing rs11568821, followed by restriction fragment length polymorphism (RFLP).
Results: Comparison of disease incidence across rs11568821 genotypes showed significant association in recessive model GG vs. AG+AA (P = 0.028) with GG genotype increasing the risk of endometrial cancer.
Conclusion: Our results indicated that rs11568821 polymorphism in PD1- is associated with endometrial cancer. However, further studies in larger cohorts are needed to unravel the exact distribution of the genotypes and alleles of this polymorphism in women with endometrial cancer.
Keywords: Endometrial Cancer
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2. Knowledge and attitude of Iranian general population regarding human papilloma virus infection and vaccination

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Isfahan University Of Medical Science

Abstract

Introduction: Cervical cancer is the fifth common malignancy of women that is directly associated with human papilloma virus (HPV) infection. Despite the strong recommendations of evidence regarding the significant impact of vaccination against HPV infection on cervical cancer prevention, the rate of vaccination is discouraging. Accordingly, the current study aims to assess the knowledge, and attitude of general population in Iran in regard to HPV infection and vaccination.

Methods: The current cross-sectional study has been conducted on 105 women of general population in Isfahan, center of Iran during 20-2019. A questionnaire for this reason was designed and validated. It contains 11 questions, including 7 ,4 ones assessing knowledge and attitude of the participants. The knowledge entity was scored as as good (40-30), fair (29-19) and poor (≤18). Those who scored 26-18 .35-27 and ≤17 in attitude aspect were classified as positive, neutral and negative attitudes, respectively.

Results: Based on Pearson/ Spearman correlation test age (P-value=0.006, r=0.264), marriage (P<0.001, r=0.429) and educational level (P<0.001, r=0.444) were correlated with the knowledge of the studied population about HPV and its vaccination. More educated people were more willing to be vaccinated (P-value=0.039, r=0.202). Besides, those with better knowledge had more positive attitude regarding HPV and its vaccination (P-value<0.001, r=0.512) and those who had positive attitude were more eager for vaccinations (P-value<0.001, r=0.603).

Conclusion: According to the findings of this study, increased age and educational level was accompanied by improvements in participants' knowledge and attitude toward vaccination against HPV. Furthermore, flawed information about the vaccination protocols was the crucial reason for not receiving the vaccine among respondents. .

Keywords: attitude, knowledge, human papilloma virus, vaccination

3. Signet ring stromal tumor in a 13 year old girl ,Case report with review of the literature

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Abstract
Signet ring stromal tumor is a rare benign ovarian neoplasm which only about 17 cases have been reported since 1996. The signet ring appearance of this tumor may mimic a Krukenberg tumor and result in a diagnostic challenge in some cases The previous cases occured in adult or in old patient. we report a Signet ring stromal tumor in a 13 year old girl.
Key word: Signet ring stromal tumor, ovary, neoplasm, sex cord stromal tumor

4. A Rare Case report: Angioleiomyoma of Uterus

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Abstract
Background: Angioleiomyoma also named as vascular leiomyoma is an uncommon benign perivascular neoplasm that contains abundant thick-walled vessels. Most frequently it is found in the subcutis of lower extremity since the head and trunk are its less common sites. These tumors are extremely rare in uterus with only few case reports in literature.
Case: This paper presents a case of uterine angioleiomyoma in a -36year-old woman complaining of intermittent abdominal pain, menorrhagia and difficulty in defecation. The patient underwent myomectomy and was diagnosed with angioleiomyoma (AL) postoperatively, after histopathologic and IHC study.The tumor mass was composed of interlacing fascicles of spindle cells swirling around abundant thick-walled vessels. IHC stain for SMA demonstrated concentric reactivity surround vascular channels.
Summary and conclusion: Since imaging criteria are challenging for this disease histopathology is mainstay of the diagnosis.This case is being reported for its rarity and challenges in its diagnosis.
Keywords: uterine fibroids, angioleiomyoma, vascular leiomyoma, uterus, leiomyoma

5. Reporting a case of peripartum cardiomyopathy (PPCM)

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Abstract
Introduction: Peripartum cardiomyopathy is a critical situation associated with pregnancy, which occurs generally in the range of one month prior to childbirth to five months after it. The purpose of the current study was to evaluate a case of peripartum cardiomyopathy in a -30week pregnant mother who had comorbid symptoms of pre-eclampsia. Results: A -30year-old pregnant woman, G1 at 30 weeks of pregnancy, having high blood pressure and symptoms of pre-eclampsia including blurred vision, dizziness, tachypnea, and repeated vomiting had come to clinic. The patient was diagnosed as a case of pre-eclampsia and treatment was conducted accordingly. After giving birth to the child through cesarean method, peripartum cardiomyopathy was confirmed based on the patient›s condition and her cardiac symptoms. The patient was discharged with a desirable general condition after three weeks of intensive care. Conclusion: The cardiac symptoms of mothers should be considered during pregnancy, especially when comorbid with pre-eclampsia. Considering the importance of early diagnosis of peripartum cardiomyopathy, and given that pre-eclampsia can be one of the causes of peripartum cardiomyopathy, careful cardiovascular monitoring of women with pre-eclampsia is an important issue. Keywords: Peripartum cardiomyopathy, pre-eclampsia, cardia, pregnancy

6. A Case Report on a Pregnancy with Modified Tetralogy of Fallot

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Abstract
Tetralogy of fallot is the most common cyanotic heart disease, present at birth. Many women reach the childbirth age after doing the surgery. In this study, a pregnancy case with tetralogy of fallot was examined.The patient was a 34 years old woman with a third pregnancy and a gestational age of 39 weeks, a history of two misoprostol abortions and a curettage with a primary complaint of lower limb swelling in the emergency department during the recent week. The patient mentioned the history of TOF. The surgical repair has been done once in infancy, as a closed surgery and once at 13 years of age, as an open heart surgery. The delivery was performed by cesarean surgery and neonate girl with Apgar 9 and a weight of 3200 was born. The mother was transferred to ICU for further care.
Keywords: Case report, Pregnancy, Tetralogy, Modified fallot

7. Investigating the effect of Primrose Capsule (Primula Flower Oil) on cervix preparation and commencement of child delivery pains

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Abstract
Introduction: Oenothera biennis (primrose) oil is one of the most common herbal medicines used for preparing cervix but its effectiveness is yet to be proved. There are limited articles on the effectiveness of this medicine in inducing delivery. The present study was designed and conducted with the objective of investigating the effectiveness of vaginal administering of evening primrose in inducing delivery.
Study Method: the present study is a triple blind caseevidence clinical trial. Out of the individuals featuring the required qualifications for entering the study, 160 were randomly selected and assigned into two equal groups.
Following the acquisition of the consent letter, the participants were subjected to clinical examinations. Their preliminary information was recorded. Then, two soft primrose capsules were placed in the posterior choledosac of the intervention group participants. Placebo capsules were used in control group. Next, the patients were asked to leave a contact number for the future required follow-ups in terms of the delivery pain commencement and labor duration and delivery time. In the end, the collected information was analyzed using SPSS.
Result: based on the analyses, the two groups were not found significantly different in terms of the demographic data. Moreover, no significant difference was observed in terms of the interval between the primrose administration and delivery pain initiation (T1) and the interval between primrose use till delivery (T2) as compared to the control group (P>0.05).
Discussion: it seems that the vaginal application of primrose capsule is not effective in cervix preparation. However, there is a need for further research in this area. The current studies on the effectiveness of the evening primrose is limited to two researchers that have also found results consistent with what has been found here and two other studies with results not in accordance with the current paper's findings. More comparative studies seem to be useful in this regard.
Keywords: cervix preparation, primrose (primula), delivery induction.

8. Sentinel-Node Biopsy Comparison with Routine Axillary Dissection in Breast Cancer in Ganjavian Hospital in Dezful city

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Abstract
Although numerous studies have shown that the status of the sentinel node is an accurate predictor of the status of the axillary nodes in breast cancer, the efficacy and safety of sentinel-node biopsy require validation.
Methods: From July 2018 to November 2020, we randomly assigned 65 patients with primary breast cancer (PBC) in whom the tumor was less than or equal to 2 cm in diameter (T1) either to sentinel-node biopsy and total axillary dissection (the axillary-dissection group) or to sentinel-node biopsy followed by axillary dissection only if the sentinel node contained metastases (the sentinel-node group).
Results: The number of sentinel nodes found was the same in the two groups. A sentinel node was positive in 19 of the 33 patients in the Axillary -dissection group (57.54 percent), and in 14 of the 32 patients in the sentinel-node group (43.75 percent). In the Axillary dissection group, the overall accuracy of the sentinel-node status was 96.9 percent, the Sensitivity 91.2 percent and the specificity 100 percent. There was less pain and better arm mobility in the patients who underwent sentinel-node biopsy only than in those who also underwent Axillary dissection. There were 4 events associated with breast cancer in the Axillary -dissection group and 2 such events in the sentinel-node group. Among the 42 patients who did not undergo axillary dissection, there were no cases of overt axillary metastasis during follow-up.
Conclusions: Sentinel-node biopsy is a safe and accurate method of screening the axillary nodes for metastasis in women with a small breast cancer.
Key words: Breast cancer, Sentinel Node, Lymph Nodes dissection, Axillary LND, Lymph Nodes Metastasis

9. Squamous Cell Carcinoma Transformation in Mature Cystic Teratoma of the Ovary: Case series

Dr. Esmaeilpour

Abstract

Background: Ovarian cancer is the second most common malignancy of the female genital tract. %20-10 of ovarian tumors are germ cell tumors. The most common germ cell tumor is a mature cystic teratoma. %2-1 of Mature cystic teratoma of the ovary (MCTO) may undergo malignant transformation, of which %80 are squamous cell carcinoma (SCC). Currently, there is no reliable preoperative diagnosis for this malignancy.

Cases:

1. A -27year-old woman with a 14 cm ovarian mass underwent a cystectomy. SCC arising in a mature cystic teratoma was diagnosed in the pathology report. The patient was referred to our center and underwent complete surgical staging.
2. A -52year-old woman with abdominal pain and a 62×126 mm solid cystic mass of the ovary underwent a right salpingo-oophorectomy. A frozen section assessment identified SCC arising from mature cystic teratoma of the ovary. The patient underwent a complete surgical staging.
3. A -59year-old woman with abdominal pain and a 7 cm solid cystic mass in the right ovary underwent a Salpingo-oophorectomy. A frozen section examination diagnosed a teratoma with SCC malignancy in the solid component. The patient underwent a complete surgical staging.

Conclusion: The prognosis of patients with malignancy arising from mature cystic teratoma is generally poor and depends on the stage of surgery. Due to the rarity of this malignancy and its poor prognosis, a gynecologic oncologist must be aware of the symptoms, risk factors, and treatment of this malignancy.

Keywords: Carcinoma, ovarian cancer, squamous cell;

10. Concordance between Intracervical and Fundal Injections for Sentinel Node Mapping in Patients with Endometrial Cancer? A Study Using Intracervical Radiotracer and Fundal Blue Dye Injections

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Abstract

Objective: A major controversy in sentinel node (SN) biopsy of endometrial cancer is the injection site of mapping material. We compared lymphatic drainage pathways of the uterine cervix and uterine body in the same patients by head-to-head comparison of intracervical radiotracer and fundal blue dye injections.

Methods: All patients with pathologically proven endometrial cancer were included. Each patient received 2 intracervical injections of 99mTc-phytate. At the time of laparotomy, the uterus was exposed, and each patient was injected with 2 aliquots of patent blue V (2 mL each) in the subserosal fundal midline locations. The anatomical locations of all hot, blue, or hot/blue SNs were recorded.

Results: Overall, 45 patients entered the study. At least 1 SN could be identified in 75 of 90 hemipelves (%83.3 overall detection rate, %82.2 for radiotracer [intracervical] alone, and %81.1 for blue dye [fundal] alone). In 71 hemipelves, SNs were identified with both blue dye (fundal) and radiotracer (intracervical) injections. In 69 of these 71 hemipelves, at least 1 blue/hot SN could be identified (%97.18 concordance rate). In 10 patients, para-aortic SNs were identified. All of these nodes were identified by fundal blue dye injection, and only 2 were hot.

Conclusions: Our study shows that lymphatic drainage to the pelvic area from the uterine corpus matches the lymphatic pathways from the cervix, and both intracervical and fundal injections of SN mapping materials go to the same pelvic SNs.

Keywords: Endometrial cancer, Intracervical injection, Fundal injection

11. Endometrial cancer mimicking choriocarcinoma : A case report Study

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Abstract
Endometrial cancer is the most common gynaecologic tumor in developed countries, and its incidence is increasing. The most frequently occurring histological subtype is endometrioid adenocarcinoma. We report a premenopause women with Endometrial cancer that mimicking choriocarcinoma.
Case presentation: A -52year-old menopausal woman referred to gynecology clinic of Arash women's Hospital because of abnormal vaginal bleeding. A complete blood test with serum BHCG level were measured and vaginal ultrasound was performed. The level of BHCG serum increased (300 mlu/ml). Uterine mass was reported in Vaginal ultrasonography. The patient underwent hysterectomy. A sample of uteri was sent to department of pathology. After evaluation tissue by pathologist, endometrial cancer imitated choriocarcinoma tissue was reported.
Conclusion :Trophoblastic differentiation in gynecologic endometrial adenocarcinoma is rare. Beta hCG as a tumor marker may be useful. clinicopathological analyses revealed that this rare tumor has a highly aggressive clinical behavior, with a high incidence of metastases and a high mortality rate. Therefore, trophoblastic differentiation component in endometroid adenocarcinoma is essential for establishing adequate therapeutic strategy.

12. PREGNANCY AFTER FERTILITY SAVING TREATMENT FOR ENDOMETRAL CANCER,REPORT OF 3 CASES AND LITERATURE REVIEW

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Abstract

INTRODUCTION:Endometrial cancer (EC) is the fifth most common cancer in women worldwide .Most women are diagnosed postmenopausal, but %25–14 of patients are premenopausal and %5 are under 40 years . Standard treatment for EC, which involves total hysterectomy and bilateral salpingo-oophorectomy, has excellent survival outcomes, particularly for low-grade endometrioid tumors. However, it leads to permanent loss of fertility among women who wish to preserve their reproductive potential. Fertility-sparing treatment predominantly involves the use of oral progestins and levonorgestrel-releasing intrauterine devices, which have been shown to be feasible and safe in women with early stage EC and minimal or no myometrial invasion.

METHOD:We report 3 cases of low grade endometrial cancer who recived conservative therapy and fertility sparing treatment.All of them were nulliparous and have PCOS.2 cases of these patient concived naturally with using metformin for PCOS and had normal term delivery.1 case of them with history of 15 years of infertility ,treated with IVF and had a missed abortion.

CONCLUSION:High dose progesterone with metformin therapy can use for fertility sparing treatment for low grade endometrial cancer. Given the current trends of women of reproductive-age delaying child-bearing and the increasing incidence of EC amongst nulliparous women , high-level evidence on alternatives to TAHBSO are required.

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13. A case of persistent intrauterine molar pregnancy with final diagnosis of heterotopic molar pregnancy: A very rare entity0

Mozhgan Hajisafari

Abstract

Introduction: Gestational trophoblastic disease (GTD) includes hydatiform mole, choriocarcinoma, placental site trophoblastic tumor, and epithelial trophoblastic tumor. Also, molar pregnancy can happen as an ectopic pregnancy. The coincidence of these complicated pregnancies seems to occur extremely rarely.

Case presentation: Here, we present a -26year-old woman, nulli gravida with first presentation of intrauterine complete molar pregnancy; she underwent suction curettage but prompted to GTN and she received chemotherapy. During chemotherapy, she had severe abdominal pain and underwent laparotomy and found an ectopic molar pregnancy in fallopian tube. Salpingectomy was done and followed up with hCG level and again due to improper decrease of hCG levels, she was diagnosed as a heterotopic post- molar GTN and received MTX in multiple doses, but she did not respond to MTX, so we started Act-D for her. She was cured after receiving 5 courses of Act-D and now she is on her monthly follow up with hCG level.

Conclusion: It is important to notice the likelihood of ectopic molar pregnancy or a heterotopic molar pregnancy in the case of managing molar pregnancy, especially when we encounter with a case's poor response to medical or surgical therapy.

14. Primary malignant melanoma of uterine cervix with disseminated involvement of lower genitourinary tract

Mozhgan Hajisafari

Abstract

Introduction: Primary Malignant melanomas (MM) of female urogenital tract are extremely rare and aggressive neoplasms. The majority of these neoplasms occurs in postmenopausal women, originate from vulva and vagina and involvement of uterus, cervix, and ovary is exceedingly uncommon.

Case presentation: We presented a patient with MM of uterine cervix, first diagnosed with punch biopsy of lesion which was distributed from cervical mass to vestibule and labia minor. she underwent anterior pelvic exenteration. pathology evaluation revealed primary MM of uterine cervix in FIGO stage III. She received adjutant treatment with radiation and immunotherapy. on her fallow up 1 year after her disease diagnosis, she is still alive without evidence of distant metastasis.

Conclusion: Pelvic exenteration when is feasible offers an appropriate initial management in cervical MM.

15. Evaluation of the therapeutic effect of quadrivalent Human Papillomavirus (HPV) vaccination on cervical intraepithelial neoplasia lesions

Mozhgan Hajisafari

Abstract

Background: Cervical cancer is the most common health problem among global young women. Cervical intraepithelial neoplasia (CIN) is a pre-invasive stage of cervical cancer, the major cause of which is human papillomavirus (HPV), and vaccination has a promising effect on reducing the progression of CIN lesions.

Materials and methods: The current study was a retrospective case control investigation in two centers, Shiraz and Sari Universities of Medical Sciences from 2020-2018 to evaluate the effect of quadrivalent HPV vaccination on CIN lesions (I, II, & III). Eligible patients diagnosed with CIN were selected and divided into two groups; one group received HPV vaccine and the control group did not. The patients were followed up after 24 ,12 months. The information about tests (e.g. Pap smear, colposcopy, and pathology biopsy) and history of vaccination was recorded and statistically analyzed.

Results: 150 patients were classified into the control group (without HPV vaccination) and the other 150 patients were in the Gardasil group (with HPV vaccination). The patients' mean age was 32 years old. Two groups were not significantly different according to age and CIN grades. Between two groups in one and two years' follow-up examinations the high grade lesions in both pap smear and pathology was significantly diminished in patients in HPV vaccinated group in comparison with the control group with p-values 0.001 and 0.004 in one year fallow up respectively and 0.00 after 2 year fallow up.

Conclusion: HPV vaccination can prevent the progression of CIN lesions in 2 year follow up examination.

Keywords: Human Papillomavirus (HPV), cervical intraepithelial neoplasia (CIN), HPV vaccination, cervical cancer, Pap smear

16. Evaluation of clinicopathologic factors and surgery management on borderline ovarian tumor's outcomes

Mozhgan Hajisafari

Abstract

Introduction

Borderline ovarian tumor (BOT), that was previously called low-grade malignant tumor, is responsible accounts for about %20-10 of ovarian neoplasms (2 ,1). It represents increased epithelial proliferation and different degrees of nuclear atypia without distinct stromal invasion (3). Most patients with BOT are asymptomatic and may be found during routine workup (4). BOT consists of some subtypes such as mucinous, serous, endometrial, clear cell, and brenner with mucinous and serous as the most prevalent types (3 ,1). The serous type can be developed bilaterally with extra ovarian presentations with peritoneal implantation and high rate of recurrence and malignant transformation (5 ,2). A characteristic feature attributed to mucinous tumor is the simultaneously presence of benign, borderline, and malignant neoplasms (6).

As it is diagnosed mostly in early stage, the -5 and 10 - year survival is reported to be more than %98-%90, according to the stage of disease. However, the recurrence rate is reported in %16-7 of cases (7 ,2 ,1). Some factors influence on the recurrence development including advanced maternal age, CA125 level, and invasive implantations (3). It should be mentioned that it is controversial to attribute the prognosis and recurrence rate to the presence of micro-papillary and micro-invasion pattern (14-8).

Surgery is the standard management of BOT (15). The different Different types of surgery may be performed as radical or fertility sparing method depending on age, pathology type, and the stage of the disease (15 ,3). Although there is controversy on the recurrence rate of fertility sparing surgery in BOT, good prognosis of the tumor and young age of patients encourage the surgeons to perform this surgery in women who desire to preserve their fertility preservation (16 ,15 ,7 ,3 ,2).

According Due to controversies about different clinicopathologic features and surgery types affecting on the BOT outcomes and probability of malignant transformation in these tumors (18 ,17 ,1), we decided aimed to perform this study to investigate the relationship of clinic-pathologic features and outcomes in our center. The aim of this study is was to explain the controversy controversial features presented in the literature.

17. Severe Lower Gastrointestinal Bleeding Due to Choriocarcinoma with AVM to the Ileum: A Case Report

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Abstract
Background: Choriocarcinoma and other placental tumors are rare, and metastasis to the gastrointestinal, especially the small bowel, is extremely rare. Furthermore, about %5 of all metastasis belongs to the GI tract. Here there is an extremely rare case of choriocarcinoma has been reported with metastatic AVM to the ileum in a moribund young patient.
Case Presentation: We reported an 18 -year-old Afghan patient with severe gastrointestinal bleeding who was referred to the Ghaem Gynecology Center, Mashhad University of Medical Sciences, Mashhad, Iran at stage III hemorrhagic shock. she was suffering from irregular and continuous vaginal bleeding for 1 year. Moreover, she mentioned a spontaneous abortion one year before in Afghanistan without a follow-up history of laparotomy and right salpingectomy four months before due to abdominal pain, low BHCG level, and suspected ectopic pregnancy. There were no abnormal physical examinations except heavy fresh blood through the rectal examination. Her Serum Beta-human chorionic gonadotropin level was 57322 mIU/mL. CT angiography and Pelvic MRI suggested a metastatic arteriovenous malformation (AVM) to the small bowel. In surgery, we detected the AVM from the right side of the uterus to the ileum, and pathological findings confirmed the choriocarcinoma with metastatic AVM to the ileum. EMACO chemotherapy started after surgery, and the patient was asymptomatic on follow-up after 14 months.
Conclusion: The present case showed that gestational trophoblastic neoplasia could be a differential diagnosis for patients with similar signs and symptoms. Moreover, abdominal pain and low BHCG level are not only diagnostic for ectopic pregnancy.
Keywords: Arteriovenous malformation, Case report, Choriocarcinoma, Gastrointestinal bleeding, Gestational trophoblastic neoplasia, metastatic

18. Sexual problems in patients with endometrial cancer

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Abstract
Background and purpose: Considering the use of treatments and increasing the life expectancy of women with endometrial cancer, special attention should be paid to their quality of life. One of the important factors in their quality of life is sexual issues, and since cancer has a great impact on the sexual issues of these women, it is necessary to pay attention to it. The purpose of this article is to determine the problems related to sexual issues in women with endometrial cancer and the need to pay special attention to them and provide adequate training and interventions in this regard.
Data collection and implementation method: We conducted a systematic review by checking these databases: Google Scholar, PubMed, IRANMEDEX, SID, margin, UpToDate and by searching the keywords: women›s cancer, endometrial cancer, sexual issues, for articles and we only selected articles that had these keywords in their titles.
Findings: Endometrial cancer has a significant impact on sexual issues. Studies have shown that sexual problems are seen in more than %90 of endometrial cancer survivors. Many of these patients receive chemotherapy and hormone therapy that affect their sexual and psychological aspects, and because these women are embarrassed to bring up these issues with health care providers, these problems remain silent.
Discussion and conclusion: Considering the impact of endometrial cancer on sexual issues, it is necessary to pay attention to it, and interventions and training should be done in this field, and it is better to ask about these issues during women›s visits.
Keywords: women›s cancer, endometrial cancer, sexual issues
Funding/Support: None

19. Is Uterine Cervix Lymphoma Missed Most of the Time? A Rare Case of Primary Cervical Lymphoma

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Abstract

Background & Objective: Primary lymphoma of the cervix is rare and can be misdiagnosed most of the time. On the other hand, there is no consensus on the best treatment and follow-up strategy for this type of cervical malignancy. The present study aimed to present a misdiagnosed primary cervical lymphoma due to its confusing presentation and rarity.

Case Report: A -41year-old woman presented with abnormal vaginal discharge and dyspareunia complaints. Unfortunately, the patient was not examined, and cervicitis was reported on biopsy. Therefore, the patient was treated for vaginitis for a long time. Due to a lack of response to antibiotic therapy, an ultrasound was performed, which showed a huge mass in the cervix. Patient was referred to the oncology department of obstetrics and gynecology center, Beheshti Hospital, Isphahan, Iran, in July 2013. Diffuse large B-cell lymphomas was diagnosed on a CT-guided biopsy of the presacral mass. Fortunately, despite the delay in diagnosis, 5 years after the last R-CHOP chemotherapic session (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone), the patient has good quality of life with no sign of recurrences.

Conclusion: Due to the rarity of uterine cervix lymphoma, the diagnosis of genital lymphoma could be missed if the clinician does not consider this malignancy. High suspicion, rapid diagnosis and proper communication between clinician and pathologist lead to an excellent prognosis.

Keywords: B-Cell lymphoma, Cervix uteri, Extra-nodal lymphoma, Non-Hodgkin›s lymphoma, Vaginal bleeding

20. Signet ring stromal tumor in a 13 year old girl ,Case report with review of the literature

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Abstract
Signet ring stromal tumor is a rare benign ovarian neoplasm which only about 17 cases have been reported since 1996. The signet ring appearance of this tumor may mimic a Krukenberg tumor and result in a diagnostic challenge in some cases The previous cases occured in adult or in old patient. we report a Signet ring stromal tumor in a 13 year old girl.
Key word: Signet ring stromal tumor, ovary, neoplasm, sex cord stromal tumor

21. The Prevalence of HPV Genotypes Detected by Cobas HPV in Cervical Samples among Unvaccinated Women from Isfahan Province, Iran

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Abstract

Purpose: Human papillomavirus (HPV) is suggested as a well-known risk factor for cervical cancers and nowadays, primary HPV typing is recommended as an alternative test to cervical cytology.

Methods: This cross-sectional study evaluated the liquid-based cervical smears of 700 women with no history of HPV vaccination and cervical dysplastic disease from 2017 to 2020 in Isfahan, Iran. Here, we try to compare the prevalence of HPV genotypes using COBAS (@roch) with the results of pap smear cytology in evaluating the most appropriate test for cervical cancer screening, especially in low-resource societies.

Results: The prevalence of HPV infection was %23.3, including %8.7 with HPV 18/16 and %14.6 with other HR (high-risk) HPVs. Considering positive HPV genotypes, the frequency of HR HPV decreases in older age groups; %42.1 compared to %6.8. In cytology reports, 8 out of 16 individuals with high-risk lesions were negative for any type of HPV; on the other hand, there were 129 HR HPV-positive patients out of 570 negative or low-risk pap smear results.

Conclusion: It assumed that there is no superiority for HPV genotyping over cytology or vice versa in detecting high-risk patients for cervical cancer; as only %26.8 of women with HPV show abnormal cytology; and from those with normal cytology, %17.9 were positive for HR HPV. Screening with one method had a rare but high risk of delay in the timely detection of cervical cancer. Above that, the high prevalence of HPV infection in unvaccinated women also reveals the need for studies on the cost-effectiveness of universal vaccination.

Keywords: Human Papilloma Virus; Cobas; Cervical Cancer; screening; cervical cytology.

22. Evaluation of the effect of clinical and histopathological features of patients with endometrial cancer in the survival and recurrence of the disease

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Abstract

Background: Endometrial cancer is accounted as one of the most common gynecology cancers. In the present study, we decided to assess the effect of clinical and histopathological features of patients with endometrial cancer in the survival and recurrence of the disease.

Methods: This is a retrospective- cohort study that was performed in 2020-2014 in Isfahan on all patients with endometrial cancer referring to the medical centers. We collected demographic data (age, weight, number of pregnancies) and other data including past medical history and drug history of the patients. We also collected histopathologic data and molecular markers regarding the cancer. Data were compared between patients with or without mortality.

Results: In the present study, data of 180 cases were analyzed. Of them, 16 patients (%8.9) died due to endometrial cancer and all of them had experienced recurrence of disease. The frequency of patients who survived were higher in the age group of 60-45 years (p = 0.01). The endometrioid type was also the most prevalent type in non-survived patient (%75) (P= 0.01), the mortality rate was %100 in S4 (P<0.001), the highest mortality of patients was in S4 G%100) 2) (P<0.001), diabetes, cardiac diseases, and having more than two comorbidity showed significant correlation with poor prognosis (P= 0.018). In all patients with mortality, the tumor size was more than 2 in all cases (P<0.001) and patient with lympho vascular involvement had higher probability of death, %41.2 vs %5.5, respectively (P<0.001). We also found that %37.5 of cases with mortality had lymph node involvement in compare with %7.1 in opposite group (P<0.001).

Conclusion: The mortality rate of patients was %8.9 and higher mortality rates were observed in older patients, patients with clear cell tumors and serous papillary, and higher stages.

Keywords: Endometrial cancer, mortality, gynecologic neoplasm, survival, prognosis, adjuvant treatment

23. Evaluation of the efficacy and complications of uterine artery embolization in comparison with laparoscopic myomectomy in the treatment of uterine myomas

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Abstract

Background: This study aimed at evaluating the efficacy and safety of two treatment options of surgical interventions and uterine artery embolization (UAE) in patients with uterine myoma.

Methods: The present study was a clinical trial. The study population included all women with uterine myoma that referred to Al-Zahra and Beheshti Hospitals in Isfahan in 2020-2019 and 80 patients were divided into 2 groups of 40. The first group underwent laparoscopic-myomectomy and the second underwent uterine artery embolization. These patients were evaluated for clinical symptoms, menstrual disorders, estimated blood loss per menstrual cycle, and pain intensity on the 10th day as well as 6 ,2, and 12 months after the intervention.

Results: In 10 days, 6 ,2, and 12 months after the intervention, there was no significant difference in the decreasing effect of both methods on per menstrual cycle blood loss (P-value> 0.05). The pain intensity was also not significantly different between the two groups after 6 months and 1 year of the intervention (P-value> 0.5). But, the documented post-procedural complications indicated that hemoglobin level declined more after surgery (P-value <0.05). Menstrual disorders (amenorrhea) and postmenopausal symptoms were reported in %30 and %25 of patients undergoing embolization in compare with surgical group (P-value <0.05).???

Conclusion: The results of this study showed no significant difference between the two groups in terms of post-procedural mensuration blood loss or pain during one year, but there is some how more difference in the term of interventional-complications such as menstrual irregularities, hotflashes, and risk of recurrent leiomyomas.

Keywords: Uterine Artery Embolization, Laparoscopic Myomectomy, Uterine leiomyoma, individualized medicine.

24. PEComa of the Ovary: A Case Report

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Abstract
Perivascular epithelioid cell tumors (PEComas) are a group of mesenchymal neoplasms with different biological presentations from benign to malignant types. Hence, we report the first description of PEComa presenting with an acute surgical abdomen. Her definite diagnoses were made based on the histomorphology results at Imam Khomeini Hospital, Tehran University of Medical Sciences, in 2020.
Considering different clinical presentations, unknown characteristics of imaging, and rarity of PEComa, preoperative diagnosis of it seems impossible. However, IHC can play an important role in its diagnosis. Keywords: Malignant, MRI, Ovary, Perivascular epithelioid tumors, Tumor marker, Ultrasound

25. Pure ovarian choriocarcinoma, a case report

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Abstract

Pure ovarian choriocarcinoma is a very rare malignancy with the source of gestational or non-gestational. The kind of gestational can be originated as of an ectopic pregnancy or a metastasis of a choriocarcinoma of the uterus or fallopian tube. The non-gestational sort could be an uncommon germ cell tumor with trophoblastic demarcation.

In this paper, we illustrate a case of immaculate ovarian choriocarcinoma with non-gestational root and talk about the determination and treatment.

26. Decision making for interval administration of chemotherapy agents in patients with low risk gestational trophoblastic neoplasia with WHO modified prognostic scoring lower than four

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Abstract

Background: In World Health Organization (WHO), low risk Gestational Trophoblastic Neoplasia (LR-GTN) is defined as persistent molar pregnancy with a score lower than seven. In LR-GTN as well as non-metastatic Gestational Trophoblastic Neoplasia (NM-GTN), the administration of optimal interval chemotherapeutic regimen is still controversial.

Objective: The objective of this study was to compare results of fixed interval with non-fixed interval drug administration in treatment of LR-GTN with the score lower than four; and also to identify the safety of this prospective intervention.

Methods: Women with NM-GTN and LR-GTN, (WHO modified prognostic scoring lower than four) were enrolled in this study and divided into two groups with different treatment methods. Monitoring of treatment was carried out with weekly checks of β-HCG concentration. An additional dose was given to the patients if the β-HCG value appeared to be negative.

Results and discussion: Among 70 patients who received the treatment, six patients were excluded from the study due to cessation of the treatment. Out of the remaining 64, complete remission was achieved in 58 patients (%89). Results showed that there was no significant difference between two groups regarding «type of event» (p-value=0.476) but a significant difference was found in the number of courses (p-value <0.0001).

Keywords: Methotrexate, Actinomycin-D, β-HCG, MTX, Gestational trophoblastic neoplasia.

27. Comparison of the diagnostic accuracy of contrast-enhanced/DWI MRI and ultrasonography in the differentiation between benign and malignant myometrial tumors.

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Abstract

Background: Various modalities including ultrasonography and magnetic resonance imaging (MRI) have been developed as imaging technique for screening malignant myometrial tumors, but a few studies assessed the diagnostic value of these two techniques in differentiation of benign from malignant myometrial tumors that had been the main purpose of this study.

Materials and Methods: This cross-sectional study was performed on 63 women underwent surgery for intrauterine masses that were initially assessed using MRI and ultrasound before surgery at a tertiary hospital in Tehran from 2016 to 2020. Their MRI was reviewed by a reputable radiologist in the field. The finding of histopathological assessment was considered as the gold diagnostic standard.

Results: The sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and accuracy of MRI to detect sarcoma were revealed to be ,%92.3 ,%94.6 %92.3 ,%94.6, and %93.7 respectively. Ultrasonography had not preferable applicability to differentiate sarcoma from benign tumors with sensitivity, specificity, PPV, NPV and accuracy of %48.9 ,%81.2 ,%88.4 ,%35.1, and %57.1 respectively. The diagnostic performance of both modalities was not affected by baseline clinical conditions including pain, abnormal uterine bleeding and menopausal status.

Conclusion: MRI but not ultrasonography can effectively differentiate benign from malignant myometrial tumors.

Keywords: Cross sectional, Diagnostic value, Malignant myometrial tumors, MRI, Test accuracy, Ultrasonography.

28. Ovarian adenosarcoma in a postmenopausal woman: case report and review of literature

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Abstract

Background: Mullerian adenosarcoma is a rare malignancy that generally occurs in the uterine corpus but more uncommonly may be found extrauterine. Ovarian adenosarcoma is extremely rare and often is presented in young women. Most of them are low grade and have à good prognosis except adenosarcoma with sarcomatous overgrowth.

Case presentation: A -77year-old menopausal woman presented with abdominal discomfort. She had severe ascites and increasing level of CA125-, CA 9-19, HE4 tumor markers. After surgery and reviewing the pathological samples, adenosarcoma with sarcomatous overgrowth was diagnosed.

Conclusion: Possibility of endometriosis transformation to malignancy even in the postmenopausal women may warrants continuous follow up for early diagnosis of this potentially fatal disease. More studies are needed to find the best therapeutic approach in adenosarcoma with sarcomatous overgrowth.

Keywords: Adenosarcoma; Case report; Postmenopausal; Sarcomatous overgrowth

29. Investigation of recurrence and -5year survival rate in patients with borderline ovarian tumors and related factors in Kurdistan province

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Abstract

Introduction: Borderline ovarian tumors are one of the most important types of ovarian cancers and can be associated with various complications. The aim of our study was to investigate the recurrence rate and five-year survival in patients with borderline ovarian tumors and related factors.

Materials and Methods: This retrospective cohort study was performed on 20 women diagnosed with a borderline ovarian tumor in Kurdistan province, Iran, between 2007 and 2019. Patients› records were reviewed and a researcher-made questionnaire was completed for each patient, which included demographic and clinical variables related to patient survival. Data were analyzed using statistical software.

Results: The most common type of ovarian borderline tumor was the serous borderline ovarian tumor (%75). In fifty percent of the cases, cystectomy was used as the treatment. Recurrence was observed in three patients (%15), two of which were treated with cystectomy, and the other case was treated by TAH + BSO method (P = 0.64). There was no significant difference in terms of the type of surgery, history of infertility, history of taking contraceptive pills, age, age at diagnosis, and BMI between the two groups with and without recurrence (p> 0.05). The overall survival rate was %100 and none of the patients died at the end of follow-up.

Conclusion: There was no relationship between any of the clinical and demographic variables with disease recurrence, and since all patients were alive after the end of the follow-up period, it was not possible to assess the relationship between patients› survival rate and studied variables.

Keywords: Recurrence, Survival, Borderline ovarian tumors, Ovary, Serous borderline ovarian tumor