IS-14 The Functional Assessment of Cancer Therapy Scale for the Philippines: Reliability Testing of the General Measure and Cervical Cancer Subscale

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Objective: The objective of this study is to test the reliability of quality of life questionnaires (FACT G and FACT CX) for the evaluation of cervical cancer patients in the Philippines.

Methods: Patients with no evidence of disease for at least three months after treatment were interviewed using a modified FACT G and FACT CX scale translated in Tagalog. Reliability testing was done using the Cronbach coefficient alpha. Subgroup analysis of the overall quality of life scores to answer the formulated hypotheses was also done using the F test and the one-way ANOVA.

Results: The mean age of the patients was 51.5 years. Most of them have 4 – 6 children. Fifty of the patients received complete radiotherapy and one hundred of them had a total radiation dose of more than 8000 cGy. Reliability testing showed that the four domains under the FACT G yielded results of 0.61 to 0.80. However, for the FACT CX and GI symptoms, the results were low. Using the F test and the one-way ANOVA, subgroup analysis showed that the stage and length of time that the patients had no evidence of disease do not significantly alter the quality of life of patients. A radiation dose of more than 8000 cGy significantly increases the GI symptoms especially passage of bloody stools.

Conclusions: The modified Tagalog version of the FACT G is reliable. The FACT CX and GI symptoms are not reliable. The stage and length of time that the patients are disease free does not significantly affect the quality of life of cervical cancer patients. Patients receiving higher radiation dose have more gastrointestinal symptoms.

IS-15 Biological implications of survivin gene expression in the development of endometriosis and endometrial carcinoma

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[Objective] To investigate the correlation between survivin gene expression and invasive phenotype in endometriosis and endometrial carcinoma. [Methods] A total of 63 pigmented or non-pigmented endometriotic, 26 endometrial carcinoma and 12 normal eutopic endometrial tissues were examined for mRNA expression of survivin, matrix metalloproteinase (MMP) 2, MMP-9 and membrane-type 1 (MT1)-MMP. 11 ovarian endometriotic and 7 normal endometrial tissues were used for the dUTP nick-end labeling and immunohistochemical study. [Results] Survivin and MMPs gene expression levels in clinically aggressive pigmented lesions were significantly higher than those in normal endometrium, and survivin gene expression in pigmented lesions was also higher than that in non-pigmented lesions (p<0.05). There was a close correlation between survivin and MMPs gene expression levels in 63 endometriotic tissues examined (p<0.01). Apoptotic cells were rare in 11 ovarian endometriotic tissues, which showed positive immunohistochemical expression for survivin and MMPs. Survivin and MMPs gene expression levels in endometrial carcinomas were also higher than those in normal endometrium and were well correlated with the depth of myometrial invasion (p<0.05). [Conclusion] Up-regulation of survivin and MMPs may cooperatively contribute to survival and invasion of endometriosis and endometrial carcinoma.

IS-16 Usefulness of FDG PET for Assessment of Early Recurrent Epithelial Ovarian Cancer

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Objective: The purpose of our study was to evaluate the diagnostic accuracy of FDG positron emission tomography (PET) in comparison with CT in detecting recurrent ovarian carcinoma and its ability to reveal small tumor recurrence.

Materials and Methods: We reviewed the records of 31 consecutive patients with pathologically proven epithelial carcinoma who underwent FDG PET 1 month before second-look surgery to assess recurrent tumor. Of these 31 patients, 21 patients also underwent CT 1 month before second-look surgery. The diagnostic accuracies of FDG PET (n=31), CT (n=21), and combined FDG PET and CT (n=21) in detecting recurrent tumor were calculated and compared with each other using the Bennett’s test in 21 patients who underwent both imaging studies. Detection rates of individual tumors relative to their sizes were compared between FDG PET and CT using the McNemar test.

Results: The sensitivity, specificity, and accuracy of FDG PET, CT, and combined FDG PET and CT for revealing recurrent ovarian cancer were 45.3%, 99.7%, 91.0% 54.5%, 99.6%, 91.7%, 58.2%, 99.6%, 92.4%, respectively. We found no statistically significant difference in the diagnostic accuracy of FDG PET, CT, and combined FDG PET and CT (x²<5.99). Detection rates of tumor nodules found on CT were significantly greater than those on FDG PET when nodule size was 0.3-0.7 cm (p<0.05).

Conclusion: FDG PET did not improve the overall diagnostic accuracy in detecting recurrent ovarian carcinoma compared with CT. Rather, FDG PET was inferior to CT in its ability to reveal small-tumor recurrence.