



2nd International Congress on

Contemporary Issues in Women Cancers & Gynecologic Oncology

August 29-30, 2017 | London, UK

Posters

Gynecologic Cancers 2017

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Should post menopausal women be screened only by HPV test for cervical cancers?

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Objective/Aim: The main objective of the cervical screening is to have the screening by using the best method. The ideal screening method is having smear test, colposcopic biopsy and HPV DNA analysis. The aim of these studies are to conduct a detailed follow up program by using the results of the patients who had admitted to our hospital during the last 2 years and had been diagnosed cervical intraepithelial lesion.

Method: During the 2 year period in between 2015-2016, smear test has been requested from 11.850 patients. 5180 of these patients are menopause patients, 1102 of these patients are being followed up by pap smear test because of Low grade SIL and their DNA analysis have been made for High risk HPV DNA (HHPV) types 16, 18, 31, 33, 35, 39, 45, 51, 56, 58, 66 and 68. The patients had colposcopy by the same Gynecologist. In terms of statistical analysis and calculations IBM SPSS Statistics programs 21.0 version has been used and Chi-square test, Mann Withney U test and Corelation spearman Rho relation coefficient has been calculated.

Results: The patients ages are determined as 50±3.2 years. Among 1102 patients, 278 are reported as HPV (+) (270 grade I neoplasia and 8 grade II neoplasia) and the rest of the 824 patients are reported as HPV (-), 14 patients are reported grade II neoplasia and 670 patients grade I neoplasia and 140 patients are reported non neoplastic lesion. We consider that the most important and best method is pap smear (+) colposcopic biopsy for the patients who are HPV+, pap smear negative and colposcopic biopsy result is negative and we also consider that the having HPV (+) may be show (-) result.

Biography

Sema Zergeroğlu is currently the Head of Training Project and R&D Department in Ministry of Health, General Directorate of Health Research, Ankara and the Coordinator of Cancer Research Center and Genetic Center of ZTB Women's Health, Education and Research Hospital, Ankara. She is the Deputy Chief Physician of Biotechnological Products in Turkey and Contributions to Health Economics by Analysis of R&D Infrastructure, Ankara. She is also the President of local ethics committee in ZTB. She has translated 2 Medical books in to Turkish, served as a Co-editor of a Turkish book. She is the author/coauthor of 3 book chapters, over 80 national and international scientific publications.

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Chemokines mRNA expression in epithelial ovarian cancer FIGO stage IIIC microenvironment versus normal tissue: Preliminary results

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Objective: We evaluated, in epithelial ovarian cancer, mRNA expression of CXCL12(C-X-C Motif Chemokine Ligand 12), CXCR4 (C-X-C Motif Chemokine Receptor 4), CXCL8 (C-X-C Motif Chemokine Ligand 8) and CXCL11(C-X-C Motif Chemokine Ligand 11) in comparison with VEGF (Vascular endothelial growth factor) mRNA expression.

Setting: The following research work was set up at Tertiary Cancer Centre.

Method: The method carried involved prospective study from women FIGO stage III submitted to primary surgery, fresh samples of ovarian cancer (OC) and their normal counterpart (N) from normal peritoneum were obtained. All samples were histologically assessed. Total RNA was isolated with TRI Reagent, and reverse-transcribed into cDNA. A Real-Time PCR using SYBR Green I as detection dye for 18S, CXCL12, CXCR4, CXCR7, CXCL8, CXCL11 and VEGF genes was conducted. Student's t-test with P value < .05 was considered significant.

Results: Ten samples were analysed. OC vs N showed 100% up-regulation of CXCL12 mRNA expression (P<.01), 70% up-regulation of CXCR4 mRNA expression (P=NS), 90% up-regulation of CXCR7 mRNA expression (P=.08); 90% down-regulation of CXCL11 mRNA expression (P=.03) and 70% down-regulation of VEGF mRNA expression (P=NS), respectively. OC over-expression of CXCL12 mRNA was significantly positively related to CXCR4 mRNA (P<.01) and CXCR7 mRNA (p<.01) expression. OC over-expression of CXCL12 mRNA was significantly negatively related to CXCL11 (P<.01) and VEGF (P<.01) mRNA expression.

Conclusions: Our data confirm that CXCL12-CXCR4 axis is significantly positively related to the angiogenetic chemokines and growth factor (CXCR and VEGF) and significantly negatively related to the inhibition of angiogenesis chemokine CXCL11. This data seems to suggest targeting anti-vascular therapy to patients with VEGF over-expression. We will expect from a greater sample size the definitive results.

Biography

Raffaella Giannice graduated in Medicine at University La Sapienza of Rome, in Italy. She has specialised in Obstetrics and Gynaecology at the Catholic University of Sacred Heart A. Gemelli of Rome, (Italy). She completed her PhD in Obstetrics and Gynaecologic Science from University of Parma and her PhD in Gynaecologic Oncology at University of Milan La Bicocca (Italy). She is a permanent Consultant in Gynaecology and Obstetrics at ASST SS Paolo e Carlo Hospital of Milan and temporarily Honorary Consultant at Oxford University Hospital NHS. She has published more than 40 papers in reputed national and international journals.

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Improving cervical cancer screening in Ghana using biomarkers

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Screening and management of abnormal cytology has resulted in a marked reduction in invasive cervical cancer using Pap smear. However many women screened are not found to have significant precursor lesions. This is due to the poor specificity of high-risk human papillomavirus triage. More specific cervical cancer biomarkers may be more effective triage tools. Molecular markers have been extensively investigated with a view to providing early and accurate information on and prediction of response to treatment of early cervical cancer. Proliferation is a key feature of the progression of tumors and is now widely estimated by the immunocytochemical assessment of the nuclear antigen Ki-67. The proliferative rate determined with Ki-67 antibody may provide information regarding cell kinetics of cervical carcinoma and their precursor lesions with high rate of cell proliferation, potentially useful in identifying patients in order to improve the therapeutic approach, by a rapid, practical and easily performed immunocytochemical method. p16 on the other hand is also widely used as immunocytochemical marker in gynecologic pathology and for that matter Pap smears. Strong and diffuse cytoplasmic and nuclear expression of p16 in squamous cell carcinoma of the female genital tract is strongly associated with high-risk human papilloma virus infection and neoplasms of cervical origin. The majority of squamous cell carcinomas of uterine cervix express p16. This study will evaluate whether a dual stain for p16 and Ki-67 may improve the triage of abnormal Pap smears.

Biography

Ama Afrah has MPhil in Pathology and BSc in Medical Laboratory Sciences. She is currently pursuing PhD in Applied Parasitology. She is a Cytologist at Korle-bu Teaching Hospital. She has 3 publications to her credit.

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Breast self-examination knowledge and practice among Kuwaiti women

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Breast cancer (BC) is the most common type of cancer among women living in both developed and developing countries and one of the most common causes of death among women in developing countries. Most cases of breast cancer are diagnosed at late stages of the disease due to insufficient knowledge about breast self-examination (BSE) and clinical breast examination. The study objective is to report Kuwaiti women's practice, knowledge, and etiological reasons that discourage women from performing BSEs. A questionnaire was distributed among 716 women of ages between 15 and 62 years old with two scales, (1) Knowledge of BSE performance and (2) Reasons for not practicing BSE, as well as socio-demographic questions. The findings show that Kuwaiti women's reasons for not practicing BSE were related to the fact that the majority (78.1%) did not know about the frequency of performing BSE, nor how to perform it. The participants (70.7%) also claimed that they did not know the right time to perform BSE. There was a significant relationship between the participants' ethnic roots, BC frequency among them, family history of breast cancer, and family history of cancer and the participants' knowledge about performing BSE ($P < 0.05$). Also, there is significant relationship between participants' BSE awareness and age, educational level, marital status, and family history of breast cancer ($P < 0.01$). And there was no significant relationship between participants' religious sect, BSE performance, belief in detecting BC by BSE practice, and belief in the possibility of recovering from BC, and knowledge about BSE.

Biography

Maha AlSejari has completed her PhD from Ohio State University. She is Editor in Chief of Journal of Social Science of Kuwait University. She has published more than 11 papers in reputed journals.

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A comparative situation analysis on pre-cancerous lesions among slum and brothel dwelling women and average housewives who fall within the reproductive age group and living in Bangladesh

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According to the global statistics cervical cancer is the 4th most common cancer in women. With over 527,000 new cases being diagnosed every year cervical cancer becomes 8% of all female cancer cases. Cervical cancer claims more than 265,000 lives a year. However the impact of this particular disease is not shared equally around the world. More than 8 in 10 cervical cancer deaths (85%) are occurring in low to middle-income countries. Women living in Africa, South America, and parts of Asia are the hardest hit by this unequal distribution of this disease. Cervical cancer stands at second place in South Asia and in Bangladesh it stands as the leading cause of death by cancer among women. Cervical cancer can be prevented through proper and regular screening. Just by identifying and treating the precancerous lesions any time during the course of its long natural history, we can prevent the potential progression to cervical carcinoma. A precancerous cervical lesion, which is also called an intraepithelial lesion, is an abnormality in the cells of cervix that could eventually develop into cervical cancer. Several screening methods, both traditional as well as the recently developed technologies are currently available to screen women for cervical pre-cancers and cancers. Women living in the slums and brothels are worse victim of accessing health treatments in general. Untapped demand for clean, habitable and decent living conditions among the slum and brothel dwellers can impact women's health, specially the reproductive health. The slum and brothel women have high prevalence of major risk factors for cervical cancer due to common practices such as early age at sexual debut, multiple sexual partners among both genders, having sex without adequate or any protection and not maintaining general highline practices such as regular cleaning, using sanitary pads instead of cloth or cotton, regular checkups etc. A study conducted in a LMIC urban slums, it was seen that only 4.2% women in this study were aware of cervical cancer and none of them believed they were at risk of developing the disease. However, the positive aspect of the study indicated that majority (73.3%) of the women were willing to undergo cervical cancer screening tests. Women living in Bangladesh have lower level of access to treatment in general and one of the major causes behind this is women have less mobility in Bangladesh. Also the living conditions in slums and brothels usually worsen their situation and they become more prone to cervical cancers along with various other health issues. This study would be an attempt to explore the current level of awareness among slum and brothel dwellers regarding cervical cancer and the presence of precancerous lesion among them. The study would also attempt to compare the level on precancerous lesions between women have regular multiple partners and those who do not.

Biography

Samiya Mahmood has completed her MBBS from Rajshahi Medical College and Hospital and her Master of Public Health (MPH) from North South University. Currently, she is running the Cervical Cancer Project working with Marie Stopes Bangladesh.

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Investigation of LRRC24, a putative negative regulator of ErbB receptor tyrosine kinases

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Lrrc24 is a 513 amino acid transmembrane protein with a domain organization very similar to Kekk-1. Preliminary data from the Fennell lab has revealed that Lrrc24 decreases ErbB receptor expression as efficiently as Lrig1, strongly suggesting that Lrrc24 is a negative regulator of the ErbB family of RTKs. Furthermore, Lrrc24 is expressed in the murine mammary gland and the epithelium of the healthy human breast but may be decreased in breast cancer. Analysis of the Weigelt breast cancer dataset demonstrates that Lrrc24 expression inversely correlates with time to metastasis, suggesting that Lrrc24 could be a metastasis suppressor. Furthermore, Lrrc24 is decreased in prostate adenocarcinoma compared to normal prostate. Collectively, our preliminary data highlight several key features of Lrrc24 which suggest it could be an important growth suppressor including its ability to negatively regulate oncogenic ErbB RTKs, its expression in normal tissue in which ErbBs are expressed and its potential loss in cancer. I hypothesize that Lrrc24 is a novel negative regulator of the ErbB family of RTKs and that it functions to suppress ErbB-driven tumor cell proliferation, motility and/or invasion

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Methanolic extract of Pistacia lentiscus (MEPL) as novel therapeutic approach in high-grade serous ovarian cancer

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Ovarian cancer remains the most lethal gynecologic cancer in women. More than 60% were diagnosed at advanced stage and the mortality did not significantly improve over last years. The poor prognosis and high mortality show that the current therapies often fail and novel approaches are urgently required in order to enhance the prognosis of the disease. In our study we investigated the effect of the leaves of Pistacia lentiscus and Fraxinus angustifolia, two Algerian medicinal plants used in traditional medicine since 15th - 16th centuries in ovarian cancer. The different extracts were obtained in different organic solvents, ethanol, methanol and acetone, and tested towards two ovarian cancer cell lines A2780 and SKOV3. We determine that the methanolic extract of P. Lentiscus exhibit a cytotoxic potential in A2780 and SKOV3 cells. The active extract (MEPL) induced apoptosis and cell cycle arrest in these ovarian cancer cell lines. However, the widely used cell lines SKOV-3 and A2780 were implicated as not being representative of the major HGSC subtype because of the wild-type p53 status. In order to investigate the mechanism of action (MoA) of MEPL also in patients with the most common subtype of EOC (HGS), we conducted the preclinical study using newly established primary cell lines from ascites of high grade serous ovarian cancer patients. The results show that MEPL inhibit PI3K/AKT and MAPK/ERK signaling pathways, and decreased release of IL6 and VEGF by the malignant cells. Moreover, treatment with MEPL increased the sensitivity to chemotherapy in our primary cell lines of HGS ovarian cancer patients and might be a promising novel combination therapeutic approach with patients in this histological subtype of ovarian cancer.

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New insights into the pathogenesis of ovarian cancer: Oxidative stress

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Lack of prognostic markers for the early detection of ovarian cancer as well as for chemoresistant ovarian cancer remains a major challenge in the treatment of this disease. Understanding the biological significance of the relationship between oxidative stress and ovarian cancer will highlight potential mechanisms for the pathogenesis of this disease. We hypothesize that oxidative stress plays an important role in the pathogenesis of ovarian cancer, as it induces genotypic modifications of tumor cells that not only contribute to the maintenance of the oncogenic phenotype but also to the acquisition of chemoresistance. We have characterized epithelial ovarian cancer to manifest a persistent pro-oxidant state through alteration of the redox balance, which is further enhanced in their chemoresistant counterparts. Forcing ovarian cancer cells to undergo oxidative phosphorylation rather than glycolysis has been shown to be beneficial for eliminating cells via apoptosis. Collectively, our data indicated a causal relationship between the acquisition of chemoresistance and chemotherapy-induced genetic mutations in key redox enzymes, leading to a further enhanced oxidative stress in chemoresistant EOC cells. This concept was further confirmed by the observation that induction of point mutations in sensitive EOC cells increased their resistance to chemotherapy. Also, a combination of antioxidants with chemotherapy significantly sensitized cells to chemotherapy. Identification of targets for chemoresistance with either biomarker and/or screening potential will have a significant impact for the treatment of this disease.

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Efficacy of Hyperthermic Intraperitoneal Chemoperfusion (HIPEC) with new chemotherapeutic drug dioxadet in rat ovarian cancer model

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For the first time, comparative study of open and closed techniques of hyperthermic intra-peritoneal chemoperfusion (HIPEC) in terms of safety and efficacy was performed in rat model of ascitic ovarian cancer transplanted intraperitoneally. Original device and implantation technique of the device into peritoneal cavity were developed and used in the study. All animals after tumor implantation were randomized into 4 groups: 1-control, intraperitoneal administration of 0.5 ml of saline (n=19); 2-closed HIPEC with cisplatin, 20 mg/kg (n=15); 3-open HIPEC with cisplatin, 16 mg/kg (n=16); 4-open HIPEC with mitomycin C (n=10). While working out the original open technique of HIPEC we established that it requires dose reduction for cisplatin from 20 to 16 mg/kg compared to closed technique of HIPEC. We didn't find significant differences between groups 1, 2 and 3 in terms of number of postoperative complications. According to the results of analysis of body weight changes in postoperative period open HIPEC was worse tolerated compared to closed HIPEC. Median survival of rats in group 3 was 53 days which was higher compared to median survival in group 2-25 days (p=0.044). Open HIPEC with mitomycin C turned out to be less effective than open HIPEC with cisplatin but equally effective compared to closed HIPEC with cisplatin. However more rats should be included in group 4 to make a conclusion. Open HIPEC with cisplatin in accordance with suggested technique seem to be more promising than closed HIPEC in terms of improving outcomes of patients with peritoneal carcinomatosis.

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The case study on mental trauma on cancer patients

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Introduction: Reproductive health cancers are the most stigmatized cancers. An article by PJ Hamen (2014) states that breast cancer changes one life forever and equal to the physical health is the emotional devastation that leaves one wounded in both body and spirit. While National Opinion Ramadam (2017) described a diagnosis of breast cancer as one of the most frightening experiences a woman can have.

Case Presentation: I felt a lump on the left breast, which was unusually larger than the right breast. After visiting two rural hospitals and palpation revealed a lump, which was hard, and non-mobile, I was referred to a main hospital for further diagnosis. I was only 34 yrs old. The one week of waiting for results gave me nightmares, hallucinations and I thought I was going to die even before I got the results. When I finally got the results, I knew my life had ended. Mammogram results had confirmed a first stage breast cancer. Being a nurse, I knew too well the course of treatment. Worries started to engulf me, as I wondered who would take care of my child since all I saw was death. The issues that started as a major concern, progressed to real psychological devastation. I could not use a mirror not to see my breast. Many times, I would drive to work and pass my office unknowingly. I was a very hardworking nurse had won few awards, I suddenly went down in performance and work stressed me so much over and above the stress I was undergoing. Financial crisis followed since raising money was such a challenge since my medical cover could not fully support me. Workplace became the biggest source of stress and I nearly lost my job. I was no longer myself. I attempted to commit suicide twice. The treatment process did not worry me as much as compared to the mental anguish, which drained me. I feared to share the diagnosis with people. Breast cancer is associated with many myths including use of family planning, which makes it such a stigma.

Management & Outcome: I sought treatment in the midst of all the stress I was going through. My doctor advised me on a breast-conserving Surgery (Lumpectomy) considering that cancer was in stage one, my age and the weight the diagnosis had weighed on me. The surgery removed the cancer while leaving as much of the breast intact. I underwent chemotherapy, surgery, followed by radiotherapy. The treatment did not spare me side effects. The hair loss, darkening of skin, pilling of lips are just a few consequences to mention. I did not want to see anybody. After treatment and all the side effects had cleared, one thing stood the psychological trauma. I later went down with degenerative disease of the disc, which prompted a spinal surgery.

Discussion: The mental drain in cancer weighs one more than pain related to surgery, treatment and any side effects. A key priority in treatment of cancer patients is counselling. Health care workers should address other stressors on a patient suffering from cancer and help a patient come up with a plan of reducing stressors.

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River flow incision: A modified incision technique for decreasing morbidity of ilioinguinal node dissection in gynecologic and genitourinary malignancies

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Introduction: Ilioinguinal lymph node dissection is an important component of surgical treatment for a variety of below umbilical malignancies ranging from carcinoma of penis, vulva, primary cutaneous cancer, soft tissue sarcoma, melanoma, etc. Skin flap necrosis is one of the most common complications after Ilioinguinal lymph node dissection (ILND). Established surgical principles of preserving Great Saphenous Vein (GSV) have decreased lymphedema associated with ILND. However, with reported frequency up to 65% in published literature, skin flap necrosis is a major contributor to postoperative morbidity after ILND. Our initial experience with a modified surgical approach of River flow incision, with no learning curve, has been most successful in eliminating flap necrosis.

Material & Methods: A modified skin incision was used to perform ILND in 74 prospective patients. Irrespective of primary histology or timing of inguinal dissection, same technique was used in all cases. Two curvilinear parallel skin incisions (5-7 cm long) were made; each sited about 4 cm above and below inguinal ligament. Flaps were carefully raised below Scarpa's fascia. Lymph node dissection was performed in both inguinal and iliac basin with a standard technique. All Patients were followed up prospectively for 30 days after surgery and complications if any, were recorded according to the Clavein-Dindo System of reporting surgical complications.

Result: A total of 74 patients underwent 104 ILND from July 2012 till Dec 2016. Unilateral dissection was performed in 44 patients and 30 underwent bilateral ILND. Majority of patients had genital or lower limb malignancies as Carcinoma Penis (18), Vulvar Cancer (09), Inguinal metastasis of CUP (05), Primary cutaneous malignancy (Melanoma lower limb - 11; SCC lower limb - 19), SCC Scrotum (02), Soft tissue sarcoma lower limb (08) & Relapsed Anorectal cancer (02). There was only one instance of flap necrosis/loss. Complications recorded were seroma (14.4%), lymphedema (4.8%), surgical site infection (4.8%), deep vein thrombosis (2.7%), partial wound dehiscence (7.9%), partial skin flap loss (2%) all corresponding to Clavein - Dindo Grade 1 & 2. Surgical intervention corresponding to Clavein - Dindo grade 3A (Intervention not requiring GA) were required in 8.6%.

Conclusion: 'River Flow' Incision, a modified incision technique is a simple but effective surgical modification, which has enabled us to perform therapeutic ILND safely. Avoidance of flap necrosis, significantly decreased morbidity and almost no learning curve are highlights of this modification of surgical technique.

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How does ovarian cancer escape from the host immune system?

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The host response involves both innate and adoptive immune system, which closely cooperate. Generally, the innate immunity is mainly responsible for early detection and elimination of malignant cells, while the adaptive immune system rather controls the tumor progression. However, cancer cells developed variety of strategies to evade the host immune system. They shed surface antigens and down-regulate the expression of molecules necessary for interaction with immune cells. They also produce and release factors (cytokines, enzymes) that exert a modifying effect on the host-adaptive immune response or induce the apoptosis of immune cells. These host-tumor interactions may or may not result in cancer elimination. When the host mediated antitumor immunity is stronger, tumor cells are eliminated; otherwise, cancer cells undergo immune escape and grow rapidly. Emphasizing the dynamic processes between cancer and host immune system, there developed the concept of cancer immunoediting consisting of three phases: elimination, equilibrium, and escape. In the process of elimination nascent transformed cells are recognized and eradicated by innate and adaptive immune system - if all neoplastic cells are eliminated, cancer immunoediting is finished. If all transformed cells are not eliminated at the beginning, immunological pressure leads to the selection of clones with decreased immunogenicity which successively become resistant to the immune system in the equilibrium phase - tumors are usually still not detectable clinically. Developing tumor creates proinflammatory (e.g. IL-6, IL-8) and immunosuppressive (e.g. IL-10, TGF- β) microenvironment leading to the impairment of the host immune function and escape from immunosurveillance resulting in tumor growth and metastases.

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Modulation of HeLa growth and proliferation by breast carcinoma secreted non-cellular microenvironment

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The tumor tissue microenvironment plays an important role in development and regulation of normal and tumor or neoplastic cells and in essence support the cancer to be depicted as heterogenous complex diseases. Within the heterogenous nature of tumor microenvironment, several cellular and non-cellular factors have been reported to drive cancer development, invasion, metastasis and drug resistance debacles. Here, authors have attempted to understand the crosstalk between non-cellular components from breast cancer cell MCF-7 towards cervical cancer cell HeLa growth and proliferation. In this paper, authors have selected breast carcinoma cell MCF-7 and clinical tissue samples as a source of non-cellular microenvironment factors. Further, these non-cellular components from breast cancer cells is evaluated for their growth and proliferation inhibitor role upon HeLa using growth, viability and apoptosis assays. The current findings lead us to suggest that the microenvironment secreted from MCF-7 and breast carcinoma tissue can play an interference role in growth and viability of HeLa during in vitro assessment. Here, preliminary data strongly indicate that non-cellular secreted components are able to bring apoptosis induced cell death of HeLa, which resulted into loss of cell viability. This observation is a novel of this kind, where cells and tissue samples from one carcinoma such as breast carcinoma could be implicated in the modulation of another carcinoma cell line HeLa for its growth and death process. However, this findings need to be tested in other cell lines and molecular mechanisms and detection of non-cellular microenvironment components.

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Abrikossoff tumor or granular cell tumor a rare breast tumor: About a case report

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Granular cell tumors (Abrikossoff's tumor) were described for the first time in 1926 by Abrikossoff as benign tumors. These tumors are rare tumors, which originate from neuro ectodermic line; they can exist in many anatomical sites, but they are most often seen in the head and neck area (in particular, the oral cavity) and then the subcutaneous tissues of the head and neck and breasts. Breast Abrikossoff tumors pose a huge diagnosis problem because they mimic the clinical aspects of breast cancer while it is a benign tumor, the certainty diagnosis is immune-histo-chemical. At least 50 cases of Abrikossoff malignant tumors have been reported in the literature with metastatic lymph nodes and lung metastases which are associated with a poor prognosis and rapidly pejorative evolutionary aspect. We report an original case of a 57-year-old patient with a right breast tumor with synchronous bone metastases, histologic and immune-histo-chemical examination after mastectomy has shown a granular cell tumor (PS100+, CK-). Abrikossoff tumors are rare tumors of benign reputation, this original case report is the proof that granular cell tumors can be malignant.

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Neoadjuvant chemotherapy of locally advanced cervical cancer - Ultrasound monitoring and further surgical intervention

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The accumulated material from 126 patients with locally advanced cervical cancer (LACC) receiving neoadjuvant chemotherapy (NACT) allows us to outline ways of solving the problem of monitoring the first step of treatment aimed at identifying groups of patients who can undergo radical surgical intervention on the second step. We have set clear parameters of NACT efficacy (2 courses under the TP scheme) by modern sonography aimed at studying the changes in tumor volume, angioarchitectonics and velocity indices of blood flow in the uterine arteries and vessels of the cervical tumor. We developed a working classification of vascular network of cervical tumor, indicating the severity of NACT effect and determined ultrasound signs of LACC resectability (115 of 126 patients underwent operation). We conducted correlation analysis where high diagnostic value of ultrasound in NACT is not inferior to MRI and compared the parameters of Doppler ultrasound with drug pathomorphosis, where established high correlation. We found that the dynamics of SCC marker level should be considered only in conjunction with more objective ultrasound parameters but not as an independent criterion of NACT efficiency. We revealed that the decrease in cervical volume according to 3D sonography more than 30% after 1 and 50% after 2 courses indicates high sensitivity of tumor to NACT. Radical surgical intervention on the second step is feasible when tumor volume after two courses reduced by more than 50% but not exceeding 50 cm³. For the objective solving the problem of NACT efficiency in LACC requires the use of modern sonography.

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