ISP-16-9 The experience of the treatment of the epithelial ovarian cancer with bevacizumab

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[Objective] Bevacizumab was approved to be applicable to insurance for the epithelial ovarian cancer (EOC) in November 2013 in Japan. We reported our experience of the treatment of EOC with bevacizumab. [Methods] We reviewed the patients with EOC who are treated with bevacizumab from April 2014 to August 2015. In our hospital, bevacizumab is administered to the patients with EOC, peritoneal cancer and tubal cancer stage III/IV. [Results] Eight patients (24.2%) of 33 patients who are candidates of bevacizumab administration were treated with bevacizumab. The reason of nonuse of bevacizumab were no wish of patients (7 cases, 28%), bad condition of intestine (8 cases, 32%), bad general condition (5 cases, 20%), embolism (4 cases, 16%), advanced age (1 case, 4%). Grade III and IV adverse effects were identified as one grade IV ileal perforation, one grade III urinary fistula, one grade III neutropenia, four grade IV neutropenia, one grade III thrombocytopenia and one grade III stomatitis. These events did not differ significantly from those observed in the cases treated with only carboplatin plus paclitaxel. Besides those adverse effects, two grade II hypertension and four grade I proteinuria were identified. [Conclusion] Bevacizumab should be administered to the strictly selected patients and after administration the careful observation of patients condition should be needed.

ISP-17-1 Clinical features of obstetrical antiphospholipid syndrome in the Japanese population—A multicenter study

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[Objective] This study aimed to assess the clinical features of obstetrical antiphospholipid syndrome (APS) to evaluate the risk factors for adverse pregnancy outcomes. [Methods] The institutional ethics boards approved this study, and 74 APS women who meet Sydney criterion were registered. Clinical characteristics, serologic data, and pregnancy outcomes were evaluated. [Results] Of 85 pregnancies from the 74 APS women, 58 were treated with low-dose aspirin (LDA)+heparin (H) ; 12 with LDA+H+immunoglobulins (IVIg) ; 11 with LDA or H alone ; 4 with others. Live-birth rates of LDA+H, LDA+H+IVIg, LDA/H alone, and others were 91.4%, 75%, 72.7%, and 0%, respectively (n.s.). However, gestational age at delivery (median 36wks) in LDA+H±IVIg was less than that (38wks) in LDA/H alone ($p<0.05$). Among 62 pregnancies treated with LDA+H±IVIg (n=70) and ended in live-birth, a positive test for dRVVT-LA, aβ2GP-I, multi-aPL and a history of stillbirth ($p<0.05$) were risk factors for premature delivery. By multivariate regression analyses, positive test for aβ2GP-I, (OR 121, 95% CI : 1.6-9380) was independent predictive for delivery before 34wks. [Conclusion] LDA+H therapy had been commonly used for obstetrical APS in Japan. Even when LDA+H therapy was used, women with a positive test for aβ2GP-I was at a high risk for adverse pregnancy outcomes.

ISP-17-2 Retrospective analysis of the perinatal outcomes of 191 cases who were treated with the combination therapy of low dose aspirin and heparin

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[Objective] Although patients with recurrent pregnancy loss were treated with combination of low dose aspirin and heparin (LDA+Hep), the indication for this therapy has not been established. We aimed to reveal the perinatal outcome of the patients who were treated with LDA+Hep. [Methods] We examined 191 cases who were treated with LDA+Hep in five years. We classified them into following three groups ; antiphospholipid syndrome group (APS), APS like syndrome (APLS) group and coagulation dysfunction (CD) group. Abortions before 12 weeks and cases could not be classified into three groups were excluded. We retrospectively analyzed delivery week, birth weight and the other characteristics of perinatal outcomes. IC was obtained before treatment. [Results] The mean delivery week was 38.3, and there was no significant difference among three groups. The incidence of birth weight<2,500g was 18.8% in APS group, 14.5% in APLS group and 34.6% in CD group and the incidence of preterm birth was 12.9%, 13.6% and 20.0%, respectively. There was no significant difference among three groups for the incidence of fetal growth restriction, the other characteristics or perinatal outcomes. No severe adverse effect was observed. [Conclusion] Although the incidence of preterm birth and low birth weight were higher than general population, LDA+Hep provided favorable perinatal outcomes.