ISP-1-6 A retrospective analysis of docetaxel–cisplatin therapy (DP therapy) for recurrent endometrial cancer

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[Objective] There is insufficient evidence concerning effective chemotherapy regimens for recurrent endometrial cancer. We report treatment of 21 patients with recurrent endometrial cancer who received docetaxel–cisplatin (DP) therapy as 2nd or 3rd line chemotherapy. [Methods] We reviewed 21 patients who were diagnosed with recurrent endometrial cancer and underwent DP chemotherapy at our institution. Docetaxel 70mg/m2 and cisplatin 60mg/m2 were administered by intravenous injection every 3 weeks. We analyzed the clinicopathological factors associated with response rate and prognosis retrospectively. This study was conducted with approval from the ethics committee of our institution. [Results] Response rate was 57%. Median progression free survival (PFS) was 7.5 months. Patients with treatment-free interval (TFI) > = 6 months had significantly better PFS than those with TFI < 6 months (p = 0.01). Patients with platinum-free interval (PFI) > = 6 months tended to have better PFS than patients with PFI < 6 months (p = 0.09). Previous history of taxane treatment was not relevant in the prognosis. However patients with taxane-free interval (TaxFI) > = 12 months had significantly better overall survival than those with TaxFI < 12 months (p < 0.05). [Conclusion] Our results demonstrate that DP therapy is a fully feasible regimen for recurrent endometrial cancer patients.

ISP-2-1 Results of conization for LSIL and HSIL in a single institution

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[Objective] To analyze the results of conization for LSIL and HSIL in a single institution to analyze the results of conization for LSIL and HSIL in a single institution retrospectively. [Methods] Medical records were reviewed from 1997 to 2013. [Results] 29 patients with LSIL had undergone conization. 26 had cone only, 1 had TAH, and 1 had TAH + ICR and 1 had TLH. 2 had the pathologic results of cervicitis, 5 had CIN 1, 11 had CIN 2, and 11 had CIN 3. 106 patients with HSIL had undergone conization. 99 had cone only, 1 had recone, and 3 had TAH, and 3 had TLH. 6 had the pathologic results of cervicitis, 9 had CIN 1, 16 had CIN 2, 69 had CIN 3, 4 had microinvasive cervical cancer, 1 had adenocarcinoma, 1 had AIS with CIN 3. [Conclusion] Among LSIL, there were lots may be of necessity for them.

ISP-2-2 Efficacy of Cervical Conization With Cold Coagulation for Cervical Intraepithelial Neoplasia: A Single Institutional Experience and Literature Review

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[Objective] To evaluate the efficacy of cervical conization with cold coagulation in patients with cervical intraepithelial neoplasia (CIN). [Methods] Clinicopathologic data of patients who underwent cervical conization with cold coagulation from 2000 to 2012 were reviewed. Its efficacy was defined as the number of patients with normal cervical cytology/the number of enrolled patients at 6 and 12 months after the treatment. Thereafter, the efficacy of cervical conization with cold coagulation was compared with it in a relevant study, and then we compared the efficacy between it and cervical conization alone in in patients with CIN by literature review using Chi-square or Fisher exact test. [Results] A total of 177 patients who underwent cervical conization with cold coagulation were enrolled, who showed abnormal cervical cytology or high-risk human papillomavirus infection (n = 62), CIN 1 (n = 23), CIN 2 (n = 28) and CIN 3 (n = 64). In patients with CIN 1 at diagnosis, 80.5% and 93.7% showed normal cervical cytology at 6 and 12 months. On the other hand, 94.6% and 98.3% demonstrated it at 6 and 12 months in patients with CIN 2 or 3. Our experience to investigate the efficacy of cervical conization with cold coagulation was similar to it form a relevant study, where 96.2% and 100% in patients with CIN 1 showed normal cervical cytology at 6 and 12 months, and 95.6% and 97.3% in patients with CIN 2 or 3 demonstrated it at 6 and 12 months (p > 0.05). In literature review comparing the efficacy between cervical conization with cold coagulation and cervical conization alone, normal cervical cytology was shown in 94.9% and 94.4% at 6 months, and in 95.5% and 96.2% at 12 months (p < 0.05). [Conclusions] These findings suggest that cervical conization with cold coagulation may be feasible to treat CIN, and it would be superior to cervical conization alone.