IS-109  Cytologic diagnosis of Endometrial carcinoma with new endometrial brush. Two cases report

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The vast majority of endometrial neoplasm are adenocarcinoma. The incidence of these neoplasms has been rising. If a post-menopausal women had abnormal vaginal bleeding, which should be considered. In recently, we experienced 2 cases of endometrial carcinoma that was diagnosis with a new design endometrial cyt-brush and conformed with biopsy and operative specimens. The cytological and histological features will demonstrate in this article. There are two cases of postmenopausal vaginal bleeding who used the new design endometrial cyt-brush Which were apply to detected endometrium. They are conformed with endometrial curetting and hysterectomy in the histology well–differentiated adenocarcinoma and poor differentiated adenocarcinoma of endometrium respectively.

IS-110  Clinical Significance of Tumor Volume and Lymph Node Involvement Assessed by MRI in Cervical Cancer Patients Treated with Concurrent Chemotherapy and Radiotherapy

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Objectives: The purpose of this study was to evaluate the prognostic significance of tumor volume assessed by pretreatment MRI in cervical cancer patients with concurrent weekly cisplatin chemotherapy and radiotherapy. Methods: A retrospective chart review was performed on seventy-five patients with cervical cancer stage IIb who were treated with concurrent weekly cisplatin (40 mg/m2) and radiotherapy between January 2000 and April 2007. Potential prognostic factors were age, chemotherapy numbers, histology, tumor diameter and volume, lymph node (LN) involvement and pretreatment squamous cell carcinoma (SCC) antigen levels. Results: The median follow-up time was 55 months (range 8–104). The median tumor size and volume (range) were 4.5cm (2.10) and 33.1ml (4.2–392.7), respectively. Pelvic lymph node (LN) involvement rate was 58.7%. Para-aortic LN involvement rate was 14.7%. Using multivariate analysis, a tumor volume (>35ml, P = 0.025), pelvic lymph node (LN) involvement (P = 0.044) revealed a significantly unfavorable outcome on overall survival. Progression-free survival was influenced by tumor histology (P < 0.001), pelvic LN involvement (P = 0.015) and pretreatment SCC antigen levels (P = 0.018). We found that 22 (29.3%) patients had recurrences and 14 (18.7%) patients died of disease. Five-year overall survival rate was 80.6% (standard error = 4.9%) and 5-year progression-free survival rate was 71.3% (standard error = 5.3%). Conclusion: Tumor volume and pelvic LN involvement showed possibility to predict overall survival in patient with cervical cancer stage IIb. Optimal tumor volume and pelvic LN assessment by pretreatment MRI might be helpful to predict treatment outcome.

IS-111  Endometrial Intraepithelial Neoplasia and Risk of Endometrial Cancer

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Objective: To determine the prevalence of cancer among women undergoing hysterectomy for Endometrial Intraepithelial Neoplasia (EIN), a newly defined precursor lesion to endometrial cancer. Methods: Following IRB approval, all EIN cases diagnosed by endometrial biopsies (EMB) from January 2002 to July 2004 were included. All subsequent pathology outcomes up to September 2008, including biopsies and hysterectomies, were collected using pathology and electronic medical records databases. Data were encoded into EXCEL spreadsheets and calculations were performed using SAS software. Results: 82 cases of EIN were identified. 15/82 (18.3%) cases had concurrent endometrial cancer and EIN on the index EMB. Of these cases, 13 underwent hysterectomy with one case showing greater than 50% myometrial invasion. 67/82 (81.7%) with EIN did not have concurrent cancer. Of these, 45 patients underwent hysterectomy, of which 16 had endometrial cancer (all stage 1A), and 18 had EIN. Overall, 16/67 (23.9%) of patients who did not have concurrent endometrial cancer were found to have cancer on follow-up hysterectomy. Of the remaining 22 patients who did not undergo hysterectomy, 6 were lost to follow-up, 1 had EIN on repeat biopsy without further follow-up, and the remaining had biopsies without residual EIN. In total, 31/82 (37.8%) patients with EIN had concurrent or future development of endometrial cancer. Conclusion: EIN is a precursor lesion of endometrial cancer that is associated with endometrial cancer in 37.8% of cases. Diagnosis of EIN warrants close follow-up and consideration of treatment by hysterectomy.