

# E-POSTERS

Abstracts

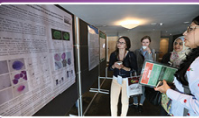
European Congress on

## Vaccines & Vaccination and Gynecologic Oncology

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Glimpses of our Past Conferences



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# HOXB9 AS A POTENTIAL TARGET GENE FOR OVERCOMING PLATINUM RESISTANCE IN MUCINOUS OVARIAN CANCER

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**A**lthough ovarian cancer is heterogeneous with various histologic types, current treatment guidelines are generally the same for all histologic types. Expression of HOX genes in epithelial ovarian cancer (EOC) was known to be histology-specific. We performed a series of in vitro and in vivo studies to find out a tailored strategy of inhibiting HOXB9 expression for overcoming platinum resistance in mucinous EOC. HOXA10 and HOXB9 showed exclusively high expression in SKOV-3 and RMUG-S, respectively. HOXA10 siRNA treatment made a significant decrease in cell viability of SKOV-3, but not RMUG-S. By contrast, HOXB9 siRNA treatment made a significant decrease in cell viability of RMUG-S, but not SKOV-3. HOXA10 siRNA and HOXB9 siRNA treatments: increased the expression level of cleaved PARP and caspase-3 in SKOV-3 and RMUG-S, respectively; expression of vimentin was decreased while expression of E-cadherin was increased; SOX-2, Nanog, and Oct-4 also decreased in both cell lines after specific siRNA treatment. When injected with RMUG-Sko HOXB9 and SKOV-3oe HOXB9 in mouse models, we clearly showed that the tumours from RMUG-Sko HOXB9 grew significantly slower than those from control. By contrast, the tumours from SKOV-3oe HOXB9 grew significantly faster than those from control. After harvesting, the cells from the SKOV-3oe HOXB9 were characterized with resistance to cisplatin and higher expression of vimentin than those from the control. Our findings suggest that platinum-resistance of mucinous ovarian cancer might be defeated by inhibiting HOXB9, which could be a target of tailored strategy for overcoming the resistance to platinum in mucinous EOC.

## Biography

Dong Hoon Suh is a Clinical Professor of the Department of Obstetrics and Gynaecology in Seoul National University Hospital. He is a Gynaecologic Oncology Specialist. He has graduated from Seoul National University School of Medicine at 2002 and completed his PhD at the same university, postgraduate school in 2014. He has published more than 50 papers in reputed journals of his field. He is a Vice Secretary General of organizing committee of the Asian Society of Gynecologic Oncology (ASGO) and a Principal Editor of its official journal, Journal of Gynecologic Oncology. He has been also deeply involved in other medical journal activities as a Committee Member for Planning and Evaluation of Korean Association of Medical Journal Editors, KAMJE.

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# SURVIVAL OUTCOMES OF ADJUVANT THERAPY IN UTERINE-CONFINED ENDOMETRIAL CANCER WHICH HAS SEROUS PAPILLARY AND CLEAR CELL HISTOLOGY: RADIOTHERAPY VERSUS CHEMOTHERAPY

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**Objective:** To evaluate the survival outcomes of adjuvant therapy in uterine-confined endometrial cancer with serous papillary and clear cell histology

**Methods:** Medical records of 80 women who underwent surgical staging including hysterectomy and bilateral salpingo-oophorectomy between Nov' 2004 and Dec' 2017 were retrospectively reviewed. All study population was pathologically diagnosed as serous papillary and clear cell endometrial carcinoma confined to uterus after surgery. Survival outcomes were calculated by Kaplan-Meier method and compared using log-rank test between the women received radiotherapy and chemotherapy.

**Results:** 54 (67.5%) and 26 (32.5%) women were confirmed as serous papillary and clear cell histology after surgery, respectively. Adjuvant therapy was performed in 59/80 (73.8%) women: 25 of radiotherapy and 34 of chemotherapy. High level of preoperative serum CA-125 (25.1±20.2 vs. 11.5±6.5 IU/mL, p<0.001), open surgery (42 (71.2%) vs. 6 (28.6%), p=0.001), myometrium invasion >1/2 (20 (33.9%) vs. 0, p=0.002) and lymphovascular space invasion (LVSI (lymphovascular space invasion), 17 (28.8%) vs. 1 (4.8%), p=0.023) were frequent in the women with adjuvant therapy. However, pathological results including histology type, myometrial invasion ≥1/2 and LVSI were not different between the women received radiotherapy and chemotherapy. Five-year progression-free survival (78.9 vs. 80.1%, p>0.999) and overall survival (77.5 vs. 87.8%, p=0.373) were also similar in the two groups. Neither radiotherapy (Hazard ratio (HR) 1.810, 95% confidence interval (CI) 0.297-11.027; p=0.520) nor chemotherapy (HR 1.638, 95% CI 0.288-9.321; p=0.578) was independent associated factor for disease recurrence in multivariate analysis.

**Conclusion:** Our findings show that radiotherapy and chemotherapy have similar survival outcomes in uterine-confined endometrial cancer with serous papillary and clear cell histology. Further study with stratified analysis by myometrial invasion or LVSI was required.

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Vaccines & Vaccination and Gynecologic Oncology 2018

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# EFFECT OF OBESITY ON MENOPAUSAL SYMPTOMS IN POSTMENOPAUSAL EGYPTIAN WOMEN

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**Background:** Menopausal symptoms are major concerns of postmenopausal women. It is important to develop factors affecting symptoms frequency and severity; menopause is associated with an increased prevalence of obesity.

**Aim:** The aim of this study was to investigate the effect of body mass index on menopausal symptoms among menopausal women.

**Methods:** A cross-sectional study conducted at a total of 240 menopausal women aged 45 to 55 years were recruited, and the body mass index was determined. Participants were divided into three groups (normal, overweight and obese). Menopausal status was assessed with the menopause rating scale (MRS) questionnaire. Total (MRS) scores were obtained and correlated to BMI.

**Results:** A significant increasing trend in the total menopause rating score (MRS) was observed from normal through overweight to obese participants ( $p=0.001$ ). As for somatic subscale, we found that frequency of hot flashes, sweating, sleep problems, joint and muscular discomfort increase significantly with BMI ( $p=0.001$ ). Also, depressive mood and irritability was found to be related with larger BMI ( $p=0.002$ ). Regarding urogenital subscale, it was found that sexual and bladder problems increase significantly with higher BMI ( $p=0.003$ ).

**Conclusion:** These results showed that a higher total subscale score and a higher frequency of somatic, psychological, and urogenital subscale with higher body mass index. So, we conclude that increased body mass index was associated with higher prevalence of menopausal symptoms among menopausal women.

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## APPENDICULAR CARCINOMA AND PREGNANCY

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**A** 24-year-old black patient with a pregnancy of approximately 32 weeks' gestation who clinically presented an underlying condition compatible with a non-toxic nodular goiter with acute onset and clinical manifestations of heart failure, which produced respiratory limitation functional and cardiomegaly according to the primary clinical assessment. Subsequently, it presented hydro electrolytic and metabolic alterations and an acute abdominal pain that oriented to an inflammatory appendiceal picture that after the clinical and surgical evaluation decides the interruption of the pregnancy to safeguard the maternal-foetal unit. The segmental caesarean section with epidural anaesthesia is used to extract the foetus as a condition to release the product from a potential infectious risk to the eventual acute appendicitis and to facilitate the surgeon the standard surgical management of an appendectomy, with a smaller uterus after removal. The interesting thing about this clinical case is that when exploring the right iliac fossa to locate the apparently inflamed appendix, what is found is a small tumor that depends on its cephalic end and mucinous material in abundant amount. Given the evidence, that it was not an appendicitis but the high probability of an appendicular carcinoma, it was decided to practice an appendectomy using the conventional technique, to extract all the mucinous material from the abdomen and to send the material for a cytohistopathological study and its definitive diagnosis that ended up being effectively by the results of pathology the low grade appendicular mucinous adenocarcinoma associated with pregnancy. This case reveals the necessary complete and effective prenatal assessment of a pregnant patient who may even evolve with an unsuspected appendiceal carcinoma and rare clinical presentation.

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# ACUTE HEPATIC RENAL FAILURE, OBSTRUCTIVE ORIGIN IN A PREGNANT MANAGEMENT CRITIC MEDICINE AND OBSTETRIC

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**W**e present the clinical and biochemical presentation of a pregnant woman diagnosed with acute renal failure of obstructive origin in the biliary tract in the twenty-fifth week of gestation, which represents the first case with this association published in our environment. The cause of renal hepatic failure was due to an obstructive biliary process that could be diagnosed by imaging. The clinical and humoral picture was compatible with hepatic encephalopathy, acute renal failure (ARF) and severe malnutrition. Pancreate retrograde endoscopy (ERCP) was suggested because of the history of open cholecystectomy; colangian resonance (CABG) reported dilatation of the bile ducts without visualization of the lithic focus. Clinical management and appropriate obstetric behaviour allowed the remission of altered chemical values and the sustainability of pregnancy, reducing the risks of morbidity and mortality for both mother and fetus. It is emphasized that the association between hepatic encephalopathy and acute renal failure relates an uncommon isolated condition in pregnant women. The evidence details an incidence of 0.5 to 1.3% during the puerperium and/or associated with chronic liver failure. In addition, it is concluded that the treatment in these patients should be individualized and that, sometimes, the initial expectant behaviour offers favourable results.

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# HUMAN PAPILLOMAVIRUS (HPV) INFECTIONS AMONG FEMALE SEX WORKERS IN COTE D'IVOIRE

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**H**uman Papillomaviruses (HPV) are small virus non-enveloped double-stranded circular DNA. They infect epithelial cells. Many studies have indicated that having multiple sexual partners may lead to higher HPV transmission. Thus female sex workers (FSWs) may be at greater risk of infection. In female sex workers (FSWs), the risk of HPV infection and cervical cancer is especially high. The aim of this work is to determine the prevalence and the genotypes of HPV that circulate in female sex workers populations in Cote d'Ivoire. From Dec' 2015 to May' 2016, cervical samples from 350 female sex workers were tested for some HR-HPV. HPV DNA was amplified using PGMY09/11 primers which generated 450 base pairs at the L1 region. The samples harboring HPV DNA were genotyped using the multiplex PCR with HPV 16, 18, 31, 33, 35, 45 and 51 primers. The mean age of this population was 32.5 years. On 350 female sex workers, HPV DNA was obtained in 51.5% of the population. A total of 168 (94.38%) specimens harboring HPV DNA were genotypes using multiplex PCR versus 5.61%, which were not genotyped using HPV 16,18, 31, 33, 35, 45 and 51 by multiplex PCR. These 168 strains permit to identify 204 strains of HPV on whom 88.69% with single infection while 11.30% with a multiple infection. Among multiple infections, 36.84% had respectively double and triple HPV infection and 26.31% had four HPV infections. HPV genotypes prevalence was HPV16 (22.47%), HPV18 (26.97%), HPV35 (11.23%), HPV31 and HPV33 (7.86%) respectively and HPV45 (7.30%). Any case of HPV genotype 51 was founded. The prevalence of HPV infection in female sex workers is high. The most genotypes which circulate in female sex workers are type 16 and type 18.

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# COMPARISON OF THE DIAGNOSTIC VALUE OF PAP SMEAR, VISUAL INSPECTION METHODS AND COLPOSCOPY IN DETECTION OF PRE-INVASIVE LESIONS OF THE CERVIX AMONG WOMEN HAVING UNHEALTHY CERVIX: A CROSS SECTIONAL STUDY AT A TERTIARY CARE CENTER IN CENTRAL INDIA

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**Introduction:** Cervical cancer which is preventable is the commonest genital cancer in developing countries including India. Implementation of several screening strategies has led to a remarkable decline in the cervical cancer incidence and mortality worldwide. Conventional Pap smear which is the primary and most widely used screening tool, carries 10-70% false negative rate. In low-resource settings, visual inspection with acetic acid (VIA) and Lugol's iodine (VILI) are promising alternatives owing to their simplicity, rapidity of results, cost-effectiveness and comparable performance in mass screening for cervical cancer. Assessment of women with colposcopy impressions of the cervical transformation zone and histological appraisal of directed punch biopsies is an excellent method but less commonly used. The reported sensitivity of colposcopy in some Indian study has been shown to be, 60-98% for the detection of intraepithelial disease. A high prevalence of human papilloma virus (HPV) infection has been reported from adolescent and young adult tribal women of Central India, but HPV DNA testing is still not widely available and is expensive. Data on effectiveness of all these screening methods, which are less expensive and less resource-intensive, are limited from this geographical territory. This study will help to provide insights into the diagnostic performance of these techniques in a hospital based screening when used alone or in combination.

**Methodology:** All married women between 21 to 65 years attending gynecology OPD of AIIMS, Raipur and having unhealthy cervix (presence of cervical erosion, cervix which bleeds on touch, ulcerated lesions, growth, with history of post coital bleeding) were included after informed consent. Detailed history was elicited. All women were subjected to conventional Pap smear, VIA, VILI and colposcopy. Reid colposcopic index scoring was performed. Directed biopsy was taken in case of any suspicious lesion detected on VIA, VILI or colposcopy. Diagnostic value of each screening method was determined in terms of sensitivity, specificity, positive predictive value and negative predictive value.

**Results:** Total 352 patients were evaluated. Around 49% of the patients were found to have abnormal cytology in biopsy reports. The sensitivity and specificity of Pap smear was found to be 34 % and 94%, at the same time colposcopy has high sensitivity and low specificity i.e. 99% and 31%. On the other hand the sensitivity and specificity of VIA and VILI are comparable i.e. 65% and 45% and 64% and 48% respectively. Pap smear shows high positive predictive value i.e. 85% and colposcopy shows 58% for the same. The positive predictive value of VIA and VILI are 55%.

**Conclusion:** So there is a need to investigate alternative strategies which are more practical, feasible, effective, and whose results are available immediately. Pap's smear is subjective test, slides can be mislabelled or lost and carries low sensitivity but high positive predictive value. As compared to Pap smear, VIA and VILI are more sensitive and are of low cost. Colposcopy can be considered as a preferred method of screening due to its extremely high sensitivity.

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# COMPARATIVE STUDY OF TREATMENT RESPONSE AND TOXICITY OF FOUR FIELD BOX TECHNIQUE VERSUS TWO FIELD TECHNIQUE IN LOCALLY ADVANCED CARCINOMA CERVIX

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**Background:** External beam radiotherapy plays a pivotal role in locally advanced carcinoma cervix. EBRT treats the whole pelvis including the primary tumor along with the regional lymph nodes. Conventionally, EBRT planning is based on standard bony landmarks using X-rays and can be delivered by anterior–posterior and posterior–anterior (AP-PA) parallel opposed fields or the four field box technique. AP-PA field technique provides good coverage to the target volume. Four field box technique with parallel opposed AP-PA fields and two lateral opposed fields although has better dose distribution and decrease normal tissue toxicity, it is time consuming. EBRT by AP-PA two field techniques is generally used in our center due to less manpower and resources and huge load of patients. But, pelvic radiotherapy by 4 field portals has been proven by the trials that it has better tumor response. So, the objective of this study was to compare the tumor response and acute hematological and non-hematological toxicities between the two techniques.

**Methodology:** After fulfilling the eligibility criteria, patients were randomized into two groups of chemoradiotherapy. One group received radiation by AP-PA two field techniques and the other group by 4 field box technique. Randomization was done alternatively to group A and group B based on the patients visit to OPD. The patients were categorized as group A for the ones receiving treatment by AP-PA two field technique and group B for the ones receiving treatment by 4 field box technique. Chemotherapy regimen was the same for the two groups. Treatment response and toxicities were evaluated after the completion of treatment and compared between two groups.

**Results:** 100% of enrolled patients received planned treatment. The total duration of treatment in both the groups was 23 days. Lo-co-regional control with complete remission was 63.3% in group A vs. 73.3% in group B ( $p=0.405$ ). Acute toxicities of grade 1 and grade 2 were seen more in group A compared to group B, nausea (63.3% vs. 56.7%  $p=0.141$ ), vomiting (13.3% vs. 20%  $p=0.234$ ), diarrhea (10% vs. 6.7%), radiation dermatitis (3.3% vs. 0%). Hematological toxicities like anemia, thrombocytopenia and leucopenia were observed more in group A than group B.

**Conclusion:** Both two and four field box techniques are equally effective and feasible as statistically insignificant difference in the response rate and acute toxicities was observed in the two groups

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# EARLY CERVICAL CANCER: DETECTION, TREATMENT AND CONTROL, SINGIDA REGION TANZANIA

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**Background:** Cervical Cancer is almost 100% preventable but every year across Africa, 53,000 women die of the disease. In Tanzania, the incidence is 50.9/100,000 per year with mortality rate of 37.5 per 100,000. It is detected late because of lack of diagnostic facilities, resource people and lack of effective treatment of early cervical lesions.

**Objective:** To detect, treat and eliminate pre-cancerous lesions before developing into cancer and to estimate visual inspection under acetic acid (VIA) positivity rate in productive age groups of 30-50 yrs.

**Methods:** VIA was used to detect the pre-cancerous lesions and treat them. Inclusion criteria for cryotherapy or loop electrosurgical excision procedure (LEEP) treatment were VIA positive results, lesions <75% of the cervical area and or <2mm beyond the probe. Lesions suspicious of cancer, reaching vaginal wall or having cervix deformities were excluded from treatments.

**Results:** From Jan' to Jun' 2018; 572 out of 880 Female targets were screened of cervical cancer (Cacx). 45 out of 572 had VIA positive results. The VIA Positivity Rate was 8%. 32 (71%) women were treated by cryotherapy and 6 (13%) by LEEP. The 27 (5%) with large lesions suspected to have carcinoma of the cervix (Cacx) had biopsy for histopathological confirmation and referrals for radiotherapy.

**Experiences & lessons learnt:** Majority of 486 (85%) women knew someone may die of cervical cancer and may as well die of it. Almost all 543 (95%) felt worried if found to have cervical cancer lesion. 143 (25%) of women from the villages reported to have difficulties with time or money to travel to the regional hospital, the only centre offering for cervical cancer screening and treatment in Singida.

**Conclusion:** VIA, cryotherapy or LEEP techniques require fewer resources, low-tech equipment and provide immediate results.

**Transferability:** VIA through facility based or outreach basis, equipped with cryotherapy /LEEP offers great benefit in diagnosis and treatment of early Cacx in Tanzania

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# TREATMENT OF (“BULKY”) STAGE IB CERVICAL CANCER WITH OR WITHOUT NEOADJUVANT VINCRISTINE AND CISPLATIN PRIOR TO RADICAL HYSTERECTOMY AND PELVIC/PARA-AORTIC LYMPHADENECTOMY: A PHASE III TRIAL OF THE GYNAECOLOGIC ONCOLOGY GROUP

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**Objective:** A Randomized phase III trial was conducted to determine if neoadjuvant chemotherapy (NACT) prior to radical hysterectomy and pelvic/para-aortic lymphadenectomy (RHPPL) could improve progression-free survival (PFS) and overall survival (OS), as well as operability, with acceptable levels of toxicity. Adjuvant radiation therapy was prescribed for specific surgical/pathological risk factors for both regimens.

**Methods:** Eligible patients were required to have bulky FIGO stage IB cervical cancer, tumor diameter  $\geq 4$  cm, adequate bone marrow, renal and hepatic function, and performance status  $\leq 2$ . Prospective random allocation was to either NACT (vincristine-cisplatin chemotherapy every 10 days for 3 cycles) before exploratory laparotomy and planned RHPPL (NACT+RHPPL), or RHPPL only.

**Results:** The study was closed prematurely, because of slow accrual, after 291 patients were enrolled, three were ineligible; thus 288 were eligible and randomly allocated to RHPPL (N=143) or NACT+RHPPL (N=145). There were no notable differences between regimens regarding patients' age, race, performance status, or tumour size. The median follow-up time is 62 months among living patients. The NACT+RHPPL group had very similar recurrence rates (relative risk: 0.998) and death rates (relative risk: 1.008) when compared to the RHPPL group. There were 79% that had surgery in the RHPPL group compared to 78% in the NACT RHPPL group. There were 52% who received post-operative RT in the RHPPL group compared to 45% in the NACT+RHPPL group (not statistically significant).

**Conclusion:** There is no evidence from this trial that NACT offered any additional objective benefit to patients undergoing RHPPL for suboptimal stage IB cervical cancer.

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