IS-88  Prostatic lift system for correction of prolapose and incontinence in patients with pelvic organ prolapse and stress urinary incontinence

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Objective: To evaluate the correction of pelvic organ prolapse (POP) and urodynamic stress incontinence (USI) in patients with POP and USI after Prostift system. Materials and methods: Twenty-six patients with POP (POP-Q stage II) and urinary stress incontinence were included into this study since Nov 2006 to July 2008. They were followed up in out-patient clinic every three months. All of these patients were evaluated with POP-Q staging system, complete urodynamic study and questionnaire of quality of life before and after operation by the same doctor. All of these patients are proven USI or occult USI by urodynamic studies. The total Prostift systems were applied in 25 patients, and the anterior Prostift system was applied in 1 patient. Kiley plication was performed in 7 out of 25 patients. Results: Theses patients were followed up for 3 to 24 months. The average age was 64 years old and the average parity was 3.7. Eight patients were stage II, fifteen patients were stage III and two patients were stage IV preoperatively. In 25 patients, two patients was lost fol-

IS-89  Neutrophil to Lymphocyte Ratio for Preoperative Diagnosis and Surveillance of Uterine Sarcomas: A Case-matched Comparison

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Background: Uterine sarcomas are rare among all uterine malignancies, and frequently misdiagnosed as benign uterine diseases such as leiomyoma and adenomyosis because of lack of feasible tools for the preoperative diagnosis. Although some studies have suggested the role of serum CA-125 levels for the preoperative diagnosis and surveillance, the efficacy is controversial. Since malignancy is known to be associated with systemic inflammation which leads to hematological alteration, we compared the efficacy for the preoperative diagnosis and surveillance of uterine sarcomas between the neutrophil to lymphocyte ratio (NLR) and serum CA-125 levels using a case-match comparison.

Methods: From November 2004 to December 2008, 35 patients with carcinoma sarcoma (n = 21), leiomyosarcoma (n = 20) and endometrial stromal sarcoma (n = 14) were matched to 350 patients with leiomyoma (n = 165) and adenomyosis (n = 165) in terms of age at diagnosis, body mass index and uterine volume.

Results: The receiver operating characteristic curve showed the best cut-off values of the NLR (≥2.12) and serum CA-125 levels (≥27.5 U/ml) for the preoperative diagnosis of uterine sarcomas, demonstrating that the sensitivity and specificity of the NLR were higher than those of serum CA-125 levels (sensitivity, 74.5 vs. 52.3; specificity, 70.3 vs. 50.5; p < 0.05). Furthermore, the NLR reflected recurrence and progression more accurately than serum CA-125 levels in patients with uterine sarcomas. However, the NLR and serum CA-125 levels were not independent prognostic factors for survival.

Conclusions: The NLR may be more useful than serum CA-125 levels as a cost-effective tool for the preoperative diagnosis and surveillance in patients with uterine sarco-

IS-90  Systematic Lymphadenectomy for Survival in Epithelial Ovarian Cancer A Meta-analysis

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Background: The role of systematic lymphadenectomy (SL) remains unclear for improving overall survival (OS) in epithelial ovarian cancer (EOC). To evaluate the role of SL in EOC, we performed a meta-analysis of eligible studies which compared the efficacy for OS between SL and unsystematic lymphadenectomy (USL).

Methods: After the extensive literature search between January 1995 and December 2008, we analyzed 9 studies (2 randomized controlled trials and 7 observational studies) with 21,919 patients with EOC who underwent staging laparotomy including SL or USL; this meta-analysis was done with a fixed-effect model.

Results: In all studies, SL was a favorable factor for OS as compared to USL (HR, 0.72; 95% CI, 0.68 to 0.76). When we performed sub-analyses, patients treated with SL showed improved OS compared with those treated with USL in 3 studies where only patients with the International Federation of Gynecology and Obstetrics (FIGO) stage I-II EOC were included (HR, 0.89; 95% CI, 0.79 to 0.92). SL was also a significant factor for improved OS in 6 studies where only patients with FIGO stage III-IV EOC were enrolled (HR, 0.70; 95% CI, 0.67 to 0.75). Although SL improved OS compared with USL in 4 studies where all patients with EOC who underwent optimal debulking surgery were included (HR, 0.83; 95% CI, 0.69 to 0.89), SL was not a significant factor for improved survival in the patients with FIGO stage I-II (HR, 0.85; 95% CI, 0.62 to 1.16) and III-IV diseases (HR, 0.82; 95% CI, 0.62 to 1.02).

Conclusions: These findings demonstrated the possibility that SL might improve OS in EOC. However, the efficacy of SL on OS is still unknown because of lack of related randomized controlled trials, which requires more related studies for investigating the role of SL in EOC.