

ISP-17-4 A Concept Paper on Establishment of GynaeOncology International Registry of Double Primary Tumours (GIRDPT) (same and different body region—Synchronous & Metachronous)

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[Objective] Prompt International Registration of Gynaecology Tumours with another primary either same or different body region ; synchronous & metachronous needs international consideration to enable coordinated studies and genomic studies amongst and across disciplines treating these conditions. [Methodology] International philosophical and ideological divisions on nomenclature and classification needs a starting point despite these differences. Cross recognition of Consultant-led histopathological recognition criterias and histopathological correctness as well as 2 months rule, survival bias, multi-focal multi-centric tumours, difficulty to attain tissue for revalidation especially the first tumour which occurred some years ago, consents, ethical considerations, preserving patient confidentiality and other trans-border non-transmittance of tissues rulings, custom quarantine procedures need to be worked out if there is a will. Starting with National Registers of Double Primary Tumours is a start. Multiple tumours are defined as 2 or more discrete cancers that are not the result of metastasis or recurrence and are independent of each other, with adequate post-treatment surveillance. [Results] As an individual practicing Consultant personally I have come across several combinations of histopathology proven double primary tumours (n= 15 at least) in Malaysia in various time frames,ie. cervical-breast ; endometrial-breast ; endometrial-ovarian ; endometrial-lung ; ovarian-thyroid ; renal cell carcinoma-cervical ; colon-ovarian ; endometrial-leukaemia. If combined with other Consultants nationwide and internationally ; the numbers would be more. The amount of information collected would be of value. [Conclusion] Prompt International Registration of Gynaecology Tumours with another primary either same or different body region ; synchronous & metachronous needs international or at least national consideration to enable coordinated demographic studies and genomic studies with audit of best outcome and best practices,for the advancement of science.



ISP-17-5 Umbilical Cord Blood Banking : Knowledge, Attitudes and Beliefs in a New Hampshire Cohort

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Umbilical cord blood (UCB) has been used as a potential therapy for many medical conditions, ever since the first cord blood transplant was performed in a human. This project aims to assess the knowledge, attitudes and beliefs of obstetric patients with regards to umbilical cord blood banking at two clinical care sites in New Hampshire. Including all patients at 28-36 weeks of gestation from February 1, 2013 to January 31, 2014, questionnaires were provided to obstetric patients at prenatal appointments. We hypothesized that patients in the more urban region of Nashua will be more likely to bank umbilical cord blood. Data were compiled and frequencies were examined by characteristics. Additionally, SAS software was used to run t-tests on continuous variables, and chi-square tests on categorical variables. A total of 95 and 125 questionnaires were obtained from the Lebanon and Nashua sites, respectively. The responses did not differ. 89% of the patients indicated that they had heard of UCB banking. 40% reported that they would consider banking UCB. The majority of patients (89%) said that they would consider UCB banking if it was free, but only 29% would consider banking if it was not free. Overall, the majority of patients reported having heard about UCB banking. Less than half of the participants would consider UCB while another 42% were unsure. Cost appeared to be a major deterrent. There was more interest if UCB was donated to a public bank. Over half of patients showed interest in learning more from their provider. This study reveals an opportunity to increase provider and patient knowledge about UCB banking options.

ISP-17-6 Premenstrual Syndrome in the Nursing Women Working in an University Hospital

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[Objectives] To evaluate the status of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) of nursing women in a university hospital and their menstrual characters. [Methods] A self-developed questionnaire survey regarding PMS and PMDD was conducted in 40 healthy nursing women who worked on a university hospital. Cycle of menstruation, regularity, amount of menstruation, and the intensity of dysmenorrhea were assessed and the symptoms were classified according to their intensity, persistence. [Results] All of the women had more than one of the premenstrual symptoms of criteria by American College of Obstetrics and Gynecology (ACOG). The approximate prevalence of PMDD by American Psychiatric Association (APA) criteria was 12.5%. The most predominant symptoms were bloating, irritability, breast tenderness, depression. PMDD was significantly associated with height (P=0.028) and severity of dysmenorrhea (P=0.022). There was no significant relation with age, weight, body mass index and the cycle of menstruation. [Conclusion] PMS occur frequently and have a significant impact on the activity of the nursing women. If we educate and inform the working women about PMS, it can help to increase efficiency in many area and quality of life of those women.