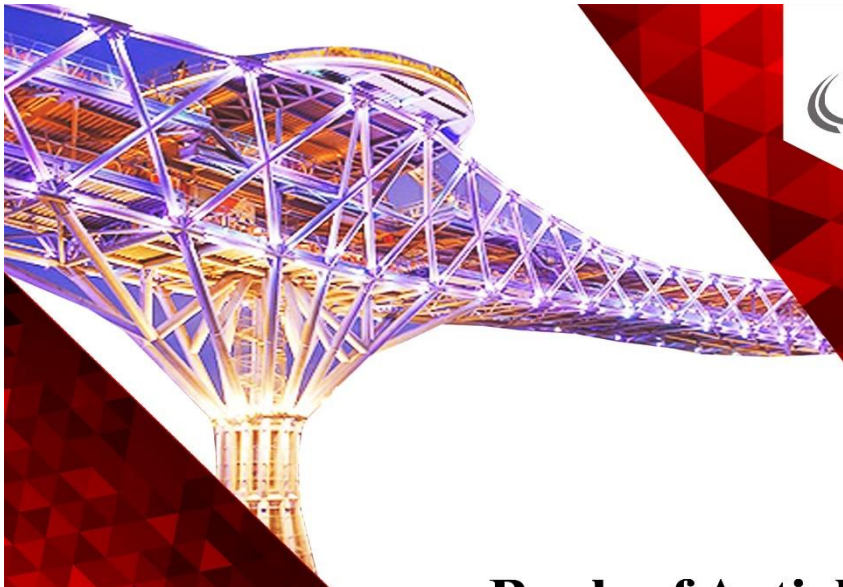


Book of Article Abstracts and Program

11th International Congress of IRSGO

1-3 Nov. 2023

Shahid Beheshti University of Medical Sciences Conference Hall

www.irsgo.org

11th Congress of the Iranian Society of Gynecology Oncology (IRSGO)

Tehran, Iran, Nov. 1-3, 2023

Congress Secretariat: Iranian Society of Gynecological Oncology (IRSGO)

www.irsgo.org

Congress Secretariat:

Iranian Society of Gynecological Oncology (IRSGO)

* Tehran University of Medical Sciences
* Shahid Beheshti University of Medical Sciences
* Iran University of Medical Sciences
* Mashhad University of Medical Sciences
* Isfahan University of Medical Sciences
* Yazd University of Medical Sciences
* Tehran Islamic Azad University of Medical Sciences
* National Association of Iranian Gynecology Obstetrics (NAIGO)
* Iranian Society of Colposcopy & Pathology
* Iranian Society of Minimally Invasive Gynecology
* Iranian Society of Radiology Oncology

Sponsered by

11th International Congress of IRSGO

Scientific Committee:

Dr. Adeli P, Dr. Aghakhani K, Dr. Akhavan S, Dr. Akhavan Moghadam J, Dr. Alavi S.M.H, Dr. Allameh F.Z.S, Dr. Ameli F, Dr. Ameri A, Dr. Aminimoghaddam S, Dr. Amouzgar-Hashemi F, Dr. Anbiaee R, Dr. Arab M, Dr. Ashraf Ganjoei T, Dr. Asgari Z, Dr. Behnamfar F, Dr. Behtash N, Dr. Dehghan HR, Dr. Elmizadeh Kh, Dr. Esfandbod M, Dr. Esmailzadeh A, Dr. Esmati E, Dr. Farzaneh F, Dr. Ghadiani M, Dr. Ghaemmaghami F, Dr. Ghaffari P, Dr. Ghaffarizadeh F, Dr. Ghahghaee Nezam Abadi A, Dr. Ghafourian Sh, Dr. Gholami H, Dr. Hanjani P, Dr. Hasanzadeh M, Dr. Hashemi S.R, Dr. Hashemi F.S, Dr. Hoseini M.S, Dr Izadi Mood N, Dr. Jafari A, Dr. Jafari Shobeiri M, Dr. Karimi Zarchi M, Dr. Kashanian M, Dr. Kazemi S, Dr. Maddah A, Dr. Mafi A, Dr. Majidzadeh K, Dr. Malek M, Dr. Malekzadeh M, Dr. Mirzaei M, Dr. Mirzaeeyan E, Dr. Modarres Gilani M, Dr. Mohamadi B, Dr. Mohit M, Dr. Monsef B, Dr. Moradi B, Dr. Moridi A, Dr. Mostafa Gharebaghi P, Dr. Mousavi AS, Dr. Najjar Najafi S, Dr. Najib F, Dr. Nakhostin F, Dr. Nasiri S, Dr. Nili F, Dr. Nazari Z, Dr. Panahi M, Dr. Parviz S, Dr. Peydaiesh M, Dr. Pirzadeh L, Dr. Rafizadeh M, Dr. Rezaei A, Dr Safarieh E, Dr. Sarmadi S, Dr. Saneie M, Dr. Sanjari N, Dr. Sayyah-Melli M, Dr. Seyfollahi A, Dr. Shahverdi Z, Dr. Sheikhhasani Sh, Dr. Shirali E, Dr. Shiravi M, Dr. Shirvani Z, Dr. Tabatabaei Far M, Dr. Talayeh M, Dr. Tehranian A, Dr. Vaezi M, Dr. Vahidi Sh, Dr. Yarandi F, Dr. Yousefi Z, Dr. Yousefi S.R, Dr. Yousefnezhad A, Dr. Zamani N.

Executive Committee

11th International Congress of IRSGO

President of the IRSGO

Dr. Ashraf Ganjoei T

President of the Congress

Dr. Akhavan S

Scientific Secretary

Dr. Sheikh Hasani Sh

Executive Secretary

Dr. Adeli P

Congress expert

Mrs. Panahi S

Computer Expert

Eng. Lalehrokh M

Message of the Congress

We are grateful for this opportunity that's provided for another seminar to take place for the purpose of thinking together and using collective wisdom in order to make use of the results of these researches, scientific experiences and the right perception of problem solving.

Undoubtedly, the presence of this group; contributors to and thinkers whose concern is management of patients suffering from gynecologic malignancies, plays an effective and integral role in the future path.

In this current conference, as in previous ones, the whole knowledge and efforts of our colleagues are taken advantage of to present a scientific, worthy and useful program.

The selected lectures for presentation in the congress are the result of the efforts of our venerable colleagues that with analyzing recent scientific development are presented to hopefully make our colleagues more motivated and knowledgeable.

We hope that in the future we can observe the treatment development in a way that in addition to better recovery, treatment modalities come with lower costs and improvements to quality of life and a relief to their suffering in the best possible way.

I personally want to thank the active participation of lecturers, colleagues and executive committee. I also appreciate everyone who helped us throughout the process of this congress. We hope that programs of this kind can bring about new changes and innovations leading to promoting health of our society.

President of the Congress: Dr. Akhavan S.

Scientific secretary: Dr. Sheikh Hasani Sh.

Execeutive secretary: Dr. Adeli P.

"Appreciation of the Best Professors"

Dr. Izadimood N

Pathologist

Tehran Univ. Med. Sci.

Dr. Mohit M

Fellowship of Gynecology Oncology

Tehran Islamic Azad Univ. Med. Sci.

Dr. Farzaneh F

Fellowship of Gynecology Oncology

Shahid Beheshti Univ. Med. Sci.

Dr. Ayatolahi H

Fellowship of Gynecology Oncology

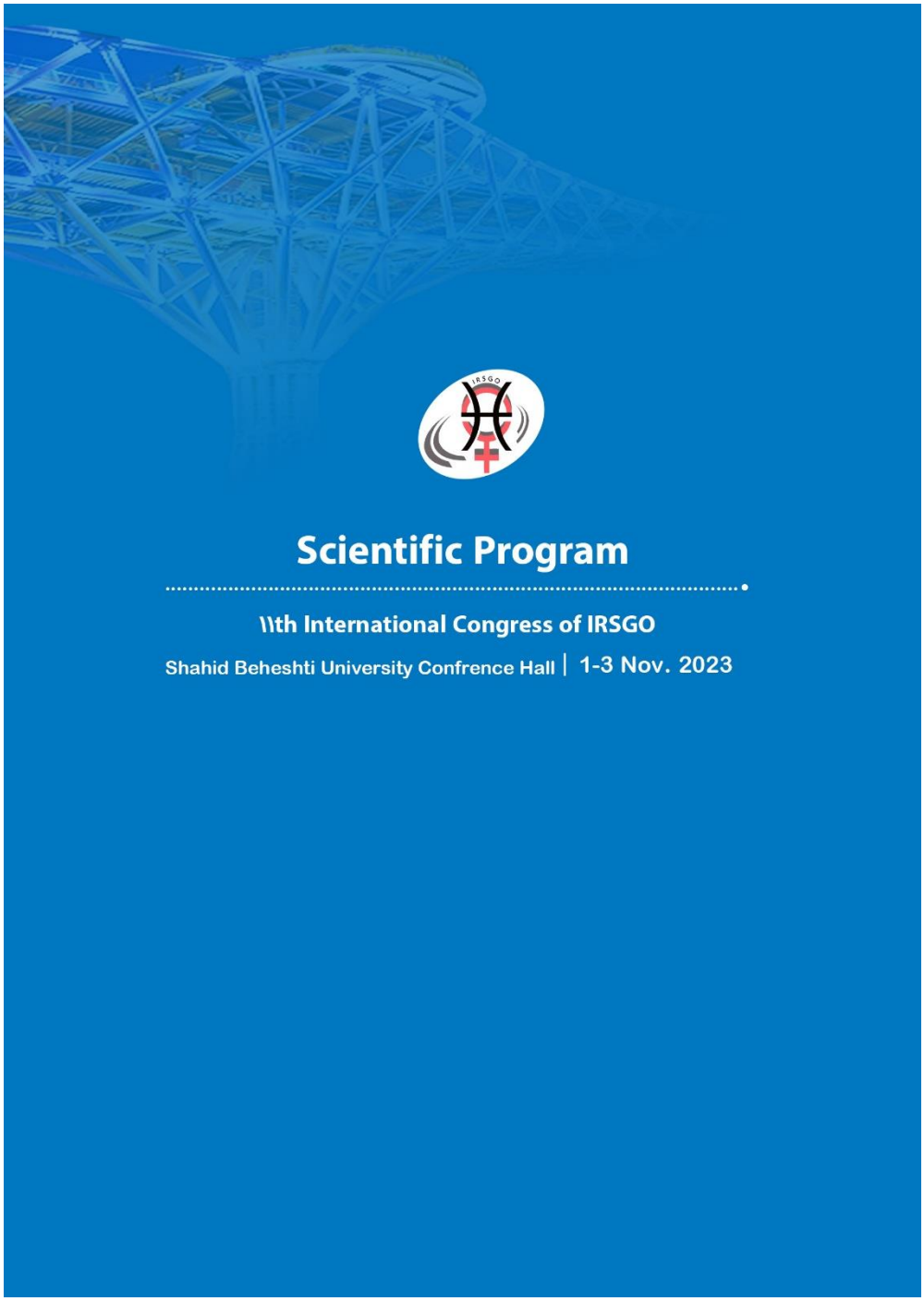
Urmia Univ. Med. Sci.

"International Speaker"

Prof. Parviz Hanjani

Temple University, USA

The First Gynecology Oncology Department was established in Tehran University of Medical Sciences in 1993 by Professor Hanjani.


Scientific Program
\\th International Congress of IRSGO
Shahid Beheshti University Confrence Hall | 1-3 Nov. 2023

1st Day Program (morning) – Main Hall 11th IRSGO Congress (1st Nov 2023, Wednesday)		
Scientific session: Endometrial Cancer **Chair Persons:** Dr.Alavi.MH, Dr.Mousavi.A, Dr.Tabatabaeefar.M, Dr.Tehranian.A		
8:00 - 8:10	Oral presentation: Concordance Between Intracervical and Fundal Injections for Sentinel Node Mapping in Patients with Endometrial Cancer?	Dr.Farazestanian.M
8:10 - 8:30	Impact of molecular and IHC assessment in endometrial cancer	Dr.Sarmadi.S
8:30 – 8:50	New staging in endometrial cancer	Dr. Farzaneh.F
8:50-9:20	**Welcome and opening**	Dr. Akhavan.S: President of Congress Dr.Raeeszadeh.M : President of medical association of Iran Dr.Sheikh hasani.Sh : Scientific Manager of Congress
9:20 – 9:55	Summary of progress in treatment of gynecological malignancies	Dr. Hanjani.P
10:00 - 10:30	**Break, Posters and exhibition (Papsmear challenges Symposium)**	
Chair Persons: Dr.Anbiaee.R, Dr Modarres.M, Dr Sanjari.N, Dr Vahidi.Sh		
10:30 - 10:45	Practical challenges in Conservative management of Endometrial Cancer	Dr.Tehranian.A
10:45 - 11:00	Management of recurrent endometrial cancer	Dr.Malekzadeh.M
11:00 - 11:10	How to separate primary endometrial serous carcinoma from ovarian or tubal serous carcinoma	Dr. Rafizadeh.M Maisa Lab.
11:10 – 11:25	Updates of SLN in Endometrial Cancer	Dr.Yousefi.Z
11:25 – 11:35	Oral presentation: The effect of herbal mixture extract on endometrial histology in patients with disordered proliferative endometrium and simple hyperplasia	Dr.Mostafa Gharebaghi.P
11:35 - 12:35	**Panel Discussion**: Adjuvant treatment in Endometrial Cancer **Director**: Dr.Behtash.N **Members**: Dr.Ameri.A, Dr.Hanjani.P, Dr.Izadimood.N, Dr.Jafari.A, Dr.Madah.A, Dr.Moradi.B	
12:35 – 13:00	Question and Answer	
13:00 - 14:00	**Praying and Lunch**	

1st Day Program (evening) – Main Hall 11th IRSGO Congress (1st Nov 2023 ,Wednesday)		
Scientific session: General **Chair Persons:** Dr.Karimizarchi.M, D.Najib.F, Dr.Shahverdi.Z, Dr.Sheikh hasani.Sh		
14:00 – 14:15	ERAS in Gyn-Oncology	Dr.Talayeh.M
14:15 – 14:30	Radiotherapy complications in Gynecologic cancers	Dr.Dehghan.HR
14:30 – 14:45	Genetic consult in Endometrial Cancer	Dr.Majidzadeh.K
14:45 – 15:00	Legal Challenges in Gynecology Oncology	Dr.Aghakhani.K
15:00 – 16:00	**Panel Discussion:** Role of minimally invasive surgeries in management of ovarian tumors **Director:** Dr.Hashemi,F **Members:** Dr.Asgari.Z, Dr.Esmaeelzadeh.A, Dr.Ghafoorian.Sh, Dr.Mohammadi.B Dr.Sheikh hasani.Sh	
16:00 - 16:10	Oral presentation: Comparative Investigation of Color Doppler Ultrasonography Parameters of the Uterine Artery in Patients with Post-molar GTN and Patients Re- covered from Molar Pregnancy and its Role in Predicting the Probability of Occurrence	Dr.Jahani.N
16:10 – 16:15	Question and Answer	
16:15 - 17:15	**Panel Discussion**: Uterine Sarcoma **Director**: Dr.Elmizadeh.Kh **Members**: Dr.Ashraf Ganjoei.T, Dr.Ghaffarizadeh.F, Dr.Mafi.A, Dr.Parviz.S, Dr.Shirvani.Z	

"Papsmear Challenges Symposium"		
1st Nov 2023 - Wednesday	10:00 – 11:00	Allameh Tabatabaee Hall
Director: Dr.Peydayesh.M **Members:** Dr.Nakhostin.F, Dr.Pirzadeh.L, Dr.Yousefnezhad.A		

2nd Day Program (morning) – Main Hall 11th IRSGO Congress (2nd Nov 2023 ,Thursday)		
Scientific session: Cervical Cancer		
Chair Persons: Dr Esmati.E, Dr.Ghaemmaghami.F, Dr.Kashanian.M, Dr.Yarandi.F		
8:00 – 8:20	Diagnosis & treatment of non-cervical HPV associated lesions	Dr.Karimizarchi.M
8:20 – 8:30	Oral presentation: Chemo-radiotherapy after neoadjuvant chemotherapy and radical hysterectomy in women with stage IB-IIB cervical cancer: Do we need to change the therapeutic approach?	Dr.Nikfar.S
8:30 – 8:50	Management of unusual pathologies in cervical cancer	Dr.Aminimoghaddam.S
8:50 – 9:10	Role of Neoadjuvant chemotherapy in cervical cancer	Dr.Akhavan.S
9:10 – 9:20	Discoordination of pathologic and colposcopic findings in CIN	Dr.Shiravi.M Maisa Lab.
9:20 – 9:40	Impact of HPV Genotyping and molecular testing in detection and diagnosis of cervical lesions	Dr.Ghaemmaghami.F
9:40 – 10:00	Management of recurrent cervical cancer	Dr.Hoseini.M
10:00 - 10:30	**Break, Posters and Exhibition (Zist tashkhis Farda Co. HPV Symposium)**	
10:30 - 11:30	**Panel Discussion:** Less radical treatment in early stage of cervical cancer **Director:** Dr.Mousavi.A **Members:** Dr.Hashemi.R, Dr.Malek.M, Dr.Mirzaeeyan.E, Dr.Shirali.E	
Chair Persons: Dr.Akhavan.S, Dr.Arab.M, Dr.Ashraf Ganjoei.T, Dr.Ghaffari.P		
11:30 – 11:40	HPV vaccination: Papilloguard	Dr.Kazem Ali Arta pharmed Co.
11:40 – 12:00	Reinfection vs reactivation in HPV infection	Dr.Yarandi.F
12:00 – 12:20	Impact of SLN in cervical cancer	Dr.Hasanzadeh.M
12:20 – 12:40	Updates of HPV Vaccination &Cervical cancer screening in Iran	Dr.Allameh.FZ
12:40 – 12:50	HPV testing	Dr.Noori.S Farvardin Lab.
12:50 – 13:00	Question and Answer	
13:00 - 14:00	**Praying, Lunch and Exhibition (Tasnimbehboud Arman Co. Cervical Sympousium)**	

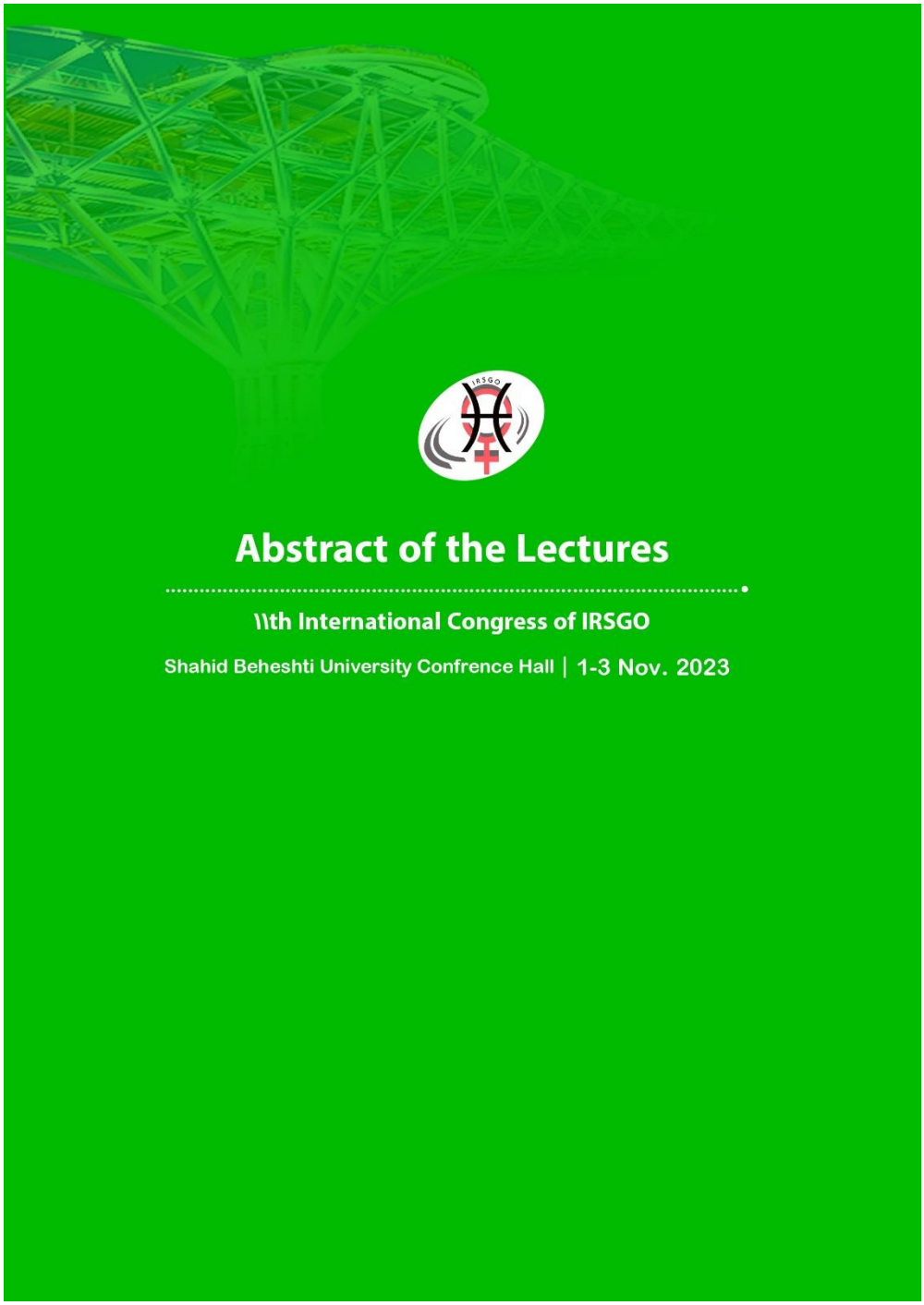
"HPV Symposium"		
2nd Nov 2023 - Thursday	10:00 – 10:30 **Zist tashkhis Farda Co.**	Allameh Tabatabaee Hall
Topic: Cervical cancer screening & HPV testing **Members:** Dr.Yarandi.F, Mr.Naghizadeh		

"Cervical Symposium"		
2nd Nov 2023 - Thursday	13:00 – 14:00 **Tasnimbehboud Arman Co.**	Allameh Tabatabaee Hall
Topic: CIN Management & Conization **Members:** Dr.Ghanbari Motlagh.A, Dr.Khansarizadeh.B, Dr.Shirali.E		

2nd Day Program (evening) – Main Hall 11th IRSGO Congress (2nd Nov 2023, Thursday)		
Scientific Session: Vulvar and Cervical diseases		
14:00-15:00	**Panel Discussion:** Vulvar Disease **Director:** Dr.Mirzai.M **Members:** Dr.Amouzgar hashemi.F, Dr.Gholami.H, Dr.Panahi.M, Dr.Zamani.N	
15:00-16:00	**Panel Discussion:** Cervical dysplasia **Director:** Dr.Vaezi.M **Members:** Dr.Moridi.A, Dr.Seyfollahi.A, Dr.Yousefi.Z	
16:00 – 16:10	Oral Presentation: Palliative Care: A Vital Component in Cervical Cancer Management	Dr.khorsand.G
16:10 – 16:15	Question & Answer	
Scientific Session: GTN		
16:15– 17:15	**Panel Discussion:** GTN **Director:** Dr.Nasiri.S **Members**: Dr.Ameli.F, Dr.Ghadyani.M, Dr.Ghahghaee.A, Dr.Yousefi Sharemi.R	

3rd Day Program (morning) – Main Hall 11th IRSGO Congress (3rd Nov 2023, Friday)		
Scientific Session: Ovarian Cancer		
Chair Persons: Dr.Kazemi.S, Dr.Mohit.M, Dr.Mostafa Gharebaghi.P, Dr.Sayyahmalli.M		
8:00 - 8:15	Personalization in gynecologic cancer treatment	Dr.Adeli.P
8:15 – 8:30	Essential issue for clinicians to know about sex-cord tumor pathology	Dr. Monsef .B
8:30 – 8:45	Updates of HIPEC in treatment of Ovarian cancer	Dr.Akhavan Moghaddam.J
8:45 – 8:55	Oral presentation: Evaluation of optimal number of neoadjuvant chemotherapy cycles and cytoreductive surgery in women with ovarian cancer	Dr.Moradpanah.S
8:55 – 9:10	Management of low grade ovarian cancer	Dr.Jafari Shobeiri.M
9:10 – 9:30	Neoadjuvant chemotherapy in treatment of epithelial ovarian cancers	Dr.Arab.M
9:30 – 9:45	PARP inhibitors, immune checkpoint inhibitors in treatment of ovarian cancer	Dr.Najafi.S
9:45 – 9:55	HPV vaccination according to Eurogin 2023	Dr.Bayat.M (MSD Co.)
9:55 – 10:00	Question & Answer	
10:00 - 10:30	**Break & Posters (Dena Lab. Pole mutation Sympousium)**	
Chair Persons: Dr.Allameh.FZ, Dr.Behtash.N, Dr.Hosseini.M, Dr.Yousefi.Z		
10:30 – 10:50	Management of Non-epithelial Ovarian Cancer	Dr.Behnamfar.F
10:50 – 11:05	Fertility Preservation in Ovarian Cancer	Dr.Sayyahmeli.M
11:05 – 11:15	Question & Answer	
11:15 – 12:15	**Panel Discussion:** Management of Ovarian Mucinous tumors **Director:** Dr.Mohit.M **Members**: Dr.Esfandbod, Dr.Modarres Gilani.M, Dr.Nazari.Z, Dr.Nili.F, Dr.Rezai.A, Dr.Sanei.M	
12:15 – 12:30	**closing**	

"Dena Lab. Symposium"		
3rd Nov 2023 - Friday	10:00 – 10:30	Allameh Tabatabaee Hall
Topic: Molecular classification and POLE mutation in Endometrial Cancer **Members:** Dr.Garshasbi.M, Dr.Mohit.M		


Abstract of the Lectures
\\th International Congress of IRSGO
Shahid Beheshti University Confrence Hall | 1-3 Nov. 2023

List of the Abstract of the Lectures

No	Speaker	Title
1	Fatemeh Zahra Sadat Allame	Vaccination and Cervical Cancer Screening
2	Soheila Aminimoghadam	Management of Unusual Cervical Cancer Pathology
3	Fariba Behnamfar	Non-epithelial ovarian cancer
4	Hamidreza Dehghan	Radiotherapy Complications in Gynecologic Cancers
5	Khadijeh Elmizadeh	Uterine Sarcoma
6	Akram Ghahghaei Nezamabadi	Molar Pregnancy at a Glance
7	Mona Malekzadeh Moghani	Approach to Recurrence/Metastatic Endometrial Cancer
8	Maliheh Hasanzadeh	Sentinel Node Biopsy for Lymph Nodal Staging of Uterine Cervix Cancer
9	Mitra Mohit	Mucinous Ovarian Cancer: Diagnostic and Therapeutic Challenges
10	Manizheh Sayyah Melli	Fertility-Sparing Surgery (FSS) in Ovarian Cancer
11	Afsaneh Tehranian	Clinical Problems in Conservative Treatment of Endometrial Cancer
12	Maryam Vaezi	Precancerous cervical lesions
13	Zohreh Yousefi	New Aspect of Sentinel Lymph Biopsy in Endometrial Cancer

List of the Oral Presentations

No	Speaker	Title
1	Marjaneh Farazestanian	Concordance Between Intracervical and Fundal Injections for Sentinel Node Mapping in Patients with Endometrial Cancer?
2	Najmeh Jahani	Comparative Investigation of Color Doppler Ultrasonography Parameters of the Uterine Artery in Patients with Post-molar GTN and Patients Re- covered from Molar Pregnancy and its Role in Predicting the Probability of Occurrence
3	Golnar Khorsand	Palliative Care: A Vital Component in Cervical Cancer Management
4	Somayeh Moradpanah	Evaluation of Optimal Number of Neoadjuvant Chemotherapy Cycles and Cytoreductive Surgery in Women with Ovarian Cancer
5	Parvin Mostafa Gharabaghi	The Effect of Herbal Mixture Extract on Endometrial Histology in Patients with Disordered Proliferative Endometrium and Simple Hyperplasia
6	Somayeh Nikfar	Chemo-Radiotherapy After Neoadjuvant Chemotherapy and Radical Hysterectomy in Women with Stage IB-IIB Cervical Cancer: Do We Need to Change the Therapeutic Approach?

List of the Posters

No	Speaker	Title
1	Mohammad Dorchin	The Effectiveness of Stress Coping Training on Immune System and Pain Level in Patients with Breast Cancer Referred to Raha Oncology Center – Dezful
2	Mohammad Dorchin	The role of BRCA1 and BRCA2 Genes in Breast Cancer in the North of Khuzestan Province (Dezful) of Iran
3	Maryam Esmaeilpour	Mixed Endometrioid Clear Cell Carcinoma of the Ovary: A Case Report
4	Elham Feizabad	The Effect of Uterus Manipulator Usage in Total Abdominal Hysterectomy
5	Sedigheh Ghasemian Dizaj Mehr	Unusual Feature of Mature Cystic Teratoma: Multiple Intra Cystic Spherical Structures: Case-Report
6	Sedigheh Ghasemian Dizaj Mehr	Tubo-Ovarian Abscess with Highly Evaluated CA125 Level is Misdiagnosed as Ovarian Cancer: A Case Report
7	Zahra Honarvar	Investigating the Accuracy of Doppler Ultrasound in Detecting Malignant Lesions from Benign Endometrial Changes in Patients Taking Tamoxifen
8	Zahra Honarvar	Comparison of the Prevalence of Abnormal Cervical Lesions in Women with Infertility Problems and Fertile Women: A Cross-Sectional Study
9	Fatemeh Kargar	The Significance of Renewing Intensive Lymph Therapy Courses in the Prevention of Exacerbation and Recurrence of Breast Cancer Related Lymphedema (BCRL)
10	Fatemeh Kargar	The Impact of Palliative supportive Care on the Psychosocial Well-being of Breast Cancer Patients with Lymphedema Referred to the Palliative Care Department at the Iranian Cancer Control Center (MACSA)
11	Shima Mohamadian	Primary Fallopian Tube HIGH GRADE SEROSE Carcinoma: A Case Report

No	Speaker	Title
12	Fahimeh Nokhostin	Is Not It the Time to Change the Treatment of Intermediate-Risk Patients Suffering from Gestational Trophoblastic Neoplasia?
13	Fahimeh Nokhostin	The Role of Neoadjuvant Chemotherapy in Non-SCC of the Cervix: A Systematic Review
14	Mohades Peydayesh	Endometrial Stromal Nodule: Report of a Case
15	Sara Pourseyed	Recurrence Pattern in Women with Early-Stage Epithelial Ovarian Cancer in South of Iran
16	Elham Shah Hosseini	A Case Report of Ovarian Fibrothecoma in Premenopausal Women with Recently Amenorrhea
17	Roya Tabatabaei	Investigation of Recurrence and 5-Year Survival Rate in Patients with Borderline Ovarian Tumors and Related Factors in Kurdistan Province
18	Negar Sadat Taheri	Assessment of Programmed Cell Death Protein 1 and Programmed Cell Death Ligand1 Expression in Gestational Trophoblastic Neoplasia
19	Seyedeh Reyhaneh Yousefi Sharami	Investigation of Recurrence and 5-Year Survival Rate in Patients with Borderline Ovarian Tumors and Related Factors in Kurdistan Province


Abstract of the Lectures
\\th International Congress of IRSGO
Shahid Beheshti University Confrence Hall | 1-3 Nov. 2023

1) Vaccination and Cervical Cancer Screening

Fatemeh Zahra Sadat Allame

Department of Gynecology Oncology, Isfahan University of Medical Sciences, Isfahan, Iran

Vaccination with 9-valent, quadrivalent, or bivalent HPV vaccine provides a direct benefit to female and male recipients by safely protecting against cancers (eg oropharyngeal, vulvar, vaginal, cervical, penile, and anal) that can result from persistent high-risk HPV infection. Quadrivalent and 9-valent vaccine also protect against anogenital warts. HPV vaccine should be administered at 11 to 12 years of age. It can be administered starting at 9 years of age. For adolescents and adults aged 13 to 26 years who have not been previously vaccinated or who have not completed the vaccine series, catch-up vaccination is recommended.

ALSO offer vaccination IN

Previously unvaccinated adults aged 27 to 45 years who have a low likelihood of prior HPV exposure (eg, no prior sexual experience or a limited number of prior sexual partners) but have a future risk of HPV exposure (eg, new sexual partners) and Health care workers who have repeated exposure to HPV. For immunocompetent individuals starting any HPV vaccine series when they are younger than 15 years old, two- rather than a three-dose vaccine series are administered at least six months apart. For individuals starting any HPV vaccine series at 15 years and older, the HPV vaccine is administered in three doses at 0, at 1 to 2 months, and at 6 months. Immunocompromised patients, regardless of age, should also receive a three-dose series HPV vaccination during pregnancy is typically avoided cervical cancer screening (USPSTF) guidelines 2018 screening at the age of 21 with cervical cytology every three years. For patients ages 30 to 65, continue cervical cancer screening with any of the following strategies:

-Primary HPV testing (with a test approved by the US Food and Drug Administration [FDA]) every five years; or

- Co-testing (Pap and HPV testing) every five years

Or

- Pap test alone every three years

discontinue screening after 65 or 74 If adequate prior and all normal screening? The ACS recommends initiating screening at the age of 25 with FDA-approved primary HPV testing.

2) Management of Unusual Cervical Cancer Pathology

Soheila Aminimoghadam

Department of Gynecology Oncology, Iran University of Medical Sciences, Tehran, Iran (aminimoghaddam.s@Iums.ac.ir)

The most common pathology in cervical cancer is S.C.C. in 70% and Adenocarcinoma in 25%.
Independent HPV adenocarcinoma (gastric type, clear cell, mesonephric) and S.C.C. HPV independent carcinoma are rare. Adenosquamous carcinosarcoma, adenosarcoma, lymphoma, neuroendocrine tumors are another rare type. Due to rarity, consultation with another gynecologist athologist and management in multidisciplinary team is advised.

3) Non-Epithelial Ovarian Cancer

Fariba Behnamfar

Department of Gynecology Oncology, Iran University of Medical Sciences, Tehran, Iran (f_behnamfar@yahoo.com)

Non-epithelial ovarian cancers are uncommon and account for about 10-15% all ovarian cancer. they include germ cell tumor, sex cord stromal tumor, metastatic carcinoma to the ovary and some extremely rare tumors such as small cell carcinoma, sarcoma and lipoid cell tumors. Germ cell tumors are derived from the primordial cells, malignant germ cell tumors can arise in extragonadal sites such as the mediastinum and retroperitonem. GCTs divided into dysgerminomas and nondysgerminomas (including primarily yolk salk tumor and immature teratoma). GCTs account for about 20-25% of all ovarian neoplasm and about 3% of these tumors are malignant. GCTs most often occur in children and young woman aged 10-30 years. Sex cord stromal tumors account for 5-8% of all ovarian neoplasm and derived from the sex cord and ovarian stroma or mesenchyme. This group includes Geranulosa cell tumor, thecoma and fibroma. GrCT is the most frequent type and low-grade malignancy. SCSTs are mainly diagnosed in older age group, increase in frequency during the fourth and fifth decades of age.

Symptoms can include abdominal pain, abdominopelvic mass abdominal distension, fever, vaginal bleeding and

Precocious puberty. Diagnostic work up includes pelvic ultrasound, abdominopelvic CT scan and CXR. Biochemical marker includes serum beta HCG, alpha fetoprotein (AFP), LDH level, inhibin (A and B), is more frequently elevated. The first choice of treatment is surgery, complete surgical staging is not necessary because lymph node metastases in this case is very low, due to high chemotherapy sensitivity of GCTs the recommended surgical staging is much less aggressive. Platinum-based chemotherapy remains the standard of care.

Conclusion: NEOCs are a heterogenous group of rare tumors that affect young women. Patients with GCT have an excellent prognosis.

4) Radiotherapy Complications in Gynecologic Cancers

Hamidreza Dehghan

Department of Radiology Oncology, Iran University of Medical Sciences, Tehran, Iran (dehghanhamidreza@gmail.com)

Radiation therapy (RT) represents an important therapeutic component in the management of many gynecologic malignancies. Therefore, an understanding of potential side effects is important for patient management and survivorship issues. Some patients with a gynecologic cancer may be at higher risk for RT-related toxicity.

These include patients with active collagen vascular disease, inflammatory bowel disease (IBD), and vascular disorders (including diabetes and hypertension). RT can be associated with side effects that can occur at any time during treatment or even years later.

Acute toxicities refer to those with onset during or shortly after the course of treatment. Subacute toxicities are those that initially manifest 4 to 12 weeks after RT has been completed. Late toxicities are those occurring after three months.

Acute RT-related cystitis can be a common complication with conventionally dosed pelvic RT, although the incidence is highly variable. It can be associated with irritative voiding symptoms (dysuria, frequency, urgency, and nocturia) and bladder spasms. It is due to RT-induced bladder inflammation and edema, which can compromise urothelial integrity. When they occur during RT, the symptoms typically resolve in one to two weeks after completing therapy.

Late GU toxicities generally arise as a result of RT-induced epithelial and microvascular changes, which can lead to changes in bladder physiology. These can result in a similar spectrum of lower urinary tract symptoms to that seen in the acute phase, such as urgency and frequency, which is often attributed to bladder overactivity or contraction. With significant contraction, bladder dysfunction can result in urge incontinence. However, at expected doses of external-beam RT employed for gynecologic cancers (40 to 50 Gy), the likelihood of serious lasting side effects is low.

The small bowel is very sensitive to the early effects of RT, and when it is contained within the RT field, radiation injury can present acutely as nausea, vomiting, and diarrhea. However, the treatment of acute radiation injury is largely symptomatic. Probiotics during radiation may be useful as a preventative strategy. The symptoms of late GI toxicity include chronic diarrhea, malabsorption, recurrent bouts of ileus or obstruction, and the development of mucosal telangiectasias or ulcerations. Advances in radiation techniques, including use of intensity-modulated RT and image-guided brachytherapy (BT), have resulted in a reduction in the incidence and severity of late GI toxicity.

Vaginal toxicity is common for women undergoing treatment for cervical and uterine cancer, in which cases, either pelvic RT or vaginal BT is often administered. This can lead to sexual dysfunction and interfere with quality of life.

5) Uterine Sarcoma

Khadijeh Elmizadeh

Department of Gynecology Oncology, Qazvin University of Medical Science, Qazvin, Iran (parisa_elmizadeh@yahoo.com)

Uterine sarcomas arise from the myometrium or the connective tissue elements of the endometrium and account for less than 10 percent of uterine cancers. They often behave aggressively and have a poorer prognosis than endometrioid adenocarcinoma. Uterine sarcomas are rare tumors. Tamoxifen, pelvic radiation, and some hereditary conditions are probable risk factors for uterine sarcoma. Signs and symptoms of uterine sarcoma typically include abnormal uterine bleeding, pelvic pain or pressure, or a uterine mass, although some patients are asymptomatic.

The diagnosis of uterine sarcoma is based upon histologic 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. Leiomyosarcomas typically have prominent cellular atypia, abundant mitoses (≥10 per 10 high-power fields), and areas of coagulative necrosis which is called Stanford criteria. There are three main subtypes of leiomyosarcoma: Spindle cell tumors, epithelioid and myxoid types.

LMS is typically diagnosed postoperatively, but in rare cases it is diagnosed with endometrial sampling preoperatively or with frozen section intraoperatively. There is no single preoperative test that can reliably differentiate benign from malignant uterine disease.

For patients with LMS that is confined to the uterus at the time of surgery, it is necessary to do a total hysterectomy. There was no difference in overall survival among patients who underwent a BSO compared with those who did not. Routine lymphadenectomy should not be performed in patients with uterine LMS confined to the uterus and normal-appearing lymph nodes. Pelvic lymphadenectomy is performed for patients if the pelvic nodes are palpably enlarged intraoperatively or there is evidence of extrauterine disease. For patients who underwent a supracervical hysterectomy or myomectomy, removal of the cervix or hysterectomy and resection of any residual disease is mandatory. For patients in whom the tumor was morcellated at the time of surgery, surgical exploration is suggested to assess residual disease and resection of disease if complete resection is possible.

If the disease is limited to the body of the uterus, observation is suggested rather than adjuvant chemotherapy. Chemotherapy is suggested for patients with stage III or IV LMS that is completely resected. For patients with metastatic, unresectable disease, treatment is administered with palliative intent. Chemotherapy is a reasonable option for patients with metastatic LMS who maintain a good performance status. For all patients with newly diagnosed LMS, surveillance examinations and imaging are recommended due to the high risk of relapse, regardless of stage.

6) Molar Pregnancy at a Glance

Akram Ghahghaei Bezamabadi

Department of Gynecology Oncology, Tehran University of Medical Science, Tehtan, Iran (agna57@yahoo.com)

Uterine sarcomas arise from the myometrium or the connective tissue elements of the endometrium and account for less than 10 percent of uterine cancers. They often behave aggressively and have a poorer prognosis than endometrioid adenocarcinoma. Uterine sarcomas are rare tumors. Tamoxifen, pelvic radiation, and some hereditary conditions are probable risk factors for uterine sarcoma. Signs and symptoms of uterine sarcoma typically include abnormal uterine bleeding, pelvic pain or pressure, or a uterine mass, although some patients are asymptomatic.

The diagnosis of uterine sarcoma is based upon histologic 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. Leiomyosarcomas typically have prominent cellular atypia, abundant mitoses (≥10 per 10 high-power fields), and areas of coagulative necrosis which is called Stanford criteria. There are three main subtypes of leiomyosarcoma: Spindle cell tumors, epithelioid and myxoid types.

LMS is typically diagnosed postoperatively, but in rare cases it is diagnosed with endometrial sampling preoperatively or with frozen section intraoperatively. There is no single preoperative test that can reliably differentiate benign from malignant uterine disease.

For patients with LMS that is confined to the uterus at the time of surgery, it is necessary to do a total hysterectomy. There was no difference in overall survival among patients who underwent a BSO compared with those who did not. Routine lymphadenectomy should not be performed in patients with uterine LMS confined to the uterus and normal-appearing lymph nodes. Pelvic lymphadenectomy is performed for patients if the pelvic nodes are palpably enlarged intraoperatively or there is evidence of extrauterine disease. For patients who underwent a supracervical hysterectomy or myomectomy, removal of the cervix or hysterectomy and resection of any residual disease is mandatory. For patients in whom the tumor was morcellated at the time of surgery, surgical exploration is suggested to assess residual disease and resection of disease if complete resection is possible.

If the disease is limited to the body of the uterus, observation is suggested rather than adjuvant chemotherapy. Chemotherapy is suggested for patients with stage III or IV LMS that is completely resected. For patients with metastatic, unresectable disease, treatment is administered with palliative intent. Chemotherapy is a reasonable option for patients with metastatic LMS who maintain a good performance status. For all patients with newly diagnosed LMS, surveillance examinations and imaging are recommended due to the high risk of relapse, regardless of stage.

7) Approach to Recurrence/Metastatic Endometrial Cancer

Mona Malekzadeh

Department of Gynecology Oncology, Shahid Beheshti University of Medical Science, Tehran, Iran (m.malekzadeh20@gmail.com)

Recurrences occur in approximately 20% of endometrioid and 50% of non-endometrioid cases. The risk of developing recurrence is associated with stage, grading, lymphovascular-space invasion (LVSI), depth of myometrial invasion, histotype and molecular profile. Despite optimal surgical and adjuvant treatment, 7–15% of early stage (I-II) patients present with recurrent disease. This can be locoregional recurrence, distant metastasis or both. About 50% of the patients with a recurrence have locoregional disease, 25% present with distant recurrence, and the remaining 25% have both.

The first action for recurrence in uterine adenocarcinoma is case presentation and discussion in multi-disciplinary tumor board. Some factors determine the patient management. One of them is history of previous radiotherapy and even the method of this radiation (External beam or Brachytherapy or both). Laparoscopic assisted brachytherapy and using MR linac could be beneficial to improve results of reirradiation.

The second factor is the possibility of resection and morbidity of the operation; there are some evidences that neoadjuvant chemotherapy could be helpful for complete resection. it is obvious that the number of metastasis has a significant impact in resection or ablation of them.

For systemic treatment, albeit the first line is chemotherapy (plus, minus immunotherapy) but there are some trials that are investigated the role of immunotherapy and target therapy in first line. There is an established correlation between the microsatellite instability in tumoral cells and response to immunotherapy. Besides these, hormone manipulation keeps its role in systemic treatment.

8) Sentinel Node Biopsy for Lymph Nodal Staging of Uterine Cervix Cancer

Maliheh Hasanzadeh

Department of Gynecology Oncology, Mashhad University of Medical Science, Tehran, Iran (hasanzademofradm@mums.ac.ir)

Background: Pelvic lymphadenectomy has long been considered the standard procedure of lymph nodal staging in early cervical cancer. On the other hand, prevalence of lymph nodal involvement in early-stage cervical cancer is estimated to be approximately 15–20%. This means that the majority of early cervical cancer patients who undergo pelvic lymph node dissection will not gain any benefit from the procedure while being subjected to considerable complications and morbidities. As the sentinel lymph node is the first site of tumor metastasis, pathological condition of sentinel node should reflect metastatic disease in the other lymph nodes of the basin (non-sentinel lymph nodes). Therefore, lymphatic mapping and sentinel lymph node biopsy can make full regional lymphadenectomy unnecessary in a large number of patients. We reviewed the available literature regarding sentinel node mapping in cancers of the uterine cervix and the researches that done in our department and presenting the results in this congress.

Methods: MEDLINE and Scopus were searched by using “sentinel and (cervix OR cervical)” as key words. Studies evaluating the accuracy of sentinel node mapping in the lymph nodal staging of uterine cervical cancers were included if enough data could be extracted for calculation of detection rate and/or sensitivity. So, we present the researches in our department.

Conclusion: Sentinel node mapping is an accurate method for the assessment of lymph nodal involvement in uterine cervical cancers. Selection of a population with small tumor size and lower stage will ensure the lowest false negative rate. Lymphatic mapping can also detect sentinel nodes outside of routine lymphadenectomy areas providing additional histological information which can improve the staging.

9) Mucinous Ovarian Cancer: Diagnostic and Therapeutic Challenges

Mitra Mohit

Department of Gynecology Oncology, Tehran Islamic Azad University of Medical Sciences, Tehran, Iran (mitramohita@gmail.com)

Panelists: Mucinous ovarian cancer (MOC), is a rare subtype (3%) of epithelial ovarian carcinoma. These tumors have distinct clinical presentation, histopathological characteristics, response to standard treatment modalities, molecular markers and prognosis. In this panel we are going to discuss these aspects of this rare ovarian tumor. It is the most common EOC in young women.

Clinical presentation: Up to 80% of MOCs present as early-stage disease with excellent prognosis. Advanced stage MOC have a worse prognosis than high grade serous carcinoma due to resistance to platinum-based chemotherapy.

Histopathological characteristics: The diagnosis of MOC is still challenging for pathologists and more than 60 percent are diagnosed as metastatic mucinous carcinoma in experts' review. It is difficult to diagnose primary MOC from metastatic one only by microscopic study. The clinical characteristics (Seidman criteria) and IHC profile may guide pathologists in reaching an accurate diagnosis. Diagnosis of borderline mucinous tumor is another challenge; tumors are usually very large and exact and multiple sampling is needed.

Surgical management: Due to rarity of these tumors some surgical aspects of management of MOC are still uncertain. Routine pelvic and para-aortic lymphadenectomy can be omitted in grossly expansile-type MOC but should be performed in infiltrative type tumors. The benefit of performing routine removal of appendix is still uncertain. Conservative surgery can be considered in young, selected patients after proper counseling. Similar to all EOCs in advanced disease optimal cytoreductive surgery and amount of residual disease are the most important prognostic factor.

Response to standard chemotherapy regimens: It is known that MOC is chemotherapy-resistant or that it does not respond to the standard chemotherapy regimens. At present there is no evidence for better treatment options and there is no successful prospective phase II or III randomized clinical trials directed specifically to MOC. It is very difficult to obtain high-level data on rare tumors.

Molecular markers and targeted therapy: KRAS mutation and HER2 amplification are frequent in MOC and are mutually exclusive. These molecular alterations open the door for molecularly guided approach.

Kommoss et al. suggested three subdivisions of MOC based on molecular subtypes, namely: HER2

over amplification, KRAS mutations, and tumors with neither KRAS nor HER2 abnormalities Early data of cetuximab and trastuzumab are promising. Platinum-based chemotherapy may be more successful in MOCs with positive TP53

mutations. Novel targeted therapy advancement in this rare type of EOC is anticipated.

10) **Fertility-Sparing Surgery (FSS) in Ovarian Cancer**

Manizheh Sayyah Melli

Women's Reproductive Health Research Center, Tabriz University of Medical Sciences, Tabriz, Iran (manizhejh.sayyahmelli@gmail.com)

Abstract

Fertility preservation is one of the most important goals of ovarian cancer management in reproductive-age women. The aim in an oncology setting is to preserve an organ's functionality and to avoid radical resection when possible. In these patients, surgical and non-surgical fertility-preserving approaches is used to improve sexual function and psychological well-being. Although most patients with epithelial ovarian cancer (EOC) undergo radical surgery, patients with early-stage disease, borderline ovarian tumor (BOT) or a non-epithelial tumor could be offered FSS depending on histologic subtypes and prognostic factors. FSS gives good fertility results for patients with BOT, even if peritoneal implants are discovered, or at least part of one ovary is preserved. In children and adolescents, the prognosis is excellent, even in advanced stages. Women with mucinous BOT should undergo initial unilateral salpingo-oophorectomy. If infertility persists after surgery, ART can be initiated in patients with stage I BOT. For patients with EOC, FSS should only be considered after staging for women with stage IA grade 1 (and probably 2 or low-grade). For women with serous, mucinous or endometrioid high-grade stage IA or low-grade stage IC1 or IC2 EOC, BSO and uterine conservation could be offered to allow pregnancy by egg donation. FSS has a large role to play in patients with non- EOC, and particularly women with MOGCT, even if peritoneal implants are discovered at the time of initial surgery. Alternatives to FSS include embryo cryopreservation and oocyte cryopreservation. For all patients an oncofertility consultation should be discussed.

11) Clinical Problems in Conservative Treatment of Endometrial Cancer

Afsaneh Tehranian

Department of Gynecology Oncology, Tehran University of Medical Science, Tehran, Iran (afsanehtehranian@yahoo.com)

Abstract

Endometrial cancer (EC) is the most common gynecologic cancer in the world. Its incidence rate is increasing due to the increment of obesity and life expectancy. The average age at the time of diagnosis is 63 years old, and the incidence in women under 40 is 4.5%. The standard treatment of EC is total hysterectomy, bilateral salpingo-oophorectomy, and retroperitoneal lymph nodes assessment. While treatment for young women who want to save fertility is medical. The surgery will be postponed until after completeing childbearing. These patients must be placed in low-risk group of EC. Potential concerns for these patients include: 1- The possibility of undiagnosed advanced cancer 2- possibility of synchronous of ovarian malignancy 3- lack of a tumor specimen may limit detection of Lynch syndrome. These patients must have an infertility consultation, before surgery. If they chose fertility preservation, they should be informed that rate of recurrence, progression, and persistence of the disease is more than standard treatment. Treatment with oral progestin and LNG IUD is recommended. In various studies oral medroxyprogestrone acetate in 200-800 mg has been used and the response rate of 56-75% reported. Also, megestrol acetate was used in some studies with 85% of response rate. The dose of drugs based on balancing efficacy with toxicity. Majority of patients will response to progestin therapy. The mean time for response has been reported 2-9 months. The duration of hormone therapy should be continued after response is unclear. 24-41% of patients will relapse during 15-35 months. There are limited evidences that recurrent patients can be treated with progestin. The response rate with LNG IUD was reported 63-96%. After progestin therapy, the endometrium of patients must be assessed by endometrial sampling every 3 months. Multiple studies reported the pregnancy rate of 35% in these patients. The patients usually have fertility issues such as PCOD, obesity, and chronic anovulation. Therefore, most of them need ART for pregnancy.

12) **Precancerous Cervical Lesions**

Maryam Vaezi

Department of Gynecology Oncology, School of Medicine Women's Reproductive Health Research Center Clinical Research Institute Alzahra Hospital Tabriz University of Medical Sciences, Tabriz, Iran

Introduction: CIN is a premalignant lesion of the uterine cervix that is classified as low grade (CIN 1) or high grade (CIN 2,3) based on the risk of progression to malignancy. In managing patients with CIN, the goal is: To prevent possible progression to invasive cancer while avoiding overtreatment of lesions that are likely to regress. Surveillance or observation is appropriate for some patients with low-risk lesions whereas treatment with an excisional or ablative procedure is recommended for patients with higher risk lesions.

Patients ≥25 years: New-onset CIN 1 and preceding atypical squamous cells of undetermined significance (ASC-US), low-grade squamous intraepithelial lesion (LSIL), or atypical squamous cells cannot exclude high-grade squamous intraepithelial (ASC-H), we recommend observation rather than treatment. Approximately 90 percent of these lesions will either regress to negative or remain CIN 1, saving these patients from a potentially morbid procedure. Follow-up for these patients is with HPV testing in one year. However, treatment rather than observation may be reasonable in some patients (eg, patients in whom long-term follow-up may be difficult, patients who have completed childbearing and are not concerned about future obstetric complications). Persistent CIN 1 (ie, lesions present for ≥2 years), we continue to prefer observation, but treatment is also acceptable.

-CIN 1 and a preceding lesion of high-grade squamous intraepithelial lesion (HSIL) or CIN 2, treatment or observation is acceptable. For most patients, we suggest treatment rather than observation. However, for patients who desire future childbearing and are more concerned about the potential adverse obstetric outcomes (eg, preterm delivery) after an excisional procedure than risk of progression to cervical cancer, observation is a reasonable option. -CIN 3, we recommend treatment with excision or ablation rather than observation. CIN 3 is a direct precursor to cervical cancer; without treatment, up to 40 percent of patients will progress to cervical cancer. With treatment, this risk is essentially eliminated.

Patients <25 years: CIN 1 and preceding lesions that are ASC-US, LSIL, ASC-H, or HSIL, we recommend observation rather than. In young patients, transient HPV infection is common, and the risk of progression to cancer is low for these lesions; treatment, however, is associated with potential adverse obstetric outcomes (eg, preterm delivery). Follow-up for

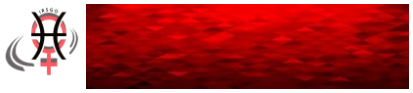
these patients depends on the preceding cytology. For ASC-US and LSIL, repeat cytology is performed in one year; and for HSIL, colposcopy and cytology are performed in one and two years CIN 2, treatment or observation is acceptable. For most patients, we suggest observation rather than treatment. In young patients, approximately 60 percent of these lesions will regress by 24 months, and the risk of progression to cervical cancer is lower than the risk of potential future adverse obstetric outcomes (eg, preterm delivery). Follow-up initially consists of cytology and colposcopy at 6 and 12 months.

CIN 3, we recommend treatment with excision or ablation rather than observation. CIN 3 is a direct precursor to cervical cancer, and with treatment, the risk of progression to cervical cancer is essentially eliminated.

Role of hysterectomy: Hysterectomy is not a first-line treatment for CIN. Hysterectomy is a reasonable option for patients with any of the following: 1-CIN 2,3 and positive excisional margins who have completed childbearing and in whom an additional excisional procedure cannot be performed. 2-Recurrent or persistent CIN 2,3 who have completed childbearing and in whom a repeat excisional procedure is not feasible or desired. 3-Scarring or shortening of the cervix from prior treatments that prohibits a repeat excisional procedure. 4-Unwillingness or inability to comply with long-term follow-up.

Pregnant patients: Pregnant patients with CIN 1 are reevaluated with colposcopy postpartum. Pregnant patients with CIN 2 and 3 in whom invasive cervical cancer is not suspected can be observed with colposcopy and cytology every 12 to 24 weeks during pregnancy, or evaluation can be deferred until postpartum. A biopsy is repeated if the appearance of the lesion worsens or if cytology suggests invasive disease. Endocervical sampling with a curette and endometrial sampling are not performed. Treatment is performed only if invasive disease is suspected.

HPV vaccination: For patients who are candidates for HPV vaccination, a history of cervical dysplasia or genital warts is not a contraindication to vaccination. While vaccination does not have a therapeutic effect on preexisting HPV infection or cervical neoplasia, HPV vaccination is associated with a lower rate of CIN recurrence. Smoke generated from excisional and ablative procedures for CIN can expose the operative team to human papillomavirus (HPV) infection, increasing their risk of HPV-associated upper aerodigestive (nasal and oropharyngeal) disease. Health care workers should use personal protective equipment (eg, N-95 mask) in addition to a smoke evacuation system, and the American Society for Colposcopy and Cervical Pathology suggests that they receive the HPV vaccine, if not already vaccinated.



Timing of conception: Patients wait at least three months after an excisional procedure before attempting to conceive.

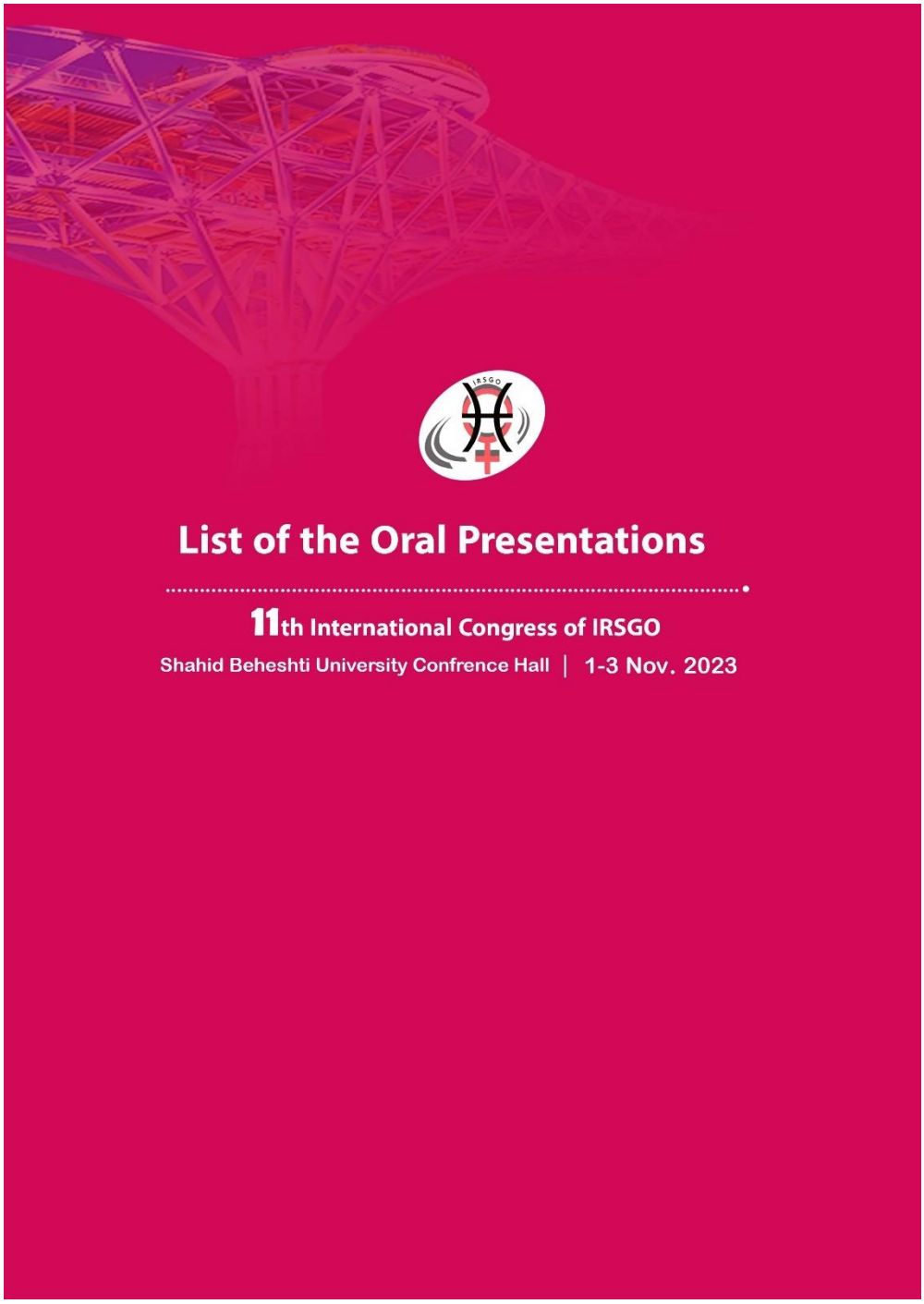
13) New Aspect of Sentinel Lymph Biopsy in Endometrial Cancer

Zohreh Yousefi

Department of Gynecology Oncology, Mashhad University of Medical Science, Mashhad, Iran (yousefiz@mums.ac.ir)

Abstract

Sentinel lymph node biopsy is widely accepted as the standard of care surgical staging in early stage of endometrial cancer. The purpose of this procedure is to reduce of morbidity associated with comprehensive lymphadenectomy without negative effect on cancer-specific survival. In recent years SLN has been accepted as a therapeutic approach of surgical staging in high-grade endometrial cancer (grade 3 endometrioid), serous, clear cell, carcinosarcoma, mixed, undifferentiated. There is no difference in PFS or OS among all type of EC patients who undergo SLN biopsy followed by lymphadenectomy, or lymphadenectomy alone. The majority of positive SLNs were detected in the external iliac and obturator level. The important critical issue is expertise of the surgeon and attention to technical detail. With recent advances in radiological methods ultrasound and others imaging systems had been appropriately investigated. Adequate SLN detection rate using of Doppler ultrasonography and myometrial injection radiotracer was reported. We will be discussed about non-SLN metastasis, empty packet SLN, adipose-only sentinel lymph node.


List of the Oral Presentations
11th International Congress of IRSGO
Shahid Beheshti University Confrence Hall | 1-3 Nov. 2023

1) Evaluation of Optimal Number of Neoadjuvant chemotherapy cycles and cytoreductive surgery in women with ovarian cancer

Marjaneh Farazestanian

Department of Gynecology Oncology, Mashhad University of Medical Science, Mashhad, Iran (farazestanianm@mums.ac.ir)

Abstract

Objectives: 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.

Conclusion: 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: Intracervical Injection, Fundal Injection, Endometrial cancer

2) Comparative Investigation of Color Doppler Ultrasonography Parameters of the Uterine Artery in Patients with Post-molar GTN and Patients Re- covered from Molar Pregnancy and its Role in Predicting the Probability of Occurrence

Najmeh Jahani

Department of Gynecology Oncology, School of Medicine, Birjand University of Medical Science, Birjand, Iran (njm.jahani@bums.ac.ir)

Abstract

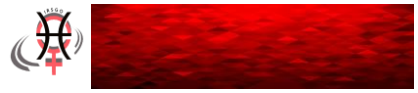
Objectives: Hydatiform mole can progress to gestational trophoblastic neoplasia (GTN), and we are looking for non-invasive methods to predict it. Old age, higher serum BHCG levels, and expression of genes, such as VEGF-EG, HIF-1α, and TGF-ß are known as predictive factors. Herein, we evaluate the role of bilateral uterine artery (UA) Doppler ultrasound in prediction of post- molar-GTN.

Methods: In this prospective cohort study, 42 patients with complete molar pregnancy were examined. Inclusion criteria confirmed molar pregnancy by histopathological examination. Exclusion criteria were patients more than 40 years old, patients with completed family childbearing planning, and diagnosis of GTN during the routine histopathological study. Before molar evacuation and four weeks later, bilateral uterine artery Doppler sonography was performed to determine the Pulsatility and resistance index (PI and RI) and peak systolic velocity (PSV). Serum BHCG levels were also measured before molar evacuation and weekly after evacuation until it exhibited spontaneous remission or developed GTN. P-values below 0.05 were considered significant

Results: 42 patients were enrolled, of these, 36 patients were cured, and six others developed post-molar GTN. The bilateral uterine artery Doppler sonography between the two groups showed a lower UA RI in the post-molar-GTN group before evacuation (P=0.048) while other ultrasound parameters were not significantly different (P>0.05). Data demonstrated significant increases in Right UA RI (P=0/008), Left UA PI (P=0/037), and Right UA PSV (P=0/024) in the spontaneous remission group during 28 days-follow-up period. There were no significant differences in these parameters in the GTN group throughout the time of follow-up.

Conclusion: It seems that Doppler ultrasound ca predict GTN following uterine evacuation. A lower resistance in the UA before evacuation and the remaining uterine artery blood flow constant after evacuation is associated with the development of post-molar- GTN. Further research to confirm these findings is recommenced.

Keywords: Gestational trophoblastic disease, Duppler ultrasonography, Choriocarcinoma, Uterine artery, Hydatiform mole



3) Palliative Care: A Vital Component in Cervical Cancer Management

Golnar Khorsand

Iranian Cancer Control Center (MACSA), Tehran, Iran

Abstract

Objectives: Cervical cancer is the fourth most prevalent cancer among females globally, associated with substantial morbidity and mortality. Although cervical cancer is a preventable disease, it still places a heavy burden on individuals and society. Furthermore, most patients go through a range of mild to severe physical, psychological, social, and spiritual suffering. Palliative care is a holistic care for various types of cancer, including cervical cancer. Therefore, patients and their families will benefit from palliative and supportive care strategies, which can reduce symptom burden and improve quality of life.

Methods: A narrative review of studies of palliative care in cervical cancer patients was conducted using research data bases.

Results: There is a growing body of research on palliative care, particularly in gynecologic oncology. Recent studies support that the incorporation of palliative care into standard gynecologic care is unquestionably linked to better patient outcomes, increased quality of life, and financial advantages. Patients with cervical cancer may benefit from palliative radiotherapy, advanced medical treatments, nerve blocks for pain management, palliative surgery, and psycho-oncology. Despite numerous recommendations from professional societies for integrating palliative care into standard oncologic care, palliative care remains underused among patients for various reasons. The provision of palliative care faces some obstacles, such as a lack of availability and timely access. Additionally, barriers to accessing palliative care included misconceptions and inadequate knowledge of the disease, cultural beliefs and attitudes, and other defects in the health system.

Conclusion: The integration of palliative and supportive care into patient management is a crucial multidisciplinary strategy that presents a chance to enhance the standard of care and outcomes for women with cervical cancer. Based on studies, the development of supportive and palliative care strategies is significantly beneficial to cervical cancer patients and their caregivers.

Keywords: Cervical Cancer, HPV, Palliative Care; Uterine Cervical Neoplasms

4) Evaluation of Optimal Number of Neoadjuvant Chemotherapy Cycles and Cytoreductive Surgery in Women with Ovarian Cancer

Somayeh Moradpanah

Department of Gynecology Oncology, Tehran University of Medical Science, Tehran, Iran

Abstract

Objectives: Despite the increasing trend in using neoadjuvant chemotherapy (NACT) in advanced ovarian cancer (OC), there is still no consensus on the optimal number of NACT cycles before interval debulking surgery (IDS). We aimed to investigate the differences in outcomes of patients with OC undergoing ≤3 and ≥4 courses of NACT in Iran.

Methods: In a retrospective cohort study, we compared subjects with stage III or IV OC who were treated using NACT followed by IDS. We compared overall survival (OS), disease-free survival (DFS), optimal surgical outcome, treatment response (composite of CA-125 response and radiological response) between those receiving ≤3 and ≥4 courses of NACT. We used Kaplan-Meier and Log-rank tests to compare survival between the groups.

Results: 107 subjects with a mean age of 55.41±11.44 years were included in the final analysis 48 (44.9%) of whom had received ≥4 courses of chemotherapy. Participants with a complete treatment response had a lower average of NACT courses compared to those with a partial treatment response (1.83±1.47 vs. 3.90±1.32; p<0.01). 76.8% and 59.6% of subjects had an optimal surgery in groups with ≤3 and ≥4 NACT courses, respectively (p=0.06). There were no significant differences in terms of OS (51.91 vs. 40.93; p=0.11) or DFS (101.15 vs. 25.57; p=0.27) between those receiving ≤3 and ≥4 cycles of NACT, respectively.

Conclusion: Overall, women treated with ≤3 and ≥4 NACT courses have no significant differences in terms of OS, DFS or optimal IDS results. It is imperative to focus on developing clear guidelines to enhance early diagnosis, patient selection and optimal chemotherapeutic and surgical interventions.

Keywords: Neoadjuvant, Chemotherapy cycles, Cytoreductive Surgery, Ovarian cancer

5) The Effect of Herbal Mixture Extract on Endometrial Histology in Patients with Disordered Proliferative Endometrium and Simple Hyperplasia

Parvin Mostafa Gharabaghi

Women's Reproductive Health Research Center, Tabriz University of Medical Sciences, Tabriz, Iran (pm_gharabaghi@yahoo.com)

Abstract

Objectives: Endometrial hyperplasia is a non-physiological and non-invasive proliferation of the endometrium that can lead to endometrial cancer. In recent years, many clinical trials have been conducted regarding the use of medicinal plants in the treatment of endometrial hyperplasia, and there is a need for further evaluation of the effectiveness of this treatment methods.

Methods: In this clinical trial, 80 patients who referred to the oncology department of Al-Zahra Medical Education Center in Tabriz university of medical sciences with diagnosis of disordered proliferative endometrium or simple hyperplasia were included in the study. They will be randomly divided into 2 intervention and control groups. Patients in the control group received megestrol acetate 40 mg daily, and in the intervention group, patients received megestrol acetate 40 mg daily along with a combination of 500 mg herbal extract, which includes 300 mg turmeric extract, 80 mg lemon balm extract, 100 mg, orange peel and 20 mg of chasteberry extract daily for three months. Endometrial tissue was compared in two groups after three months.

Results: There was no significant difference between the intervention group and the control group in anthropometric variables, the history of taking contraceptives, the presence of concomitant diseases, and the history of childbirth and pregnancy of the patients. In the intervention group, 83.3% (30/36) of the patients and in the control group, 62.2% (23/37) of the patients responded to the treatment, and this difference between the two groups was statistically significant. Also, in both groups, one case of disease progression to atypical hyperplasia was recorded.

Conclusion: Adding the herbal combination of four medicinal plants, turmeric, orange peel, chasteberry, and lemon balm to the standard treatment of endometrial hyperplasia with progestin can increase the response to treatment in affected women and lead to the return of endometrial tissue to a normal state.

Keywords: Endometrial hyperplasia, Endometrial cancer, Progestin, Herbal medicine

6) Chemo-Radiotherapy After Neoadjuvant Chemotherapy and Radical Hysterectomy in Women with Stage IB-IIB Cervical Cancer: Do We Need to Change the Therapeutic Approach?

Somayeh Nikfar

Taleghani Hospital, Arak University of Medical Sciences, Arak, Iran (snikfar12@yahoo.com)

Abstract

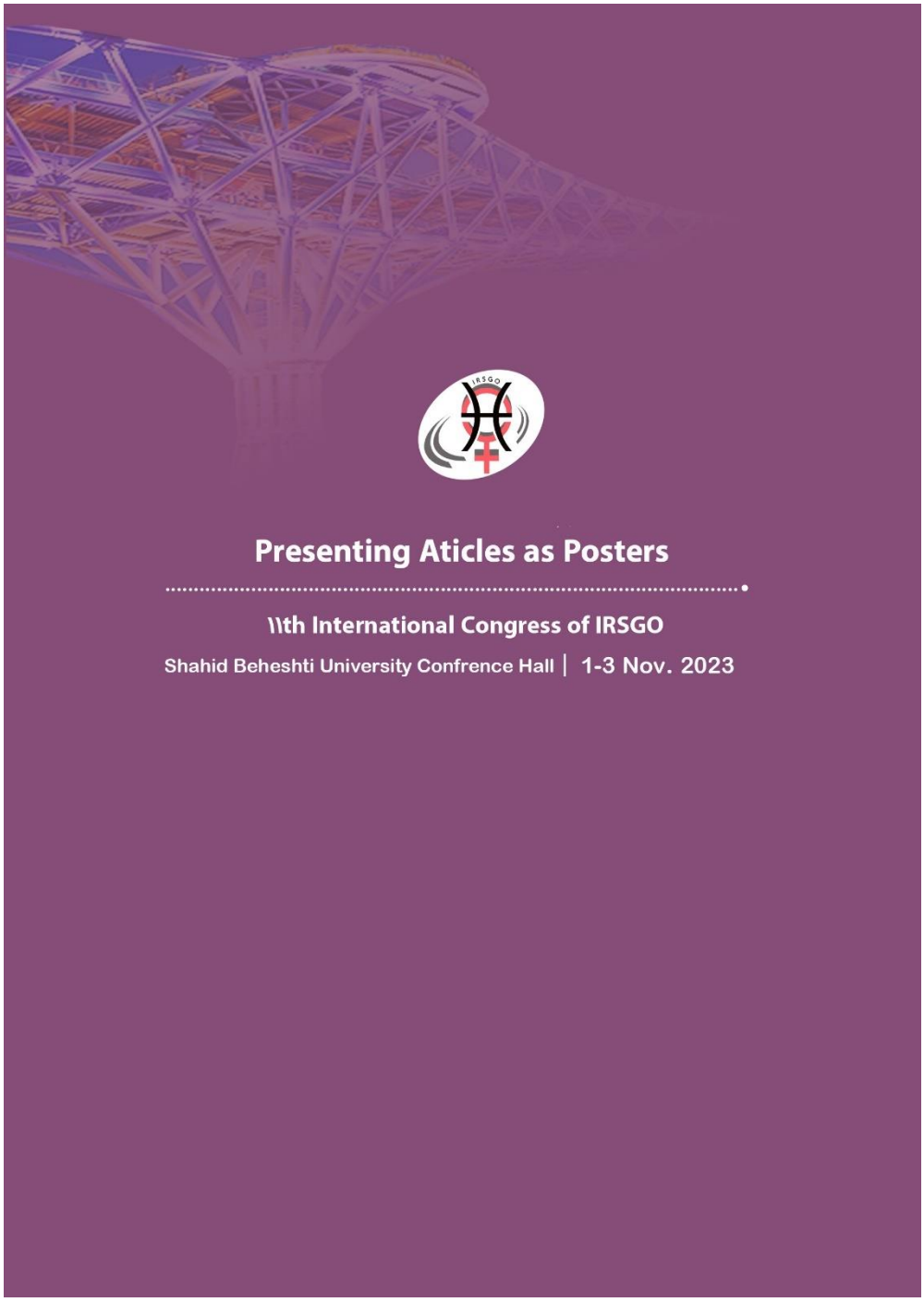
Objectives: Chemo-radiotherapy is recommended as the standard treatment for advanced cervical cancer, and neoadjuvant chemotherapy (NACT) can be beneficial for patients on long radiotherapy waiting lists. In this study, we aimed to evaluate the need for chemo-radiotherapy after NACT and radical hysterectomy in women with stage IB-IIB cervical cancer.

Methods: This study is a retrospective cohort study. All patients of gynecologic oncology clinic of Imam Khomeini Hospital, Tehran, Iran who were diagnosed with stage IB-IIB cervical cancer and were treated with NACT and radical hysterectomy between 2010 and 2020, were included in this study. The records of all patients who met the inclusion criteria were evaluated during the study period. The interested outcomes and progression-free survival (PFS) were assessed.

Results: In this study, clinical files of 613 patients with cervical cancer were studied and among them, 63 patients (10.2% of patients) underwent NACT. Eighteen patients (33.3%) did not require another treatment modality after chemotherapy and radical hysterectomy, while 66.7% (36 cases) of patients needed chemo-radiotherapy after NACT and radical hysterectomy, and recurrence was observed in 11.6% (5 cases) of patients. The 1-, 5- and 10-year PFS rate was 97.6% (95% CI: 84.2-99.6), 89.5% (95% CI: 74.4-95.9) and 89.5% (95% CI: 74.4-95.9), respectively.

Conclusion: It can be concluded that a significant percentage of patients who are candidates for NACT followed by radical hysterectomy, would require another modality of treatment, which is chemo-radiotherapy; therefore, it is recommended that by conducting prospective studies, in addition to investigating this issue, the choice of the first method of patients treatment in these stages should be reconsidered so that the patient does not suffer from two treatments and related complications, and patients undergo chemo-radiotherapy from the beginning.

Keywords: Chemo-Radiotherapy, Neoadjuvant Chemotherapy, Radical Hysterectomy, Cervical Cancer, Progression-Free Survival


Presenting Aticles as Posters
\\th International Congress of IRSGO
Shahid Beheshti University Confrence Hall | 1-3 Nov. 2023

1) The Effectiveness of Stress Coping Training on Immune System and Pain Level in Patients with Breast Cancer Referred to Raha Oncology Center – Dezful

Mohammad Dorchin

Department of Gynecology Oncology, Dezful University of Medical Sciences, Dezful, Iran (dr.dorchin@gmail.com)

Abstract

Objectives: Cancer causes many physical, psychological and social problems, including pain tolerance and quality of life. The aim of this study was to determine the effectiveness of teaching stress coping skills on the pain, quality of life of patients with breast cancer in Dezful.

Methods: This is a semi-experimental study with a pretest-posttest design with a follow-up control group. For this purpose, 34 patients with study conditions were enrolled in the informal invitations. The patients were randomly divided into two groups of 17 controls and controls. The experimental group was trained in a 8-week, 1.5-hour stress-coping skills (Lazarus and Folkman, 1984), and the control group received a normal program until the end of their normal program. Both groups completed the pain intensity questionnaire before and after the program, and were evaluated in two stages in terms of the activity of natural lethal cells.

Results: Descriptive results indicated a better status of the experimental group at the level of natural killer cells and reduced the pain and its dimensions compared to the control group. The results of multivariate covariance analysis with the control of the effect of pre-test showed that teaching stress coping skills improves the function of natural lethal cells in patients with breast cancer.

Conclusion: The program also reduces the severity of pain and reduces pain interference in the daily functioning of these patients.

Keywords: Breast Cancer, Pain, psychological problems, Dezful

2) The role of BRCA1 and BRCA2 Genes in Breast Cancer in the North of Khuzestan Province (Dezful) of Iran

Mohammad Dorchin

Department of Gynecology Oncology, Dezful University of Medical Sciences, Dezful, Iran (dr.dorchin@gmail.com)

Abstract

Objectives: For a long time, various theories were expressed about the genetic nature of breast cancer, and with the advancement of medical genetics, more attention was paid to these hypotheses, and now we know that BRCA1 and BRCA2 gene mutations in germ cells cause the risk of infection. They become breast and ovarian cancer. BRCA1 and BRCA2 genes are responsible for 20-25% of breast cancer cases, which is why we consider it hereditary. Most of the mutations in BRCA1 and BRCA2 genes cause premature loss of proteins. The present study was conducted with the aim of investigating the role of BRCA1/2 gene mutations in breast cancer in Khuzestan province, centered on Dezful city.

Methods: In this review study, information related to the role of BRCA1/2 genes in breast cancer through patients referred to Raha Cancer Center, as well as collecting documented information from colleagues in the north of Khuzestan province, Iran, as well as searching Pub databases. Med, Medline, Science Iranian Database and related websites available in Iran were searched. The time period in the selection of articles was from 2015 to 2022 for 7 years. Among the collected information, several articles were cited. BRCA1 and BRCA2 genes and their importance in breast cancer became the focus of researchers' attention.

Results: This review study shows the identification of gene mutations of BRCA1 and BRCA2 carriers in the south of Iran, especially Dezful city, and the necessity of screening for families with There is breast cancer and also the expansion of this study to investigate the mutations of these two genes in the clinical programs of the country is predicted.

Conclusion: In the south of Iran, like other studies in Iran and the world; BRCA1/2 genes have a great importance and influence in the occurrence and development of breast cancer and these genes can be considered as molecular indicators in the early diagnosis of breast cancer.

Keywords: Breast Cancer, Dezful city, Cancer genetics, BRCA1 gene, BRCA2 gene

3) Mixed Endometrioid Clear Cell Carcinoma of the Ovary: A Case Report

Maryam Esmaeilpour

Department of Gynecology Oncology, Mashhad University of Medical Sciences, Mashhad, Iran (dr.m.esmaeilpour@zaums.ac.ir)

Abstract

Objectives: Despite the high percentage of pure forms of epithelial ovarian cancers (EOC), mixed epithelial cancer of the ovary is extremely rare and accounts for less than 1% percent of all epithelial ovarian cancers. Because of the low prevalence; there are only a few cases of mixed epithelial cancers published in the literature. This study presents the case of a mixed endometrioid (EC)/clear cell carcinoma (CCC), diagnosed in a woman with a complaint of low back pain and a history of infertility.

Case presentation: We report the case of a 35-year-old woman who came to our clinic complaining of pro- gressive back pain and a history of infertility. Imaging showed a left ovarian mass that was compatible with malignant tumors. The patient underwent open surgery and a frozen section evaluation of the tumor was done during the operation. The pathology result demonstrated mixed CCC/EC histology in the left ovary. We decided to perform a total abdominal hysterectomy as well as right salping oophorectomy, omentectomy, bilateral pelvic lymphadenectomy, and paraaortic lymphadenectomy. Adjuvant chemotherapy was administrated postoperatively.

Conclusion: Although epithelial cancers account for more than 90% of all ovarian cancers (OC), de- veloping mixed forms of epithelial cancers is extremely rare, and there are little data available in the literature about their presentation and histopathological features. The main purpose of this article was to report a mixed CCC/EC and to discuss different aspects of this rare histologic type of OC. More re- search is needed to determine metastatic potential as well as the likelihood of recurrence of these unique neoplasms.

Keywords: Clear cell adenocarcinoma, Endometrioid carcinoma, Ovarian epithelial cancer, Mixed endometrioid, Clear cell carcinoma, Ovary

4) The Effect of Uterus Manipulator Usage in Total Abdominal Hysterectomy

Elham Feizabad

Department of Gynecology Oncology, Yas Hospital, Tehran University of Medical Sciences, Tehran, Iran (elhamfeizabad@gmail.com)

Abstract

Objectives: Pelvic access is a challenging matter in abdominal hysterectomy especially in obese patients and in the presence of massive pelvic adhesions. Uterus manipulators (UM) have been widely used in laparoscopic approaches to improve surgical performance. This study aimed to assess the impact of UM usage on the operation time and blood loss in total abdominal hysterectomy (TAH).

Methods: This case-control study was done on Forty-one patients aged 34 to 56 years who underwent TAH– 20 as the case group (hysterectomy with UM) and 21 as the control group (conventional hysterectomy). In the case group, UM was used after uterus artery ligation during TAH. The control group underwent traditional TAH.

Results: The mean operation time was significantly less in TAH with UM compared to traditional TAH (90.23 ± 10.54 minutes vs. 140.5 ± 16.61 minutes; p-value<0.001). The mean decline between preoperative and 12-hour postoperative hemoglobin was 0.74 ± 0.23 mg/dL in the TAH with UM group and 1.65± 1.02 mg/dL in the traditional TAH group (p-value<0.001). Also, no difference was detected in intra- and post-operative complications.

Conclusion: Based on this study, UM presented the following benefits: -Allowing the cervicovaginal junction to be accurately located and easily seen during the operation as well as facilitating the dissection of utero-vesical space. -Reducing the number of bites of cardinal ligament after uterine artery ligation. -Making surgery easier and faster especially in obese patients and those with a history of previous cesarean section and utero-vesical space fibrosis and adhesion. -Preventing the excision of the uterosacral ligament by showing the exact line above the uterosacral ligament's arch, which ultimately preserves the support of these ligaments. Hence, using UM is beneficial in total abdominal hysterectomy by decreasing the operative time and blood loss.

Keywords: Blood Loss, Surgical, Operative Time, Hysterectomy, Laparoscopy

5) Unusual Feature of Mature Cystic Teratoma: Multiple Intra Cystic Spherical Structures: Case-Report

Sedigheh Ghasemian Dizaj Mehr

Department of Gynecology Oncology, Urmia University of Medical Sciences, Urmia, Iran (ghasemian.s@umsu.ac.ir)

Abstract

Objectives: Ovarian mature cystic teratomas (OMCTs) due to heterogeneous histologic entity have a wide Spectrum of radiologic features.Type of floating spherical globules that has been called “Sack of Marble” or “Coins-in-Sack” but without fat or calcification component that result in misdiagnosis on computed tomography (CT), is a rare finding.

Case presentation: The patient was 39-year-old healthy women with abdominal pain and sonographic finding based on OMCT with feature of Coins-in-Sack sign, whereas CT manifestation was unilocular hug cyst suggested adnexal cystadenoma. She had final diagnosis of Coins-in-Sack variant of OMCT but with keratin balls not common fat balls.

Conclusion: Understanding of unconventional radiologic and histologic manifestations of OMCTs, is necessary to make accurate diagnosis.

Keywords: Ovarian Mature Cystic Teratom (OMCT), Floating balls, Coins-in-Sack, Computed tomography (CT)

6) Tubo-Ovarian Abscess with Highly Evaluated CA125 Level is Misdiagnosed as Ovarian Cancer: A Case Report

Sedigheh Ghasemian Dizaj Mehr

Department of Gynecology Oncology, Urmia University of Medical Sciences, Urmia, Iran (ghasemian.s@umsu.ac.ir)

Abstract

Objectives: 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 50-year-old near menopause woman with abdominal pain, fever and recent vaginal bleeding with highly evaluate CA125(>4000 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.

Keywords: Tubo-ovarian abscess, Ovarian cancer, CA125, Radical surgery, Radiologic intervention

7) Investigating the Accuracy of Doppler Ultrasound in Detecting Malignant Lesions from Benign Endometrial Changes in Patients Taking Tamoxifen

Zahra Honarvar

Department of Obstetrics and Gynecology, School of Medicine, Kerman University of Medical Sciences, Kerman, Iran (z.honarvar@kmu.ac.ir)

Abstract

Objectives: Due to the high risk of developing cancer in people treated with tamoxifen, screening methods such as Doppler ultrasound have been investigated to find people at risk as quickly as possible. This study aimed to investigate the accuracy of Doppler ultrasound in the diagnosis of malignant lesions from benign endometrial changes in patients taking tamoxifen.

Methods: This descriptive-cross-sectional study was conducted on 105 women in 2021, who referred to the women's clinic of Afzalipour Hospital in Kerman, who had abnormal uterine bleeding and were taking Tamoxifen. Demographic information, duration of tamoxifen and dosage of tamoxifen use, reason for starting the drug, and history of uterine surgery were recorded in the information form. Abdominal ultrasound was performed. Color Doppler characteristics of lesions were evaluated and reported. Then the patients underwent biopsy by a gynecologist. The prepared biopsy was examined by a pathologist and the pathology result was reported. Data were analyzed using SPSS version 25 software.

Results: The average age of the subjects was 47.43±8.38 years old and they had been taking tamoxifen for an average of 34.11±6.31 months. 39.04% of people had normal pathology. The most common uterine pathology in all patients was polyp (44.76%). The average resistance index had a significant relationship with the type of pathology (P=0.014). So that the average RI was significantly higher in people with normal pathology (0.91±0.14). In addition, the mean pulsatility index had a significant relationship with the type of pathology (P=0.038). So, the average PI was significantly higher in people with normal pathology (2.63±0.89).

Conclusion: According to the results, it is recommended to use color Doppler ultrasound and pay attention to RI and PI values to evaluate the state of the endometrium in tamoxifen users as a non-invasive, easy, cheap and available method.

Keywords: Doppler Ultrasound, Endometrium, Malignancy, Tamoxifen, Breast Cancer

8) Comparison of the Prevalence of Abnormal Cervical Lesions in Women with Infertility Problems and Fertile Women: A Cross-Sectional Study

Zahra Honarvar

Department of Obstetrics and Gynecology, School of Medicine, Kerman University of Medical Sciences, Kerman, Iran (z.honarvar@kmu.ac.ir)

Abstract

Objectives: Sometimes abnormal cells are found in the cervix that are not cancerous, but have a high possibility of becoming cancerous. This study aimed to investigate the prevalence of abnormal cervical lesions in women with infertility problems and fertile women.

Methods: This cross-sectional study was conducted on 250 women with infertility problems and 250 women without infertility problems. These women referred to the Infertility Center and Women's Clinic of Afzalipour Hospital in Kerman. They were selected by available sampling method. First, in both groups, a Pap smear test was performed. If there were abnormal cases of cervix, colposcopy and biopsy of cervix were performed. The samples were sent to the laboratory to check the frequency of cervical precancerous lesions in both groups. Abnormal lesions were examined in colposcopy.

Results: The mean age of infertile women was 35.17±9.07 years, which is more than fertile women (34.32±5.95 years) (P=0.217). According to Pap smear results, abnormal findings were observed in 9.2% of fertile women and 8.4% of infertile women (P= 0.752). Fertile women had 78.2% LSIL and 21.8% ASCUS, and infertile women had 71.4% LSIL and 28.6% ASCUS. No Pap smear result of higher grade was observed in two groups. Fertile and infertile women, respectively, had 4.8% and 4.4% HPV (P= 0.831). Women with abnormal Pap smear result underwent colposcopy. Fertile women had 43.5% CIN I and 21.7% CIN II, and infertile women had 28.6% CIN I and 28.6% CIN II (P= 0.588). The group of primary and secondary infertile women, respectively, had 8.2% and 9.2% abnormal findings in Pap smear test.

Conclusion: ASCUS incidence was higher in infertile women. Pap smear testing is recommended as a routine check-up for all women presenting to obstetrics and gynecology clinics or sexually transmitted diseases (STD) clinics with infertility problems.

Keywords: Uterine Cervical Diseases, Infertility, Papanicolaou test, Women

9) The Significance of Renewing Intensive Lymph Therapy Courses in the Prevention of Exacerbation and Recurrence of Breast Cancer Related Lymphedema (BCRL)

Fatemeh Kargar

Iranian Cancer Control Center (MACSA), Tehran, Iran (f.k@rgar.ir)

Abstract

Objectives: The current prevailing approach for managing BCRL is complete decongestive therapy (CDT), beginning with intensive therapy, followed by ongoing maintenance treatment for the patient. Maintenance treatment alone is not enough to meet the long-term needs of patients.

Methods: A cross-sectional single-group interventional study was conducted from October 2019 to February 2021 on 57 women diagnosed with BCRL referred to Iranian Cancer Control Center (MACSA), for the provision of palliative supportive services. Limb circumference measurements and assessments of patients' quality of life (QoL) were conducted on two separate occasions: before and one month after the treatment was finished using two questionnaires, the QLQ-C30 and QLQ-BR23. The participants were reevaluated after a 6-month period using the same research procedures.

Results: The results of the 6-month after care, showed that a significant proportion (62%) of the patients experienced an increase in limb circumference, particularly around the elbow. Only 9% of patients showed a larger decrease in size compared to the measurements taken one month after intensive phase. Additionally, 25% of patients experienced a decline in their overall QoL during the 6-month follow-up period, compared to the one-month follow-up. The pain level remained constant in 47% of patients, while in 52% of patients, the pain not only did not decrease, but actually intensified.

Conclusion: The follow-up of lymphedema patients through maintenance treatment alone, such as exercise, the use of special gloves, skin care, and self-lymphatic massage, is insufficient. It is recommended that patients be encouraged to refer to lymphedema clinics for comprehensive decongestion courses in order to prevent worsening of lymphedema and maintain a stable quality of life. Regular rechecks should be conducted at shorter intervals, such as every 3 to 4 months.

Keywords: Breast Cancer, Breast Cancer Related Lymphedema, Quality of Life, Palliative Supportive Care, After Care

10) The Impact of Palliative supportive Care on the Psychosocial Well-being of Breast Cancer Patients with Lymphedema Referred to the Palliative Care Department at the Iranian Cancer Control Center (MACSA)

Fatemeh Kargar

Iranian Cancer Control Center (MACSA), Tehran, Iran (f.k@rgar.ir)

Abstract

Objectives: Breast cancer-related lymphedema (BCRL) is a common complication of breast cancer. Women with BCRL may face individual and social impairments and also psychological difficulties such as anxiety, depression, sexual dysfunction, social avoidance, and worsening of pre-existing psychological conditions.

Methods: This research presents a before-and-after interventional study conducted from Oct. 2019 to Feb. 2021 on 57 women diagnosed with BCRL to investigate the effects of a comprehensive palliative care approach, including lymph therapy and psychological support services, on the emotional and psychosocial well-being of individuals. The evaluation is conducted using the QLQ-C30 and EORTC BR23-QLQ questionnaires.

Results: The functional area of the BR23-QLQ questionnaire exhibited significant changes in the "Emotional functioning" and "Future perspective" scales, with mean differences of 21.2 and 23.4, respectively. Additionally, there was a significant improvement in the average scores of the "social functioning" and "role functioning" domains of the QLQ-C30 questionnaire after the intervention and provision of palliative support services. (p-value <0.001).

Conclusion: Providing palliative care positively impacts the mental well-being of patients. The intervention also enhances the functioning of patients both on an individual and social level. The BCRL primarily affects women, who often bear the main responsibilities within the household and family structure. Women play a crucial role as key pillars of societal functioning in contemporary society. The exclusion of women from their roles due to illness or its complications can have detrimental effects on individuals, their families, and society as a whole. Therefore, it is crucial to prioritize rehabilitation and improve the provision of palliative supportive services for these patients.

Keywords: Breast Cancer, Breast Cancer Related Lymphedema, Quality of Life, Palliative Care, Questionnaire

11) Primary Fallopian Tube HIGH GRADE SEROSE Carcinoma: A Case Report

Shima Mohamadian

Department of Gynecology Oncology, Kamali Teaching Hospital, Alborz University of medical sciences, Karaj, Iran (shima792003@yahoo.com)

Abstract

Primary fallopian tube carcinoma (PFTC) is one of the rarest gynecologic malignant conditions and has incidence of 0.14 to 1.8% of all gynecologic cancers and has been rising during last decades which varies between 2.9/1,000,00 and 5.7/1,000,000. 20-30 new cases are reported each year on average. Since 1888, over 2000 cases of PFTC are reported.

Molecular, histological and genetic finding showed that the origin of 40-60% of peritoneum or ovary high-grade serous carcinomas are fimbriae and fallopian tube. The definite Etiology of this condition is unknown but is suggested to be related to infertility, chronic salpingitis, tuberculous salpingitis and tubal endometriosis. BRCA germline mutation and TP53 mutation are related to fallopian tube malignancies same as ovarian malignancies. PFTC has clinical symptoms including lower abdominal pain, pelvic pain, serous vaginal discharge and pelvic mass which are non-specific and most cases are diagnosed intraoperatively with histopathological findings.

We are reporting PFTC in a59-years-old female who had lower abdominal pain as her chief complaint.

Keywords: Fallopian Tube, HIGH GRADE, SEROSE Carcinoma, case report

12) Is Not It the Time to Change the Treatment of Intermediate-Risk Patients Suffering from Gestational Trophoblastic Neoplasia?

Fahimeh Nokhostin

Department of Obstetrics and Gynecology, Faculty of Medicine, Shahid Sadughi University of Medical Sciences, Yazd, Iran (Fahimeh.nokhostin@yahoo.com)

Abstract

Objectives: The present study attempted to provide a clear view of gestational trophoblastic neoplasia (GTN) with the focus on resistance to treatment approaches in Iran.

Methods: This retrospective cohort study reviewed the medical records of 272 patients with the definitive diagnosis of GTN referring to Imam Khomeini hospital in Tehran during 2007-2017.

Results: The mean age of participants was 29.19 ± 7.46 years. The abnormal uterine bleeding (AUB) was the most common clinical manifestation in 64.3% of patients. Regarding the risk scoring condition according to the World Health Organization criteria, 77.6%, 9.1%, and 13.3% were categorized as low-, intermediate-, and high-risk cases. Single therapy with methotrexate was used in 22.8% of patients and actinomycin-D was planned for 42.3% whereas 11.0% and 1.5% were considered for treatment with the EMA-CO (Etoposide, methotrexate, actinomycin D, cyclophosphamide, vincristine) and EMA-EP (Etoposide methotrexate and actinomycin-D/ etoposide and cisplatin) regimens, respectively. Good response to methotrexate was 66.7% but it was 83.6% in the ACT group (P = 0.001). The resistance to single-agent chemotherapy in low- and intermediate risk groups was 16% and 92%, respectively. In addition, 20.2% of patients in stage one had tumor invasion pattern in the uterus in pretreatment Doppler ultrasonography, but 52% and 30% had resistance to chemotherapy treatment in invasive and noninvasive groups, respectively (P = 0.008).

Conclusion: In general, due to the high resistance of the intermediate-risk subgroup to a single therapy, a combination therapy may be more useful to treat this disorder. The close association between tumor invasion pattern in the uterus in Doppler ultrasonography and drug resistance can be considered as a new criterion for tumor risk scoring.

Keywords: GTN, Intermediate risk, Chemotherapy resistance

13) The Role of Neoadjuvant Chemotherapy in Non-SCC of the Cervix: A Systematic Review

Fahimeh Nokhostin

Department of Obstetrics and Gynecology, Faculty of Medicine, Shahid Sadughi University of Medical Sciences, Yazd, Iran (Fahimeh.nokhostin@yahoo.com)

Abstract

Objectives: Cervical cancer is the third most common cancer in women and the most significant cause of CC is HPV infection. One of the treatment methods for cervical cancer is pre-surgery neoadjuvant chemotherapy (NACT), which is performed to reduce the size of the tumor, facilitate the surgical process, and improve the survival of patients with this cancer. The present study is a systematic review conducted by searching the databases of Elsevier, PubMed Springer, and Wiley, and with the keywords of Cervix cancer, Adenocarcinoma, Adenosquamous carcinoma, and Neoadjuvant chemotherapy; studies conducted between 1998-2020 were reviewed. Out of a total of 1018 articles, 15 articles were selected for further review, considering the inclusion/exclusion criteria. The results showed that the use of NACT improved the patient's physical condition, reduced tumor size, reduced metastasis, facilitated surgery, and improved survival; also, it was associated with successful delivery without side effects in infants. However, further studies are needed to further understand the effect of this treatment in non-SCC cancers.

Keywords: Neoadjuvant Chemotherapy (NACT), Cervix Cancer, World Health Organization (WHO)

14) Endometrial Stromal Nodule: Report of a Case

Mohades Peydayesh

Department of Obstetrics and Gynecology, School of Medicine, Pasteur Hospital, Bam University of Medical Sciences, Bam, Iran (drpeydayesh57@gmail.com)

Abstract

Endometrial stromal nodule (ESN) is the rarest endometrial stromal tumor. They are rare neoplasms that are most frequently detected by light microscopy. These nodules are benign and hysterectomy is considered the treatment of choice to determine the margins necessary for diagnosis and to differentiate it from stromal sarcoma, which has a completely different prognosis. We reported a 36-year-old patient who was referred due to a mass coming out of the lower end of the vagina and an abnormal vaginal discharge. She had no complaints about pelvic pain, abnormal uterine bleeding, and abdominal discomfort. Para clinic findings were completely normal. The patient underwent complete resection of the mass. Pathological examination showed an endometrial stromal nodule. We emphasize that NSEs are uncommon and harmless entities that must be distinguished from other invasive stromal malignancies. This could alter the final prognosis.

Keywords: Endometrial, Stromal, Nodule, Case report

15) Recurrence Pattern in Women with Early-Stage Epithelial Ovarian Cancer in South of Iran

Sara Pourseyed

Department of Obstetrics and Gynecology, Shiraz University of Medical Sciences, Shiraz, Iran (s.pourseyed@gmail.com)

Abstract

Objectives: Ovarian cancer is the deadliest gynecologic cancer. Approximately 30% of patients are diagnosed with early-stage of disease. We designed this study to identify recurrent patterns of early-stage epithelial ovarian cancer (EOC) and significant clinicopathologic factors that influenced disease recurrence.

Methods: This retrospective study evaluated eligible patients with early-stage EOC who underwent surgery ± adjuvant chemotherapy between 2007 and 2017 in Shahid Motahari tumor clinic in Shiraz University of Medical Sciences. Data was collected from medical records and follow-up visits. Data analysis was performed by SPSS 22.

Results: Two hundred and eight patients with early-stage of EOC met inclusion criteria. The median age was 47 years, ranging from 18 to 81, and the median follow-up period was 53 months (range: 2-133 months). During the follow-up period, recurrence was seen in 35 patients (16.8%). The median age and median follow-up time in recurrence cases were 45 years (range: 18-69 years) and 47 months (range from 13 to 101), respectively. Recurrence rate within the first year of following period was 40%. Serous carcinoma was the most common histologic type in recurrence group (51.4%). The most frequent stage was IC3 (31.4%). In multivariate analysis, the recurrence rate was significantly higher in stage IC3 and IIB than IA (OR=22.4, and 7.82 respectively) and lower in endometrioid. Carcinoma compared to clear cell carcinoma (OR=0.13). Disease recurrence was significantly higher in patients with positive peritoneal cytology compared with negative cytology (OR=4.17). The most common site for recurrence was peritoneal dissemination and intrapelvic peritoneal recurrence was seen in 62.8%.

Conclusion: Peritoneal dissemination, especially intrapelvic peritoneal relapse is the most common pattern of recurrence in early-stage of EOC patients, and positive peritoneal cytology for malignancy is a predictive factor for tumor recurrence. Maximum efforts for complete primary staging are necessary to identify microscopic foci of tumors lead to disease recurrence.

Keywords: Epithelial ovarian carcinoma, Recurrence, Early stage, Recurrence patterns

16) A Case Report of Ovarian Fibrothecoma in Premenopausal Women with Recently Amenorrhea

Elham Shah Hosseini

Department of Obstetrics and Gynecology, Tabriz University of Medical Sciences, Tabriz, Iran

Abstract

Objectives: Benign solid tumors of the ovary are usually of connective tissue origin. They vary in size from small nodules found on the surface of the ovary to large neoplasm weighing several thousand grams. Magi's syndrome is characterized by ascites, hydrothorax, and an ovarian tumor that was originally believed to be specifically a fibroma.

Case Presentation: A 43-year-old married woman, nulli gravida, without any past medical history, who complained of Amenorrhea in six past recent months, was referred to our academic hospital in Tabriz, Iran. Because of abdominal distension, he could not determine the uterine size with the pelvic examination. The laboratory test was normal, and CA-125 was 79/6. In CTS scan, mild pericardial effusion, massive pleural effusion in the right lung, and a solid cystic mass without a sharp limit with size of 114 X 91 X 91 mm above the uterus that probably was originated from left adnexa was reported. In the right adnexa, a mural nodule cystic lesian with size of 46 X 43 mm with a huge amount of abdominal fluid was revealed. According to the patient's symptoms (resend abdominal distension, pain, and Amenorrhea) and medical imaging after counseling with the patient, she was referred to Hemato-oncologists, and nine sessions of chemotherapy was performed and again referred to CT scan. According to the CT scan finding and the clinical exam decided to laparotomy & TAH + BSo + Debulking.in the operating room laparotomy, bilateral, salpingo-opherectomy, and myomectomy performed. The frozen section result was benign (fibro-thecoma, Adeno fibroma cyst, and uterine Leiomyoma).

Conclusion: In cases of accompanying ovarian mass with ascites and pleural effusion, and abnormal uterine bleeding pattern is very important to think about benign ovarian mass differential diagnosis such as Fibrothecoma with Meigs syndrome after removal of the ovarian neoplasm, there is a prompt resolution of both abdominal and pleural fluid.

Keywords: Benign ovarian mass, Ascites, Pleural effusion, Meigs syndrome, Myoma

17) Investigation of Recurrence and 5-Year Survival Rate in Patients with Borderline Ovarian Tumors and Related Factors in Kurdistan Province

Roya Tabatabaei

Department of Obstetrics and Gynecology, Kurdistan University of Medical Sciences, Sanandaj, Iran (s.pourseyed@gmail.com)

Abstract

Objectives: 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.

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

18) Assessment of Programmed Cell Death Protein 1 and Programmed Cell Death Ligand1 Expression in Gestational Trophoblastic Neoplasia

Negar Sadat Taheri

Supporting of the Family and the Youth of Population Research Core, Mashhad University of Medical Sciences, Mashhad, Iran (negar_taheri1@yahoo.com)

Abstract

Objectives: This study was done to assess the levels of Programmed cell death 1 (PD-1) and its ligands (PD-L1) expression by immunohistochemical (IHC) method in gestational trophoblastic neoplasia (GTN) to determine the outcome of prescribing anti PD-1 drugs in trophoblastic tumors.

Methods: This study was conducted in the gynecology oncology clinic of Mashhad medical science university in the north east of Iran during 2012-2022. The patient's demographic information, tumor pathology type, disease stage and chemotherapy treatment were recorded by a checklist. The patients were divided into two groups consist of low-risk and high-risk groups based on their International Federation of Gynecology and Obstetrics (FIGO) score, and subsequently their response to the chemotherapy was evaluated. This present study also scored PD-L1 staining in tumor cells using a 4-point scoring system and evaluated PDL-1 expression using the Allered Total Score (ATS).

Results: 52 GTN patients with a mean age of 27 were undergone in our study between. Out of all patients in our study, 47 and 5 patients were diagnosed by molar pregnancy and choriocarcinoma, respectively. The patients with molar pregnancy were also subgrouped into 22 (42.3%) patients and 25 (48.1%) patients with complete hydatidiform mole (CHM) and partial hydatidiform mole (PHM). The results of PDL-1 staining intensity showed 3 (5.8%), 12 (23.1%), 27 (51.9%), and 10 (19.2%) were No, weak, moderate, and strong staining, respectively. The median ATS in all GTN patients was 4 (2-5). Thirty-six (69.2%) PDL1 patients were strongly positive (ATS≥4), and 13 (25%) were weakly positive. 3 out of 5 choriocarcinoma patients were demonstrated PDL1 strongly positive and in 2 patients PDL-1 was not expressed.

Conclusion: The findings of this present study indicated that the high-level PD-L1 expression in the majority of our patients. Seem to suggest the potential use of immune checkpoint inhibition as a treatment option for trophoblastic tumors, which deserves further comprehensive study through clinical trials.

Keywords: Gestational trophoblastic diseases, Programmed cell death ligand 1, programmed death receptor 1, Trophoblastic tumors, immunohistochemistry (IHC) staining

19) Investigation of Recurrence and 5-Year Survival Rate in Patients with Borderline Ovarian Tumors and Related Factors in Kurdistan Province

Seyedeh Reyhaneh Yousefi Sharami

Department of Obstetrics and Gynecology, Kurdistan University of Medical Sciences, Sanandaj, Iran

Abstract

Objectives: 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.

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


Journal
of
OBSTETRICS, GYNECOLOGY
& CANCER RESEARCH
JOGCR
Summer 2023, Volume 8, Issue 6
E-ISSN: 2476-5848
P-ISSN: 2645-3991
www.jogcr.com
Journal of Obstetrics, Gynecology and Cancer Research

آزمایشگاه دنا دعوت می کند

آزمایشگاه دنا
DNA Laboratory
کلینیکال، ژنتیک، پاتولوژی

یازدهمین کنگره بین المللی سرطان های زنان ایران

ضرورت بررسی های مولکولار و IHC درانواع کانسرهای اندومتر و بررسی امکانات موجود در کشور برای انجام این روش ها

دکتر سهیلا سرمدی

استاد پاتولوژی دانشگاه علوم پزشکی تهران
مسئول فنی بخش پاتولوژی آزمایشگاه دنا

زمان : چهارشنبه ۱۰ آبان ساعت : ۸:۳۰ الی ۸:۵۰
مکان : مرکز همایش‌های بین المللی
دانشگاه شهید بهشتی- سالن اصلی

سمپوزیوم :
بررسی مولکولار کلاسیفیکیشن و جهش های ژن POLE در کارسینوم اندومتر

دکتر میترا محیط

متخصص زنان و زایمان
فلوشیپ سرطان‌شناسی (انکولوژی) زنان

دکتر مسعود گرشاسبی

متخصص ژنتیک پزشکی
دانشیار دانشگاه تربیت مدرس
مسئول فنی بخش ژنتیک آزمایشگاه دنا

زمان : جمعه ۱۲ آبان ساعت : ۱۰:۰۰ الی ۱۰:۴۵
مکان : مرکز همایش‌های بین المللی
دانشگاه شهید بهشتی- سالن علامه طباطبایی

www.denalabs.ir
dena_laboratory


ADOMEDS®
SAM-e 400mg
ADOMEDS
30 Oral Capsules | 400mg
بهبود اختلالات جنسی و افزایش میل جنسی
در خانم ها و آقایان
بهبود علائم افسردگی در دوران یائسگی
و سندرم پیش از قاعدگی (PMS)
بهبود اختلالات جنسی ناشی از داروهای
ضد افسردگی
ASHBALCHEMI
Hexyme®
AHCC 500mg
Hexyme®
Active Hexose Correlated Compound (AHCC)
30 ORAL
500
کمک به بهبود سریع HPV (زگیل تناسلی)
جلوگیری از ابتلا به سرطان دهانه رحم
تسریع در تقویت سیستم ایمنی بدن
ASHBALCHEMI


پاپیلوگارد
واکسن نوترکیب HPV
سدی مطمئن در مقابل
سرطان‌های مرتبط با ویروس
پاپیلومای انسانی
Papilloguard
NOYAN
arta pharmed
Nivad
Pharmed Salamat


پاتوبیولوژی و ژنتیک
آزمایشگاه نوروژن
انجام کلیه تست‌های تخصصی و فوق تخصصی
سیتوژنتیک
ژنتیک مولکولی
تشخص طبی
پاتولوژی
سیتولوژی
مولکولی عفونی
NGS
تومور مارکرها
HPV
نمونه گیری در منزل
طرف قرارداد با بیمه های پایه و تکمیلی
اتاق VIP برای مادران باردار
انجام تست تشخیص ویروس HPV با چندین روش مختلف
Full Genotyping با تعیین ژنوتایپ های پرخطر و کم خطر
بررسی پاپ اسمیر و پاتولوژی توسط پزشک فوق تخصص پاتولوژی
انجام غربالگری سرطان، تومورمارکرها
سنجش همزمان چندین تومورمارکر
neurogene_lab
تهران، بلوار سعادت آباد، کوچه ۳۲ غربی، پلاک ۱۱۲
۸۸۶۸۸۴۰۵-۸ . ۸۸۶۸۹۹۹۷ info@neurogene.ir neurogene.ir