

ISP-13-5 Accuracy of ROMA (Risk of Ovarian Malignancy Algorithm) in Predicting Malignancy of Ovarian Tumours for Pre-menopausal Women

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[Objective] To evaluate diagnostic accuracy of ROMA (Risk of Ovarian Malignancy Algorithm) in predicting malignancy of ovarian tumour of pre-menopausal women. [Methods] This is a cross-sectional study of sixty-eight premenopausal women with ovarian tumours. Preoperative serum levels of HE-4 (Human Epididymis protein 4) and CA 125 (Carcinogenic Antigen) were measured using the ECL assay (ECLIA - Electrochemiluminescence) and Elecsys HE 4 was analysed by Ciba 411. These data were calculated to get ROMA value. Histological diagnosis of ovarian tumour was done by Haematoxylin-Eosin stain. Predictive accuracy of ROMA was analysed by using SPSS version 16. [Results] Mean level of ROMA for malignant ovarian tumour (42.5%) was significantly higher than benign tumour (8.4%) ($P < 0.0001$). At the optimal cut-off point of 16.4% ROMA value was sensitivity of 86.4%, specificity of 89.1%, positive predictive value (PPV) of 76%, negative predictive value (NPV) of 95.3% and accuracy of 88.2%. Moreover mean level of ROMA malignant epithelial tumour (49.2%) was significantly higher than that of benign epithelial tumour (9.3%) ($P < 0.0001$). The sensitivity, specificity, PPV, NPV and accuracy were 100%, 86.4%, 85.7%, 100% and 92.5% respectively. [Conclusion] The ROMA assessment is useful in predicting malignancy in premenopausal women during pre-operative counseling and planning the management of ovarian tumour.

ISP-13-6 Incidence and risk factors of lower extremity lymphedema after gynecological surgery in ovarian cancer

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[Objective] There is no standard method to establish an early diagnosis of lower extremity lymphedema (LEL). LEL can be diagnosed by physical examination and laboratory tests when patients complain of typical clinical symptoms. The objective of this study was to investigate the incidence and risk factors of LEL in patients with ovarian cancer. [Methods] The medical records were reviewed retrospectively in patients with ovarian cancer treated at Seoul St. Mary's Hospital from January 1990 to July 2014. [Results] A total of 479 patients with ovarian cancer were analyzed. Forty-nine patients (10.3%) developed LEL, and 65.4% of these patients had LEL within 1 year after surgery. The mean number of resected lymph node (LN) S was larger in patients with LEL (42.8 ± 16.7 , range 12 to 88) than in those without (30.9 ± 20.0 , range 0 to 99) ($P < 0.0001$). The number of resected LNs was significantly associated with the occurrence of LEL (odds ratio (OR) 1.026, 95% CI 1.006-1.045, $P = 0.009$). [Conclusion] A significant proportion of patients with ovarian cancer could develop LEL after surgery. This study suggests that the occurrence of LEL is associated with the number of resected LNs.

ISP-13-7 Clinical study of immature teratoma

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[Objective] An ovarian immature teratoma is a rare disease with limited reports on treatment and prognosis. In this study, we examined the prognosis of cases we experienced. [Methods] We conducted a retrospective study regarding the treatment and prognosis, in patients who underwent initial treatment at our hospital between January 2004 and September 2015 and were diagnosed with ovarian immature teratomas. [Results] Of 240 patients who had any ovarian malignancies during the study period, 7 (2.9%) had immature teratomas with the mean age of 18.7 (6-29) years. All patients had bulky tumors reaching upper abdomen with the mean maximum tumor length of 19.6 (10-25) cm. Of the 7 patients, 5 were diagnosed with immature teratomas and 2 with mature teratomas before surgery. Fertility-sparing surgery including unilateral salpingo-oophorectomy was performed in all patients. The FIGO stage was IA in 5 patients, IC (b) in 1 patient, and IIB in 1 patient. The grade was G1 in 3 patients, G2 in 4 patients. BEP (bleomycin, etoposide, cisplatin) therapy was given additionally in the 4 G2 patients. All patients had a favorable outcome without recurrence. [Conclusion] In this study, no recurrence was noted despite the fertility-sparing treatment in all patients, a stage II patient included, and G2 in 57% of patients. These results are suggesting that sufficient treatment was given.