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# ASGO

## 5th WORKSHOP

on Gynecologic Oncology in conjunction with

12th KSGO Workshop for Young Gynecologic Oncologists

Date: August 24th – 25th, 2018

Venue: Ajou University Hospital, Suwon, Korea

## Final Program & Abstracts

ASGO 5th WORKSHOP on Gynecologic Oncology in conjunction with 12th KSGO Workshop for Young Gynecologic Oncologists

C · O · N · T · E · N · T · S


Welcome Message ..... 002

ASGO Workshop Information ..... 005

Organizing Committee ..... 006

Program at a Glance ..... 008

Scientific Program ..... 009

Floor Plan ..... 014

Official Sponsors ..... 015

Exhibition Floor Plan ..... 016

ASGO Session ..... 017
· Day 1
· Day 2

KSGO Session ..... 137
· Day 1
· Day 2

# Welcome Message

Welcome to the Asian Society of Gynecologic Oncology (ASGO) 5th International Workshop on Gynecologic Oncology in Suwon, Korea. On behalf of ASGO, I cordially invite you to the ASGO 5th Int'l Workshop held at Ajou University Hospital from August 24th to 25th, 2018.

Five ASGO meetings and four workshops have been successfully held in Korea and Japan since the ASGO was established in 2008. In particular, the 5th ASGO Biennial Meeting 2017 in Tokyo was extremely successful. It was a good memory to discuss and share the progress of new developments in treating and caring for gynecologic cancer patients in Asian countries, and to deepen friendship with old friends and make new friends.

This workshop will be held in conjunction with 12th Korean Society of Gynecologic Oncology (KSGO) Workshop for Young Doctors.

The workshop will cover the latest findings of gynecologic cancer, including cervical cancer, ovarian cancer, and endometrial cancer, as well as the future of radiation therapy, chemotherapy, targeted agent and beyond. In addition, we will discuss the possibility of the Asian guidelines and position statement for gynecologic cancer, clinical trials of Asian countries, and have a guidance session for early career researchers.

I firmly believe that the ASGO 5th Int'l Workshop will be an opportunity for young Asian doctors to improve their knowledge of this area and to allow all participants to have a broader view of gynecologic cancers.

I would also like to invite all participants to the Welcome Dinner on the evening of August 24th, 2018.

The venue, Ajou University Hospital for this meeting is located in Suwon which is an hour away by car from Incheon International Airport. Suwon has existed in various forms throughout Korea's history, is now a major industrial and cultural center. It is the only remaining completely walled city in Korea which is listed as an UNESCO World Heritage Site, and also Korean Folk Village and the Everland theme park are nearby.

I hope that the Asian Society of Gynecologic Oncology will play a leading role in creating a systematic research and educational environment and caring for Asian patients suffering from gynecologic cancers.

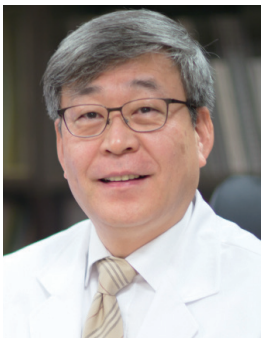
Finally, I hope this workshop will be a valuable time for all participants and look forward to meeting you in Suwon in August.

Best regards,

**Hee-Sug Ryu, M.D., Ph.D.**

*President*, Asian Society of Gynecologic Oncology(ASGO)
*CEO*, Ajou University Medical Center

# Welcome Message



Dear Friends and Colleagues,

You are cordially invited to the 5th ASGO workshop hosted in Suwon, South Korea. It is my great pleasure and honor to be able to personally extend you an invitation to the 5th ASGO workshop.

This year, we are expecting more than 300 clinicians, researchers, and doctors, united with a deep common interest in the research, prevention, and clinical management of gynecological cancers to join us for the workshop.

I sincerely hope you can partake in the experience. My mission is to ensure that our members have a meaningful and productive workshop; that means not only providing you with quality educational programs, but also presenting you with the opportunity to build strong partnerships with other members of ASGO. As Helen Keller once said, "Alone we can do so little; together we can do so much." With this opportunity, I hope we can become the foundation of a united force that will bring academic and clinical developments forward to help those affected by gynecological cancer.

The venue for this meeting is located in Suwon(Ajou University Hospital), which can be easily accessed from two airports (Kimpo or Incheon Airport). Moreover, Suwon is a very historical place in terms of Korean History and has a perfectly preserved old fortress which is now listed as a UNESCO World Heritage. I hope you also enjoy sightseeing around Suwon City. This year, the ASGO Workshop will take place in SUWON, KOREA. I am looking forward to seeing you soon.

Sincerely yours,

**Seung-Cheol Kim, MD, PhD**

*Chairman,* Organizing Committee of ASGO 5th Int'l Workshop
*Professor,* Division of Gynecologic Oncology
Ewha Womans University Cancer Center for Women

# Welcome Message

The 'Workshop for Young Gynecologic Oncologist' was first organized in 2008 to encourage young doctors in gynecologic oncologic fields to promote their research activities and to share update knowledge.

This forum provides a platform to communicate on the issues chosen by the young doctors who are participating in the workshop. At this 12th workshop recent development in radiation oncology and surgical techniques will be presented with introduction of novel clinical trials. I am happy to hold the meeting in conjunction with ASGO Workshop this year that would bring more participants from Asian region to join the session. This will also provide Korean young doctors to have good opportunities to communicate and share knowledge with foreign delegates.

The goal of ASGO is to develop knowledge, skills, and professional network, ultimately to contribute to the women's health in the needy countries and regions. To achieve this, ASGO should enhance its relations and partnership with global organizations and national societies broadening its scope. As a president of Korean Society of Gynecologic Oncology I welcome all participants, especially young scientist to both workshops and hope to share fruitful results and wonderful memories in Korea.

**Prof. Young-Tak Kim**

*President,* Korean Society of Gynecologic Oncology(KSGO)
*Professor,* Department of Obstetrics and Gynecology
University of Ulsan, Asan Medical Center, Seoul, Korea

# ASGO Workshop Information

## Overview

| | |
|---|---|
| DATE | August 24(Fri) – 25(Sat), 2018 |
| VENUE | Ajou University Hospital, Suwon |
| HOSTED BY | Asian Society of Gynecologic Oncology(ASGO) / Korean Society of Gynecologic Oncology(KSGO) |
| LANGUAGE | English / Korean |
| HOMEPAGE | http://www.asgoworkshop2018.com/ |

## Registration Desk

| Place | Lobby(B1F), Ajou University Hospital | |
|---|---|---|
| Operation Hours | August 24(Fri) | 07:30 - 18:00 |
| | August 25(Sat) | 07:30 – 15:30 |

## Lunch

During the workshop, lunch will be provided for all participants at the restaurants located in the **main building, Ajou University Hospital**. Please check the lunch coupon on your name badge. The coupon has cash value of 10,000 won and additional charges will be paid by participants. Coupon cannot be reissued, so please keep the lunch coupon with you.

| Friday, August 24 | | | Friday, August 25 | |
|---|---|---|---|---|
| 12:40 – 13:40 | | | 12:20 – 13:10 | |
| Delacourt (All restaurants) | Grocerant | BURGERKING | Delacourt 도담찌개 풍이온 소반 | BURGERKING |

*Restaurants operating on the 24th and 25th are different. Our staffs will guide you.

## Shuttle Bus

We will offer shuttle bus from/to Ramada Plaza Suwon and Ajou University Hospital during the workshop. Please check the shuttle bus timetable as follows and find the bus with ASGO signage in front of lobby at Hotel and Hospital, pick-up point.

| Friday, August 24 | | | | |
|---|---|---|---|---|
| Ramada Plaza Suwon → Ajou University Hospital | 07:30 | 07:50 | 08:05 | 10:00 |
| Ajou University Hospital → Ramada Plaza Suwon | 18:00 | 18:10 | 18:20 | |
| **Saturday, August 25** | | | | |
| Ramada Plaza Suwon → Ajou University Hospital | 07:30 | 07:50 | 08:05 | 10:00 |
| Ajou University Hospital → Ramada Plaza Suwon | 15:10 | 15:20 | 15:30 | |

# Organizing Committee

## ASGO

### President

Hee-Sug Ryu(Korea)

### President-Elect

Daisuke Aoki(Japan)

### Immediate Past-President

Ikuo Konishi(Japan)

### Nominating Committee

Shingo Fujii(Japan)
Toshiharu Kamura(Japan)
Soon-Beom Kang(Korea)
Joo-Hyun Nam(Korea)

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Efrén Domingo(Philippines)
Suresh Kumarasamy(Malaysia)
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Rongyu Zang(China)
Duk-Soo Bae(Korea)
Neerja Bhatla(India)
Seung Cheol Kim(Korea)
Yuen Sheung Hextan Ngan(Hong Kong)
Nobuo Yaegashi(Japan)
Sarikapan Wilailak(Thailand)

### Secretary General

Suk-Joon Chang(Korea)

### Vice-Secretary General

Dong Hoon Suh(Korea)
Jiheum Paek(Korea)

### Treasurer / Editor-in-Chief, Journal of Gynecologic Oncology

Jae-Weon Kim(Korea)

### Scientific Program Committee

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Rongyu Zang[Vice Chair](China)
Woo Dae Kang(Korea)
Shinwha Lee(Korea)
Soyi Lim(Korea)
Chel Hun Choi(Korea)
Jin Hwa Hong(Korea)
Yusuke Kobayashi(Japan)
Arb-aroon Lertkhachonsuk(Thailand)
Hariyono Winarto(Indonesia)
Jong Min Lee[Vice Chair](Korea)
Maria Lee(Korea)
Sang Wun Kim(Korea)
Myong Cheol Lim(Korea)
Dae Hoon Jeong(Korea)
Dae Gy Hong(Korea)
Tze-Chien Chen(Taiwan)
Muneaki Simada(Japan)
Navamol Lekskul(Thailand)

# KSGO

## President

Young Tak Kim(Asan Medical Center)

## Vice-President

Seung Cheol Kim(Ewha Womens University College of Medicine)
Seok-Mo Kim(Chonnam National University College of Medicine)

## Auditor

Ki Tae Kim(Inje University College of Medicine)
Jae Chul Sim(Dongguk University College of Medicine)

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Cancer prevention board / Suk-Joon Chang(Ajou University College of Medicine)

## Secretary General

Jeong-Yeol Park(Asan Medical Center)

# Program at a Glance

| Time | August, 24 (Fri) | | |
|---|---|---|---|
| | Day 1 | | |
| Place | Main Auditorium (ASGO Session) | Auditorium 3 (KSGO Session) | Lobby |
| 08:00 | Registration | | Poster display & Exhibition |
| | Opening Ceremony(08:30-08:40) | | |
| 09:00 | **[A-1]** Cervical Cancer (08:40-10:20) | | |
| 10:00 | Coffee Break (10:20-10:40) | | |
| 11:00 | **[A-2]** Epithelial Ovarian Cancer (10:40-12:20) | **[K-1]** Radiation Oncology for Gynecologic Cancer (10:40-11:30) * Korean | |
| | | **[K-2]** Gynecologic Pathology (11:30-12:20) | |
| 12:00 | Roche Sponsored Session(12:20-12:40) | | |
| 13:00 | Lunch (12:40-13:40) | | |
| 14:00 | **[A-3]** Guidelines & Position Statement (13:40-15:20) | **[K-3]** Surgical Technique (13:40-15:20) | |
| 15:00 | Olympus Sponsored Session(15:20-15:40) | | |
| | Coffee Break(15:40-16:00) | | |
| 16:00 | **[A-4]** Chemotherapy/ Targeted Agents and Beyond (16:00-17:40) | **[K-4]** Film Session (16:00-17:30) | |
| 17:00 | | | |
| 18:00 | Banquet (Ramada Plaza Hotel) (18:30-20:30) | | |
| 19:00 | | | |

| Time | August, 25 (Sat) | | |
|---|---|---|---|
| | Day 2 | | |
| Place | Main Auditorium (ASGO Session) | Auditorium 3 (KSGO Session) | Lobby |
| 08:00 | Registration | | Poster display & Exhibition |
| 09:00 | **[A-5]** Clinical Trials in Asia (08:30-10:10) | **[K-5]** A Guide for Early Career Researchers (08:30-10:10) | |
| 10:00 | Coffee Break(10:10-10:30) | | |
| 11:00 | **[A-6]** Junior Session(Oral-1) (10:30-12:10) | **[K-6]** Junior Session(Oral-2) (10:30-12:10) * Korean | |
| 12:00 | Special Session(12:10-12:20) | | |
| 13:00 | Lunch (12:20-13:10) | | |
| 14:00 | **[A-7]** Endometrial Cancer (13:10-14:50) | **[K-7]** How to Care Well BRCA Mutation Carriers? (13:10-14:30) * Korean | |
| 15:00 | Closing Ceremony (14:50-15:00) | | |

# Scientific Program

## [Day 1] ASGO Session – Main Auditorium

| SESSION | TIME | PROGRAM | SPEAKER |
|---|---|---|---|
| | | **Opening Ceremony(08:30-08:40 / 10min)** | |
| | 08:30-08:34 | Welcome Address(President of ASGO) | *Hee-Sug Ryu(Korea)* |
| | 08:34-08:37 | Congratulatory Address(Immediate Past President of ASGO) | *Ikuo Konishi(Japan)* |
| | 08:37-08:40 | Congratulatory Address(President of KSGO) | *Young-Tak Kim(Korea)* |
| **[A-1] Cervical Cancer(100min)** | | | **Chair:** Daisuke Aoki(Japan), Warner Huh(USA) |
| A1-01 | 08:40-09:00 | Effectiveness of national HPV vaccination program for Japanese young women | *Takayuki Enomoto(Japan)* |
| A1-02 | 09:00-09:20 | All about trachelectomy | *Jin Li(China)* |
| A1-03 | 09:20-09:40 | Revisiting Sedlis criteria: can we do better? | *Kenneth Kim(USA)* |
| A1-04 | 09:40-09:55 | Is MIS the real culprit in poorer prognosis of early-stage cervical cancer? | *Tae-Wook Kong(Korea)* |
| A1-05 | 09:55-10:10 | Nodal staging surgery in LACC | *Seung-Hyuk Shim(Korea)* |
| | 10:10-10:20 | Q&A | |
| | | Coffee Break(10:20-10:40 / 20min) | |
| **[A-2] Epithelial Ovarian Cancer(100min)** | | | **Chair:** Ikuo Konishi(Japan), Jae-Weon Kim(Korea) |
| A2-01 | 10:40-11:00 | Endometriosis-associated ovarian cancer and associated comorbidity | *Peng-Hui Wang(Taiwan)* |
| A2-02 | 11:00-11:20 | Venous thromboembolism in ovarian cancer patients at Siriraj Hospital | *Suwanit Therasakvichya(Thailand)* |
| A2-03 | 11:20-11:40 | Drug repositioning strategy for ovarian cancer | *Yusuke Kobayashi(Japan)* |
| A2-04 | 11:40-11:55 | Role of PARP inhibitors in ovarian cancer patients | *Maria Lee(Korea)* |
| A2-05 | 11:55-12:15 | BRCA1/2 mutation-related ovarian cancer in China | *Tingyan Shi(China)* |
| | 12:15-12:20 | Q&A | |
| **Roche Sponsored Session(20min)** | | | **Chair:** Chunling Chen(China) |
| S1 | 12:20-12:40 | Platinum-sensitive recurrent ovarian cancer: current practice & future outlook | *Shin-Wha Lee(Korea)* |
| | | Lunch(12:40-13:40 / 60min) | |
| **[A-3] Guidelines & Position Statement(100min)** | | | **Chair:** Toshiharu Kamura(Japan), Soon-Beom Kang(Korea) |
| A3-01 | 13:40-13:50 | Introduction | *Mikio Mikami(Japan)* |

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|---|---|---|---|
| A3-02 | 13:50-14:10 | The current situation of the guidelines on gynecological cancers in Japan | *Satoru Nagase(Japan)* |
| A3-03 | 14:10-14:25 | Korean guideline & position statement | *Myong Cheol Lim(Korea)* |
| A3-04 | 14:25-14:45 | Chinese guideline & position statement | *Jianliu Wang(China)* |
| A3-05 | 14:45-15:05 | Thailand guideline & position statement | *Sarikapan Wilailak(Thailand)* |
| A3-06 | 15:05-15:15 | Essence & future direction on guidelines & position statement development in Asia | *Mikio Mikami(Japan)* |
| | 15:15-15:20 | Q&A | |
| **Olympus Sponsored Session(20min)** | | | **Chair:** Byoung-Gie Kim(Korea) |
| S2 | 15:20-15:40 | 3D laparoscopic surgery in gynecologic cancer | *Sang Wun Kim(Korea)* |
| | | Coffee Break(15:40-16:00 / 20min) | |
| **[A-4] Chemotherapy/ Targeted Agents and Beyond(100min)** | | | **Chair:** Nobuo Yaegashi(Japan), Duk-Soo Bae(Korea) |
| A4-01 | 16:00-16:15 | Current standard of chemotherapy in ovary cancer | *Sook Hee Hong(Korea)* |
| A4-02 | 16:15-16:35 | Targeting DNA-damage repair deficiency | *David Tan(Singapore)* |
| A4-03 | 16:35-16:55 | Immunotherapy in gynaecologic oncology: what next? | *Masaki Mandai(Japan)* |
| A4-04 | 16:55-17:10 | HIPEC for ovarian cancer: investigational vs. standard of care | *Suk-Joon Chang(Korea)* |
| A4-05 | 17:10-17:30 | Therapeutic stratification based on gene expression subtypes in ovarian cancer | *Ruby Huang(Singapore)* |
| | 17:30-17:40 | Q&A | |

## [Day 2] ASGO Session – Main Auditorium

| SESSION | TIME | PROGRAM | SPEAKER |
|---|---|---|---|
| **[A-5] Clinical Trials in Asia(100min)** | | | **Chair:** Kazunori Ochiai(Japan), Yong Man Kim(Korea) |
| A5-01 | 08:30-08:50 | Cervical cancer clinical trials in Asia | *Kimio Ushijima(Japan)* |
| A5-02 | 08:50-09:10 | Ovarian cancer clinical trials in Asia | *Jung-Yun Lee(Korea)* |
| A5-03 | 09:10-09:30 | Endometrial cancer clinical trials in Asia | *Xiaojun Chen(China)* |
| A5-04 | 09:30-09:45 | Clinical trials in Asia/ AGOG perspective | *Kazunori Ochiai(Japan)* |
| A5-05 | 09:45-10:00 | How to promote collaboration in Asia? | *Taek Sang Lee(Korea)* |
| | 10:00-10:10 | Q&A | |
| | | Coffee Break(10:10-10:30 / 20min) | |
| **[A-6] Junior Session(Oral-1)(100min)** | | | **Chair:** Andri Andrijono(Indonesia), Joong Sub Choi(Korea) |
| A6-01 | 10:30-10:42 | Effect of megestrol acetate combined with metformin versus megestrol acetate in women undergoing conservative therapy for atypical hyperplasia or endometrial cancer | *Bingyi Yang(China)* |

| | | | |
|---|---|---|---|
| A6-02 | 10:42-10:54 | Intraoperative consultation (frozen section) in the diagnosis of ovarian masses | *Farhana Kalam(Bangladesh)* |
| A6-03 | 10:54-11:06 | A20-mediated deubiquitination of ERα in the microenvironment of CD163+ macrophages sensitizes endometrial cancer cells to estrogen running title: macrophages stabilize ERα via A20mediated deubiquitination | *Qiaoying Lv(China)* |
| A6-04 | 11:06-11:18 | Uterine carcinosarcomas: a 6 yr review of cases at a tertiary cancer care institute in India | *Divya Sehra(India)* |
| A6-05 | 11:18-11:30 | A 5-year retrospective review on metabolic syndrome and endometrial carcinoma: a tertiary centre experience | *Mohd Faizal Ahmad(Malaysia)* |
| A6-06 | 11:30-11:42 | Management of endometrial cancer in Adam Malik Hospital Medan, north Sumatra, Indonesia | *Muhammad Rizki Yaznil(Indonesia)* |
| A6-07 | 11:42-11:54 | Analysis of the predictive role of lymph node density, negative lymph node and LODDS on the survival of cervical cancer patients | *Kanika Batra Modi(India)* |
| A6-08 | 11:54-12:06 | Prevalence of anal intraepithelial neoplasia in women with cervical intraepithelial neoplasia | *Manatsawee Manopunya(Thailand)* |
| **Special Session(10min)** | | | **Chair:** Yoon Soon Lee(Korea) |
| S3 | 12:10-12:20 | HPV vaccine update | *Dae Hoon Jeong(Korea)* |
| | | Lunch(12:20-13:10 / 50min) | |
| **[A-7] Endometrial Cancer(100min)** | | | **Chair:** Hextan Ngan(Hong kong), Seok Ju Seong(Korea) |
| A7-01 | 13:10-13:30 | Current standard of care and debating points in endometrial cancer | *Arb-aroon Lertkhachonsuk(Thailand)* |
| A7-02 | 13:30-13:50 | Imaging update in endometrial cancer | *Hyun Hoon Chung(Korea)* |
| A7-03 | 13:50-14:10 | Sarcoma update | *Hidemichi Watari(Japan)* |
| A7-04 | 14:10-14:30 | MSI in endometrial cancer | *Seob Jeon(Korea)* |
| | 14:30-14:50 | Q&A | |
| | | **Closing Ceremony(14:50-15:00 / 10min)** | |
| | 14:50-15:00 | Closing Address(Organizing Chair) | *Seung-Cheol Kim(Korea)* |

## [Day 1] KSGO Session – Auditorium 3

| SESSION | TIME | PROGRAM | SPEAKER |
|---|---|---|---|
| **[K-1] Radiation Oncology for Gynecologic Cancer(50min)** *Korean | | | **Chair:** Jae-Kwan Lee(Korea), Ki Hyung Kim(Korea) |
| K1-01 | 10:40-10:55 | The role of radiotherapy in recurrent ovarian cancer | *Yong Bae Kim(Korea)* |
| K1-02 | 10:55-11:10 | Radiation therapy for cervial cancer | *Young Seok Kim(Korea)* |
| K1-03 | 11:10-11:25 | Radiation therapy for endometrial cancer | *Jihye Cha(Korea)* |
| | 11:25-11:30 | Q&A | |

| | | | |
|---|---|---|---|
| **[K-2] Gynecologic Pathology(50min)** | | | **Chair:** Nam Hoon Cho(Korea), Noh-Hyun Park(Korea) |
| K2-01 | 11:30-11:45 | Current concepts and controversies in gynecologic pathology | *Yoshiki Mikami(Japan)* |
| K2-02 | 11:45-12:00 | Molecular classification of endometrial cancer | *Chong Woo Yoo(Korea)* |
| K2-03 | 12:00-12:15 | Current updates of carcinoma of adnexa | *Yonghee Lee(Korea)* |
| | 12:15-12:20 | Q&A | |
| | | Lunch(12:40-13:40 / 60min) | |
| **[K-3] Surgical Technique(100min)** | | | **Chair:** Kung-Liahng Wang(Taiwan), Sang Il Park(Korea) |
| K3-01 | 13:40-14:00 | Simple techniques of abdominal radical hysterectomy & pelvic lymphadenectomy for beginners in gynecologic oncology training | *Jatupol Srisomboon(Thailand)* |
| K3-02 | 14:00-14:15 | Surgical techniques for nerve sparing in uterine cervical cancer | *Dae Gy Hong(Korea)* |
| K3-03 | 14:15-14:30 | Key point to improve sentinel lymph node mapping | *Dae-Yeon Kim(Korea)* |
| K3-04 | 14:30-14:45 | Single-port surgery | *Chel Hun Choi(Korea)* |
| K3-05 | 14:45-15:05 | Systemic upper abdominal surgery in ovarian cancer: quality assurance of the SUNNY study | *Rongyu Zang(China)* |
| | 15:05-15:20 | Q&A | |
| | | Coffee Break(15:40-16:00 / 20min) | |
| **[K-4] Film Session(90min)** | | | **Chair:** Neerja Bhatla(India), Soo Young Hur(Korea) |
| K4-01 | 16:00-16:15 | Principle of pelvic lymph nodes dissection for new gyne-oncology fellow | *Hariyono Winarto(Indonesia)* |
| K4-02 | 16:15-16:30 | Hysteroscopy in gynecologic oncology | *Navamol Lekskul(Thailand)* |
| K4-03 | 16:30-16:45 | Nerve-sparing radical hysterectomy | *Tomoyasu Kato(Japan)* |
| K4-04 | 16:45-17:00 | Updates in robotic assisted radical hysterectomy | *Jae Yun Song(Korea)* |
| K4-05 | 17:00-17:15 | Robotic lower pelvic port placement for optimal upper paraaortic lymph node dissection | *Jiheum Paek(Korea)* |
| K4-06 | 17:15-17:30 | Laterally extended endopelvic resection with nephrectomy for recurrent cervical cancer | *Soo Jin Park(Korea)* |

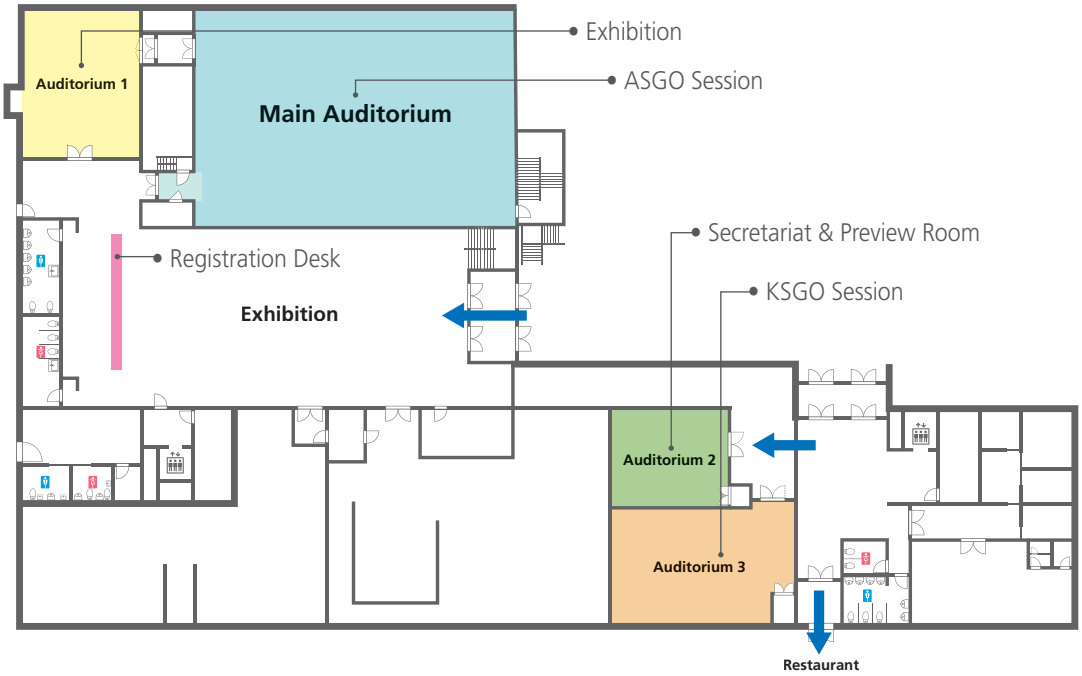
## [Day 2] KSGO Session – Auditorium 3

| SESSION | TIME | PROGRAM | SPEAKER |
|---|---|---|---|
| **[K-5] A Guide for Early Career Researchers(100min)** | | | **Chair:** Efrén Domingo(Philippines), Young Tae Kim(Korea) |
| K5-01 | 08:30-08:50 | Gynecologic cancer in Asia: epidemiology | *Young-Joo Won(Korea)* |

| | | | |
|---|---|---|---|
| K5-02 | 08:50-09:10 | Good reviewer's the best writer | *Sung-Jong Lee(Korea)* |
| K5-03 | 09:10-09:30 | Tips for success as an academic clinical investigator | *Jeong-Yeol Park(Korea)* |
| K5-04 | 09:30-09:50 | Publication ethics & research integrity | *Kidong Kim(Korea)* |
| | 09:50-10:10 | Q&A | |
| | | Coffee Break(10:10-10:30 / 20min) | |
| **[K-6] Junior Session(Oral-2)(100min)** *Korean | | | **Chair:** Chulmin Lee(Korea), Tae Jin Kim(Korea) |
| K6-01 | 10:30-10:44 | Pregnancy and oncologic outcomes after fertility-sparing management for early stage endometrioid endometrial cancer | *Su Hyun Chae(Korea)* |
| K6-02 | 10:44-10:58 | Effects of hormone therapy on recurrence in endometrial cancer survivors: a nationwide study using the Korean Health Insurance review and assessment service database | *Hyun-Woong Cho(Korea)* |
| K6-03 | 10:58-11:12 | Liquid biopsy in ovarian cancer | *Youn Jin Choi(Korea)* |
| K6-04 | 11:12-11:26 | Effect of hyperthermic intraperitoneal chemotherapy on prognosis of ovarian cancer: a meta-analysis | *Se Ik Kim(Korea)* |
| K6-05 | 11:26-11:40 | Role of serial imaging and operative finding as a prognostic factor in advanced-stage ovarian cancer | *Young Shin Chung(Korea)* |
| K6-06 | 11:40-11:54 | Integrating next generation sequencing panel into clinical practice in ovarian cancer: consequences for treatment and genetic counseling | *Yong Jae Lee(Korea)* |
| K6-07 | 11:54-12:08 | The role of sugical staging in mucinous borderline ovarian tumors | *Heejung Jung(Korea)* |
| | | Lunch(12:30-13:10 / 40min) | |
| **[K-7] How to Care Well BRCA Mutation Carriers?(80min)** *Korean | | | **Chair:** Yong Beom Kim(Korea), Seok-Mo Kim(Korea) |
| K7-01 | 13:10-13:30 | Genetic testing | *Hyun-Jin Choi(Korea)* |
| K7-02 | 13:30-13:50 | Counselling and ethical pitfalls | *Miseon Kim(Korea)* |
| K7-03 | 13:50-14:10 | Ovarian cancer surveillance & prophylactic surgery | *E Sun Paik(Korea)* |
| | 14:10-14:30 | Q&A | |

# Floor Plan

## Ajou University Hospital(B1F)

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# Exhibition Floor Plan

The Organizing Committee of ASGO 5th WORKSHOP sincerely thanks to all exhibitors for their contributions and support.

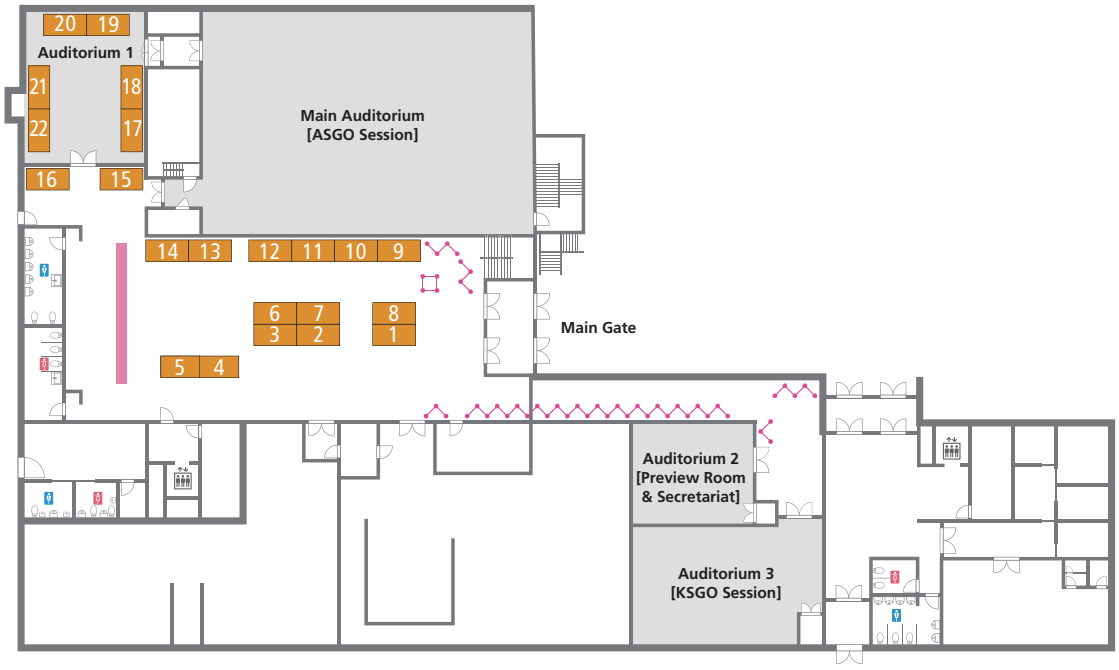
## Exhibition Floor Plan

DATE & TIME August 24(Fri) 08:00-18:00

August 25(Sat) 08:00-15:00

PLACE Lobby(B1F), Ajou University Hospital, Suwon, Korea

## Exhibitors




| No. | Category | Company |
|---|---|---|
| 1 | Silver | CJ |
| 2 | | HYUNDAI PHARM |
| 3 | | Samyang Biopharm |
| 4 | Platinum | OLYMPUS |
| 5 | | |
| 6 | Silver | Janssen |
| 7 | | Kyowa Kirin |
| 8 | | Chongkundang pharm |
| 9 | | Bayer |
| 10 | | AstraZeneca |
| 11 | | Intuitive Surgical |

| No. | Category | Company |
|---|---|---|
| 12 | Silver | Dalim Biotech |
| 13 | Platinum | Roche |
| 14 | | |
| 15 | Gold | MSD |
| 16 | Silver | Pfizer |
| 17 | | Hanmi Healthcare |
| 18 | | Pharmbio |
| 19 | | Johnson & Johnson Medical |
| 20 | | Hanmi Pharm |
| 21 | | HOSPICARE Co.,Ltd. |
| 22 | | Shinpoong Pharm |

ASGO
WORKSHOP

# ASGO Session

## Main Auditorium

ASGO WORKSHOP

# Day 1

August 24(Fri)

**[A-1]**
Cervical Cancer

**[A-2]**
Epithelial Ovarian Cancer

**[Roche Sponsored Session]**

**[A-3]**
Guidelines & Position Statement

**[Olympus Sponsored Session]**

**[A-4]**
Chemotherapy/ Targeted Agents and Beyond

ASGO WORKSHOP

# [A-1] **Cervical Cancer**

CHAIRS

Daisuke Aoki(Japan)

Warner Huh(USA)

SPEAKERS

**[A1-01]**

**Effectiveness of national HPV vaccination program for Japanese young women**

Takayuki Enomoto(Japan)

**[A1-02]**

**All about trachelectomy**

Jin Li(China)

**[A1-03]**

**Revisiting Sedlis criteria: can we do better?**

Kenneth Kim(USA)

**[A1-04]**

**Is MIS the real culprit in poorer prognosis of early-stage cervical cancer?**

Tae-Wook Kong(Korea)

**[A1-05]**

**Nodal staging surgery in LACC**

Seung-Hyuk Shim(Korea)

CHAIRPERSON

**Daisuke Aoki**

Department of Obstetrics and Gynecology, Keio University School of Medicine, Tokyo, Japan

**EDUCATION**

| | | |
|---|---|---|
| 1989 | Ph.D. | (Dr. of Medical Science), Keio University, Tokyo |
| 1982 | M.D. | School of Medicine, Keio University, Tokyo |

**PROFESSIONAL TRAINING AND EMPLOYMENT**

| | |
|---|---|
| 2005-present | Professor, Department of Obstetrics and Gynecology, Keio University School of Medicine, Tokyo |
| 1996-2005 | Assistant Professor, Department of Obstetrics and Gynecology, Keio University School of Medicine, Tokyo |
| 1991-1996 | Instructor, Department of Obstetrics and Gynecology, Keio University School of Medicine, Tokyo |
| 1990-1991 | Medical Staff in Department of Obstetrics and Gynecology, National Second Tokyo Hospital, Tokyo |
| 1988-1990 | Postdoctoral fellow in La Jolla Cancer Research Foundation, U.S.A |
| 1982-1988 | Resident in Department of Obstetrics and Gynecology, Keio University, Tokyo |

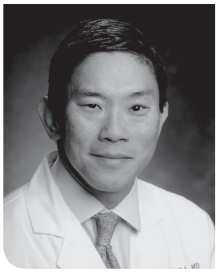
**SOCIETIES**

The Japan Society of Gynecologic Oncology, Chairperson
The Japanese Society of Clinical Cytology, President
Japanese Gynecologic Oncology Group, Vice President
Japanese Society of Obstetrics and Gynecology, Board Director
Japanese Society of Clinical Oncology, Directors
The Japanese Cancer Association, Councilor
Asian Society of Gynecologic Oncology, Council member
International Gynecologic Cancer Society, Member

**EDITORIAL BOARDS**

Cancer Science
Japanese Journal of Clinical Oncology

CHAIRPERSON



**Warner Huh**

University of Alabama at Birmingham (UAB)

Warner K. Huh, MD is Professor, Vice Chair of Gynecology, Director of the Division of Gynecologic Oncology, and the Margaret Cameron Spain Endowed Chair in the Department of Obstetrics and Gynecology at the University of Alabama at Birmingham (UAB), Professor in the Department of Surgery, and Professor in the Department of Epidemiology in the UAB School of Public Health, and Associate Director of Clinical Affairs and Senior Scientist in the UAB Comprehensive Cancer Center. His research interests include screening and prevention of HPV related diseases as well as novel immunotherapeutic approaches for pre-invasive disease of the cervix as well as cervical cancer. He has authored or co-authored over 220 articles in journals including The New England Journal of Medicine, Lancet, Lancet Oncology, Journal of the National Cancer Institute Cancer, Clinical Cancer Research, Gynecologic Oncology, Obstetrics & Gynecology, and the American Journal of Obstetrics & Gynecology (h-index: 47). He serves as co-PI of the Johns Hopkins- UAB-University of Colorado Cervical Cancer Specialized Programs of Research Excellence (SPORE) program (2P50CA098252-06A1). Dr. Huh serves on the editorial boards of Gynecologic Oncology and The Journal of Lower Genital Tract Disease. He currently serves as President and sits on the Executive Committee of the ASCCP. He is on the steering committee for the ASCCP treatment guidelines and was co-chair of the ASCCP colposcopy standards effort. Dr. Huh has also served on the Board of Directors for the Society of Gynecologic Oncology (SGO) and is President Elect I (2019-2020). Dr. Huh is a member of the National Comprehensive Cancer Network (NCCN) Cervical and Uterine Cancers Panel.

[A1-01]

SPEAKERS

## Takayuki Enomoto

Professor, and Chairman, Department of Obstetrics and Gynecology,
Niigata University Graduate School of Medical and Dental Science, Niigata, Japan

**PROFESSIONAL MEMBERSHIPS**

Corresponding Member, American Association for Cancer Research
Active Member, American Society for Clinical Oncology
International Member, Society of Gynecologic Oncology
Active Member, International Society for Gynecologic Cancer
Vice President, Japanese Gynecologic Oncology Group
Representative, Japanese Society of Obstetrics and Gynecology,
Executive Director, Japanese Society of Gynecologic Oncology
Director, Japanese Society for Clinical Cytology

[A1-01]

# Effectiveness of national HPV vaccination program for Japanese young women

**Takayuki Enomoto**

*Niigata University Graduate School of Medical and Dental Science*

**<Background>** In April 2013, both the bivalent and quadrivalent HPV vaccines were included in the Japanese National Immunization Program. However, only two months later, in June 2013, the Japanese Ministry of Health, Labour, and Welfare suspended proactive recommendations for the HPV vaccine after unconfirmed reports of adverse events. An immediate consequence of the suspension was that vaccination uptake plummeted from over 70% to less than 1% within 12 months. We investigated bivalent HPV vaccine effectiveness (VE) against vaccine targeted types HPV 16 and 18 as well as against HPV 31, 45 and 52 those pointed out cross protection type.**<Materials and Methods>** This study is a cross-sectional study recruiting women born after April 1993 attending for cervical screening at Niigata prefecture. We asked HPV vaccination status and sexual history (obtained on age at sexual debut, and number of sexual partners) in the questionnaire. We also confirmed HPV vaccination status from municipal records. Residual Pap smear specimens were collected for high-risk HPV (hrHPV) screening and genotyping test. VE was calculated as %VE=100x(1-OR).**<Results>** The study enrolled a total of 2197 participants and included 1814 in the analysis. Of those analyzed, 1355 women had received the bivalent vaccine confirmed by municipal records. And 459 women were unvaccinated status by serf-reports and municipal records. In the univariate model, VE was statistically significant for pooled HPV 16/18 infections at 89.8%, (95% CI: 63.9% to 97.2%, p=0.001); HPV 16 and 31 alone was 87.3%, (95% CI: 52.3%-96.6%, p=0.001) and 79.7%, (95% CI: 15.3%-95.1%, p=0.03). VE of the women who were sexually naive at HPV vaccine initiation for pooled HPV 16/18 and HPV 31/45/52 was statistically significant at 95.5% (95% CI: 64.6%-99.4, p=0.0001) and 71.9% (95% CI: 44.4%-85.8%, p=0.0002). Similarly, VE for HPV 16, 31 and 52 individually was 94.3% (95% CI: 54.8%-99.3%, p=0.0005), 100% (p=0.008) and 63.1% (95% CI: 24.0%-82.1%, p=0.007). Adjusted for number of sexual partners, VE was 91.9% in HPV 16/18 (95% CI: 33.8%-99.0%, p=0.02) and 53.5% in HPV 31/45/52 (95% CI: 2.5%-77.8%, p=0.04. **<Conclusion>** This is the first report of VE against vaccine-targeted infection in the Japanese national HPV immunization program using verified immunization data. We have shown high VE of the bivalent vaccine against vaccine-targeted hrHPV types 16 and 18 and significant cross protection against pooled hrHPV types 31, 45 and 52, which are associated with an additional 10% of ICC in Japan. This means the bivalent vaccine may be able to prevent around 82% of ICC in Japan.

[A1-02]

SPEAKERS

## Jin Li

Associate Professor, Department of Gynecologic Oncology, Fudan University Shanghai Cancer Center

### EDUCATION

Master of Medicine (2000-2007)
Fudan University Shanghai Medical School, Shanghai, China
M.D., Ph.D., Gynecologic Oncology (2008-2012)
Fudan University Shanghai Medical School,
Fudan University Shanghai Cancer Center, Shanghai, China

### ACADEMIC APPOINTMENTS

| | |
|---|---|
| 2007.7-2011.6 | Resident, Department of Gynecologic Oncology, Fudan University Shanghai Cancer Center |
| 2011.7-2014.6 | Attending, Department of Gynecologic Oncology,Fudan University Shanghai Cancer Center |
| 2014.7-present | Associate Professor, Department of Gynecologic Oncology, Fudan University Shanghai Cancer Center |

### EDITORIAL BOARD

Associate Editor of *Journal of Gynecologic Oncology (JGO)*

### ACADEMIC AND SCIENTIFIC COMMITMENTS

Member of the Youth Committee of the Chinese Society of Gynecology Oncology
Youth Member of the of Ob/Gyn Society of Shanghai Medical Committee

[A1-02]

# All about trachelectomy

**Jin Li**

*Fudan University Shanghai Cancer Center*

Radical trachelectomy, which was first reported by Dargent in 1994, is the treatment of choice in women with early-stage cervical cancer wishing to preserve fertility. Radical trachelectomy can be performed with a vaginal, abdominal, or laparoscopic/robotic approach. After more than 20 years' practice, thousands of young patients have undergone radical trachelectomy and resulted in pregnancy. However, there are still unsolved problems and controversies regarding this fertility-sparing surgery:

1. Radical trachelectomy, especially vaginal radical trachelectomy (VRT), is generally limited to cervical cancer with a tumor size less than 2 cm. For patients with tumor>2cm there are no conclusive recommendations regarding fertility-sparing treatment. Data from several studies (including ours) have showed that abdominal radical trachelectomy (ART) allows a fertility-sparing procedure in young women who would have otherwise been denied the option with no apparent compromise in oncological outcome. However, obstetric results after ART were not that favorable. In order to improve obstetric outcomes without compromising oncological safety, several investigators have used neoadjuvant chemotherapy in patients with tumors 2 to 4cm to reduce tumor size so that a less radical fertility-sparing surgery may be offered. However, there are remaining Issues to Clarify:
   (1) Should a "staging" laparoscopic lymph node dissection be performed before initiating NACT to exclude node-positive patients?
   (2) How to choose a suitable surgery for patients after NACT? Radical trachelectomy / Simple trachelectomy/Conization ?
   (3) How to define chemo-sensitive cases? And how to manage patients with suboptimal chemotherapy response?
   (4) What should be the optimal chemotherapy regimen?
2. When classical indications are respected, radical trachelectomy has considerable complications and favorable outcomes. However, cervical stenosis is a major and unique postoperative complication following radical trachelectomy. The incidence rates of cervical stenosis differ from 0% to 73.3% among literatures. It affects not only the quality of life but also obstetrical outcomes. Greater attention should be given to the prevention and treatment of this complication.
3. Laparoscopic radical hysterectomy for cervical cancer has been challenged as the standard of care owing to its oncological safety. Similarly, attention has been directed to assessing laparoscopic radical trachelectomy in young patients with cervical cancer who are willing to preserve fertility. In order to draw a conclusion regarding the safety of LRT in such patients, further clinical trials comparing the outcomes of ART and LRT are urgently needed.

[A1-03]

SPEAKERS

## Kenneth H. Kim

University of Alabama at Birmingham, USA

Kenneth H. Kim, MD, MHPE, FACOG, FACS is an Associate Professor and serves as the Associate Fellowship Director in the Division of Gynecologic Oncology at the University of Alabama at Birmingham (UAB). There, he also serves as the Director for Multispecialty Robotic Surgical Education and Training. He completed his residency in obstetrics and gynecology at The Ohio State University, and then completed his fellowship in gynecologic oncology at UAB. Prior to returning to UAB, he was an Assistant Professor at the University of North Carolina, where he also served as the Associate Residency Director.

He serves on the American College of Obstetrics and Gynecology (ACOG) Committee for PROLOG: Gynecologic Oncology and Critical Care, and as well as the Scientific Program Committee for the ACOG Annual Clinical and Scientific Meeting. He has most recently been appointed to the ACOG CREOG Education Committee where he serves as the Chair of Surgical Simulation and Training.

He is a member of the Social Media Subcommittee under the Communications Committee for GOG/NRG as well as the Social Media Committee for the American Journal of Obstetrics and Gynecology. He has served as the Scientific Program Director for the Mid-Atlantic Gynecologic Oncology Society (MAGOS), and currently serves as its Communications Chair. He has been appointed to the Editorial Board for SurgeryU for the American Association of Gynecologic Laparoscopists (AAGL). He also serves as the SGO Liaison to the American College of Surgeons Advisory Council for Gynecology and Obstetrics.

He has been an active member on the Society of Gynecologic Oncology (SGO) Education Committee for the past 10 years, and has also served on the SGO Website Task Force, as well as the Digital and Social Media Task Force. He is a member of the Health Quality and Outcomes Committee. He previously served as the SGO Chair of E-Learning and currently serves as the SGO Chair of SGO Education. He was also recently appointed as Co-Chair of Physician and Fellow Wellness. He has also served on the SGO Board of Directors and Foundation for Gynecologic Oncology Council. Most recently, he has been appointed as the Scientific Program Chair for SGO's Annual Meeting in 2020.

In addition, he is the Course Director, as well as faculty, for the SGO Robotics Academy. He is currently on the American Board of Obstetrics and Gynecology (ABOG) Board of Directors for the Foundation for Exxcellence, where he also serves as Vice President and sits on the Executive Council, as well as the Chair for all Exxcellence in Surgical Mentoring Courses and Exxcellence in Clinical Research Courses. He is a member on the Editorial Board for Gynecologic Oncology Reports Journal.

He has created various curricula for trainee wellness, many of which has been used as a template institutionally and nationally at the resident and fellow level. He has designed, moderated, and/or taught various surgical and robotic courses and curricula nationally and internationally across multiple surgical disciplines, and has received numerous departmental, institutional, and national teaching awards for medical student, resident, fellow, and early career education and mentoring. He is also passionate about the Korean National World Cup Soccer Team.

[A1-03]

# Revisiting Sedlis criteria: can we do better?

**Kenneth Hyun-Chung Kim**
*University of Alabama at Birmingham*

Sedlis criteria has been used for decades in the treatment of patients with early stage cervical cancer to improve recurrence free interval. These criteria originated over two decades ago and, while they have not been shown to confer a significant overall survival advantage, this practice has been fairly widely adopted in the United States and other countries. The cornerstone has been radiation therapy, which undoubtedly improves local control. However, critics have cited that adjuvant therapy following radical surgery should focus on reducing overall recurrence risk, and not just the reduction in locoregional recurrence. However, studies evaluating the addition of systemic chemotherapy in addition to radiation therapy have demonstrated higher incidences of complications such as lymphedema, bowel obstruction, and urinary issues, among others. Other studies have attempted to evaluate adjuvant systemic chemotherapy alone without radiation therapy, showing somewhat similar outcomes as compared to radiation therapy. These few studies have been retrospective in nature without any prospective trial to further evaluate.

Adjuvant therapy, particularly with radiation, can drastically impact quality of life. We, as physicians, have an inherent desire to help patients and decrease cancer recurrence risk, particularly as recurrent cervical cancer is often challenging to treat, and can be psychologically tolling to both the patient and their families as well as their oncologist. As such, many practitioners will treat all patients who meet Sedlis criteria; however, a large proportion of patients that meet Sedlis criteria may actually never develop recurrence, and we may consequently be overtreating this population. It is quite likely that, to date, we have not adequately and/or incompletely defined what population of patients would actually qualify to be a high-intermediate risk group. With the advent of molecular profiling, genomics and proteomics, nanomechanical profiling, and other tumor biology-specific characterizations, we may now possess the tools to do so, thereby impacting recurrence rates further, while also potentially saving patients from the risks of adjuvant therapy if they are able to be identified more adequately defined risk-stratified categories. There continues to be active research in this arena, and so perhaps it is time to revisit our criteria for when to treat these early stage patients and how to do so effectively.

[A1-04]

SPEAKERS

## Tae-Wook Kong

Assistant Professor, Dept. of Ob/Gyn, Ajou University School of Medicine

### EDUCATION

| | |
|---|---|
| 2000 | Master's degree, Biotechnology, Yonsei University Graduate School |
| 2006 | MD, Medicine, Ajou University School of Medicine |

### TRAINIING AND OTHER EXPERIENCES

| | |
|---|---|
| 2006-2011 | Intern/Residency, Ob/Gyn, Ajou University Hospital |
| 2011-2012 | Fellowship, Gynecol Oncol, Ajou University Hospital |
| 2012-2016 | Clinical Assistant Professor, Gynecol Oncol, Ajou University Hospital |
| 2016-Present | Assistant Professor, Ajou University Hospital |

### PROFESSIONAL MEMBERSHIPS

Society Memberships: Member, Korean Society of Gynecologic Oncology (2011~ present)
Member, Korean Society of Obstetrics and Gynecology (2011~present)

### HONORS

2011, 'Good Poster Award' in Japan Society of Obstetrics and Gynecology
2012, 'Best Paper Award' in Korean Society of Gynecologic Oncology
2016, 'Grace Best Paper Award' in Korean Society of Obstetrics and Gynecology

### SELECTED PUBLICATIONS

Articles in English:

1. Kong TW, Kim J, Son JH, Kang SW, Paek J, Chun M, Chang SJ, Ryu HS. Preoperative nomogram for prediction of microscopic parametrial infiltration in patients with FIGO stage IB cervical cancer treated with radical hysterectomy. Gynecol Oncol. 2016;142(1):109-14.
2. Kong TW, Chang SJ, Piao X, Paek J, Lee Y, Lee EJ, Chun M, Ryu HS. Patterns of recurrence and survival after abdominal versus laparoscopic/robotic radical hysterectomy in patients with early cervical cancer. J Obstet Gynaecol Res. 2016;42(1):77-86.
3. Kong TW, Chang SJ, Lee J, Paek J, Ryu HS. Comparison of laparoscopic versus abdominal radical hysterectomy for tumor size ≥3cm FIGO stage IB and IIA cervical cancer. Int J Gynecol Cancer. 2014 Feb;24(2):280-8

[A1-04]

# Is MIS the real culprit in poorer prognosis of early-stage cervical cancer?

**Tae-Wook Kong**, Joo-Hyuk Son, Jiheum Paek, Suk-Joon Chang, Hee-Sug Ryu

*Ajou University School of Medicine*

A systematic review of early-stage cervical cancer patients showed that laparoscopic/robotic radical hysterectomy (LRH/RRH) was associated with a reduced blood loss, postoperative complications, and hospital stays compared with the abdominal radical hysterectomy (ARH), with no significant difference in the oncologic outcomes and survival (1,2). Thus, RH using minimally invasive surgery in early cervical cancer has been adopted in the developed countries as the standard surgical approach.

The phase III Laparoscopic Approach to Cervical Cancer (LACC) trial, presented at 2018 SGO Annual Meeting on Women's Cancer, revealed that women undergoing MIS RH for early cervical cancer had higher rates of disease recurrence and worse survival than those who received ARH (3). The results of LACC trial will affect the practice of gynecologic oncologists. However, before accepting the results of the LACC trial, we must consider several important factors affecting disease recurrence. Three possible factors are circulating CO2 pneumoperitoneum, selection of optimal surgical candidates, and surgical technique including colpotomic approach.

CO2 pneumoperitoneum can cause several peritoneal effects including peritoneal acidosis, hypoxia, and environmental desiccation with peritoneal damage. As a result, these peritoneal changes could potentially result in a favorable environment for cancer cells to implant and proliferate.

Microscopic parametrial invasion is detected in approximately 10% and 36% of patients with FIGO stages IB1 and IB2, respectively. During MIS RH, occult malignant cells in the parametrial tissues can be exposed to the circulating CO2 pneumoperitonum since metastatic parametrial disease is randomly located in the lateral and medial parametria. Therefore, microscopic parametrial infiltrations may be important factors for disease recurrence after MIS RH. According to the results at the 2018 ASCO annual meeting, MIS RH is associated with decreased morbidity and costs. However, among women with tumor larger than 2 cm, MIS RH was associated with significantly decreased survival (4). These results are consistent with the recently presented LACC trial, but suggest that MIS RH may still be acceptable in tumors smaller than 2cm.

Our institution has suggested that almost all LRH can be performed laparoscopically, but only vaginal cuff incision and closure to determine the optimal vaginal resection margin and to minimize tumor spillage (5). Therefore, both tumor cut-through and tumor spillage under CO2 pneumoperitoneum during laparoscopic intracorporeal colpotomy may contribute to tumor recurrence in a port site or unusual intraperitoneal sites.

The results of LACC trial should not be overlooked and MIS itself may be a real culprit in poorer prognosis of early cervical cancer. However, the real culprit in poorer prognosis of early-stage cervical cancer should not be a surgeon. Therefore, in the era of MIS, LRH/RRH should be performed more cautiously in optimal surgical candidates to obtain en bloc resection without positive margin and tumor cut-through and spillage, using vaginal colpotomy after CO2 evacuation. Future RCTs comparing MIS RH to ARH are needed to confirm the equivalence in cancer control.

[A1-05]

SPEAKERS

**Seung-Hyuk Shim**

Department of Obstetrics and Gynecology, Konkuk University School of Medicine, Seoul, Korea

**EDUCATION**

| | |
|---|---|
| 1997~ 2003 | M.D.: University of Eulji College of Medicine, Daejeon, Korea |
| 2006~ 2008 | M.S.: University of Ulsan Postgraduate school of Medicine, Seoul, Korea |
| 2012~ 2017 | Ph.D.: University of Ulsan Postgraduate school of Medicine, Seoul, Korea |

**PROFESSIONAL EXPERIENCE**

| | |
|---|---|
| 2003~2004 | Internship, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea |
| 2004~2008 | Residency, Department of Obstetrics and Gynecology, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea |
| 2011~2013 | Clinical Fellowship in Gynecologic Oncology, Asan Medical Center, Seoul, Korea |
| 2013~2017 | Clinical assistant professor, Department of Obstetrics and Gynecology, Konkuk University Hospital, Seoul, Korea |

**PROFESSIONAL ORGANIZATIONS**

| | |
|---|---|
| 2017~ | Assistant professor, Department of Obstetrics and Gynecology, University of Konkuk School of Medicine, Konkuk University Hospital, Seoul, Korea |

**MEMBERSHIPS**

Member, Korean Society of Obsteterics & Gynecology
Member, Korean Society of Gynecologic Oncology (KSGO)
Member, Korean Gynecologic Oncology Group (KGOG)
Member, Society of Korean Robot Gynecologic Surgery
Member, Korean Society of Gynecologic Endoscopy and Minimally Invasive Surgery
Principal Editor, Journal of Gynecologic Oncology

**MAIN SCIENTIFIC PUBLICATION**

Comparison between adjuvant chemotherapy and adjuvant radiotherapy/chemoradiotherapy after radical surgery in patients with cervical cancer: a meta-analysis. Lee KB, Shim SH, Lee JM. J Gynecol Oncol. 2018 Jul;29(4):e62. doi: 10.3802/jgo.2018.29.e62. Epub 2018 Apr 16.
Impact of adjuvant hysterectomy on prognosis in patients with locally advanced cervical cancer treated with concurrent chemoradiotherapy: a meta-analysis. Shim SH, Kim SN, Chae SH, Kim JE, Lee SJ. J Gynecol Oncol. 2018 Mar;29(2):e25. doi: 10.3802/jgo.2018.29.e25. Epub 2018 Jan 5.

[A1-05]

# Nodal staging surgery in LACC

**Seung-Hyuk Shim**
*Konkuk University School of Medicine*

Nodal metastasis is among the most important prognostic factors for survival in patients with locally advanced cervical cancer (LACC). In patients with para-aortic lymph node (PALN) metastasis, extended-field radiotherapy should be considered. The prevalence of PALN metastasis in this population is 10–25%. Accurate pretreatment evaluation of PALN involvement is therefore of paramount importance in selecting radiation fields.

Positron emission tomography/computed tomography (PET/CT) provides better detection of PALN than magnetic resonance imaging (MRI) or CT. The true-positive rate of PET/CT is high (78%). Therefore, surgical staging is not necessary if uptake takes place in the PALN. However, the false-negative rate of PALN metastasis on PET/CT ranged 5–17% (overall mean, 12%). If the radiation field is determined solely based on this PET/CT finding (i.e., negative PALN metastasis on PET/CT) without histological analysis of PALN, 12% of patients are undertreated. Conversely, if the radiation field is extended to the para-aortic area without histological analysis, 22% of patients will be overtreated. Therefore, surgical staging should be considered when negative PALN on PET/CT is reported. However, considering potential morbidity and the cost of staging surgery, nodal-staging surgery needs to be individualized in these patients.

Several studies have suggested risk stratification models to predict PALN metastasis before definitive treatment. Ramirez et al. reported that in patients with positive pelvic lymph nodes (PLNs) but negative PALNs on PET/CT, the false-negative rate increased to 22%. Thus, they suggested that laparoscopic para-aortic lymphadenectomy should be discussed for patients with positive PLNs but negative PALNs on PET/CT. We reported that tumor size on MRI and PALN status on PET/CT were independent predictors of PALN metastasis. The model incorporating these two predictors displayed good discrimination and calibration (C-index = 0.886; 95% CI = 0.825–0.947). The model categorized 169 (69%), 52 (22%), and 23 (9%) patients into low-, intermediate-, and high-risk groups, respectively. The predicted probabilities of PALN metastasis for these groups were 2.9, 20.8, and 76.2%, respectively. We concluded that a larger number of patients can be excluded from surgical staging safely and a larger proportion of patients could benefit from surgical staging compared with previous suggestions.

The event-free survival rates at 3 years in the patients without PALN metastasis and with pathologically proven PALN metastasis measuring ≤ 5 mm were similar (74% vs 69%). This suggests a possible survival impact of staging surgery in a subset of patients. Nevertheless, the effect on survival of potential delay of chemoradiation owing to use of staging surgery, and complications of surgery followed by chemoradiation need to be studied.

MEMO

ASGO WORKSHOP

# [A-2] **Epithelial Ovarian Cancer**

CHAIRS

Ikuo Konishi(Japan)

Jae-Weon Kim(Korea)

SPEAKERS

**[A2-01]**

**Endometriosis-associated ovarian cancer and associated comorbidity**

Peng-Hui Wang(Taiwan)

**[A2-02]**

**Venous thromboembolism in ovarian cancer patients at Siriraj Hospital**

Suwanit Therasakvichya(Thailand)

**[A2-03]**

**Drug repositioning strategy for ovarian cancer**

Yusuke Kobayashi(Japan)

**[A2-04]**

**Role of PARP inhibitors in ovarian cancer patients**

Maria Lee(Korea)

**[A2-05]**

**BRCA1/2 mutation-related ovarian cancer in China**

Tingyan Shi(China)

CHAIRPERSON

## Ikuo Konishi

Director of National Kyoto Medical Center, Kyoto, Japan
Professor Emeritus of Kyoto University, Past President of ASGO

Dr. Ikuo Konishi graduated from Kyoto University and obtained MD in 1976. After the residency program for obstetricians and gynecologists, he completed the PhD course in Kyoto University Graduate School of Medicine in 1988. After training for gynecologic oncology and pathology, he became Professor and Chairman at Shinshu University in 1999, and then he worked as Professor and Chairman at Kyoto University from 2007 to 2016. He is an authority in radical hysterectomy for cervical cancer, and his life work in research has been clarifying the mechanism of ovarian cancer development and progression. He is one of the authors for WHO Classification of Tumours of Female Reproductive Organs 2014, and published more than 350 original papers in peer-reviewed English journals. He had been Chairman of Executive Board of Japan Society of Obstetrics and Gynecology from 2011 to 2015. In Japan Society of Clinical Oncology, he was awarded in 2016 The Komei Nakayama Prize, which is given to pioneering doctors who contributed to cancer diagnosis, treatment, and prevention. In 2017, he gave a Chien-Tien Hsu Memorial Lecture at The 25th Asian & Oceanian Congress of Obstetrics and Gynaecology in Hong Kong.

CHAIRPERSON

**Jae-Weon Kim**

Seoul National University

Jae-Weon Kim is Professor of Medicine at the Seoul National University and is specialized in gynecologic oncology at the Seoul National University Hospital in Seoul, Korea. He has been involved at both a national and international level in the field of gynecologic oncology for the last two decades and has been closely associated with the Gynecologic Cancer InterGroup since 2004. He was Secretary General/ Treasurer during 2009~2015 and current Treasurer for the Asian Society of Gynecologic Oncology (ASGO). He is Editor-in-Chief for the 'Journal of Gynecologic Oncology' since 2012, was editorial board member of the 'Journal of Clinical Oncology' during 2008~2013 and was a senior editor for the 'International Journal of Gynecological Cancer' during 2008~2018. He is a member of 'National Academy of Medicine of Korea' (NAMOK). He was one of the founding members of the Korean Gynecologic Oncology Group (KGOG) and is currently, Vice President of the KGOG.

[A2-01]

SPEAKERS

## Peng-Hui (Peter) Wang

Position, Affiliation: Professor and Chair, Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan

Professor Peng-Hui Wang (Peter) got the degree of MD and Ph.D. (altered sialylation in gynecologic cancers) from the National Yang-Ming University School of Medicine, Taipei, Taiwan (1983-1990 and 1999-2002, respectively), and finished the post-doctorial training in the University of Rochester, NY, USA (androgen receptor related women health, 2002-2003). Peter works as a Professor and Director of the Department of Obstetrics and Gynecology, National Yang-Ming University School of Medicine, Taipei, Taiwan since 2008, and a Head of the Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei since 2016. Peter is a President of the Taiwan Association of Gynecology, since 2014, and also a vice-president of the Taiwan Society of Perinatal Medicine, since 2016. Peter is an Executive Councilor of many academic and medical societies, including the Taiwan Association of Obstetrics and Gynecology, the Taiwan Association of Gynecologic Oncologist, the Society of Gynecologic Oncologists, ROC. Peter is a member of a council in the Taiwan Endometriosis Society, and the Taiwan Association of Gynecology and Minimally Invasive Surgery. Peter is an Editor or a Deputy Editor-in-Chief of many peer-reviewed and SCI journals, including the Journal of Chinese Medical Association, the Taiwanese Journal of Obstetrics and Gynecology, Gynecology and Minimally Invasive Therapy, and Minimally Invasive Surgery. Peter serves as editorial board members in many outstanding journals addressing the research of obstetrics and gynecology and an active reviewer for more than 30 SCI journals. Peter's primary research interests focus on the study of the altered sialylation in diseases and experts in the clinical trials, minimally invasive surgery and hormone research. Peter has published more than 500 SCI papers, and majority of them were under his supervision (acting either as the first author or as a corresponding author).

Peter's exceptional achievements have been recognized by many prestigious awards, including the Golden Award of the Taiwanese Association of Obstetrics and Gynecology (2016 and 2015), the Silver Award in the Hsu Chien-Tien Foundation of Cancer Research (2015), Silver Award in the Chinese Medical Association (2014), the Silver Award of academic research in the Taipei Veterans General Hospital (2016 and 2014), and the Golden Award of the Chinese Association of Medicine-Taipei (2013), Top Ten Young in Medical Research in Taiwan (2004) and many other awards.

[A2-01]

# Endometriosis-associated ovarian cancer and associated comorbidity

**Peng-Hui (Peter) Wang**

*Taipei Veterans General Hospital and National Yang-Ming University*

Endometriosis, defined as the presence of endometrial glandular and stromal tissues in sites outside the uterine cavity, affects 6%-10% of women of reproductive age, resulting in pelvic inflammation, adhesion, chronic pelvic pain, and infertility, and progression to biologically malignant tumors. Epidemiologic studies suggest that a comorbidity relationship exists between endometriosis and many functional and/or pathological diseases. The best example is a possible correlation between endometriosis and malignant transformation of the ovary, especially endometrioid-type and clear cell type epithelial ovarian cancer (EOC), also called endometriosis-associated EOC (EA-EOC), which is first proposed by Dr. Sampson in 1925. Many epidemiologic studies, including recent systematic reviews and meta-analyses indicated that women with endometriosis and EOC, other studies have reported an unusually high risk of EOC in women with diagnosed endometriosis with the highest hazard ratio (HR) of 18.6 to the lowest HR of 1.90. Furthermore, a bioinformatics platform of function-based, data-driven analysis of the molecular functionome to dissect the molecular pathogenetic pathway of EA-EOC found that the inflammatory/immune response, oxidative stress and hormone activity play an interactive role in modulating the malignant transformation and possible cancer progression in EA-EOC, suggesting that endometriosis shares similar molecular signatures with EA-EOC. However, the results of the endometriosis-associated comorbidity were not always consistent. For example, did women with endometriosis have a higher risk of obesity or diabetes mellitus? Some data supported the positive correlation but others were against. One of the critical explanations is the presence of many confounding factors and the selection population for study. In the current review, I would like to summarize the advanced information addressing the topic entitled "Endometriosis-associated ovarian cancer and associated comorbidity".

**Keywords:** comorbidity, endometriosis, epidemiology, epithelial ovarian cancer

[A2-02]

SPEAKERS

## Suwanit Therasakvichya

Assist Prof. Dr. Suwanit Therasakvichya, MD., Dr med.
Gynecologic Oncology Division ,Department of Obstetrics & Gynecology
Faculty of Medicine, Siriraj Hospital, Mahidol University Bangkok, Thailand

### EDUCATION

| | |
|---|---|
| 2005 | Master of Medicine (Health Development)<br>Faculty of Medicine, Chulalongkorn University,<br>Bangkok, Thailand |
| 2001 | Diploma, Thai Sub-Board of Gynecologic Oncology<br>Faculty of Medicine, Siriraj Hospital, Mahidol University,<br>Bangkok, Thailand |
| 1997 | Doctor of Philosophy (Dr med) in Gynecologic Oncology<br>Frauenklinik, Ulm University, Germany<br>Diploma, Thai Board of Obstetrics and Gynecology |
| 1992 | Faculty of Medicine, Siriraj Hospital, Mahidol University, |
| 1986 | Doctor of Medicine<br>Faculty of Medicine, Siriraj Hospital, Mahidol University, |

### PROFESSIONAL/TEACHING EXPERIENCES

1.Head of Gynecologic Oncology Division, Department of Obstetrics and Gynecology, Faculty of Medicine, Siriraj Hospital, Mahidol University 1993- present

2.Director of Siriraj Cancer Center, Faculty of Medicine, Siriraj Hospital, Mahidol University 2012- 2016

### PROFESSIONAL ORGANIZATIONS

The Thai Medical Women's Association

Under The Royal Patronage of Her Majesty The Queen 2015-present

The Thai Gynecologic Oncology Society 1997-present

The Royal Thai College of Obstetricians and Gynecologists 1992-present

The Medical Council of Thailand 1986-present

[A2-02]

# Venous thromboembolism in ovarian cancer patients at Siriraj Hospital

**Suwanit Therasakvichya**

*Siriraj Hospital, Mahidol University*

**Objective**

Malignancy has been described as a risk factor for venous thromboembolism (VTE). The objective of this study was to study the incidence and the pattern of VTE in ovarian cancer patients .

**Material and methods**

This study was conducted retrospectively using 993 medical records review of ovarian cancer patients from January 2005 to December 2009 in the Department of Obstetrics and Gynaecology, Siriraj Hospital, and defined who were diagnosed as the first episode of VTE. Thromboembolic events were confirmed with imaging studies, which included duplex-doppler sonography or other radiologic procedures. Data analysis was performed to evaluate the cumulative incidence and patterns of thromboembolic events.

**Results**

Forty six ovarian cancer patients were diagnosed of VTE, mean age 54.5 years; ranged from 33 to 82 years. The 5 year-cumulative incidence was 4.63 %. VTE occurred 77 % at lower limb (common femoral and popliteal veins) which commonly on the left side, 15% in pelvis and 17% in pulmonary vessel. Time-courses (mean ± SD) between diagnosis of ovarian cancer and VTE were 4.2±5.1 ; 4.8±4.2 ; and 48.3±56.6 weeks before ovarian cancer diagnosis; during ovarian cancer treatment ; and after treatment or recurrence cases, respectively. Two of pulmonary embolism were fatal after surgery.

**Conclusion**

The 5 year-cumulative incidence of VTE in ovarian cancer patients was 4.63 %. VTE complicated by symptomatic pulmonary embolism have been identified to have a negative impact on survival. Awareness and proper assessment of VTE should be considered through the course- management of ovarian cancer patients.

**Keywords:** Venous thromboembolism, Ovarian cancer

[A2-03]

SPEAKERS

**Yusuke Kobayashi**

Department of Obstetrics and Gynecology, Keio University School of Medicine, Japan

**POSITION AND EMPLOYMENT**

| | |
|---|---|
| 2003-2007 | Resident, Department of Obstetrics and Gynecology, Keio University School of Medicine |
| 2007-2011 | Graduate School of Medicine, Keio University |
| 2011-2012 | Instructor, Department of Obstetrics and Gynecology, Keio University School of Medicine |
| 2012-2014 | Research Fellow, Department of Pathology, Johns Hopkins University School of Medicine |
| 2014-Present | Instructor, Department of Obstetrics and Gynecology, Keio University School of Medicine |

**EDITORIAL BOARD**

Journal of Gynecologic Oncology, Principal Editor
International Journal of Gynecology & Clinical Practices
Austin Journal of Obstetrics and Gynecology
Austin Biomarkers & Diagnosis

**AWARDS**

| | |
|---|---|
| 2011 | **Best Presentation Award** The 63th Annual Congress of the Japanese Society of Obstetrics and Gynecology (JSOG) |
| 2011 | **Souma Award** The 19th Meeting of Japan Placenta Association |
| 2012 | **Y.W.Loke Award** International Federation of Placenta Associations (IFPA) Meeting |
| 2014 | **Young Investigator Award** Keio University School of Medicine Alumni Association |
| 2016 | **Best Paper Award** The Japanese Society of Obstetrics and Gynecology |
| 2016 | **International Session Encouragement Award** The 68th Annual Congress of JSOG |
| 2016 | **International Session Award** The 68th Annual Congress of JSOG |
| 2017 | **Medical Research Encouragement Prize** Tokyo Medical Association |
| 2017 | **Shan S. Ratnam Young Gynecologist Award** The 25th Asian & Oceanic Congress of Obstetrics and Gynaecology |
| 2017 | **Best Presentation Award** The 20th annual meeting of the Japan Society for Menopause and Women's Health |

[A2-03]

# Drug repositioning strategy for ovarian cancer

**Yusuke Kobayashi**
*Keio University School of Medicine*

**Background:** Developed new drugs, such as a humanized anti-VEGF monoclonal antibody and poly ADP-ribose polymerase inhibitors, are actually expected to improve clinical outcomes of ovarian cancer. However, long-term, costly research is required to develop such new drugs, and soaring national healthcare costs are becoming a concern worldwide. In this social context, drug repositioning, wherein existing drugs are used to develop drugs with new indications for other diseases, has recently gained attention. Epidemiological studies show that antidyslipidemic statin agents have been found to show tumor-suppressive effects in some cancers, but their efficacy for ovarian cancer has been unclear. In this study, we investigated the antitumor effects of statins and their underlying mechanisms in ovarian cancer model.

**Materials & Methods:** The effects of statins on tumor cell growth were evaluated in ovarian cancer cell lines. Microarray analysis and metabolomics analysis were performed with or without statins in SKOV3 and OVCAR5 ovarian cancer cells. In addition, transgenic ovarian cancer model mice and xenograft model mice were administered with statins to confirm tumor inhibitory effects and administration safety by blood test and serum chemistry.

**Results:** The IC50 of statins for the three ovarian cancer cell lines was 0.78 - 1.22μM. Autophagic vacuolation and apoptosis-like morphology were shown in the cells after administration, and expressions of autophagy markers LC3A/3B, apoptosis markers Caspase 3 and PARP 1 were increased in the cells. Microarray analysis revealed that the expression of the gene group related to DNA replication control changed the most, and G1 arrest was observed in the administered cells in flow cytometry. In metabolomics analysis, statin treatment increased the levels of phenylalanine, methionine, tryptophan, valine and acetyl-CoA, which are all part of the TCA cycle, whereas it decreased the level of lactate, the end product of glycolysis. In transgenic mice and xenograft model mice, statin administration showed a significant inhibitory effect on tumor formation, but no difference was observed in body weight, blood test, and biochemical test results compared to the control group.

**Conclusions:** Statins have antitumor effects on ovarian cancer cells and in animal models with administration safety. Statins may induce programmed cell death, interfere with the Warburg effect, and cause a shift to activation of the TCA cycle to exert the antitumor effects. Drug repositioning strategy by statin is expected to contribute to the treatment of ovarian cancer.

[A2-04]

SPEAKERS

## Maria Lee

Associate Professor
Division of Gynecologic Oncology
Department of Obstetrics and Gynecology
Seoul National University College of Medicine, Seoul National University Hospital

### EDUCATION AND TRAINING

| | |
|---|---|
| 1999-2001 | **Premedical Course**, Yonsei University College of Science |
| 2001-2005 | **M.D.**, Yonsei University College of Medicine, Seoul, Korea |
| 2005-2006 | **Internship**, Department of Education and Training, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea |
| 2006-2010 | **Residency**, Obstetrics and Gynecology, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea |
| 2010-2011 | **Fellowship**, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea |
| 2009-2011 | **M.S.**, The Graduate School, Yonsei University, Seoul, Korea (Thesis: Prognostic significance of NANOG in ovarian serous carcinoma) |
| 2011-2012 | **Assistant Clinical Research Professor**, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea |
| 2012 | **Clinical Instructor**, Department of Obstetrics and Gynecology, Kangdong Sacred Heart Hospital, Hallym University |
| 2012-2016 | **PhD**, The Graduate School, Yonsei University, Seoul, Korea |
| 2013 | **Clinical Assistant Professor**, Department of Obstetrics and Gynecology, Kangdong Sacred Heart Hospital, Hallym University |
| 2013.9- | **Assistant Professor**, Department of Obstetrics and Gynecology Seoul National University College of Medicine, Seoul National University Hospital |
| 2017.9- | **Associate Professor**, Department of Obstetrics and Gynecology Seoul National University College of Medicine, Seoul National University Hospital |

### PUBLICATIONS

Kim SI, Lee JW, **Lee M**, Kim HS, Chung HH, Kim JW, Park NH, Song YS, Seo JS. Genomic landscape of ovarian clear cell carcinoma via whole exome sequencing.Gynecol Oncol. 2018 Feb;148(2):375-382

Kim HS, **Lee M**. Video endoscopic inguinal lymphadenectomy (VEIL) for vulvar cancer.Gynecol Oncol. 2017 Jan;144(1):225-226.

[A2-04]

# Role of PARP inhibitors in ovarian cancer patients

**Maria Lee**

*Seoul National University College of Medicine*

For several decades, the systemic treatment of ovarian cancer has involved chemotherapy, with the recent addition of anti-angiogenic strategies given with chemotherapy and in the maintenance setting. In the past decade, numerous poly(ADPribose) polymerase (PARP)-inhibiting agents have been assessed.

PARP inhibitors are an exciting new treatment option for patients with ovarian cancer. Cells with mutated BRCA proteins rely on other pathways to repair DNA damage, notably the PARP pathway. PARP inhibitors cause apoptosis through double-stranded breaks and interference with DNA repair due to a process called "synthetic lethality."

Multiple PARP inhibitors have now been approved for use in ovarian cancer. The first approved PARP inhibitor in this setting was olaparib in 2015, followed by rucaparib in 2016, both for the treatment of BRCA1/2-mutated ovarian cancer after multiple lines of chemotherapy. Olaparib was approved for germline BRCA1/2 ovarian cancer after 3 or more lines of previous therapy whereas rucaparib was approved for germline or somatic BRCA1/2 ovarian cancer after 2 or more lines of previous therapy. In 2017, the FDA approved niraparib and then olaparib as maintenance therapy for patients with platinum-sensitive recurrent ovarian cancer who have completed and are in response to platinum chemotherapy.

Three phase III trials (NOVA, SOLO2 and ARIEL3) demonstrated remarkable improvement in progression-free survival with PARP inhibitors given as maintenance therapy in patients with complete or partial response after platinum-based therapy for platinum-sensitive ovarian cancer. Differences in trial design and patient populations influence the conclusions that can be drawn from these trials. Overall survival data are pending and there is a limited experience regarding long-term safety.

PARP inhibitors have transformed the management of ovarian cancer and have changed the course of disease for many patients. Although recent approvals are irrespective of BRCA mutation or homologous repair deficiency status, genetic profiles, as well as dosing schedules, tolerability and affordability, may influence patient selection and the setting in which PARP inhibitors are used.

For all three PARP inhibitors, the magnitude of benefit in BRCA-mutated populations seems similar. However, there are currently no phase III data supporting the use of olaparib in patients with BRCA-wild type tumours, despite FDA approval irrespective of BRCA mutation status.

The successful development of PARP inhibitors in ovarian cancer is being followed in other tumour types, particularly those in which BRCA mutations and HRD appear to play an important role, such as breast and prostate cancer. PARP inhibitors have transformed the treatment of ovarian cancer. The development and evolution of PARP inhibitors continue, with new agents, strategies, combinations and indications under intensive evaluation.

**KEY WORDS:** PARP inhibitor, ovarian cancer, olaparib, niraparib, rucaparib, BRCA mutation

[A2-05]

SPEAKERS

## Tingyan Shi

Associate professor
Zhongshan Hospital, Fudan University, Shanghai, China

### EDUCATION

| | |
|---|---|
| 1996/9-2001/6 | Medicine, Medical College, Southeast University, Nanjing, China (M.D.) |
| 2001/9-2004/6 | Medical Genetics, Medical College, Southeast University, Nanjing, China (M.S.) |
| 2010/9-2013/6 | Oncology, Fudan University Shanghai Cancer Center, Shanghai, China (Ph.D.) |

### REPRESENTATIVE CAREERS

| | |
|---|---|
| 2004/7-2010/8 | Assistant Researcher, Shanghai Institute of Planned Parenthood Research, Shanghai, China |
| 2015/6-2017/10 | Attending doctor, Obstetrics and Gynecology, Zhongshan Hospital, Fudan University, Shanghai, China |
| 2017/11- | Associate professor, |

### SPECIALTY & PRESENT INTEREST

Gynecologic Oncology
Translational research
Clinical trials
Molecular Epidemiology
Genetics

Dr Shi has been working in Ovarian Cancer Program, Division of Gynecologic Oncology, Department of Gynecology & Obstetrics, Zhongshan Hospital, Fudan University Since August 2014. Her current research focuses on translational research of clinical trials in ovarian cancer. As first author, co-first author and co-corresponding author, she have 19 SCI-included publications on the topic of gynecologic oncology. In 2016, she was awarded GCIG scholar award for translational research brainstorming.

[A2-05]

# BRCA1/2 mutation-related ovarian cancer in China

**Tingyan Shi** [a], Pan Wang [a], Wenbin Tang [a], Rong Jiang [a], Sheng Yin [a], Qing Wang [b], Qingyi Wei [c,d], Rongyu Zang [e],*

*[a]Fudan University, [b]Centre Léon Bérard, [c]Fudan University Shanghai Cancer Center, [d]Duke University Medical Center, [e]Fudan University Shanghai Cancer Center*

**Correspond to Rongyu Zang*

BRCA1/2 are cancer predisposition genes involved in hereditary breast and ovarian cancer (HBOC). Mutation carriers display an increased sensitivity to inhibitors of poly (ADP-ribose) polymerase (PARP). Despite a number of small-size hospital-based studies being previously reported, there is not yet, to our knowledge, precise data of BRCA1/2 mutations among Chinese ovarian cancer patients. We performed a multicenter cohort study including 916 unselected consecutive epithelial ovarian cancer (EOC) patients from eastern China, to screen for BRCA1/2 mutations using the next-generation sequencing approach. A total of 153 EOC patients were found to carry pathogenic germline mutations in BRCA1/2, accounting for an overall mutation incidence of 16.7% with the predominance in BRCA1 (13.1%) compared with BRCA2 (3.9%). We identified 32 novel pathogenic mutations, among which the c.283_286delCTTG and the c.4573C>T of BRCA1 were both found in two unrelated patients. For the 615 cases who have available follow up data, we evaluated the association between gBRCA1/2 mutation and clinical outcomes. Overall, we did not find any significant difference between gBRCA1/2 mutation carriers and non-carriers in both progression-free survival (PFS) and overall survival (OS) (19.3 vs. 18.1 months and 77.2 vs. 73.2 months, P=0.528 and 0.147, HR 0.93 and 0.79, 95%CI 0.74-1.17 and 0.57-1.09, respectively). However, within three years after diagnosis, mutation carriers showed a longer OS than noncarriers (P=0.018, HR 0.53, 95%CI 0.31-0.90). Such a survival advantage decreased along with the extension of follow-up time. Quite interestingly, in the subgroup of patients with gross residual disease, mutation carriers had a longer survival than non-carriers (18.5 vs. 15.1 months and 68.5 vs. 54.3 months, P=0.046 and 0.038, HR 0.74 and 0.65, 95% CI 0.55-1.00 and 0.43-0.98, for PFS and OS respectively).

Taken together, germline BRCA1/2 mutations were common in Chinese EOC patients with distinct mutational spectrum compared to Western populations. BRCA1/2 mutation was not associated with survival in Chinese EOC patients, which possibly attributed to more than 37% of the patients without gross residual disease.

MEMO

ASGO WORKSHOP

# Roche Sponsored Session

**CHAIRS**

Chunling Chen(China)

**SPEAKERS**

**Platinum-sensitive recurrent ovarian cancer: current practice & future outlook**

Shin-Wha Lee(Korea)

CHAIRPERSON

## Chunling Chen

President of Jadecare Women and Children's Hospital

Professor and chief physician of Obstetrics and Gynecology, Dr. Chen obtained her Bachelor's degree from Peking University Medical School, PhD from Hong Kong University.

Dr. Chen is a reputable gynecologic oncologist, and serves as committee president of Society of Ob/Gyn, China International Exchange and Trade Promotion Association for Medical and Health Care(SOG-CPAM).

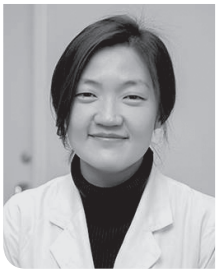
Dr. Chen is the council member of Asian Society of Gynecologic Oncology(ASGO) and principle editor of Journal of Gynecologic Oncology (JGO).

As a gynecologic oncologist, she is engaged in gynecologic oncology clinical and research work, especially in the area of prevention and management of cervical cancer.

Dr. Chen has served as executive director of Ob/Gyn Dept., Chief Physician, and Professor at Peking University Hospital and Tsinghua University Yuquan Hospital. Working in Cervical cancer.

She has worked for and studied at Oxford University, Queen Mary Hospital of Hong Kong University, National Cancer Institute of Italy, and MD Anderson Cancer Center in the United States, etc.

SPEAKERS



**Shin-Wha Lee**

Department of Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Medical Center

**EDUCATION**

| | | |
|---|---|---|
| 2007/03-2009/02: | Ph.D. | Graduate school, University of Ulsan, Seoul, Korea |
| 2005/03-2007/02: | M.S. | Graduate school, University of Ulsan, Seoul, Korea |
| 1996/03-2002/02: | M.D. | College of Medicine, Yonsei University, Seoul, Korea |

**PROFESSIONAL EXPERIENCE & PROFESSIONAL ORGANIZATIONS**

| | |
|---|---|
| 2017/03-present: | Associate Professor, University of Ulsan, Asan Medical Center |
| 2013/03-2017/02: | Clinical Assistant Professor, Asan Medical Center |
| 2010/03-2013/02: | Clinical Instructor, Asan Medical Center |
| 2003/03-2010/02: | Residency and Fellowship, Asan Medical Center |

**MEMBERSHIPS**

Korean Society of Obstetrics and Gynecology
Korean Society of Gynecologic Oncology
Korean Gynecologic Cancer Research
Korean Urogynecologic Society
Korean Society of Gynecologic Endoscopy and Minimally Invasive Surgery
Korean Society for Fertility Preservation
Korean Cancer Association
American Association of Cancer Research

**MAIN SCIENTIFIC PUBLICATION**

Park YR, Kim YM, Lee SW, et al. Optimization to detect TP53 mutations in circulating cell-free tumor DNA from patients with serous epithelial ovarian cancer. Obstet Gynecol Sci. 2018 May;61(3):328-336.

Lee SW, Kim YM, Cho CH, et al. An open-label, randomized, parallel, phase II trial to evaluate the efficacy and safety of a cremophor-free polymeric micelle formulation of paclitaxel as first-line treatment for ovarian cancer: a Korean Gynecologic Oncology Group study (KGOG-3021). Cancer Res Treat 2018 Jan;50(1):195-203.

Kang DW, Lee SW, Hwang WC, et al. Phospholipase D1 Acts through Akt/TopBP1 and RB1 to Regulate the E2F1-Dependent Apoptotic Program in Cancer Cells. Cancer Res 2017 Jan;77(1):142-152.

Lee YJ, Lee SW, Kim KR, et al. Pathologic findings at risk-reducing salpingo-oophorectomy (RRSO) in germline BRCA mutation carriers with breast cancer: significance of bilateral RRSO at the optimal age in germline BRCA mutation carriers. J Gynecol Oncol 2017 Jan;28(1): e3.

Roche Sponsored Session

# Platinum-sensitive recurrent ovarian cancer: current practice & future outlook

**Shin-Wha Lee**

*University of Ulsan, Asan Medical Center*

Early detection of ovarian cancer is not easy, and cancer is diagnosed after stage III, when cancer progressed significantly, and the survival rate is significantly lowered. The 5-year survival rate of ovarian cancer is 61.9%, which is significantly different from 80.3% of cervical cancer. The recurrence rate of ovarian cancer is about 85%. Chemotherapy is very important for the treatment of ovarian cancer. The more the cancer treatment sequence is repeated, the lower the therapeutic effect and the complication caused by repeated use of the drug is increased. Therefore, the main goal of treatment is to slow the progression of the disease, to control symptoms, and to minimize treatment-related toxicity.

Bevacizumab is the only targeted treatment option to be covered by the insurance in all treatment status from primary to platinum-resistant and sensitive recurrent ovarian cancer treatments, regardless of the specific gene mutation (BRCA). Patients who recurred more than 6 months after the last treatment with chemotherapy were at least 30-40% of all ovarian cancer patients, and the burden of treatment was increased. Moreover, in a wild type patient without BRCA mutation, bevacizumab can be preferred considering the economic burden.

GOG-0213 was designed to investigate if overall survival can be extended in patients with platinum-sensitive, recurrent ovarian, primary peritoneal and fallopian tube cancer by The addition of bevacizumab to standard chemotherapy in 2nd line and maintenance treatment (previously reported) and Secondary cytoreductive surgery prior to 2nd line treatment (reported at 2018 ASCO). Avastin® demonstrated significant median OS increase of 5.3 months, reducing the risk of death by 18%. Avastin® demonstrated significant median PFS increase of 3.6 months, reducing the risk of disease progression by 39%. Avastin® improved objective response significantly and increased the proportion of patients achieved a complete response. The safety profile of Avastin® was consistent with the known safety profile and manageable comparing the result of OCEANS, GOG-2158, and ICON7. There were bleeding, delayed healing, thromboembolism, proteinuria, hypertension, and GI perforation, which were significantly increased in patients treated with Avastin® compared to the control group. Primary objective of adding bevacizumab to paclitaxel and carboplatin proved a clinically meaningful improvement in OS and PFS for patients with platinum-sensitive recurrent ovarian cancer. However, Secondary cytoreductive surgery was not associated with an improvement in either OS or PFS compared with no surgery in this population. Surgical case selection is often subjective and remains a controversial subject.

In the future, combining cancer immunotherapy with anti-VEGF will be the main. Due to the multiple effects of VEGF on the tumor immune microenvironment, targeting VEGF with Bevacizumab enhances the anti-cancer immune response. Many clinical studies are underway and we will wait for the results.

ASGO WORKSHOP

# [A-3] **Guidelines & Position Statement**

CHAIRS

Toshiharu Kamura(Japan) Soon-Beom Kang(Korea)

SPEAKERS

**[A3-01]**
**Introduction**
Mikio Mikami(Japan)

**[A3-02]**
**The current situation of the guidelines on gynecological cancers in Japan**
Satoru Nagase(Japan)

**[A3-03]**
**Korean guideline & position statement**
Myong Cheol Lim(Korea)

**[A3-04]**
**Chinese guideline & position statement**
Jianliu Wang(China)

**[A3-05]**
**Thailand guideline & position statement**
Sarikapan Wilailak(Thailand)

**[A3-06]**
**Essence & future direction on guidelines & position statement development in Asia**
Mikio Mikami(Japan)

CHAIRPERSON

## Toshiharu Kamura

Director, Medical Care and Education Research Foundation, Yanagawa Hospital, Japan

### EDUCATION

Kyushu University School of Medicine, Fukuoka, Japan 1968-1974

### POSTGRADUATE

Kyushu University Hospital, Fukuoka
- Resident in Obstetrics and Gynecology 1974-1975
- Fellow in cellular biology 1976-1980

Danish Cancer Research Institute, Aarhus, Denmark
- Research Fellow in Radiation Oncology 1980-1981

### ACADEMIC APPOINTMENTS

Kyushu University Hospital, Fukuoka, Japan
- Assistant Professor, Department of Obstetrics and Gynecology 1982-1993
- Associate Professor, Department of Obstetrics and Gynecology 1993-1999

Kurume University School of Medicine, Fukuoka, Japan
Professor and Chairman, Department of Obstetrics and Gynecology 1999-2014

### CERTIFICATION

Japanese Board Certified Obstetrician and Gynecologist, 1987
Japanese Board Certified Gynecologic Oncologist, 2007

### ORGANIZATIONS

Japan Society of Obstetrics and Gynecology
- Japan side coordinator of Japan-Korea Joint Conference, 2013-2017

Japan Society of Gynecologic Oncology
- Chairman of the board, 2012-2014

International Federation of Gynecology and Obstetrics
- Executive Board Member, 2008-2009

Asian Society of Gynecologic Oncology President, 2011-2013
Korean Society of Obstetrics and Gynecology Honorary Fellow 2011-
Korean Society of Gynecologic Oncology Honorary Fellow 2013-
Taiwan Society of Obstetrics and Gynecology Honorary Member 2014

CHAIRPERSON

**Soon-Beom Kang**

Dept. of Obstetrics & Gynecology, KONKUK UNIVERSITY MEDICAL CENTER
Seoul, Korea

**EDUCATION BACKGROUND**

| | |
|---|---|
| 1969 - 1973 | College of Medicine, Seoul National University, Graduated with M.D. degree |
| 1974 - 1976 | Postgraduate School, Seoul National University, Graduated with M.S. degree |
| 1976 - 1983 | Postgraduate School, Seoul National University, Graduated with Ph.D. degree |

**APPOINTMENTS AND POSITIONS**

| | |
|---|---|
| 1994. 4 - 2012. 8 | Professor, Dept. of OB/GYN, College of Medicine, Seoul National University |
| 2004. 7 - 2008. 7 | Chairman, Dept. of Obstetrics & Gynecology Seoul National University Hospital, Seoul |
| 2003.01- 2010.11 | President of Korean Gynecologic Oncology Group (KGOG) |
| 2004.11- 2006.11 | President of Korean Society of Gynecologic Oncology & Colposcopy (KSGOC) |
| 2006.09- 2010.11 | International Gynecologic Cancer Society(IGCS) Council Member |
| 2007.10- 2009.11 | Chairman of Korean Society Obstetrics & Gynecology (KSOG) |
| 2007.11- 2009.12 | President of Korean Society of Psychosomatic Obstetrics & Gynecology(KSPOG) |
| 2008.11- 2011.12 | President of Asian Society of Gynecologic Oncology (ASGO) |
| 2012.09- 2014.09 | Vice President, International Gynecologic Cancer Society (IGCS) |
| 2010.12 - to date | Honorary President of Korean Gynecologic Oncology Group (KGOG) |
| 2012.01 - to date | Asian Society of Gynecologic Oncology (ASGO) Council & Advisor |
| 2012.04 - to date | Professor, Dept. of OB/GYN, Head, Women's Gynecologic Cancer Center of Konkuk University Medical Center |
| 2012.08 - to date | Professor, Emeritus of Seoul National University |
| 2015.06 - to date | Honorary Membership of Japan Society of Gynecologic Oncology |

**LICENCURE**

| | |
|---|---|
| 1973 | Medical Doctor |
| 1978 | Korean Board of Obstetrics & Gynecology |

[A3-01] [A3-06]

SPEAKERS

## Mikio Mikami

Tokai University, School of Medicine, Department of Obstetrics and Gynecology, Japan

### EDUCATION

| | |
|---|---|
| 1984 | M.D., Keio University, School of Medicine |
| 1991 | Ph.D., Keio University, School of Medicine |

### POSITIONS HELD AND FACULTY APPOINTMENTS

| | |
|---|---|
| 1991-1992 | Reseach Fellow<br>La Jolla Cancer Research Foundation (USA)<br>(present Sanford-Burnham Medical Research Institute) |
| 1993-1995 | Chief Doctor<br>Department of Obstetrics and Gynecology, Sho Hospital (Itabashi) |
| 1995-1997 | Fellow<br>Department of Obstetrics and Gynecology, Keio University Hospital |
| 1997-1998 | Technical Official, Ministry of Health, Labour and Welfare<br>Department of Obstetrics and Gynecology, National Saitama Hospital |
| 1998-2005 | Chief Physician<br>Department of Obstetrics and Gynecology, National Hospital Organization Saitama National Hospital |
| 1998-2002 | Visiting Assistant Professor<br>Keio University School of Medicine |
| 2003-2006 | Visiting Associate Professor<br>Keio University School of Medicine |
| 2006- | Professor and Chairman<br>Department of Obstetrics and Gynecology, Tokai University School of Medicine |

### PROFESSIONAL ORGANIZATIONS

| | |
|---|---|
| 2006- | Director, Japan Society of Gynecologic Oncology(JGOG) |
| 2007- | Director, Japan Society of Endometriosis |
| 2008- | Director, Japan Gynecologic Oncology Group (JGOG) |
| 2010- | Director, Japan Society of Gynecological and Obstetric Surgery |
| 2011- | Cervical Cancer Committee Chair of JGOG |
| 2012- | Vice Chairman of Guideline committee of JSGO |
| 2014- | Director, Japan Society of Gynecologic and Obstetric and Mnimal Invasive Therapy |
| 2015- | Director, Japan Society of Obstetrics and Gynecology(JGOG) |
| 2017- | Chairman of Guideline committee of JSGO |

[A3-01] [A3-06]

# [A3-01] Introduction
# [A3-06] Essence & future direction on guidelines & position statement development in Asia

**Mikio Mikami**

*Tokai University*

Cancer treatment guidelines are compiled on the basis of established evidence. However, very little of the kind of evidence that is required for the compilation of treatment guidelines is actually obtained from Asian countries. When one considers the ethnic differences and disparities in medical care, coupled with the tremendous cultural diversity that characterize the Asian region, it would be difficult to conclude that there is currently sufficient evidence that could form the basis for the formulation of guidelines that would be relevant and applicable to all Asian countries. An urgent issue that needs to be addressed in order to achieve a breakthrough in this difficult situation is to build up a body of evidence at an advanced level that is specific to the Asian region and Asian ethnicities. However, it is also necessary to efficiently incorporate evidence that has been obtained in Western countries. Furthermore, an effective method of utilizing guidelines that have already been compiled in Western countries is considered to be not by simply translating them into local languages, but rather to engage in a process of adaptation, whereby the guidelines are adjusted or modified to match the circumstances of a particular country or region. In this session, experts in Asian countries will be expected to present and discuss the different treatment principles and modalities in their countries compared with NCCN guideline. Current status and perspectives of guideline for gynecologic malignancies in Asia should be discussed. Lastly we also try to give the point of view of gynecologic oncologic perspective in Asia. It is obvious that differences in the management will continue to be debated by ASGO.

[A3-02]

SPEAKERS

## Satoru Nagase

Yamagata University, Japan

### EDUCATION

| | |
|---|---|
| 1991.3 | Graduated from Tohoku University School of Medicine |
| 1998.3 | Obtained Ph.D., Tohoku University, School of Medicine |

### PROFESSIONAL TRAINING AND EMPLOYMENT

| | |
|---|---|
| 1994.11 - 1998.4 | Research Fellow, Department of Molecular Pathology and Medical Staff, Department of Obstetrics and Gynecology, Tohoku University, School of Medicine |
| 1997.5 - 1998.5 | Assistant professor, Department of Obstetrics and Gynecology, Tohoku University Hospital. |
| 1998.3 | Obtained Ph. D. |
| 1998.6 - 2000.12 | Post-doctoral Research Scholar at Institute for Cancer Genetics, Columbia University 2001.1-2001.3 Assistant professor, Department of Obstetrics and Gynecology, Tohoku University Hospital. |
| 2001.4 - 2004.3 | Medical director, Division of Obstetrics and Gynecology, Hachinohe City Hospital. |
| 2004.4 - 2005.3 | Chief Medical director, Division of Gynecology, Miyagi Cancer Center. |
| 2005.4 - 2008.2 | Assistant professor, Department of Gynecology, Tohoku University Hospital. |
| 2008.2 - 2010-3 | Lecturer, Department of Gynecology, Tohoku University Hospital. |
| 2010.4 - 2014.10 | Associate professor, Department of Obstetrics and Gynecology, Tohoku University Graduate School of Medicine |
| 2014.11 - present | Professor, Department of Obstetrics and Gynecology, Faculty of Medicine, Yamagata University |

### MEMBERSHIPS

Japan Society of Obstetrics and Gynecology, Japan Society of Gynecological Oncology (2016- Director, 2016- Vice Chairman of Guideline committee), Japan Society of Gynecological and Obstetric Surgery (2017- Director), Japan Society of Clinical Oncology, Japanese Society of Clinical Cytology, etc.

[A3-02]

# The current situation of the guidelines on gynecological cancers in Japan

**Satoru Nagase**
*Yamagata University*

In 2002, the Japan Society of Gynecologic Oncology (JSGO) established a guideline committee and subsequently published the Ovarian Cancer Treatment Guidelines 2004. This was the first time such guidelines were published in the field of gynecological cancer in Japan. Treatment guidelines for endometrial and cervical cancers were later published in 2006 and 2007, respectively. Since then, these guidelines have come into wide use in routine medical care and have undergone revisions every 3–5 years. With the release of the Vulvar and Vaginal Cancer Treatment Guidelines in 2015, treatment guidelines became available for all malignant gynecological tumors in Japan. Currently, work has started to revise the ovarian cancer guidelines in accordance with the latest procedures as designated by the Japan Council for Quality Health Care. Reference is being gathered based on a retrieval formula prepared by the guideline authors in cooperation with the Japan Library Association. Not only physicians but also nurses, pharmacists, patient representatives, and general woman participate in the recommendation decision-making process as the members of the Guideline Committee. Plans have also been made to establish an independent systematic review team for several clinical questions (CQs) to make decisions on proposed recommendations based on evaluation of evidence as a whole.

Recommendations in the guidelines are determined by the guideline committee, considering not only the evidence available in reference materials but also social and clinical factors, including effects and disadvantages. Recommendations must also undergo public comment and discussion in consensus meeting. Accordingly, some recommendations differ from Western guidelines such as the National Comprehensive Cancer Center Network Guidelines. For example, radical hysterectomy is widely performed in Japan for cases of stage IIB cervical cancer and, like concurrent chemoradiotherapy, is recommended for such cases. Taking into account the fact that chemotherapy is selected at most facilities as postoperative adjuvant therapy for endometrial cancer, chemotherapy rather than radiotherapy is recommended. Thus, recommendations for several CQs have been determined in a consensus-based manner based on actual clinical practice. Going forward, however, evidence needs to be gathered through, for example, clinical studies targeting Japanese patients.

The guideline committee has established a guideline investigation committee to investigate changes in medical care trends and impact on prognosis resulting from the release of guidelines. The results of such investigations, conducted using the JSOG tumor registry or hospital-based cancer registry databases, will be reported in this lecture.

[A3-03]

SPEAKERS

## Myong Cheol Lim

Chief, Cancer Healthcare Research Branch, Research Institute, NCC

### ORGANIZATION

| | |
|---|---|
| Mar 1, 1999–Feb 1, 2000 | Rotating Internship, Kyung Hee University Hospital, Seoul, Korea. |
| Mar.2000–Feb.2004 | Residency in Ob & Gyn., Kyung Hee University Hospital, Seoul, Korea. |
| Mar 5, 2004–Apr 5, 2007 | Military Service as a Public Heath doctor 04-9401371 (A substitute of military position, the duty for every Korean man) |
| May.2004–Jan.2005 | Bioethics & Safety Task Force, Ministry of Health, Welfare and Family Affairs, Korea |
| Jan.2005–Mar.2005 | Division of Life Science Research Management, Center for Biomedical science, Korea National Institute of Health |
| Mar.2005–May.2007 | Center for uterine cancer, National Cancer Center Korea |
| May.2007–Feb. 2010 | Fellow & Researcher, Center for Uterine Cancer, National Cancer Center Korea |
| Mar.2010– | Faculty, Center for Uterine Cancer, National Cancer Center Korea |
| Mar.2012– | Chief / Senior scientist, National Cancer Center Korea |
| Apr.2015–presence | Adjunct Associate Professor, Department of Cancer Control and Population Health Graduate School of Cancer Science and Policy, NCC |
| Oct.2015–Sep. 2016 | Chief, Gynecologic Cancer Branch, NCC |
| Oct.2016–Sep.2017 | Research Associate, OBGYN, University of California, Irvine Medical Center |
| Oct.2017– | Chief, Cancer Healthcare Research Branch, Research Institute, NCC |

### EDUCATION

| | |
|---|---|
| Mar.1993-Feb.1999 | M.D. Kyung Hee University, College of Medicine, Seoul, Korea |
| Mar.2002-Feb.2007 | M.S. (Medicine), Kyung Hee University, Graduate School of Medicine, Seoul, Korea |
| Mar.2007-Feb.2009 | Ph.D. (Medicine), Kyung Hee University, Graduate School of Medicine, Seoul, Kore |

[A3-03]

# Korean guideline & position statement

**Myong Cheol Lim**
*National Cancer Center*

In 2006, the Korea Society of Gynecologic Oncology (KSGO) established a guideline committee and subsequently published the Gynecologic (Cervical, endometrial and ovarian) Cancer Treatment Guidelines 2006 (Ver 1). This was the first time such guidelines were published in the field of gynecological cancer in Korea. And the guideline has been updated in 2010 (Ver 2) and 2016 (Ver 3). The first guideline (Ver 1) was consensus-based and the recent 2 guidelines were evidence-based guideline including evidence and publications from Korean institutions. Issues on the vaccination have been included in the lastly updated guideline. The guideline is available on the website (www.sgo.or.kr). Selection of key question, systematic review of publication, making evidence table, and grade of recommendation is the key process to make the evidence-based guideline. Recommendations in the guidelines are finalized by the guideline committee and public hearing, based on the evidence and social and medical environment in Korea.

Position statements on the genetic test for peritoneal, ovarian, and fallopian tubal (POFT) cancers: Korean Society of Gynecologic Oncology (KSGO) has been published in 2006. Statistics, hereditary proportion, and clinical implication of genetic predisposition for POFT cancers have been included in the position statement. Yearly update on this issue is required based on the rapid accumulation of evidence in this field.

To make the best evidence in Asia, collaborative clinical trials and sharing of big data focusing on the clinical variables are needed.

[A3-04]

SPEAKERS

## Jianliu Wang

Vice-dean, Peking University People's Hospital
Department Chairman, Professor, Ob & Gyn of Peking University People's Hospital
Chairman, National Center for Pelvic Diseases Control and BeijingKey Laboratory of Female Pelvic Floor Disorders Diseases

### EDUCATION

| | |
|---|---|
| Nov.2002-2003 | Karolinska Hospital, Stockholm, Sweden |
| | Major: Gynecological Oncology, Postdoctoral, Department of Molecular Medicine |
| Sept.1992-Jun.1995 | Beijing Medical University |
| | Major: Gynecological Oncology, Ph.D (supervised by Prof. He-Nian Qian) |
| Sept.1988-Jun.1991 | Henan Medical University |
| | Major: Gynecological Oncology, Master Degree (supervised by Prof. Pin-Jin Ren) |

### PROFESSIONAL EXPERIENCE / MEMBERSHIPS

Chairman, The branch of female reproductive plastic and rehabilitation (FRPR), Chinese Association of plastics and aesthetics (CAPA) 2014-2017
Chairman, Branch of Obstetrics and Gynecology, Beijing Medical Association 2015-2018
Vice-chairman, The experts committees on pelvic floor rehabilitation, China International Exchange and Promote Association for Medical and Health Care (CPAM) 2015-2018
Vice-Chief-Editor, Chinese Clinic Gynecological Obstetrics (CCGO) 2015-2019
Member, International Urogynecology Association
Member, International Continence Society
Member, International Gynecological Cancer Society (IGCS)
Member, Obstetrics and Gynecology Branch, Chinese Medical Association (CMA) 2015-2018
Member, Chinese Attending Doctor Examination Committee (Obstetrics and Gynecology) 2015-2018
Editor of Journal of Chinese Obstetrics and Gynecology (JCOG)

[A3-04]

# Chinese Guideline & Position Statement

**Jianliu Wang**

*Dept. OB & GYN,Peking University People's Hospital*

In China, we have academic institutions to make guidelines of diagnosis and treatment for Gynecologic malignancies including Gynecological Oncology Branch of Chinese Medical Association, and Gynecological Oncology Professional Committee of Chinese Anticancer Association.

For endometrial cancer, we follow the two-type model: type I includes endometrioid carcinoma G1-2 and mucinous carcinoma, while type II includes endometrioid carcinoma G3 and other special pathological types,

In the aspect of lymphadenectomy, we suggest no need for pelvic nodal dissection for patients with IA G1-2 without any risk factors.

As for the indications for SLN dissection only instead of systematic lymphadenectomy in EC patients should meet the following requierments: IA, G1-2, endometrioid carcinoma, tumor size <2cm and with no high risk.

As for the fertility-sparing therapy for EC, the indications in China adds two more criteria than NCCN guidelines: age≤40 and progestin receptor positive.

For cervical cancer, we have different recommendations for the external beam radiation which includes uterus, cervix, parametria, upper 1/3 vaginal (or at least 2cm vaginal margin from the gross disease, all vagina for IIIA), pelvic lymph nodes and other nodal volumes at risk.

In the aspect of cervix cancer associated with pregnancy, the strategy depends on the gestation and stage.

And we recommend termination of pregnancy within 20 weeks except for stage I A; for 20~28 weeks we recommend continued pregnancy if patients are within stage IIB; and for patients over 28 weeks, regardless of the stage, we recommend cesarean section after gestation of 34 weeks and maturation of fetal lung.

For ovarian cancer, the principle of our center basically follow the NCCN guideline: para-aortic lymph node dissection to renal vascular level, the optimal surgical debulking rate (R0 +R1) is up to 67%, and the OS rate of the latest statistical data is up to 74%.

As for fertility-sparing surgery on epithelial ovarian cancer, we recommend the surgical indications include: young, eager to have children, no infertility factor, IAG1, not clear cell carcinoma, normal appearance of uterus and other ovary and regular follow-up.

[A3-05]

SPEAKERS

## Sarikapan Wilailak

Deputy Dean for Academic Affairs and Culture,
Professor, Department of Obstetrics and Gynecology, Faculty of Medicine,
Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

Dr. Sarikapan Wilailak is the Professor, Department of Obstetrics and Gynecology, and currently Deputy Dean for Academic Affairs and Culture, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand, Immediate Past President of the Thai Gynecologic Cancer Society, Secretary General of the Royal Thai College of Obstetricians and Gynecologists.

She earned a medical degree from Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand and received a Thai Board Diploma of Obstetrics and Gynecology and Sub-Board Diploma of Gynecologic Oncology in 1995. In addition, she was a Visiting Fellow in Gynecologic Oncology at Johns Hopkins Hospital in Maryland, Memorial-Sloan-Kettering Cancer Center in New York and M.D.Anderson Cancer Center in Texas, U.S.A. She is a member of many professional societies both domestic and international i.e. Medical Council of Thailand, Royal Thai College of Obstetricians and Gynecologists, International Gynecologic Cancer Society, Asian Gynecologic Oncology Group, Asian Society of Gynecologic Oncology, the European Society of Gynaecological Oncology etc. and, at the same time, she is also a leading author of numerous publications and books in the field of Gynecologic Oncology.

[A3-05]

# Thailand guideline & position statement

**Sarikapan Wilailak**
*Mahidol University*

Thailand's 2017 population is 64.6 million, 51% of which are female. The incidence of cancer is increasing every year. The recent report in the Cancer in Thailand Vol.9, 2013-2015 revealed the cancer incidence of 134.2 and 143.8/100,00/year in female and male population respectively. Cancer has been the most common cause of death. In 2015, "death from cancer" rate was 119.3/100,000/year. In Thai women, breast cancer ranks first (age standardized rate, ASR : 31.4/100,000/year), followed by Cervical cancer in the third rank (ASR : 11.7/100,000/year). Ovarian cancer and uterine cancer rank sixth and ninth with the incidence of 5.7 and 4.5//100,000/year respectively.

Multi-disciplinary approach is our standard care for cancer patients. Guidelines in gynecologic cancer treatment has been launched since 2005. Eight clinical practice guidelines for cervical cancer, ovarian and endometrial cancer treatment as well as cervical cancer screening have been launched from the Royal Thai College of Obstetricians and Gynecologists, Ministry of Public Health and Thai Gynecologic Cancer Society. These guidelines are evidence-based, according to the American and European guidelines, as well as Thailand's own context and experiences. The guidelines have been updated continuously. Thai clinician usually use these guidelines in treating patients with various treatment modalities including surgery, chemotherapy, radiation and targeted therapy. Along with using the guidelines in treating gynecologic cancer patients, Thai clinicians do several clinical researches to collect our own data and outcome of treatment. Some participate in multi-center or multi-nation studies.

In Thailand, there are three major welfare programmed in the healthcare system, which are (1) The Civil Servant Medical Benefit Scheme (CSMBS) which covers employees who are employed by government organization and their family members, (2) Social Security Scheme (SSS), this scheme covers employees who are employed by private sector, (3) Universal Health Coverage (UHC) for Thai people who do not have either CSMBS or SSS.

The outcome of treatment of gynecologic cancer patients in Thailand is comparable with other western countries. In the near future, we are looking forward to international collaboration in terms of researches, sharing technologies and experiences or developing consensus guideline.

MEMO

ASGO WORKSHOP

# Olympus Sponsored Session

CHAIRS

Byoung-Gie Kim(Korea)

SPEAKERS

**3D laparoscopic surgery in gynecologic cancer**

Sang Wun Kim(Korea)

CHAIRPERSON

**Byoung-Gie Kim**

Department of Obstetrics and Gynecolgy, Samsung Medical Center,
Sungkyunkwan University School of Medicine

**EDUCATION**

| | | |
|---|---|---|
| 1984 | M.D. | Medical College of Seoul Nat. Univ., Seoul, Korea |
| 1995 | Master | Medical College of Seoul Nat. Univ., Seoul, Korea |
| 1998 | Ph.D. | Medical College of Seoul Nat. Univ., Seoul, Korea |

**PROFESSIONAL EXPERIENCE**

| | | |
|---|---|---|
| 1987-88 | Internship | Seoul Nat. Univ. Hosp., Seoul, Korea |
| 1988-92 | Residency | Dept. of Ob/Gyn. Seoul Nat. Univ. Hosp. |
| 1992-93 | Postdoc Fellow | Division of Gynecologic Oncology<br>Department of Ob/Gyn. Seoul Nat. Univ. Hosp. |
| 1998-99 | Guest Researcher | Lab. of Cell Regulation and Transformation Section<br>Division of Basic Sciences, NCI, Bethesda, MA, USA |

**PROFESSIONAL ORGANIZATIONS**

| | |
|---|---|
| 1984 | Korean Board of Medicine(Cert. No. 26911) |
| 1992 | Korean Board of Obstetrics & Gynecology(Certi. No. 2694) |

**MEMBERSHIPS**

| | |
|---|---|
| 1992 | Korean Cancer Society |
| 1992 | Korean Society of Gynecolgic Oncology (KSGO) |
| 1995 | International Gynecologic Cancer Society (IGCS) |
| 1996 | American Association for Cancer Research (AACR) |
| 2003 | Korean Gynecologic Oncology Group (KGOG) |

**MAIN SCIENTIFIC PUBLICATION**

Robert L Coleman et al. Bevacizumab and paclitaxel–carboplatin chemotherapy and secondary cytoreduction in recurrent, platinum-sensitive ovarian cancer (NRG Oncology/Gynecologic Oncology Group study GOG-0213): a multicentre, open-label, randomised,phase 3 trial. Lancet Oncol 2017 Published OnlineApril 21, 2017 http://dx.doi.org/10.1016/S1470-2045(17)30279-6

SPEAKERS

## Sang Wun Kim

Women's Cancer Center, Yonsei Cancer Center
Department of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, Korea

### EDUCATION

| | |
|---|---|
| 1991 - 1997 | M.D. Yonsei University College of Medicine, Seoul, Korea |
| 2006 - 2009 | Ph.D. Yonsei University College of Medicine, Seoul, Korea |

### PROFESSIONAL EXPERIENCE

| | |
|---|---|
| Mar. 2017 ~ present | Director of Women's Cancer Center, Yonsei Cancer Center |
| Mar. 2016 – present | Professor. YUMC |
| Mar. 2012 ~ Dec. 2013 | Visiting Scholar Sanford-Burnham Medical Research Institute, San Diego, CA, USA |

### PROFESSIONAL ORGANIZATIONS

Korean Society of Obstetrics and Gynecology – Secretary general (2009-2011,10)
AAGL – member (2007-present)
AACR – Active member (2014-present)
Korean Cancer Association – member (2005-present)
Korean Society of Gynecologic Oncology – member (2005-present)
Korean Society of Gynecologic Endoscopy and Minimally Invasive Surgery – member (2005-present)

### MAIN SCIENTIFIC PUBLICATION

1. Two-step sentinel lymph node mapping strategy in endometrial cancer staging using fluorescent imaging: A novel sentinel lymph node tracer injection procedure. Surgical Oncology. 2018 Sep:27(3):514-519
2. In-bag power morcellation technique in single-port laparoscopic myomectomy. Obstet Gynecol Sci. 2018 Mar;61(2):267-273.
3. Long-Term Survival Analysis of Intraperitoneal versus Intravenous Chemotherapy for Primary Ovarian Cancer and Comparison between Carboplatin- and Cisplatin-based Intraperitoneal Chemotherapy. J Korean Med Sci. 2017 Dec;32(12):2021-2028.
4. Surgical technique for single-port laparoscopy in huge ovarian tumors: SW Kim's technique and comparison to laparotomy. Obstet Gynecol Sci. 2017 Mar;60(2):178-186.
5. Surgical and clinical safety and effectiveness of robot-assisted laparoscopic hysterectomy compared to conventional laparoscopy and laparotomy for cervical cancer: A systematic review and meta-analysis. Eur J Surg Oncol. 2017 Jun;43(6):994-1002.

Olympus Sponsored Session

# 3D laparoscopic surgery in gynecologic cancer

**Sang Wun Kim**
*Yonsei University College of Medicine*

The largest challenge for laparoscopic surgeons is the eye–hand coordination within a three-dimensional (3D) scene observed on a 2D display. The loss of binocular vision on a 2D display causes visual misperceptions, mainly loss of depth perception thus increasing the strain for the surgeon, and compromise on the safety of laparoscopy. The 3D HD view with depth perception and tactile feedback will make laparoscopic surgery more acceptable and safe. It improves surgical precision and hand–eye coordination, conventional and all straight stick instruments can be used. 3D significantly improves visualisation and ability to perform complex tasks. In addition, it will enhance the skills of a good surgeon and shorten the learning curve of a novice surgeon and ultimately shortening the surgical time thereby reducing cost, exposure to anaesthetic agents and morbidity thus improving the quality of care dispensed to the patient.

In this presentation, the physics of 3D laparoscopy, principles of depth perception, and the different kinds of 3D systems will be discussed. I also demonstrate laparoscopic surgical staging using 3D laparoscopy in endometrial cancer.

ASGO WORKSHOP

# [A-4] Chemotherapy/ Targeted Agents and Beyond

CHAIRS

Nobuo Yaegashi(Japan) Duk-Soo Bae(Korea)

SPEAKERS

**[A4-01]**
**Current standard of chemotherapy in ovary cancer**
Sook Hee Hong(Korea)

**[A4-02]**
**Targeting DNA-damage repair deficiency**
David Tan(Singapore)

**[A4-03]**
**Immunotherapy in gynaecologic oncology: what next?**
Masaki Mandai(Japan)

**[A4-04]**
**HIPEC for ovarian cancer: investigational vs. standard of care**
Suk-Joon Chang(Korea)

**[A4-05]**
**Therapeutic stratification based on gene expression subtypes in ovarian cancer**
Ruby Huang(Singapore)

CHAIRPERSON

## Nobuo Yaegashi

Vice President for Management of University Hospital, Tohoku University Director, Tohoku University Hospital

### EDUCATION AND EXPERIENCE

| | |
|---|---|
| 1984 | Graduated, Tohoku University School of Medicine, Sendai, Japan |
| 1984-1987 | Residency, Department of Obstetrics and Gynecology, Hachinohe City Hospital, Aomori, Japan |
| 1987-1990 | Clinical fellowship, Department of Obstetrics and Gynecology, Tohoku University Hospital, Sendai, Japan |
| 1990-1992 | Postdoctoral fellowship, Fred Hutchinson Cancer Research Center, Seattle, W.A., U.S.A., Denise Galloway's Laboratory(HPV immunology and vaccine development) |
| 1992-1996 | Assistant Professor, Department of Obstetrics and Gynecology, Tohoku University School of Medicine |
| 1996-2000 | Associate Professor, Department of Obstetrics and Gynecology, Tohoku University School of Medicine |
| 2000- | Professor, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Tohoku University Graduate School of Medicine, Sendai, Japan |
| 2009- | Director, Perinatal Care Center, Tohoku University Hospital |
| 2010-2012 | Vice President, Tohoku University Hospital |
| 2010- | Chair, Japan Eco and Child Study Miyagi Unit Center |
| 2012-2013 | Director, Clinical Research, Innovation and Education Center, Tohoku University Hospital |
| 2012-2015 | Deputy Executive Director, Tohoku University Tohoku Medical Megabank Organization |
| 2015- | Vice President for Management of University Hospital, Tohoku University<br>Director, Tohoku University Hospital |

### SPECIAL FIELD OF RESEARCH

Gynecologic Oncology, Gynecologic Pathology, Virology

### BOARD

Vice Chairperson of the Executive Board, Japan Society of Obstetrics and Gynecology(JSOG) since June 2015
Board member of Japan Society of Gynecologic Oncology (JSGO) since May 2002
Representative of Gynecologic Cancer Study Group, Japan Clinical Oncology Group
Board member of Japan HPV and Cervical Cancer Study Group since 1989
ASCO member
International Journal of Clinical Oncology Editorial Board
International Journal of Gynecologic Cancer Editorial Board
Tohoku Journal of Experimental Medicine Editorial Board
Journal of Obstetrics and Gynecologic Research Editorial Board

CHAIRPERSON

**Duk-Soo Bae**

Department of Obstetrics and Gynecology, Samsung Medical Center

**EDUCATION**

| INSTITUTION & LOCATION | DEGREE | YEAR CONFERRED | FIELD OF STUDY |
|---|---|---|---|
| Seoul National University | MD | 1980 | Medicine |
| Seoul National University | MS | 1988 | Ob/Gyn |
| Seoul National University | Ph.D | 1990 | Ob/Gyn |

**PROFESSIONAL EXPERIENCE**

| | |
|---|---|
| 1983. 3 ~ 1988. 2 | Intern & Resident, Seoul National University Hospital |
| 1988. 3 ~ 1992. 9 | Staff, Department of Obstetrics and Gynecology<br>Seoul Red Cross Hospital |
| 1992.10 ~ 1994. 6 | Research Associate<br>Duke Comprehensine Cancer Center, Durham, NC, USA |
| 1994. 6 ~ present | Clinical Staff, Department of Obstetrics and Gynecology<br>Samsung Medical Center |
| 1997. 3 ~ 2002. 3 | Associate Professor, Department of Obstetrics and Gynecology<br>Sungkyunkwan University Schools of Medicine |
| 2001. 3 ~ 2007. 8<br>& 2009. 9 ~ 2011.11 | Chairman, Department of Obstetrics and Gynecology<br>Samsung Medical Center, Sungkyunkwan University Schools of Medicine |
| 2001. 3 ~ 2009. 8 | Director, Gynecologic Cancer Center<br>Samsung Medical Center |
| 2002. 4 ~ present | Professor, Department of Obstetrics and Gynecology<br>Sungkyunkwan University Schools of Medicine |
| 2011. 1 ~ 2012.12 | President, Korean Society of Gynecologic Endoscopy and<br>Minimally Invasive Surgery |
| 2012.11 ~ 2014.10 | Vice President, Korean Gynecologic Oncology Group |
| 2012.11 ~ 2014.10 | Vice President, Korean Society of Gynecologic Oncology |
| 2013.12 ~ 2014.12 | President, Organizing Committee<br>Asia-Pacific association of gynecologic endoscopy(APAGE) 2013 Korea |
| 2013.12 ~ 2014.12 | President, Asia-Pacific association of gynecologic endoscopy(APAGE) |
| 2014.11 ~ 2016.10 | President, Korean Society of Gynecologic Oncology |
| 2015. 9 ~ 2017. 9 | Chairman of the Board, Korean Society of Obstetrics and Gynecology |

[A4-01]

SPEAKERS

## Sook Hee Hong

Seoul St. Mary's hospital, The Catholic University of Korea, Korea

### EDUCATION

B.S., Pre-professional Studies, 1996 Catholic University Medical College, Seoul, Korea
M.S., Medicine, 2000 Catholic University Medical College, Seoul, Korea
Ph. D., Internal Medicine, 2013 Catholic University Medical College, Seoul, Korea

### POSTGRADUATE TRAINING

| | |
|---|---|
| March 2000 - Feb 2005 | Internship and Residency, Internal Medicine Catholic University Medical College, Seoul, Korea |
| March 2005 - Feb 2007 | Clinical Instructor in Division of Oncology St. Mary's Hospital<br>The Catholic University of Korea, Seoul, Korea<br>The Catholic University of Korea, Korea |

### APPOINTMENTS

| | |
|---|---|
| March.2007 - Feb.2010 | Instructor in Division of Oncology, Department of Internal Medicine, College of Medicine, The Catholic University of Korea, Seoul, Korea |
| March.2010 - Mar.2014 | Assistant Professor in Division of Oncology, Department of Internal Medicine, College of Medicine, The Catholic University of Korea, Seoul, Korea |
| April.2014 - Present | Associated Professor in Division of Oncology, Seoul St. Mary's Hospital, The Catholic University of Korea, Korea |
| Feb.2015 - Feb.2016 | Visiting Scholar, Department of Medical Oncology, Dana-Faber Cancer Institute, Harvard University |

### MEDICAL LICENSURE AND CERTIFICATION

| | |
|---|---|
| Feb, 2000 | Medical License of Korea |
| Feb, 2005 | Diplomat Korean Board of Internal Medicine |
| Oct, 2008 | Diplomat Korean board of subspecial Hemato-Oncology |

### MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS AND SOCIETIES

Korean Medical Association
The Korean Association of Internal Medicine
Korea cancer study group
Korean Association for Clinical Oncology

[A4-01]

# Current standard of chemotherapy in ovary cancer

**Sook Hee Hong**
*The Catholic University of Korea*

Chemotherapy is still an important treatment strategy for ovarian cancer.

Although intravenous chemotherapy with taxane and platinum has been considered as standard first line therapy, recently, intraperitoneal chemotherapy or anti -angiogenic agents have been shown the promising efficacy as new primary therapies.

In case of platinum sensitive relapsed disease, besides the combination of pegylated liposomal doxorubicin and platinum combination therapy, it has been known that the combination therapy with bevacizumab and paclitaxel/ carboplatin can increase the therapeutic efficacy based on the GOG 213 study. In addition, the recent trend of chemotherapy is to perform maintenance chemotherapy with low side effects, this maintenance treatment strategy has been tried as a lesson from previous clinical trials of paclitaxel maintenance chemotherapy. The main weakness of maintenance therapy in ovarian cancer was based on the results of many clinical trials in which the increase in PFS is not proportional to the OS increase even though increased long term toxicity. In other words, drugs that can cause significant PFS increase with low side effects should be considered as standard maintenance therapy.

Among the several agents, bevacizumab maintenance therapy in platinum-sensitive relapses and the olaparib maintenance therapy in BRCA mutated platinum sensitive relapsed ovarian cancer resulted in an increase in progression-free survival time with relatively few side effects can be considered as standard therapy. Especially, platinum sensitive relapsed disease status are mostly accompanied by homologous recombinant deficiency in DNA repair. Therefore, more potent PARP inhibitor has been shown the efficacy as maintenance therapy in platinum sensitive relapsed ovarian cancer even though without BRCA gene mutation.

In case of platinum resistant relapsed disease, previously single agent chemotherapy with low side effects as palliative aims had been considered as a standard therapy. However combined chemotherapy with bevacizumab for recurrence of platinum resistance based on the AURELIA study showed improved clinical outcomes in this setting, this combined chemotherapy now has been considered as standard chemotherapy.

After introducing bevacizumab and PARP inhibitor as a standard therapy, chemotherapy outcomes of ovarian cancer have been improved significantly, however the appropriate selection of patients who will benefit this new treatment and management of toxicity in these long term treatments will be important issues. And in addition, by the increment of long term survivor especially with immuno-oncology drugs, generating a higher tail of survival curve could be an important issue in the future.

[A4-02]

SPEAKERS

## David Tan

National University Cancer Institute Singapore, National University Hospital, Singapore

Dr David Tan is a consultant medical oncologist and clinician scientist at the National University Cancer Institute, Singapore. His primary clinical and research interests are in gynaecological cancers and the development of novel anti-cancer therapeutic agents. He graduated MBBS with Distinction and a BSc in Experimental Pathology (1st Class Honours) from Guy's, King's and St Thomas' School of Medicine, University of London, UK, and undertook training in internal medicine at Hammersmith Hospital and Guy's and St Thomas' Hospitals in London. He was a Cancer Research UK (CRUK) Clinical Research Fellowship at The Institute of Cancer Research in London, where he did research in ovarian and breast cancers and obtained his PhD in Oncology. He subsequently completed his specialist training in Medical Oncology at The Royal Marsden Hospital, London and completed a fellowship at the Princess Margaret Cancer Centre, University of Toronto, Canada, in Drug Development and Gynaecologic Oncology before returning back to Singapore. He is currently the Associate Chairman Medical Board for Research at the National University Hospital, Singapore and Head of the Innovation Transfer Office at National University Health Systems (NUHS). He is the founding President of the Gynecologic Cancer Group Singapore (GCGS) and also a member of the Novel Agents Committee for Cancer (NACC) at the Experimental Therapeutics Centre in A*STAR Singapore.

[A4-02]

# Targeting DNA-damage repair deficiency

**David Tan**

*National University Cancer Institute Singapore*

Advances in our understanding of cancer biology have led to a rapid expansion of molecularly targeted therapeutics for gynecological cancers over the last decade. The homologous recombination (HR) DNA repair pathway mediated by proteins like BRCA1/2 is required for the repair of DNA double-strand breaks arising from DNA-damaging chemotherapeutic agents (e.g. platinum salts), as well as DNA single-strand breaks that are generated by Poly(ADP-ribose) Polymerase inhibitors (PARPis). Cancer cells lacking HR are exquisitely sensitive to PARPis and platinum chemotherapy. PARP inhibitors have now been approved for use in patients with recurrent BRCA1/2 mutant and platinum sensitive ovarian, peritoneal and fallopian tube carcinomas. Likewise, mismatch repair deficiencies in endometrial carcinomas are associated with durable responses following treatment with the PD-1 inhibitor pembrolizumab. Additionally, newer DNA repair targeting agents like ATR/ATM and WEE-1 inhibitors are currently in clinical development. In this talk, we will review the most recent therapeutic strategies targeting DNA repair that have been developed for gynaecological malignancies.

[A4-03]

SPEAKERS

## Masaki Mandai

Professor & Chairman
Department of Gynecology and Obstetrics
Kyoto University Graduate School of Medicine

### EDUCATION

**MD**; Faculty of Medicine, Kyoto University (1988.3)

**PhD**; Kyoto University Graduate School of Medicine (1997.1)

### WORKING EXPERIENCE

| | |
|---|---|
| 1988.5-1989.1 | Resident, Department of Gynecology and Obstetrics, Kyoto University Hospital |
| 1989.2-1992.3 | Medical Staff, Hyogo Prefectural Amagasaki Hospital |
| 1992.4-2000.10 | Assistant Prof., Department of Gynecology and Obstetrics, Graduate School of Medicine, Kyoto University |
| 2000.11-2002.11 | Research Scientist, Vaccine Research Center, NIH, USA |
| 2002.12-2007.03 | Assistant Prof., Department of Gynecology and Obstetrics, Graduate School of Medicine, Kyoto University |
| 2007.03-2012.12 | Associate Prof., Department of Gynecology and Obstetrics, Graduate School of Medicine, Kyoto University |
| 2013.1-2017.2 | Professor, Department of Obstetrics and Gynecology, Kindai University Faculty of Medicine |
| 2017.3- | Professor & Chairman, Department of Gynecology and Obstetrics, Kyoto University Graduate School of Medicine |

### RESEARCH FIELD

gynecologic oncology (ovarian cancer, immunotherapy, robotic surgery)

### SOCIETY

Japan Society of Obstetrics and Gynecology, Japan Society of Gynecologic Oncology, Japan Society of Obstetrical and Gynecological Surgery, Japan Society of Gynecologic and Obstetric Endoscopy and Minimally Invasive Therapy, Japan Robotic Surgery Society, Japan Society of Clinical Oncology, American Society of Clinical Oncology, International Gynecologic Cancer Society, Asian Society of Gynecologic Oncology, Gynecologic Cancer InterGroup, Committee Chair of MIGS, AOFOG

[A4-03]

# Immunotherapy in gynaecologic oncology: what next?

**Masaki Mandai**

*Kyoto University Graduate School of Medicine*

With introduction of so-called immune checkpoint inhibitors, immunotherapy is now becoming one of the standard treatments for several malignancies such as melanoma, lung cancers and renal cancers. However, the basic understanding of mechanisms how these treatments bring clinical response is not fully understood yet, leaving precision in each patient difficult.

We have started basic research on the immune checkpoint and cancer immune escape using ovarian cancer models in 2002. Since then, we have shown that cancer immune microenvironment play an important role in clinical outcome. Expression of PD-L1 in ovarian cancer is associated with poor prognosis of the patients. We also showed that, by using mouse model, improvement of immune microenvironment in various ways, including anti-PD-L1 treatment, leads to the anti-tumor response and longer survival. In 2010, we started human clinical trial of anit-PD-1 antibody (nivolumab) in recurrent platinum-resistant ovarian cancers for the first time in the world. Two cases out of 20 cases showed complete response, and these patients are still alive, showing that, in some cases, immune checkpoint inhibition can cure heavily treated recurrent ovarian cancer patients.

The cost of immunotherapy being so high, appropriate selection of the patient is an important issue. Recently, several biomarkers specific for immune checkpoint inhibitor are proposed. The expression of PD-L1 in cancer cells might serve as a predictor of effectiveness in immunotherapy, but data are inconsistent according to cancers. Mutation burden is also expected to be a marker for good response. We also have shown that specific gene signature can work as a response marker of immune checkpoint inhibition in ovarian cancer. Effective combination with other treatment modalities is also to be addressed. We have shown that several chemo-agents increase immunogenicity in ovarian cancer, while they also stimulate expression of PD-L1 in cancer cells. Therefore, in these cases, combination of chemotherapy and immunotherapy may be theoretically effective.

Cancer immunotherapy is still in introductory stage, and we have to optimize many factors to make it effective modality. Since there is scarce experience in immunotherapy for gynecological cancers, we shall await early clinical application.

[A4-04]

SPEAKERS

## Suk-Joon Chang

Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Ajou University School of Medicine, Suwon, Korea

Suk-Joon Chang is a professor of Obstetrics and Gynecology at Ajou University School of Medicine in Suwon, Korea. After graduating from Ajou University School of Medicine, he finished his fellowship training in Gynecologic Oncology, Ajou University Hospital in Suwon and Asan Medical Center in Seoul. He is now a Director of Gynecologic Cancer Center at Ajou University Hospital and a professor of Obstetrics and Gynecology at Ajou University School of Medicine. He is a chair of Surgery Committee of the KGOG (Korean Gynecologic Oncology Group), Secretary General of the ASGO (Asian Society of Gynecologic Oncology), and board member of the KSGO (Korean Society of Gynecologic Oncology) and KSPSM (Korean Society of Peritoneal Surface Malignancies). He is also an editorial board member of top journals, include Gynecologic Oncology and Journal of Gynecologic Oncology, etc. He belongs to and actively participates in many medical societies, SGO, ASGO, KSGO, IGCS, KSPSM, and KGOG, just to name a few. His clinical and research focus is cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) for the treatment of ovarian cancer, pseudomyxoma peritonei, peritoneal mesothelioma, and other peritoneal surface malignancies. He has published over 100 articles at several top journals and wrote lots of educational, clinical publications.

[A4-04]

# HIPEC for ovarian cancer: investigational vs. standard of care

**Suk-Joon Chang**
*Ajou University School of Medicine*

Malignant peritoneal surface malignancy can lead to significant debility due to bowel obstructions, ascites, and cancer cachexia. Moreover, inadequate imaging techniques can lead to the suboptimal detection of disease, and the poor vascularity of tumors can lead to a poor response to systemic chemotherapy. However, combination cytoreductive surgery/hyperthermic intraperitoneal chemotherapy (HIPEC) is a promising novel treatment for patients with this disease. Because there is strong laboratory data demonstrating the ability of hyperthermia to increase the efficacy of chemotherapeutic agents, the addition of hyperthermia to IP chemotherapy, HIPEC, makes theoretical sense. Epithelial ovarian cancer is a peritoneal surface malignancy that is relatively sensitive to chemotherapy agents, making it a good target for IP chemotherapy including HIPEC. This presentation focuses on the possible role of HIPEC in the treatment of ovarian cancer.

[A4-05]

SPEAKERS

**Ruby Huang**

National University of Singapore, Cancer Science Institute(CSI), Singapore

Dr. Ruby Yun-Ju Huang graduated from National Taiwan University (NTU) with the MD degree in 1999 and completed her Obstetrics & Gynecology (ObGyn) residency training in National Taiwan University Hospital (NTUH) and obtained the Taiwan ObGyn Specialist Board in 2003. Subsequently, she received sub-specialization training as a Clinical Fellow in the Department of Oncology in NTUH for Surgical Oncology discipline from 2003 to 2006. During that time, she discovered her strong interest in research and started a PhD study in the Graduate Institute of Anatomy and Cell Biology of NTU in 2004. She decided to work as a clinician-scientist (CS) with a focus in gynaecologic oncology and specifically in ovarian cancer. In 2006, she was awarded the FIGO / BSP Postdoctoral Research Fellowship and joined Prof. Nelly Auersperg's lab in University of British Columbia (UBC) to study epithelial-mesenchymal transition (EMT) of human ovarian surface epithelium (OSE). She obtained her PhD degree in June 2008 from NTU and joined Prof. Jean Paul Thiery's team as a post-doc in Institute of Molecular and Cell Biology (IMCB) of A*STAR. During this 2-year stint, she focused on the genomic alterations and the mechanism of EMT in ovarian cancer. Subsequently, she joined Department of Obstetrics & Gynaecology (O&G) in NUH in Sep 2009 and being affiliated with Cancer Science Institute (CSI) of Singapore in National University of Singapore (NUS) at the same time. Working as a CS and driven by her strong belief in bench-to-bedside translation, she has established the ovarian cancer research program at NUH and CSI Singapore in NUS aiming to incorporate preclinical models and large-scale genomics data for novel target discovery for therapeutic options. She co-discovered the presence of five molecular subtypes in epithelial ovarian cancer that exhibit different epithelial and mesenchymal characteristics having different chemosensitivity to anti-microtubule agents and tyrosine kinase inhibitors. Her research has resulted into the development of a diagnostic assay for the stratification of ovarian cancer patients based on gene expression signatures in biomarker-driven clinical trials. Her group has pioneered in defining the EMT scoring and understanding the underlying biology of molecular subtypes of ovarian cancer. Throughout her academic career, she also contributed to several seminal reviews on EMT. Carrying the mission and vision to facilitate the translational research landscape to address healthcare needs, she served a one-year stint as Director of the Translational Centre for Development and Research in NUHS from 2017 to 2018 to bring her experience in ovarian cancer translational research to a boarder community to facilitate the progress from discoveries to applications. She is now an Adjunct Assistant Professor in Department of Anatomy of NUS, Principal Investigator in CSI Singapore, and Senior Resident Physician of Department of O&G in NUH. She is also a Visiting Associate Professor in Kumamoto University, Japan. Her research expertise includes cancer cell biology, cancer genomics, Precision and Translational Medicine.

[A4-05]

# Therapeutic stratification based on gene expression subtypes in ovarian cancer

**Ruby Huang**

*National University of Singapore*

Epithelial ovarian cancer (EOC) in particular high grade serous carcinoma (HGSC), has been shown to exhibit diverse molecular heterogeneity based on gene expression profiling by the Australian and the TCGA cohorts. This molecular heterogeneity has been demonstrated to be very robust and reproducible by a large-scale meta-analysis study consisting of 1,538 samples from our group. At least 5 distinct gene-expression based molecular subtypes (GEMS) of EOC have been identified. The C1 and C5 subtype from the Tothill dataset corresponds to the Mesenchymal and Proliferative subtype from the TCGA dataset and the Mes and Stem-A subtype from the 1,538 meta-analysis dataset, respectively. These GEMS have been correlated with patient survival. The C1/Mesenchymal/Mes and C5/Proliferative/Stem-A GEMS are associated with poorer survival outcomes. Contentions have always been whether these GEMS have any value in therapeutic prediction. In this talk, I will present the evidence and discuss the challenges of utilizing the GEMS concept for therapeutic stratification.

MEMO

ASGO WORKSHOP

# Day 2

August 25(Sat)

**[A-5]**
Clinical Trials in Asia

**[A-6]**
Junior Session(Oral-1)

**[Special Session]**

**[A-7]**
Endometrial Cancer

# [A-5] **Clinical Trials in Asia**

CHAIRS

Kazunori Ochiai(Japan)

Yong Man Kim(Korea)

SPEAKERS

**[A5-01]**
**Cervical cancer clinical trials in Asia**
Kimio Ushijima(Japan)

**[A5-02]**
**Ovarian cancer clinical trials in Asia**
Jung-Yun Lee(Korea)

**[A5-03]**
**Endometrial cancer clinical trials in Asia**
Xiaojun Chen(China)

**[A5-04]**
**Clinical trials in Asia/ AGOG perspective**
Kazunori Ochiai(Japan)

**[A5-05]**
**How to promote collaboration in Asia?**
Taek Sang Lee(Korea)

CHAIRPERSON

## Kazunori Ochiai

Advisor to The President of Jikei University Hospital
Professor, The Jikei University, School of Medicine, Tokyo, Japan
Chairperson, Asian Gynecologic Oncology Group
President-Elect, Asia-Oceania Federation of Obstetrics and Gynecology

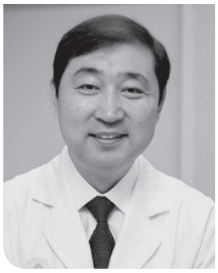
Dr. Kazunori Ochiai graduated from The Jikei University School of Medicine located in Tokyo, Japan in 1974 and received his medical degree. He is a board-certified Obstetrician and Gynecologist as well as board-certified Gynecologic Oncologist.

He is an immediate past President and Honorary President of Japanese Gynecologic Oncology Group (JGOG). He is also a Chairperson of Asian Gynecologic Oncology Group (AGOG) and a Vice President of Asia- Oceania federation of Obstetrics and Gynecology (AOFOG). He has been a Secretary General of Japan Society of Obstetrics and Gynecology (JSOG) for many years.

He organized and established recent structure of Japan Society of Obstetrics and Gynecology and a subspecialty board of Gynecologic Oncologist under Japanese Society of Gynecologic Oncology.

He has clinical and research interests in gynecologic oncology, especially on ovarian cancer. He served as editor or co-editor on various journals. He is an author of more than 100 peer reviewed articles in scientific journals in the field of gynecologic oncology.

CHAIRPERSON



## Yong Man Kim

Professor and Chairman, Dept. of Obstetrics & Gynecology, Asan Medical Center, University of Ulan,
Director, Gynecologic Cancer Center, Asan Cancer Institute, Asan Medical Center. Seoul, Korea

### EDUCATION & TRAINING

| | |
|---|---|
| 1979 – 1997 | M.D., MS & Ph.D Kyung-Hee University, Korea |
| 1985 – 1986 | Internship, Kyung-Hee University Hospital, Korea. |
| 1986 – 1990 | Residency in Obstetrics & Gynecology. Kyung-Hee University Hospital, Korea |
| 2003 – 2005 | GYN Oncology Fellowship, Asan Medical Center, Univ. of Ulsan, Korea |

### POSITIONS AND EMPLOYMENT

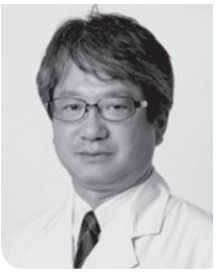
| | |
|---|---|
| 1995 – 2006 | Instructor, Assistant Professor & Associate Professor, Dept. of OB & GYN, Univ. of Ulan, Asan Medical Center, Seoul, Korea |
| 1997 – 1998 | Visiting Assistant Professor, Dept. of Gynecologic Oncology, Univ. of Texas, M.D. Anderson Cancer Center, Houston, TX, U.S.A. |
| 2007 – 2010 | Executive Director, Asan Institute for Life Sciences, Asan Medical Center, |
| 2010 – 2013 | Deputy Director, Biomedical Research Center, Asan Institute for Life Sciences, Seoul, Korea |

### OTHER EXPERIENCE AND PROFESSIONAL MEMBERSHIPS (PRESENT)

President: Korean Gynecologic Oncology Group (KGOG)
Member, Developmental Therapeutic Committee of GOG: NRG (Gynecologic Oncology Group: GOG), USA
Board member: Korea Cancer Association
Board member: Korean Association of Clinical Oncology
Board member: Korean Society of Gynecologic Oncology
Board member: Korean Association of Obstetrics & Gynecology,
Member: International Gynecologic Cancer Society,
American Association of Cancer Research,
American Society of Clinical Oncology
Society for Immunotherapy of Cancer

[A5-01]

SPEAKERS



## Kimio Ushijima

Professor and Chairman, Department of Obstetrics and Gynecology, Kurume University School of Medicine, Japan

### EDUCATION

| | |
|---|---|
| 1983 | M.D. Kurume University School of Medicine, Kurume, Japan |
| 1990 | Ph.D. Kurume University School of Medicine, Kurume, Japan |

### POST-GRADUATE TRAINING

| | |
|---|---|
| 1983-1984 | Resident, Department of OBGYN, Kurume University |
| 1990-1992 | Postdoctal Research Fellow, Department of Reproductive Biology, Department of Obstetrics and Gynecology, University of Texas Southwestern Medical Center at Dallas, USA |

### PROFESSIONAL EXPERIENCES

| | |
|---|---|
| 1992-1999 | Senior stuff, Department of OBGYN, Kurume University School of Medicine |
| 2000-2004 | Assistant Professor, Kurume University |
| 2004-2014 | Associate Professor, Kurume University |
| May 2014~ | Professor and Chairman, Department of OB&GYN, Kurume University School of Medicine |

### PROFESSIONAL APPOINTMENT/ MEMBERSHIP

Board- certified OBGYN doctor of Japanese Society of Obstetrics and Gynecology (JSOG)
Board- certified gynecologic oncologist of Japanese Society of Gynecologic Oncology (JSGO)
Standing director of Japan Society of Gynecologic Oncology (JSGO)
Delegate member of Japan Society of Obstetrics and Gynecology (JSOG)
Delegate member of Japan society of Clinical Oncology (JSCO)
Chairperson of Japan Korea Committee of Japan Gynecologic Oncology Group (JGOG)
Chairperson of Endometrial cancer protocol committee of Japan Clinical Oncology Group (JCOG)
Member of Gynecologic Cancer committee of JSOG
Member of Treatment Guideline of Vulva and Vaginal Cancer (JSGO)

### MAJOR INTEREST

Gynecologic Oncology

[A5-01]

# Cervical cancer clinical trials in Asia

**Kimio Ushijima**
*Kurume University School of Medicine*

We have about 500,000 new cases of cervical cancer are diagnosed annually, 270,000 died from this disease in Asia. And it is the 2nd most common female cancer in women aged 15 to 44 years. Standard treatment is surgery for early stage cancer, and chemo-radiotherapy for advanced cancer.

Prospective randomized control trials are designed to change the standard treatment strategy. Standard treatment is to be always as the control arm, and new strategy always to be an experimental arm. Study protocol should always care about ethical issues.

The aim of trials are to show the less toxicity with similar prognosis for early cancer, or better survival with tolerable toxicities for advanced cancer. Trials are included any kinds of new treatment strategies such as laparoscopic surgery or molecular targeting agents, or new radiotherapy system.

In this presentation, prospective trials for cervical cancer from JCOG (Japan Clinical Oncology Group), JGOG (Japan Gynecologic Oncology Group), KGOG (Korean Gynecologic Oncology Group), and some other trials are introduced. Also some international joint trials with GOG and KGOG are introduced.

[A5-02]

SPEAKERS

## Jung-Yun Lee

Yonsei University, Seoul, Korea

**EDUCATION**

| | |
|---|---|
| 3/1999-2/2005 | Medicine, M.D., Hanyang University |
| 6/2009-7/2009 | Gynecologic Oncology, Visiting Researcher, Memorial Sloan Kettering Cancer Center |
| 3/2010-8/2015 | Obstetrics and Gynecology, Ph.D., Seoul National University |

**POSITION**

| | |
|---|---|
| 2006-2010 | Obstetrics and Gynecology Residency, Seoul National University Hospital, Seoul, Korea |
| 2013-2015 | Clinical/Research Fellow in Gynecologic Oncology, Seoul National University Hospital, Seoul, Korea |
| 2015.3-2017.2 | Clinical Assistant Professor, Yonsei University, Seoul, Korea |
| 2017.3- | Assistant Professor, Yonsei University, Seoul, Korea |

[A5-02]

# Ovarian cancer clinical trials in Asia

**Jung-Yun Lee**
*Yonsei University*

Ovarian cancer mortality was stable in East Asia and additional effort is warranted to reduce the burden of gynecologic cancer in the future. To improve ovarian cancer outcomes, new therapeutic approaches such as antiangiogenic agent, PARP inhibitors, immunotherapeutic agents. In this review, I will discuss the current clinical trials in ovarian cancer from ASIA. First, we review major recent studies performed by Asia. And then, I will discuss ongoing clinical trials from AGOG, CGOG, GCGS, GOTIC, JCOG, JGOG, KGOG, SGOG, and TGOG for front-line, platinum-sensitive, platinum-resistant, and histologic subtype setting. Considering that no improvements was observed for patients with mucinous and clear cell carcinoma subtypes for last 20 years, clinical trials with novel treatment strategies are urgently required to improve clinical outcomes in these cases.

[A5-03]

SPEAKERS

## Xiaojun Chen

Professor/ Vice president, Obstetrics & Gynecology Hospital, Fudan University, China

Dr. Xiaojun Chen is a professor in Department of Gynecology of Obstetrics & Gynecology Hospital affiliated to Fudan University. She is also the vice president of Obstetrics & Gynecology Hospital responsible for foreign affairs.

Dr. Chen is the vice chairman of Youth Group, Chinese Gynecological Oncology Association. She is also member of Gynecological Oncology Association of Chinese Medical Association Shanghai Branch.

She majors in the clinical and basic research of endometrial cancer and its precancerous diseases. Specifically, she focuses on the fertility sparing treatment for early stage of endometrial cancer and atypical hyperplasia.

In addition, Dr. Xiaojun Chen investigates the relationship between insulin resistance and endometrial cancer and tries to dig out the mechanisms lying behind the oncogenesis of endometrial cancer. Her research is supported by grants from National Natural Science Foundation of China as well as Shanghai Scientific and Technique Committee.

[A5-03]

# Endometrial cancer clinical trials in Asia

**Xiaojun Chen**

*Obstetrics & Gynecology Hospital of Fudan University*

To better understand the general situation of endometrial clinical trials in Asia, the whole picture of global clinical trials should be inspected first. We searched the website ClinicalTrials.gov and found 650 trials registered are related to endometrial cancer. More than 35% (228/650) trials are lead by NCI, GOG or EROTC. Only 47 (7.4%) out of these 650 trials are lead by organizations in Asia.

Regarding the types of interventions carried out in these global clinical trials, 188/650 (29%) are treated with biotherapy, 113/650 (17%) are treated with chemo/radio therapy, 55/650 (8%) are treated by operation, and only 13/650 (2%) are treated with fertility-preserving therapy. When it comes to Asia, only five clinical trials are intervened with biotherapy, six trials are treated with chemo/radio therapy, seven are treated by operation, and seven are conducted with fertility-preserving therapy. Number of trials registered by organizations from China, Taiwan, China, Korea, Israel, Turkey, Thailand and Japan are 15(32%), 11(24%), 8(17%), 5(11%), 3(6%), 3(6%) and 2(4%) respectively. There are about five to seven new clinical trials registered from Asian countries coming out every year since 2011.

As a good example of multi-centered trial collaborated internationally, KGOG 2015 investigated the effectiveness of preoperative assessment model for lymph node metastasis in endometrial cancer.

For ongoing trails, a Chinese team and a Japanese team are investigating on the use and effectiveness of CART-meso and MORAb-202 respectively on solid tumors. Besides that, A Chinese team is investigating on the efficacy of chemotherapy and/or radiation therapy for high-risk EC in stage I; two studies from Korea are studying on the efficacy of chemotherapy for advanced or recurrent EC, and the efficiency of chemotherapy followed by radiation therapy on EC. Four Chinese teams are studying on the effectiveness of LNG-IUS, metformin and other treatment modalities as fertility-preserving treatment for endometrial cancer patients in early stage. Three teams from China, Turkey or Korea are investigating on the ovary-preservation for EC in early stage, role of ICG to detect SLN in uterine cancer, and the feasibility of laparo-endoscopic single-site surgical staging for EC, respectively.

The current situation of endometrial clinical trials in Asia is not optimistic. We need more and more well-designed, high-quality clinical trials. Lacking multi-center, internationally-collaborated trials is another big challenge we are facing up now.

Yet, there are many questions in endometrial cancer needed to be answered, such as the treatment standard for rare types of uterine tumors, adjuvant treatment of intermediate-high risk endometrial cancer, more detailed fertility-preserving treatment guidelines, the use of sentinel lymph node for high-risk EC, and clinical application of molecular classification of EC, etc. Institutions from Asian counties should indeed work together to contribute more to improving the treatment of endometrial cancer and finally benefit endometrial cancer patients.

[A5-04]

SPEAKERS

## Kazunori Ochiai

Advisor to The President of Jikei University Hospital
Professor, The Jikei University, School of Medicine, Tokyo, Japan
Chairperson, Asian Gynecologic Oncology Group
President-Elect, Asia-Oceania Federation of Obstetrics and Gynecology

Dr. Kazunori Ochiai graduated from The Jikei University School of Medicine located in Tokyo, Japan in 1974 and received his medical degree. He is a board-certified Obstetrician and Gynecologist as well as board-certified Gynecologic Oncologist.

He is an immediate past President and Honorary President of Japanese Gynecologic Oncology Group (JGOG). He is also a Chairperson of Asian Gynecologic Oncology Group (AGOG) and a Vice President of Asia- Oceania federation of Obstetrics and Gynecology (AOFOG). He has been a Secretary General of Japan Society of Obstetrics and Gynecology (JSOG) for many years.

He organized and established recent structure of Japan Society of Obstetrics and Gynecology and a subspecialty board of Gynecologic Oncologist under Japanese Society of Gynecologic Oncology.

He has clinical and research interests in gynecologic oncology, especially on ovarian cancer. He served as editor or co-editor on various journals. He is an author of more than 100 peer reviewed articles in scientific journals in the field of gynecologic oncology.

[A5-04]

# Clinical trials in Asia/ AGOG perspective

**Kazunori Ochiai**
*The Jikei University*

An idea was discussed in Edinburgh, Scotland, 2004, during the 10th IGCS Biennial Meeting, to construct multicenter trial group for gynecological cancer in Asia. It was felt that international collaboration of Asian countries is necessary; and although there have been several multicenter trial groups in North America and Europe, there was no such group in Asia. Thus, Asian Gynecologic Oncology Group (AGOG) was born in 2005 in Taiwan and Prof. Lai at Changun Memorial Hospital was elected as a first Chairperson. Since then, we have conducted several studies and results were published and AGOG was approved as a provisional member of GCIG in 2016.

Our mission is to promote the understanding, prevention and to improve the quality of care in gynecological cancer in Asia and in the world. And our goals are 1) to conduct high quality collaborative clinical trials, 2) to undertake basic researches, 3) to carry out epidemiological studies, and 4) to answer the most important gynecologic oncology issues in Asia and in the world.

While there are established clinical trial groups among Asian countries, such as JGOG, KGOG, TGOG and so on, there are still many countries they do not have well organized clinical trial group. AGOG will collaborate with those active groups and try to share chances of education in the countries where no infrastructure for clinical trials and promote young gynecologic oncologists to encourage to participate into clinical trials of gynecological oncology.

It is reported that morbidity and mortality of cancer as well as treatment outcome are different by race/ ethnicity. The science of 'ethnic health', or research into ethnicity and health, and the development of services which are culturally competent to meet the specific health care needs of minority ethnic groups, is still in its infancy. Therefore, we have to collaborate and conduct our trials by Asian groups for Asian women suffering from gynecological malignancies.

[A5-05]

SPEAKERS

## Taek Sang Lee

Professor, Division of Gynecologic Oncology,
Chairman of Dept. of Obstetrics & Gynecology, Seoul Metropolitan Boramae Hospital

### EDUCATION

| | | |
|---|---|---|
| 1996 | M.D. | Seoul National University, College of Medicine, Seoul |
| 2006 | M.S. | Seoul National University, Seoul(Obstetrics and Gynecology) |
| 2011 | Ph.D | Seoul National University, Seoul(Obstetrics and Gynecology) |

### INTERNSHIPS AND RESIDENCIES

| | |
|---|---|
| 1996-1997 | Intern in Seoul National University Hospital College of Medicine, Seoul National University; Seoul, Korea |
| 1997-2001 | Resident in Obstetrics and Gynecology Seoul National University Hospital College of Medicine, Seoul National University; Seoul, Korea |

### FELLOWSHIPS

| | |
|---|---|
| 2004~2006 | Clinical Fellow in Gynecologic Oncology Seoul National University Hospital; Seoul, Korea |

### HOSPITAL APPOINTMENTS

| | |
|---|---|
| 2006.5- | Clinical professor in Seoul Metropolitan Boramae Hospital |
| 2014.9- | Chairperson of department of Obstetric and Gynecology in Seoul Metropolitan Boramae Medical Center |

### MEMBERSHIP IN PROFESSIONAL SOCIETIES

| | |
|---|---|
| 2012.10- | Associate editor of Obstetrics and Gynecology Science |
| 2016.1-2017.12 | Secretary General of Korean Gynecologic Oncology Group |
| 2016.3- | Editorial board of Journal of Gynecologic Oncology |
| 2018.1- | Chairperson of Korean Southwestern Oncology group |

[A5-05]

# How to promote collaboration in Asia?

**Taek Sang Lee**
*SMG-SNU Boramae Medical Center*

The clinical trials process is complicated and time-consuming, requiring substantial investment. Especially, international clinical trial requires more efficient governance and appropriate funding. Previously, US and Western Europe has been a major place for conducting major international clinical trials. However, the primary barriers to conducting clinical trials in the US and Western Europe involve challenges in participant recruitment and retention, resulting in longer lead times and high costs.

Asia is rising as a preferred destination for clinical trials, due to the following attractive traits.

First, availability of treatment-naive patients for speedy recruitment: A pool of approximately 4.0 billion people, with more than 2.0 billion in easily accessible urban areas. Second, worldwide accepted data quality: The percentage of EMA critical findings and US FDA official actions taken during inspections are lower in Asia than North America, reflecting high quality of international compliance. Third, attractiveness of trials to patients: Government spending on healthcare on one patient in Asian countries is lower than in the US and Western Europe. This creates opportunity for clinical trials to be an effective way for Asian patients to get access to innovative therapies. Fourth, western disease patterns: Asian countries show similar disease patterns for major diseases to Western nations, providing a comparable environment to conduct clinical trials. Some pockets of high incidence may provide advantages in certain therapeutic areas. Fifth, high quality infrastructure: Numerous specialized clinical trial centers boast state-of-the-art equipment and advanced technology. Fast-growing Asian economies and IT systems are at the forefront of innovation. Last, Asia offers lower costs for clinical trials. For example, costs in China and India are 25% to 40% lower than that of Western countries.

In Gynecologic Oncology fields, We Asian countries already set up their own GOG groups and launched international trials. For more efficient collaborations, we need to overcome a few challenges relating to complexities, infrastructure and legal issues, and language and cultural hurdles.

MEMO

# [A-6] Junior Session(Oral-1)

**CHAIRS**
Andri Andrijono(Indonesia) Joong Sub Choi(Korea)

**SPEAKERS**

**[A6-01]**
**Effect of megestrol acetate combined with metformin versus megestrol acetate in women undergoing conservative therapy for atypical hyperplasia or endometrial cancer**
Bingyi Yang(China)

**[A6-02]**
**Intraoperative consultation (frozen section) in the diagnosis of ovarian masses**
Farhana Kalam(Bangladesh)

**[A6-03]**
**A20-mediated deubiquitination of ERα in the microenvironment of CD163+ macrophages sensitizes endometrial cancer cells to estrogen**
**running title: macrophages stabilize ERα via A20-mediated deubiquitination**
Qiaoying Lv(China)

**[A6-04]**
**Uterine carcinosarcomas: a 6 yr review of cases at a tertiary cancer care institute in india**
Divya Sehra(India)

**[A6-05]**
**A 5-year retrospective review on metabolic syndrome and endometrial carcinoma: a tertiary centre experience**
Mohd Faizal Ahmad(Malaysia)

**[A6-06]**
**Management of endometrial cancer in Adam Malik Hospital Medan, north Sumatra, Indonesia**
Muhammad Rizki Yaznil(Indonesia)

**[A6-07]**
**Analysis of the predictive role of lymph node density, negative lymph node and LODDS on the survival of cervical cancer patients**
Kanika Batra Modi(India)

**[A6-08]**
**Prevalence of anal intraepithelial neoplasia in women with cervical intraepithelial neoplasia**
Manatsawee Manopunya(Thailand)

CHAIRPERSON

**Andri Andrijono**

University of Indonesia
President of Indonesian Society of Gynecology Oncologist

Prof. Dr. Andrijono, SpOG (K) was born in Jakarta on August 07, 1953. He completed his General Physician education in 1978 and Obstetrician and Gynecology Specialist Education in 1985 at the Faculty of Medicine, University of Indonesia. In 2007, he completed a doctoral program at the same University and he was inaugurated as Professor of the Department of Obstetrics and Gynecology in 2009.

In addition to attending formal education, he attended several trainings both domestically and abroad, including the Management of Precancer Lesion of the Cervix course, Course of Epidemiology Noncommunicable Diseases in Singapore, Training in Gynecology Oncology, Nederland Cancer Institute, Amsterdam, and 5th Instructional Course On Basic Neuro-Vascular Microsurgery, Singapore .

He is currently active as a lecturer and several organizations such as Members of the Professional Field in the management of the Indonesian Oncology Association, Members of the Palliative Clinic Service and Cancer Pain at RSCM, Members of the Indonesian Oncology Association.

He is often invited as a speaker at scientific events at home and abroad such as: Operative management on HPP and complication courses, the Asia Pacific Conference of Gynecologic Surgery, Symposium on minimal invasive surgery in gynecologic oncology.

Some of his studies published in national and international magazines include: concervative therapy of germinal cell carcinoma in advanced stages, analysis of malignancy in post hydatidiform moles according to clinical examination, management of ovarian cancer in low resources, clinico-pathological factors.

[A-6] Junior Session(Oral-1)

CHAIRPERSON

**Joong Sub Choi**

Hanyang University Medical Center
Hanyang University College of Medicine, Seoul, Korea

Dr. Joong Sub Choi is the director of the Division of Gynecologic Oncology and Gynecologic Minimally Invasive Surgery, Department of Obstetrics and Gynecology, Hanyang University Medical Center, Seoul, Republic of Korea. In addition, he is a professor of Hanyang University College of Medicine.

His focus is on laparoscopic surgery for benign and malignant female conditions, removal of ovarian cysts, excision of endometriosis, hysterectomy, laparoscopic myomectomy for uterine preservation, laparoscopic assisted staging surgery for women with endometrial and ovarian cancer, and laparoscopic radical surgery for women with cervical cancer.

He is nationally and internationally known for his development of minimally-invasive surgical treatments, which have allowed increasingly complex procedures to be done without a major incision. These include radical pelvic surgeries for ovarian, cervical, and endometrial cancers; treatments for endometriosis and pelvic masses; and hysterectomy.

[A6-01]

SPEAKERS

**Bingyi Yang**

Resident of Obstetrics and gynecology, Department of Gynecology, Obstetrics and Gynecology Hospital, Fudan University, Shanghai, P.R. China

**LIST OF PUBLICATIONS**

**Original articles:**

1 Yang B, Xie L, Zhang H, Zhu Q, Du Y, Luo X, Chen X. Insulin Resistance and Overweight Prolonged Fertility-sparing Treatment Duration in Endometrial Atypical Hyperplasia Patients. J Gynecol Oncol. 2018 May;29(3):e35 (IF 3.14)

2 Yang B, Shan B, Xue X, Wang H, Shan W, Ning C, Zhou Q, Chen X, Luo X. Predicting Lymph Node Metastasis in Endometrial Cancer Using Serum CA125 Combined with Immunohistochemical Markers PR and Ki67, and a Comparison with Other Prediction Models. PLoS One. 2016 May 10;11(5) (IF 2.806)

[A6-01]

# Effect of megestrol acetate combined with metformin versus megestrol acetate in women undergoing conservative therapy for atypical hyperplasia or endometrial cancer

**Bingyi Yang**[1,2], Gulinazi Yierfulati[1,2], Weiwei Shan[1],Xuezhen Luo[1], Xiaojun Chen[1,2*]

*1 Obstetrics and Gynecology Hospital of Fudan University*

*2 Shanghai Key Laboratory of Female Reproductive Endocrine Related Diseases*

**Objective**

The objective of this prospective analysis was to evaluate therapeutic effects associated with megestrol acetate (MA) combined with metformin versus MA in women undergoing conservative therapy for endometrial atypical hyperplasia (EAH) and early endometrial cancer (EEC).

Methods. All patients diagnosed with EAH or EEC managed with conservative progestin therapy at the Obstetrics and Gynecology Hospital of Fudan University from 2013 to 2017 were identified. Patients received high-dose progestin combined with hysteroscopy and were randomized to receive metformin or not according to a digital table. Therapeutic effects were evaluated by hysteroscopy every 3 months during the treatment.

**Results**

One hundred and fifty patients with EEC (33) or EAH (117) were treated during the study period. These included MA (n = 74) and MA plus metformin (n = 76). The median age at diagnosis was 32 and median pre-progestin body mass index (BMI) was 24.00 kg/m2. Sixty patients (40.0%) were insulin resistant. The median therapy duration was 6.6 months (range: 1.0–23.0 months). After 7 months of treatment, 43.3% patients in MA/MET group achieved complete response (CR) and that of MA group was 37.8% ($p>0.05$). Patients with both IR and overweight (IR+BMI+) in MA group seemed to have the longest therapeutic time compared with other patients (8.1±1.1 months, $p=0.41$), while IR+BMI- patients in MA/MET group showed therapeutic time of 4.8±1.2 months.

**Conclusion**

Oral progestin therapy combined with hysteroscopy for conservative treatment of young EEC/EAH survivors is effective. Metformin plus MA may be a potential alternative therapy.

**Keywords:** Endometrial Carcinoma, Endometrial Atypical Hyperplasia, Conservative Treatment

[A6-02]

SPEAKERS

## Farhana Kalam

National Institute of Cancer Research & Hospital (NICRH),Mohakhali, Dhaka, Bangladesh
Ministry of Health & Family Welfare, Government of the Peoples Republic of Bangladesh

### EDUCATION

| | |
|---|---|
| 2018 | Post fellowship residency in Gynecological Oncology (FCPS in Gynae Oncology)<br>National Institute of Cancer Research & Hospital |
| 2012 | Fellowship in Gynecology & Obstetrics (FCPS),<br>Bangladesh College Of physician & Surgeons(BCPS) |
| 2004 | MBBS (Bachelor of medicine & surgery)<br>Dhaka Medical College (DMC), University of Dhaka |

### PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 2018 | **Resident in Gynae-oncology in NICRH**<br>-Outdoor & indoor services to patients of gynaecological cancers.<br>-Performing & assisting in major gynecological surgeries as well as minor procedures like colposcopy, biopsy etc.<br>-Various academic & research activities |
| 2017-2018 | **Consultant Gynae & Obs** (Conducted common obstetrical & gyanecological surgeries at primary health care facilities) |
| 2012-2017 | **Medical officer & Resident:**(Accomplished service & training in gynae department of various institutions including Bangaban -dhu Sheikh Mujib Medical University (BSMMU) & Dhaka Me-dical College(DMC),Bangladesh Medical College. |

### PROFESSIONAL ORGANIZATIONS

Bangladesh College of Physician & Surgeons (BCPS)
Bangladesh Medical & Dental Council (BMDC)
Bangladesh Medical Association (BMA)

### MEMBERSHIPS

Life member, Bangladesh Society of Obstetrics & Gynecologicy (OGSB)
Life Member, Association of Gynaecologial Oncologist of India (AGOI)
Member, Bangladesh Society for Colposcopy & Cervical Pathology
Member,Gynaeoncological society of Bangladesh(GOSB)

### MAIN SCIENTIFIC PUBLICATION

Assessment of maternal & perinatal mortality & morbidity & risk factor
evaluation in APH. (Original article), Bangladesh critical care journal, vol 1,2, sep, 2013, page 65.

[A6-02]

# Intraoperative consultation (frozen section) in the diagnosis of ovarian masses

Jannatul Ferdous[1], **Farhana Kalam**[2], Shahana Pervin[3], Shobnam Akther[4], Sabera Khatun[5]

*National Institute of Cancer Research & Hospital (NICRH)*

**Objective:** To determine the validity of frozen section biopsy in the diagnosis of ovarian masses.

**Study design:** Prospective crosssectional study

**Place of Study:** Department of Obstetrics and Gynaecology, Bangabandhu Sheikh Mujib Medical University, Dhaka,

**Duration of the study:** From August 2016 to July 2017.

**Study population:** Patients who were admitted in the Department of Obstetrics and Gynaecology for laparotomy for ovarian masses

**Materials and Method:** Fifty cases of ovarian masses were included by purposive sampling. Provisional diagnosis was made on the basis of clinical features and standard biochemical tests with the aid of some ancillary aid. All necessary information, clinical findings, sonographic features of the tumors, tumor marker and frozen section reports were recorded in a pre-designed data collection sheet. Histopathlogical finding was taken as the gold standard in determining the final diagnosis .Data was analyzed by SPSS version 16.

**Result:** The mean age of the patients was 47.54 ± 12.49 years. Half of the patients had secondary level of education and came from lower middle income group. Clinically 78% patients were suspected having malignant ovarian tumor. Eighty six percent patients had elevated CA-125 (>35 IU/ml). Frozen section biopsy revealed that 12% cases were benign, 4% were borderline and 84% cases were malignant. Histopathological examination revealed that 12% cases were benign, 2% cases were borderline and 86% cases were malignant. The sensitivity of frozen section in the diagnosis of benign, borderline and malignant were 100%, 100% and 96.67% respectively as well as the specificities were 100%, 97.96% and 100% respectively.

**Conclusion:** This study confirms that frozen section diagnosis is a reliable method for the surgical management of patients with an ovarian mass However, diagnosic problem can occur in borderline tumors during frozen section examination and the clinicians as well as the pathologists must be aware of this.

1.Prof. Jannatul Ferdous, Professor,Department of Gynaecological Oncology,Bangabandhu Sheikh Mujib Medical University (BSMMU)

2.Dr.Farhana Kalam, Consultant, Department of Gynaecological Oncology, National Institute of Cancer Research & Hospital(NICRH).

3.Dr.Shahana Pervin, Associate Professor, Department of Gynaecological Oncology,NICRH.

4.Dr.Shobnam Akther, Associate Professor, Department of Pathology,BSMMU.

5.Prof. Sabera Khatun,Chairman, Department of Gynaecological Oncology,BSMMU.

[A6-03]

SPEAKERS

## Qiaoying Lv

Obstetrics and Gynecology hospital of Fudan University

### EDUCATION

| | |
|---|---|
| 2016.9-Present | Obstetrics and Gynecology hospital of Fudan University, PhD Candidate |
| 2014.9-2016.6 | Obstetrics and Gynecology hospital of Fudan University, Master Degree |
| 2009.9-2014.6 | Clinical Medicine, Hebei University. Bachelor Degree |

### PROFESSIONAL ORGANIZATIONS

Obstetrics and Gynecology hospital of Fudan University

### MAIN SCIENTIFIC PUBLICATION

1. Lv QY#, Xie BY#, Yang BY, et.al., Increased TET1 Expression in Inflammatory Microenvironment of Hyperinsulinemia Enhances the Response of Endometrial Cancer to Estrogen by Epigenetic Modulation of GPER. 2017, Journal of Cancer, 8 (5), 894-902.
2. Xie B Y#, Lv QY.#, Ning CC, et. al., TET1-GPER-PI3K/AKT pathway is involve-d in insulin-driven endometrial cancer cell proliferation. 2017, Biochem Biophys Res Commun,482 (4), 857-862.
3. Cheng Y#, Lv Q#, Xie B, Yang, B., et. al., Estrogen and high-fat diet induced alterat-ions in C57BL/6 mice endometrial transcriptome profile. 2018, Endocrine Connections, 7 (1), 36-46.
4. 吕巧英#, 赵洪波, & 陈晓军* (2016). 子宫内膜癌肿瘤微环境的免疫调控机制进展. 复旦学报(医学版) (04), 475-478.

[A6-03]

# A20-mediated deubiquitination of ERα in the microenvironment of CD163+ macrophages sensitizes endometrial cancer cells to estrogen running title: macrophages stabilize ERα via A20-mediated deubiquitination

**Qiaoying Lv**[1,2], Yali Cheng[1,2], Xiaojun Chen[1,2], Congjian Xu[1,2]

[1]*Obstetrics and Gynecology Hospital of Fudan University*

[2]*Shanghai Key Laboratory of Female Reproductive Endocrine Related Diseases, Fudan University*

Corresponding Author: Xiaojun Chen, Congjian Xu Obstetrics and Gynecology Hospital of Fudan University

**Conflict of Interest:** The authors declare no potential conflicts of interest.

Continuous estrogen signaling activation is supposed to be the main mechanism causing endometrial cancer (EC). Previous studies have demonstrated that CD163+ macrophages could promote the development of estrogen-dependent EC, but the mechanisms involved are not well-understood. Utilizing flow cytometry, immunohistochemistry (IHC) staining, endometrial microarray and biology approaches, we evaluated the regulation of the ubiquitin-editing enzyme A20 on ERα stability and estrogen sensitivity in the microenvironment of endometrial lesions with CD163+ macrophages. Here, we found that CD163+ macrophages were the dominant macrophages in atypical endometrial hyperplasia and cancerous lesions, whose infiltration was positively associated with ERα expression. CD163+ macrophages mainly up-regulated ERα expression but with little or no up-regulation effects on ESR1 mRNA level. The ubiquitin-editing enzyme A20, screened from the endometrial microarray test for high-fat diet and consistent estrogen-intervened mice, was highly expressed in endometrial lesions rich with CD163+ macrophages, and positively correlated with ERα expression by IHC scores. Similarly, A20 and ERα were both up-regulated by CD163+ macrophages via cytokines such as IL-1α, IL-17A and TNFα. Mechanistically, A20 overexpression in EC cells prolonged ERα protein half-life without affecting ESR1 transcriptional activity. A20 increased functional ERα protein and enhanced estrogen-driven EC cells growth through protecting ERα protein from degradation by its deubiquitinase activity. Our study revealed that A20-mediated deubiquitination of ERα might be an important mechanism by which CD163+ macrophages increase estrogen sensitivity in endometrium. This study highlights the significant role of A20 in inducing estrogen-dependent EC, implying that A20 might be a potential target for therapeutic intervention.

**Keywords:** endometrial cancer, CD163+ macrophages; ERα; A20; deubiquitination

[A6-04]

SPEAKERS

## Divya Sehra

Fellow, Gynae Oncology
Rajiv Gandhi Cancer Institute and Research Centre

Currently, pursuing fellowship in gynaecology Oncology in one of the best cancer Institutes of India. Keenly interested in Endometrial cancer and it's less common histologies. Have a performed a large number of Radical hysterectomies and lymph node dissections. Trained and assisted in many Robotic surgeries for cervical and endometrial cancers including exentration procedure. Have a wide experience in ovarian cytoreductive surgeries and HIPEC.

### ACADEMIC QUALIFICATIONS

1. Fellow, Gynaecologic Oncology, 2017 till present, Rajiv Gandhi Cancer Insitute & Reasearch Centre, Delhi
2. Member, Royal College of Obstetricians and Gynaecologists, London (MRCOG-2), 2016
3. Diplomat of National Board (DNB), Dept. of Obstetrics & Gynaecology, 2014, National Board Of Examination (NBE)
4. Master of Surgery (M.S.), Dept. of Obstetrics & Gynaecology, 2010-13, and medical school (M.B.B.S.) from Vardhman Mahavir Medical College & Safdarjung Hospital, Guru Gobind Singh Indraprastha University, New Delhi

### WORK EXPERIENCE

1. Associate Consultant, Gynaecology Oncology, 2016-2017, Rajiv Gandhi Cancer Institute and Research Centre, Delhi
2. Senior Residency, Obstetrics and Gynaecology, 2013-2016, ESI Post-Graduate Institute of Medical Sciences and Research, Basaidarapur, New Delhi

[A6-04]

# Uterine carcinosarcomas: a 6 yr review of cases at a tertiary cancer care institute in India

**Divya Sehra**, Rupinder Sekhon, S. Rawal, KK Ramavath

*Rajiv Gandhi Cancer Institute and Research Centre*

**INTRODUCTION**

Carcinosarcomas are clinically aggressive biphasic tumors of the female genital tract, composed of epithelial and mesenchymal elements. The prognosis and treatment guidelines is largely unestablished due to the relative rarity of these tumors.

**OBJECTIVE**

To study the clinico-pathological characteristics and prognosis for patients with carcinosarcoma uterus and to study their treatment outcomes.

**METHOD**

We reviewed clinical records of patients diagnosed with carcinosarcoma uterus between Jan 2010 to Dec 2016. A total of 42 patients with pathological diagnosis of uterine carcinosarcomas were treated at our institute. Out of these, 36 were included in this study. We collected demographic and clinic-pathological data in order to evaluate factors important in survival. Data was analysed using Medcalc v. 15.8.

**RESULTS**

Carcinosarcoma uterus accounted for 3.6% (42/1143) cases of endometrial cancer. Mean age at presentation was 60.8 yrs (Range 37-76 yrs) .52.7% patients were obese, and median BMI was 29.05.A total of 26 patients underwent surgical staging at our institute. The rest presented to us after incomplete surgery outside. Mean follow up period was 27 months. Median DFS was 24 months and median OS was 34 months. Heterologous variants, depth of myometrial invasion and stage at diagnosis were independent prognostic factors influencing DFS and OS. Positive pelvic lymph node status was associated with a significantly poorer OS but not DFS (p=0.005 and 0.11 respectively). In patients who received adjuvant chemotherapy (CT) with or without adjuvant radiation, the median DFS and OS was 55 and 34 months respectively, as compared to those who did not receive any adjuvant CT, with their respective DFS and OS being 9 and 32 months respectively.

**CONCLUSION**

Heterologous variants, depth of myometrial invasion and stage at diagnosis are independent prognostic factors influencing DFS and OS. Multimodal therapy which includes surgery and chemotherapy with or without radiotherapy should be used in the management of these tumors.

[A6-05]

SPEAKERS

## Mohd Faizal Ahmad

Deprtment of Obstetrics and Gynaecology
University Kebangsaan Malaysia Meidcal Center (UKMMC)

### ACADEMIC QUALIFICATIONS

| | |
|---|---|
| JUNE 2002 | Matriculation course (Sciences) in MARA College Kulim, Kedah |
| JUNE 2008 | Degree in Medicine, MD (UPM), Malaysia |
| DEC 2016 | Masters in Obstetrics & Gynaecology (DrObGyn) UKM, Malaysia |

### PROFESIONAL INVOLVEMENT

Organisation Membership
Obstetrical & Gynaecological Society of Malaysia Member (since 2010)
Malaysian Medical Association Member (since 2010)
Islamic Medical Association of Malaysia Member (since 2010) Asian Society of Gynae-oncology (ASGO) Member (since 2018)
International Society of Gynaecology Endocrinology (ISGE) Member (since 2014)

### LATEST AWARDS

2018 Best Poster ~ Obstetrics "Amniotomy and early oxytocin infusion versus amniotomy and delayed oxytocin infusion in nulliparous women: a randomised controlled trial"
International Society of Gynaecologic Endocrinology (ISGE) Italy 2018

### LATEST PUBLICATIONS (INTERNATIONAL)

Kah Teik Chew, Muhammad Azrai Abu, Mohd Faizal Ahmad, Nur Azurah Abdul Ghani: Bilateral Mature Cystic Teratoma Masquerading as an Ectopic Pregnancy: A CaseReport and Review of the Literature; Journal Article Journal of Gynecologic Surgery ;Apr 2018
Kah Teik Chew, Izyan Atiqah Zakaria, Muhammad Azrai Abu, Mohd Faizal Ahmad, Erica Yee Hing, Nur Azurah Abdul Ghani; Elevated serum CA 19-9 with adnexal mass: is it always an ovarian malignancy? Hormone Molecular Biology and Clinical Investigation; May 2018
Mohd Faizal Ahmad, Muhammad Azrai Abu, Kah Teik Chew, Kun Leng Sheng, Mohd Asyraf Zakaria; A positive urine pregnancy test (UPT) with adnexal mass; ectopic pregnancy is not the ultimate diagnosis; Hormone Molecular Biology and Clinical Investigation, March 2018
Mohd Faizal Ahmad, Sheng KL, Kathirgamanathan S, Kanniapah K; Laparoscopic versus abdominal myomectomy: trend and pattern of practice among reproductive age population in Hospital Sultan Abdul Halim Sungai Petani, Kedah Malaysia; Minerva Ginecologica

[A6-05]

# A 5-year retrospective review on metabolic syndrome and endometrial carcinoma: a tertiary centre experience

Abdul Aziz Nor Haslinda[1], Nurlina Abd Razak[1],**Mohd Faizal Ahmad**[1],Mohamad Nasir Shafiee[1],Nafisah Adeeb[1]

*Universiti Kebangsaan Malaysia Medical Centre*

**Objective**

To evaluate the link between metabolic syndrome and its constituent factors to endometrial carcinoma among patients in Universiti Kebangsaan Malaysia Medical Centre (UKMMC).

**Methods**

This retrospective study conducted in the Gynaeoncology Unit, Department of Obstetrics and Gynaecology, UKMMC reviewing data for five years ; December 2008 until December 2013. A total of 119 patients with histologically confirmed endometrial carcinoma within the study duration were recruited. There were 102 cases of endometrioid carcinoma (Type I tumors) and serous (n=7), clear cell (n=3) and carcinosarcoma (n=7) were the Type II tumors. The primary outcome was the proportion of patient with Type I and Type II endometrial cancers who had concurrent metabolic disorders. The secondary results include the association of metabolic syndrome with stages of endometrial carcinoma, the outcomes of treatment modalities and the percentage of survived patients after 5 years since the diagnosis.

**Results**

Metabolic syndrome was significantly associated with increased risk of endometrial carcinoma in Type I tumors (OR = 3.43, 95% CI = 1.12-10.46, $p < 0.05$). Obesity increased the risk of Type I endometrial carcinoma (OR = 3.88, 95% CI = 1.27 – 11.85, $p < 0.05$). There were no significant a difference between both subtypes with others metabolic components and no impact on patients' overall survival and disease free survival.

**Conclusion**

Metabolic syndrome positively associated with increased risk of Type I endometrial carcinoma with obesity being the strongest risk factor. Effective prevention of these metabolic disorders might be essential in reducing the incidence of endometrial carcinoma.

**Keywords:** obesity, diabetes mellitus, hypertension, dyslipidaemia, metabolic syndrome, endometrial carcinoma

[A6-06]

SPEAKERS

## Muhammad Rizki Yaznil

Gynecologic Oncology Division, Obstetrics & Gynecologic Department, H. Adam Malik General Hospital – Universitas Sumatera Utara, Medan, Indonesia

### EDUCATION

| | |
|---|---|
| 2006 | MD, Universitas Sumatera Utara, Indonesia |
| 2010 | Obstetric and gynecology specialist |
| | Department Obstetrics and Gynecology Universitas Sumatera Utara, Indonesia |
| 2017 | Gynecologic Oncology Subspecialist |
| | Universitas Airlangga – Dr Soetomo Hospital, Surabaya, Indonesia |

### PROFESSIONAL AFFILIATIONS

| | |
|---|---|
| 2010-Present | Medical staff Gynecologic Oncology, Adam Malik Hospital |

### ORGANIZATION

Indonesian Medical Association

Indonesian Society of Gynecologic Oncology

European Society of Gynecologic Oncology

International Gynecologic Cancer Society

[A6-06]

# Management of endometrial cancer in Adam Malik Hospital Medan, north Sumatra, Indonesia

**Yaznil M.R*, Edianto D**

*H. Adam Malik General Hospital – Universitas Sumatera Utara*

In Indonesia, endometrial cancer is the third most common cancer in gynecology, and worldwide there is an increasing trend for new cases of endometrial cancer. Haji Adam Malik Hospital was founded since 1993 and became the top referral health center in North Sumatera with many cancer cases from all over the North Sumatera Province referred here especially gynecologic cancer such as endometrial cancer. Here we present a report on management of endometrial cancer cases in Haji Adam Malik Hospital from January 2017 to June 2018.

**Methods:** Retrospective study from the cancer registry of patients with endometrial cancer during 2017-2018 period

**Result:** During January 2017-June 2018 we had 92 new cases of endometrial cancer admitted to Oncology Gynecology outpatient clinic with the mean age of 54.55 + 14.07. From these 92 new cases, only 74 cases had a complete registry record. Most of the patients had endometrial cancer stage IA (20 cases, 27%), followed by stage IIIA (13 cases, 17.6%), stage IB (12 cases, 16.2%), stage II (12 cases, 16.2%), stage IIIC1 (6 cases, 8.1%), stage IIIB (5 cases, 6.8%), stage IVB (3 cases, 4%), stage IIIC2 (2 cases, 2.7%) and stage IVA (1 cases, 1.3%). By histology most of our endometrial cancer patients is endometrioid adenocarcinoma (45 cases, 60.8%). From 74 patients, 25 patients (33.8%) had surgery only, 25 patients (33.8%) had surgery and adjuvant radiotherapy, other management like surgery and chemoradiation in 10 patients (13.5%), surgery plus adjuvant chemotherapy in 4 patients (5.4%), neoadjuvant chemotherapy and surgery in 3 patients (4%), chemoradiation only (2 patients, 2.7%), palliative treatment without chemotherapy (2 patients, 2.7%), chemotherapy only (1 patients, 1.4%) and radiation only (1 patients, 1.4%). From 67 endometrial cancer surgical cases, we only had four cases (6%) that underwent laparoscopic approach.

**Conclusion:** The management of endometrial cancer in Haji Adam Malik hospital mainly by surgery only and surgery plus adjuvant radiation. The initiation of laparoscopic approach is quite slow.

**Keywords:** endometrial cancer, management, cancer registry, laparoscopic.

[A6-07]

SPEAKERS

## Kanika Batra Modi

Max Institute of Cancer Care, Saket, New Delhi, India

### EDUCATION

Fellowship – Gynaecologic Oncology, IGCS Fellow – Gyn Oncology, Royal Hospital for Women, Sydney, DNB-MS (Obstetrics & Gynaecology) MBBS

### PROFESSIONAL EXPERIENCE & ORGANIZATIONS

1. Fellow, IARC, IFCPC Colposcopy
2. Trainee in the department of Gynae Oncology, under the mentorship of Dr. Sean Dowdy at Mayo Clinic, Rochester, USA,2017
3. Fellowship(IGCS) under Prof. Neville Hacker, Director, Gynaecologic Oncology, Royal Hospital for Women, Sydney, Australia, 2016.
4. Training in Colposcopy under Dr. Michael Champion, Sydney, Australia, 2016
5. Fellowship, Gynaecologic Oncology, Rajiv Gandhi Cancer Insitute & Reasearch Centre, 2016-17
6. Post-graduation in Dept. of Obstetrics & Gynaecology, Vardhman Mahavir Medical College & Safdarjung Hospital, Guru Gobind Singh Indraprastha University, New Delhi
7. Medical School, MBBS, Maulana Azad Medical College, Delhi University ,New Delhi

### MEMBERSHIPS

IGCS,ESGO,ASGO,AGOICON,AOGD,FOGSI & AOGIN

### MAIN SCIENTIFIC PUBLICATION

- Role of PET/CT in recurrent ovarian cancer Batra K et al,International journal of gynecological cancer 2016 Oct 1 (Vol. 25, No. 9, pp. 1289-1289).
- Recurrent Cancer of the Vulva: Clinicopathologic Prognostic Factors, Patterns of Recurrence, and Their Management. Batra Modi K et al.,Journal of Gynecologic Surgery. 2016 Dec 1;32(6):339-44.
- Presentation and Management of Inguinal Lymphadenopathy in Ovarian Cancer, Batra, K. et al. Indian J Surg Oncol (2016). doi:10.1007/s13193-016-0556-7
- Role of Radical Surgery in Early Stages of Vaginal Cancer ,Jain V, Batra K etal, IJGC. 2016 Jul 1;26(6):1176-81.
- Factors Affecting Perioperative Outcomes After CRS and HIPEC for Advanced and Recurrent Ovarian Cancer: A Prospective Single Institutional Study.Giri S, Shah SH, Batra Modi K et al. of Gynecologic Surgery. 2017 Feb 1;33(1):4-11.
- Jain V, Batra K et al. Robotic-assisted video endoscopic inguinal lymphadenectomy in carcinoma vulva: our experiences and intermediate results. IJGC. 2017 Jan 1;27(1):159-65.

[A6-07]

# Analysis of the predictive role of lymph node density, negative lymph node and LODDS on the survival of cervical cancer patients

**Modi Batra K** [1], Sekhon R [2], Mitra S[2], Rawal S[2]

*1-Max Institute of Cancer Care*

*2-Rajiv Gandhi Cancer Institute & Research Centre*

**Aim**

To evaluate the impact of the negative lymph nodes (NLNs) count on the prognostic prediction of the lymph node density (LND) and log odds of positive LNs (LODDs) in cervical cancer patients after radical hysterectomy and pelvic lymphadenectomy (RHPL).

**Materials and method**

283 patients who underwent radical hysterectomy and pelvic node dissection followed by adjuvant treatment were analysed retrospectively. The patients were in International Federation of Gynaecology and Obstetrics (FIGO) stage IA-IIB. LND is the ratio of positive lymph nodes to harvested lymph nodes, Negative lymph node (NLN) is the ratio of negative lymph nodes to the harvested lymph nodes LODDs is log odds between positive LNs and negative LNs. The1-year, 3-year and 5-year survival rates were examined according to clinicopathologic variables. Cox regression was used to identify independent prognostic factors.

**Results**

The sample size was 283 patients. The median no. of lymph nodes removed was 17. The median disease-free survival (DFS) was 39 months; the overall survival (OS) was 40 months. A statistically significant ($p<0.05$) LND, analysed by cut point analysis, was found at a value over 15%. NLN over 25was found to be a significant predictor of 5-year survival. LODDS was found to be significant for predicting recurrence at >-0.8081 and for predicting mortality at >-0.6734.

**Conclusion**

Lymph node density >15%, negative lymph nodes > 25 and LODDS are associated with an impaired disease-free and overall survival. Lymph node density may be used as an independent prognostic parameter in patients with lymph node-positive cervical cancer.

[A6-08]

SPEAKERS

## Manatsawee Manopunya

Department of Obstetrics & Gynecology
Faculty of Medicine, Chiang Mai University Chiang Mai, Thailand

### EDUCATION

**Clinical Fellowship in Division of Endoscopy**
Linkou Chang Gung Memorial Hospital, Taiwan 2017

**Diploma, Thai Sub-Board of Gynecologic Oncology**
Royal Thai College of Obstetricians and Gynecologists 2010

**Diploma, Thai Board of Obstetrics and Gynecology**
Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand 2008

**Diploma, Graduate Education in Clinical Sciences(Obstetrics and Gynecology)**
Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand 2007

**Doctor of Medicine**
Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand 2003

### PROFESSIONAL/ TEACHING EXPERIENCE

Assistant professor 2015
Clinical Instructor/Attending Physician, Department of Obstetrics and Gynecology, Faculty of Medicine, Chiang Mai University 2010

### MAJOR FIELD OF INTEREST

Gynecologic Endoscopy
Gynecologic Oncology
Gynecologic Surgery

[A6-08]

# Prevalence of anal intraepithelial neoplasia in women with cervical intraepithelial neoplasia

**Manatsawee Manopunya**, Jatupol Srisomboon, Sumalee Siriaunkul, Suwan Sanmee

*Chiang Mai University*

**OBJECTIVE**

This study aimed to estimate the prevalence of anal intraepithelial neoplasia (AIN) in women with cervical intraepithelial neoplasia (CIN), and to evaluate the performance of liquid-based anal cytology (LBAC) and high-resolution anoscopy (HRA) for AIN screening.

**METHODS**

A cross-sectional study was conduct in 42 women with a history of CIN. All women underwent LBAC and HRA. Any lesion detected on anoscopy was biopsied. Sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) were calculated by using biopsy-proven AIN as the gold standard.

**RESULTS**

Women with average age of 46 years (range 26 to 63 years) underwent LBAC and HRA (N = 42). The prevalence of AIN was 7.1% with 66.7% of these case consisting of high-grade lesions. Three patients (7.1%) had abnormal LBAC (two with atypical squamous cells of undetermined significance [AS-CUS], one with low-grade squamous intraepithelial lesions [LSIL]). None of the two patients with anal ASC-US had biopsy proven AIN. Of the one patient with LSIL had high-grade AIN on biopsy. However, 13 patients (31%) had abnormal anoscopic findings that resulted in 3 biopsy-proven anal AIN (1 low-grade AIN and 2 high-grade AIN). In diagnosing AIN , LBAC has 33.3% sensitivity and 94.9% specificity with 33.3% PPV and 94.9% NPV; HRA has 100% sensitivity and 74.4% specificity with 23.1% PPV and 100% NPV.

**CONCLUSIONS**

Women with CIN have 7.1% prevalence of AIN. Screening for AIN with LBAC alone in women with CIN has poor sensitivity. These women may benefit from HRA to screen for AIN.

MEMO

ASGO WORKSHOP

# Special Session

CHAIRS

Yoon Soon Lee(Korea)

SPEAKERS

**HPV vaccine update**

Dae Hoon Jeong(Korea)

CHAIRPERSON

**Yoon Soon Lee**

Chilgok Kyungpook national university

**EDUCATION**

Kyungpook national university school of medicine 1974-1980

**PROFESSIONAL EXPERIENCE**

| | |
|---|---|
| 1999. July | Visiting Professor at Dep. of Gynecologic oncology, Friedrich Schiller University, Jena, Germany |
| 1996-1998 | Visiting fellow in Washington University, Department of gynecologic oncology, St. Louis. USA |

**PROFESSIONAL ORGANIZATIONS**

Prof. of kyungpook national university

Direction of gynecologic cancer center, Chilgok Kyungpook national university

**MEMBERSHIPS**

KSGO

ASGO

AAGL

**MAIN SCIENTIFIC PUBLICATION**

Robot-assisted total preservation of the pelvic autonomic nerve with extended systematic lymphadenectomy as part of nerve-sparing radical hysterectomy for cervical cancer. Lee YS , Chong GO, Lee YH, Hong DG, Cho YL, Park IS Int J Gynecol Cancer. 2013 Jul;23(6):1133-8

Robot versus laparoscopic nerve-sparing radical hysterectomy for cervical cancer: a comparison of the intraoperative and perioperative results of a single surgeons initial experience. Chong GO, Lee YH, Hong DG, Cho YL, Park IS, Lee YS Int J Gynecol Cancer. 2013 Jul;23(6):1145-9

Laparoscopic transperitoneal infrarenal para-aortic lymphadenectomy in patients with FIGO stage IB1-II B cervical carcinoma. Hong DG1, Park NY, Chong GO, Cho YL, Park IS, Lee YS, Lee DH JSLS. 2012 Apr-Jun;16(2):229-35

SPEAKERS

## Dae Hoon Jeong

Professor, Director, Department of Obstetrics & Gynecology,
Busan Paik Hospital, Inje University, Busan, South Korea

### EDUCATION

| | |
|---|---|
| 1996 | M.D. Inje University, College of Medicine, Busan, South Korea |
| 2005 | Ph.D.Inje University, Gradulate School, Busan, South Korea |

### PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 1997-2001 | Residency, Department of Obstetrics & Gynecology, Busan Paik Hospital, Inje University |
| 2012-2013 | Visiting Professor, Department of Gynecologic Oncology, University of Alabama at Birmingham, Alabama, USA |

### PROFESSIONAL ORGANIZATIONS

| | |
|---|---|
| 2018-present | Professor, Department of Obstetrics & Gynecology, Busan Paik Hospital, Inje University, Busan, South Korea |

### MEMBERSHIPS

American Association for Cancer Research,
Asian Society of Gynecologic Oncology
International Gynecologic Cancer Society
Korean Society of Gynecologic Oncology

### MAIN SCIENTIFIC PUBLICATION

1. Byun JM, Kim SS, Kim KT, Kang MS, Jeong DH, Lee DS, Jung EJ, Kim YN, Han J, Song IS, Lee KB, Sung MS. Overexpression of peroxiredoxin-3 and -5 is a potential biomarker for prognosis in endometrial cancer. Oncol Lett. 2018 Apr;15(4):5111-8.
2. Jung EJ, Eom HM, Byun JM, Kim YN, Lee KB, Sung MS, Kim KT, Jeong DH. Different features of the histopathological subtypes of ovarian tumors in pre-and postmenopausal women. Menopause. 2017 Sep;24(9):1028-32.
3. Cornelison R, Dobbin ZC, Katre AA, Jeong DH, Zhang Y, Chen D, Petrova Y, Llaneza DC, Steg AD, Parsons L, Schneider DA, Landen CN. Targeting RNA-Polymerase I in Both Chemosensitive and Chemoresistant Populations in Epithelial Ovarian Cancer. Clin Cancer Res. 2017 Nov 1;23(21):6529-40.
4. Jung EJ, Byun JM, Kim YN, Lee KB, Sung MS, Kim KT, Jeong DH. Cervical Adenocarcinoma Has a Poorer Prognosis and a Higher Propensity for Distant Recurrence Than Squamous Cell Carcinoma. Int J Gynecol Cancer. 2017 Jul;27(6):1228-36.

Special Session

# HPV vaccine update

**Dae Hoon Jeong**

*Busan Paik Hospital, Inje University*

Human papillomavirus (HPV) is associated with anogenital cancer (cervical, vaginal, vulvar, penile, and anal), oropharyngeal cancer, and genital warts. Three prophylactic HPV vaccines are available in many countries worldwide for the prevention of HPV-related disease. The bivalent vaccine contains antigens for HPV 16,18, the qudrivalent contains antigens for HPV 6, 11, 16, 18 , and the nonavalent contains antigens for HPV 6, 11, 16, 18, 31, 33, 45, 52, 58. Current evidence suggests that three prophylactic HPV vaccines have comparable immunogenicity, efficacy and effectiveness for the prevention of cervical cancer, which is mainly caused by HPV types 16 and 18. Three prophylactic HPV vaccines have an excellent safety data.

WHO recommends that routine HPV vaccination should be included in national immunization program. By the end of 2017, globally 80 countries had introduced HPV vaccine in their national immunization program. For the prevention of cervical cancer, the WHO-recommended primary target population for HPV vaccination is girls aged 9–14 years, prior to becoming sexually active. The current evidence supports the recommendation for a 2-dose schedule with adequate spacing between the first and second dose (minimum 6-month interval) in those aged 9–14 years. The HPV vaccine can be given to both genders through 26 years of age. Individuals older than ≥15 years and older and HIV infected/immunocompromised should receive a 3-dose schedule (0, 1–2, 6 months).

The introduction of HPV vaccine should not undermine or divert funding from developing or maintaining effective screening program for cervical cancer. Testing for HPV DNA is not recommended before vaccination. Vaccination is recommended even if the patient is tested for HPV DNA and the results are positive. Even if a patient previously has had an abnormal Pap test or history of genital warts, vaccination is still recommended.

HPV vaccine can be administered safely to immunocompromised and/or HIV-infected individuals. HPV vaccination of pregnant women should be avoided due to lack of data. Breastfeeding is not a contraindication for HPV vaccination. HPV vaccine can be co-administered with other vaccines using separate syringes and different injection sites.

Obstetrician–gynecologists and other health care providers should stress to parents and patients the benefits and safety of HPV vaccination and offer HPV vaccines in their offices. Opportunities should be sought to link the introduction of HPV vaccination to other vaccinations carried out at this age (e.g. diphtheria and tetanus vaccination) and programs targeting young people.

ASGO WORKSHOP

# [A-7] **Endometrial Cancer**

CHAIRS

Hextan Ngan(Hong kong)

Seok Ju Seong(Korea)

SPEAKERS

**[A7-01]**

**Current standard of care and debating points in endometrial cancer**

Arb-aroon Lertkhachonsuk(Thailand)

**[A7-02]**

**Imaging update in endometrial cancer**

Hyun Hoon Chung(Korea)

**[A7-03]**

**Sarcoma update**

Hidemichi Watari(Japan)

**[A7-04]**

**MSI in endometrial cancer**

Seob Jeon(Korea)

CHAIRPERSON

## Hextan Ngan

1. Tsao Yin-Kai Professor in Obstetrics & Gynaecology & Professor, Chair of Obstetrics & Gynaecology, Head of Department of Obstetrics & Gynaecology, The University of Hong Kong
2. Chief of Service in Obstetrics & Gynaecology, The University of Hong Kong-Shenzhen Hospital
3. Chair of Specialty for Obstetrics & Gynaecology, Gleneagles Hong Kong Hospital Limited

### EDUCATION

| | |
|---|---|
| 1978 | M.B.B.S., Hong Kong |
| 1983 | M.R.C.O.G. (U.K.) |
| 1993 | F.H.K.A.M. (O&G) Foundation Member |
| 1995 | M.D., (HKU) |
| 1996 | F.R.C.O.G. (U.K.) FHKCOG (HK) |

### PROFESSIONAL ACCREDITATION

Gynecological oncologist (RCOG UK, HKCOG HK)/ Colposcopist (HKCOG HK)

### PROFESSIONAL ORGANIZATIONS

1. President, Family Planning Association of Hong Kong (Since 2017)
2. Past President of Hong Kong College of Obstetricians and Gynaecologists (HKCOG) (2010-2012)
3. Past President, Asia Oceania research organization of Genital Infections & Neoplasia (AOGIN) (2010-2012)
4. Past Chair of the FIGO Committee for Gynecology Oncology (2000-2006)

### MEMBERSHIPS

Member, The National TNM Cancer Staging Committee of China (Since 2010)
Honorary Member, Society for Colposcopy & Cervical Pathology of Singapore (Since 2009)
Member, International Gynecologic Cancer Society (IGCS) (Since 2007)
Founding member, Asian Gynecologic Oncology Group (Since 2005)
Member, Asian Society of Gynecologic Oncology, (Since 2009)
Member, Asia Oceania research organization of Genital Infections & Neoplasia (AOGIN) (Since 2005)
Member, International Society for Gynecologic Endoscopy (Since 1998)
Fellow Royal College of Obstetricians & Gynaecologists (Since 1996)
Member, International Society on Study of Gestational Trophoblastic Diseases (Since 1994)
Member, Royal College of Obstetricians & Gynaecologists (Since 1983)
Member, The Hong Kong Regional TNM Cancer Staging Subcommittee (Since 2010)
Member, Hong Kong Society for Colposcopy and Cervical Pathology (Since 2000)
Member, Hong Kong Institution of Science (Since 1998)
Member, Cancer Research Centre, Faculty of Medicine (Since 1995)
Member, Academic Staff Association, HKU (Since 1995)
Member, The Obstetrical & Gynaecological Society of Hong Kong (Since 1979)
Member, Hong Kong Academy of Medicine (Since 1993)
Member, Hong Kong Medical Association (Since1979)
Member, Medical Protection Society (Since 1979)
Member, Hong Kong Surgical Laser Association

CHAIRPERSON

## Seok Ju Seong

Professor, Ob & Gyn, CHA Gangnam medical center

### PREVIOUS EMPLOYMENT

2003-2006 Assistant professor, Cheil general hospital, OB&Gyn ,Seoul, Korea

### CURRENT EMPLOYMENT

2006.9.1. Professor, Ob & Gyn, CHA Gangnam medical center

### EDUCATION AND TRAINING

1987-1993 M.D., Hanyang University, Seoul, Korea

2001-2003 fellow, Cheil general hospital, Seoul, Korea

[A7-01]

SPEAKERS

## Arb-aroon Lertkhachonsuk

Gynecologic Oncology Unit, Department of Obstetrics & Gynaecology ,Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

### EDUCATION

| | |
|---|---|
| 1993 | M.D. Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand. |
| 1999 | Diplomate Thai Board of Obstetrics and Gynaecology |
| 2001 | Diplomate Thai Subboard of Gynecologic Oncology |
| 2004 | Master in Medical Education, University of Dundee, UK |
| 2005 | Certificate of Attendance (Clinical Research Fellow), Institute of Cancer Research, London, UK |
| 2005 | Certificate (Post Graduate Short Course) in the Cellular and Molecular Biology of Cancer, Imperial College, London, UK. |

### PROFESSIONAL EXPERIENCES

| | |
|---|---|
| 2003 – 2006 | Lecturer |
| 2006 – 2013 | Assistant Professor |
| 2012 – 2015 | Assistant Dean in Education |
| 2013 – present | Associate Professor |
| 2012 – present | Chief of Gynecologic Oncology Unit. Department of Obstetrics and Gynaecology, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand. |
| 2015 – 2017 | Board Member of Thai Gynecologic Cancer Society (Deputy Secretary General) |
| 2017 – present | Board Member of Thai Gynecologic Cancer Society (Foreign Affair) |

[A7-01]

# Current standard of care and debating points in endometrial cancer

**Arb-aroon Lertkhachonsuk**

*Faculty of Medicine Ramathibodi Hospital, Mahidol University*

Endometrial cancer is the most common gynecologic cancer in developed countries. However, guidelines from the United States and Europe have undergone through many changes in the last decades, while there are still some controversial issues in its management.

Upfront surgery and adjuvant therapy tailoring to the pathologic findings remains the mainstay of primary staging and treatment. Surgical staging generally consists of simple hysterectomy with bilateral salpingo-oophorectomy and lymphadenectomy, preferably via minimally invasive surgery.

Debating points evolved around those steps with conflicting results in the literature, such as:

- Ovarian preservation. Bilateral ovarian removal used to be recommended to detect occult metastases and reduce the hormonal level. However recent studies revealed that ovaries and be preserved in selected cases.
- Lymphadenectomy. Pelvic and para-aortic lymphadenectomy used to be recommended for diagnostic and also therapeutic purposes, with the increased risk of complication. Global trends are now moving toward more tailored lymph node assessment according to risk and the use of sentinel lymph node identification.
- Utility of peritoneal washing and omentectomy.
- Radical hysterectomy in cases with cervical involvement
- Adjuvant treatment among various stages and risk factors

[A7-02]

SPEAKERS

## Hyun Hoon Chung

Associate Professor, Dept. of Obstetrics & Gynecology, Seoul National University College of Medicine

### EDUCATION

| | |
|---|---|
| 1997.02 | M.D. Seoul National University College of Medicine, Seoul |
| 2005.08 | M.S. Seoul National University College of Medicine, Seoul |
| 2010.08 | Ph.D. Seoul National University College of Medicine, Seoul |

### TRAINING

| | |
|---|---|
| 1997-1998 | Intern in Seoul National University Hospital |
| 1998-2002 | Resident in Obstetrics and Gynecology, Seoul National University Hospital |
| 2005-2007 | Fellow, Gynecologic Oncology, Seoul National University Hospital |

### HOSPITAL APPOINTMENTS

| | |
|---|---|
| 2007.3-2010.2 | Commissioned Professor, Seoul National University Hospital |
| 2010.3-2014.2 | Clinical Assistant Professor, Seoul National University Hospital |
| 2014.3- | Associate Professor, Seoul National University Hospital |
| 2016.3-2018.2 | Visiting Professor & Full-time Visiting Scientist<br>Johns Hopkins University School of Medicine |

### BIBLIOGRAPHY (PEER-REVIEWED ARTICLES)

1. Lee JW, Park JY, Lee HJ, Lee JJ, Moon SH, Kang SY, Cheon GJ, **Chung HH**. Preoperative [18F]FDG PET/CT tumour heterogeneity index in patients with uterine leiomyosarcoma: a multicentre retrospective study. Eur J Nucl Med Mol Imaging. 2018 Jul;45(8):1309-1316. doi: 10.1007/s00259-018-3975-6. **(Corresponding author)**
2. **Chung HH**, Cheon GJ, Kim JW, Park NH, Song YS. Prognostic value of lymph node-to-primary tumor standardized uptake value ratio in endometrioid endometrial carcinoma. Eur J Nucl Med Mol Imaging. 2018 Jan;45(1):47-55. doi: 10.1007/s00259-017-3805-2. **(Corresponding author)**
3. **Chung HH**, Cheon GJ, Kim JW, Park NH, Song YS. Prognostic importance of lymph node to primary tumor standardized uptake value ratio in invasive squamous cell carcinoma of uterine cervix. Eur J Nucl Med Mol Imaging. 2017 Oct;44(11):1862-1869. doi: 10.1007/s00259-017-3729-x **(Corresponding author)**
4. **Chung HH**, Cheon GJ, Kim HS, Kim JW, Park NH, Song YS. Pre-operative PET/CT standardized FDG uptake values of pelvic lymph nodes as a significant prognostic factor in patients with endometrial cancer. Eur J Nucl Med Mol Imaging 2014;41(9):1793-9
5. **Chung HH**, Cheon GJ, Kang KW, Kim JW, Park NH, Song YS. Preoperative PET/CT FDG standardized uptake value of pelvic lymph nodes as a significant prognostic factor in patients with uterine cervical cancer. Eur J Nucl Med Mol Imaging 2014;41(4):674-81.

[A7-02]

# Imaging update in endometrial cancer

**Hyun Hoon Chung**

*Seoul National University Hospital*

MRI is an established investigation modality for pre-operative local staging in endometrial cancer. There is clinical need for accurate non-invasive biomarkers to predict individualized tumor behavior in order to optimize treatment options and ultimately improve patient outcomes. Advances in functional MRI with diffusion-weighted imaging (DWI) and dynamic contrast-enhanced (DCE) sequences provide more detailed information regarding tumor cellularity, vascularity, and viability. DCE-MRI parameters including low tumor blood flow and capillary transit time, correlated with reduced survival and that low tumor perfusion was associated with more aggressive tumor subtype.

There is no established role for FDG PET/CT in the routine follow-up or surveillance of endometrial cancers, however, it can be useful prior to salvage radiotherapy/surgery to ensure there is no disease beyond the pelvis or radiotherapy field. When combined with tumor volume, DWI potentially more accurately stages endometrial cancer and can give prognostic information. Volumetric parameters such as metabolic tumor volume (MTV) and total lesion glycolysis (TLG) measurements assess tumor volume as a whole, thus providing more accurate markers of prognosis and treatment response than SUVmax alone. MTV was also found to be correlated with conventional clinicopathological parameters, and a significant prognostic factor of recurrence in endometrioid endometrial cancer.

Integrated PET/MR systems offer a one-stop assessment of gynecologic malignancies. The technique is expensive and a clear benefit of dedicated PET/MR over separately acquired PET/CT and MRI shall have to be demonstrated to justify the high cost. Use of images with data mining techniques and machine learning has been discussed as a potential revolution to help with interpretation, disease response, and prognosis.

[A7-03]

SPEAKERS

## Hidemichi Watari

Department of Obstetrics and Gynecology, Hokkaido University, Faculty of Medicine, Sapporo, Japan

### EDUCATION

| | |
|---|---|
| 1995 | Ph.D., (Dr. of Medical Science), Hokkaido University Graduate School of Medicine, Sapporo, Japan |
| 1989 | M.D., Hokkaido University School of Medicine, Sapporo, Japan |

### RESEARCH AND PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 2018 | Professor and Chairman, Department of Obstetrics and Gynecology, Hokkaido University Faculty of Medicine, Sapporo, Japan |
| 2015-2018 | Associate Professor, Department of Gynecology, Hokkaido University Hospital, Sapporo, Japan |
| 2006-2015 | Lecturer, Department of Gynecology, Hokkaido University Hospital, Sapporo, Japan |
| 2001-2006 | Assistant Professor, Department of Gynecology, Hokkaido University Hospital, Sapporo, Japan |
| 2000-2001 | Attending Doctor, Sapporo Maternity Women's Hospital, Sapporo, Japan |
| 1996-2000 | Post doctoral research fellow, Center for Research on Reproduction and Women's Health, University of Pennsylvania, Philadelphia, USA(Prof. J.F. Strauss III) |
| 1995-1996 | Head Doctor, Department of Obstetrics and Gynecology, Ashibetsu Munincipal Hospital, Ashibetsu, Japan |
| 1992-1995 | Graduate student, Hokkaido University Graduate School of Medicine, Hokkaido, Japan |
| 1990-1992 | Attending Doctor, Department of Obstetrics and Gynecology, Fukagawa Munincipal Hospital, Fukagawa, Japan |
| 1989-1990 | Resident, Department of Obstetrics and Gynecology, Hokkaido University Hospital, Hokkaido, Japan |

### PROFESSIONAL SOCIETIES RELATED TO GYNECOLOGIC ONCOLOGY

Japan Society of Clinical Oncology
Japan Society of Gynecologic Oncology
Japan Society of Clinical Cytology
Japan Society of Obstetrics and Gynecology

### CLINICAL TRIAL GROUP

Japan Clinical Oncology Group (Principal investigator of JCOG1412)
Japanese Gynecologic Oncology Group, executive board member
NRG Oncology Japan

[A7-03]

# Sarcoma update

**Hidemichi Watari**
*Hokkaido University*

Uterine sarcomas are malignant mesenchymal tumors including endometrial stromal sarcoma (ESS), undifferentiated uterine sarcoma (UUS), leiomyosarcoma (uLMS), and even rare subtypes (adenosarcoma, rabdomyosarcoma, PEComa). Recent advances in molecular analysis identified the genetic signatures to characterize some of sarcoma subtypes. ESS harboring JAZF1-SUZ12 fusion gene present as lower-grade, early-stage tumors. A higher-grade and more aggressively behaving ESS variant with genetic arrangement YWHAE-FAM22A/B (NUTM2A/B) is identified. Currently, ESS is subdivides into distinct low- and high-grade entities. Several studies on the copy number alteration, gene mutation have been reported for uLMS.

If medically operable, then hysterectomy with or without BSO is the initial treatment of choice for uterine sarcoma. BSO is favored for low-grade ESS or tumors expressing ER/PR. For medically inoperable sarcomas, pelvic EBRT with or without brachytherapy and/or systemic therapy is considered. Preferred systemic therapies for uterine sarcoma include doxorubicin, gemcitabine/docetaxel, doxorubicin/olaratumab, and aromatase inhibitor for low-grade ESS. For ER/PR positive uLMS, hormone therapies (megesterol acetate, medroxyprogesterone acetate, aromatase inhibitor, GnRH analogs) can be applied. For recurrent disease, new drugs such as pazopanib, trabectedin, and eribulin have been approved for soft tissue sarcomas including uterine sarcomas.

In this presentation, recent information on the molecular diagnosis and treatment for uterine sarcoma will be updated according to the NCCN guideline of uterine neoplasms version2.2018 and recent results of clinical trials on the systemic treatment for uterine sarcoma.

[A7-04]

SPEAKERS

## Seob Jeon

Department of Gynecologic Oncology in Soonchunhyang University Hospital, Cheonan

### MEDIAL EDUCATION & HOSPITAL POSITION

| | |
|---|---|
| 1996 | Medical degree in Soonchunhyang University |
| 2001 | Board certification in Obstetrics and gynecology |
| 1997-2001 | Residency in Sonnchunhyang university hospital Seoul Korea |
| 2004-2005 | Fellowship in Sonnchunhyang university hospital Cheonan Korea |
| 2000 | Master's degree in Gynecologic oncology |
| 2010 | Ph.D. degree in Gynecologic oncology |
| 2011-2017 | Associate professor in Sonnchunhyang university hospital Cheonan Korea |
| 2017-present | Professor in Soonchunhyang university hospital Cheonan Korea |
| | Director of Gynecologic Oncology in Soonchunhyang university hospital Cheonan Korea |

### ACADEMIC SOCIETY

Member of Korean Society Gynecologic Oncology
Member of Korean Gynecologic Oncology Group
Member of Korean Society of minimally invasive surgery
Member of Korean Society of Obstetrics and Gynecology
Member of Korean Society of Gynecologic cancer research
Committee member of uterine corpus in Korean Gynecologic Oncology Group
Committee member of uterine cervix in Korean Gynecologic Oncology Group
Committee member of surgical treatment modality in Korean Gynecologic Oncology Group

### ACADEMIC AWARD

2004 Best paper award in Soonchunhyang university Cheonan Hospital
2010 Best oral presentation award in symphosium of Korean society of Gynecologic Oncology

### STUDYING ABROAD

| | |
|---|---|
| 2008 10. | Clinical Visiting Professor. Charite university, Benjamin Franklin hospital. Berlin, German |
| 2014 ~ 2015 | Visiting Researcher. Laboratory of Ovarian cancer tumor microenvironment. Stanford University Hospital, California, USA |

[A7-04]

# MSI in endometrial cancer

**Seob Jeon**

*Soonchunhyang University Cheonan Hospital*

Endometrial Cancer(EC) is the most frequent tumor in western world nations, with 142,000 new cases each year and 42,000 casualties. EC typically affects women between 55 and 65 years of age, and ranks fourth among female tumors. Endogenous predisposing conditions to endometrial cancer development are: late menopause, early menarche and hyperestrogenism, while hormone replacement therapy, obesity, alcohol, diabetes, and a diet rich in animal fats as well as chronic liver disease, are the exogenous factors. This tumor may also have an hereditary predisposition, as in the Lynch Syndrome(LS) or in Hereditary Non-Polyposis Colorectal Cancer (HNPCC), since genetic modifications induced by the "mismatch repair" (MMR) genes lead to a tumoral development susceptibility, not only in the colon. A defect in MMR genes leads to the accumulation of mismatches, insertions and deletions in repeated sequences—a phenomenon named microsatellite instability (MSI). Approximately 20–30% of sporadic ECs display MSI as a consequence of somatic promoter hypermethylation and silencing of MLH1. Determination of MMR-deficiency(MMRd) in EC may be important for assessment of prognosis and adjuvant therapy, identification of LS and prediction for immunotherapy, however in contrast to colorectal cancer, where consensus guidelines for MMRd testing have been published, there is no general agreement on screening EC patients for LS. In fact, the rate of MMRd in EC is nearly twice that in colorectal cancers. MMRd can be detected by either MSI analysis and/or immunohistochemical (IHC) staining, typically for four MMR proteins(MLH1, PMS, MSH2, MSH6). The National Cancer Institute microsatellite panel was optimized and correlated with IHC analysis (~95%) to detect MMRd in colorectal cancer. In previous GOG study, combined MSI, methylation, and IHC analysis may prove useful in Lynch screening in EC. There are data showing that MMRd tumors have an increased propensity for having lymphovascular invasion and higher tumor grade—which are adverse prognostic factors. But the prognosis for patients with MMRd endometrioid cancers were not different, suggesting that the MMRd may overcome those adverse prognostic factors in some way. Recently the US Food and Drug Administration (FDA) has granted accelerated approval to pembrolizumab for pediatric and adult patients with microsatellite instability (MSI)-high or mismatch repair (MMR)-deficient solid tumors. This approval of pembrolizumab was based on data from five single-arm multi-cohort trials. In total, 149 patients with MSI-high or MMRd tumors were included, 90 of whom had colorectal cancer. Fourteen other cancer types comprised the remaining patients. The objective response rate was 36% in patients with colorectal tumors and 46% in patients with the 14 other tumor types. Testing for MMRd or MSI can deliver hope to patients with advanced refractory EC. In this presentation, I will speak importance of screening LS, clinical impact of MMRd, and potential value of MMRd or MSI testing for predictive marker on immunotherapy.

MEMO

ASGO WORKSHOP

# KSGO Session

Auditorium 3

ASGO WORKSHOP

# Day 1

August 24(Fri)

**[K-1]**
Radiation Oncology for Gynecologic Cancer

**[K-2]**
Gynecologic Pathology

**[K-3]**
Surgical Technique

**[K-4]**
Film Session

ASGO WORKSHOP

# [K-1] Radiation Oncology for Gynecologic Cancer

CHAIRS

Jae-Kwan Lee(Korea)

Ki Hyung Kim(Korea)

SPEAKERS

**[K1-01]**

**The role of radiotherapy in recurrent ovarian cancer**

Yong Bae Kim(Korea)

**[K1-02]**

**Radiation therapy for cervial cancer**

Young Seok Kim(Korea)

**[K1-03]**

**Radiation therapy for endometrial cancer**

Jihye Cha(Korea)

CHAIRPERSON

**Jae-Kwan Lee**

Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Korea University Medical Center Guro Hospital, Seoul, Korea

**EDUCATION**

| | |
|---|---|
| 2002 | Ph.D.(Obstetrics & Gynecology) Graduate School, Korea University |
| 1995 - 1998 | Residency in Department of Obstetrics & Gynecology, Korea University Medical Center |
| 1990 - 1991 | Internship, Korea University Medical Center |
| 1990 | M.D., Korea University College of Medicine, Seoul, Korea |

**EXPERIENCE**

| | |
|---|---|
| 2009 - Present | Professor Division of Gynecologic Oncology Department of Obstetrics and Gynecology, Korea University Medical Center |
| 2009 - 2010 | Visiting scholarship, Division of Research, Department of Ob & Gyn , Massachusetts General Hospital, Boston, USA |
| 2006 - 2008 | Head of the Department of Obstetrics and Gynecology, Korea University Guro Hospital, Seoul, Korea |
| 2004 - 2009 | Associate Professor, Division of Gynecologic Oncology Department of Obstetrics and Gynecology, Korea University Medical Center |

**OTHER EXPERIENCE AND PROFESSIONAL MEMBERSHIPS**

**Editorial Board Member:** Journal of Korean Medical Science

**Research Proposals Reviewer:** Korea National Cancer Center, Korea Research Foundation

**Referee:** Journal of Korean Medical Science
Korean Journal of Obstetrics and Gynecology,
Korean Journal of Gynecologic Oncology and Colposcopy

**Member:** Korean Gynecologic Oncology Group,
Korean Association of Obstetrics & Gynecology,
Korean Society of Gynecology Oncology and Colposcopy,
Korean Society of Oncology
Korean Society of Medical Genetics

CHAIRPERSON

**Ki Hyung Kim**

Dept. of Obstetrics and Gynecology, Pusan National University, Pusan, Korea

**EDUCATION AND TRAINING**

| | |
|---|---|
| 3/1985-2/1991 | Pusan National University School of Medicine, MD, |
| 3/1999-8/2001 | Pusan National University School of Medicine, Ph.D, |
| 3/1995-2/1999 | Pusan National University Hospital, Dept. of Obstetrics and Gynecology, Residency |

**POSITIONS**

| | |
|---|---|
| 5/1999-4/2001 | Clinical Fellow, Pusan National University Hospital |
| 5/2001-8/2005 | Assistant Professor, Pusan National University School of Medicine |
| 9/2005-8/2011 | Associate Professor, Pusan National University School of Medicine |
| 3/2006-2/2008 | Visiting Professor, Yale University School of Medicine |
| 9/2011-present | Professor, Pusan National University School of Medicine |
| 3/2011-2/2017 | Director, Dept. of Obstetrics and Gynecology, Pusan National University Hospital |
| 2/2016-present | Director of public relations, Pusan National University Hospital |
| 9/2017-present | Chair, Dept. of Obstetrics and Gynecology, Pusan National University |

**HONORS AND AWARDS**

Best Paper Award, Korean Federation of Sciences and Technology Societies, 2005
Best Teaching Professor Award, Pusan National University, 2010
Medical Science Award of Excellence, ABI, 2011
Best Paper Award, Korean Society of Obstetrics and Gynecology, 2015
Citation Award, Obstetrics and Gynecology Science, 2016
Best Research Award, Pusan National University Hospital, 2017

**MEMBERSHIPS OF PROFESSIONAL SOCIETIES**

Korean Society of Obstetrics and Gynecology
Korean Society of Gynecologic Oncology
Korean Society of Gynecologic Endoscopy and Minimally invasive surgery
Society of Korean Robotic Gynecologic Surgery
Korean Pelvic Pain Society

[K1-01]

SPEAKERS

## Yong Bae Kim

Professor and Chairperson, Department of Radiation Oncology, Yonsei Cancer Center, Yonsei University College of Medicine

| | |
|---|---|
| 1992~1998 | M.D. degree, Yonsei University College of Medicine, Seoul, Korea |
| 2001~2003 | Master degree (Medicine), Graduate School of Yonsei University, Seoul, Korea |
| 2006~2010 | Ph.D degree (Medicine), Graduate School of Yonsei University, Seoul, Korea |
| | |
| 1998. 2 | Licensed to Practice Medicine in Korea |
| 1998~2003 | Internship & Residenct, Severance Hospital, Seoul, Korea |
| 2003. 2 | Korean Board of Therapeutic Radiology |
| | |
| 2008~present | Assistant, Associate & Full Professor, Department of Radiation Oncology, Yonsei Cancer Center, Severance Hospital, Yonsei University Health System, Seoul, Korea |
| 2010~2012 | Visiting Scientist (Faculty), Department of Experimental Radiation Oncology, M. D. Anderson Cancer Center, Houston, Texas, U.S.A |
| 2017~present | Professor and Chairperson, Department of Radiation Oncology, Yonsei Cancer Center, Severance Hospital, Yonsei University Health System, Seoul, Korea |
| | |
| 2014~2017 | Chair, Division of Gynecologic cancer of Korean Radiation Oncology Group (KROG) |
| 2015~present | General member of the NRG Oncology Cervix commitee |
| 2016~present | NRG Oncology Co-PI, Yonsei University Health System-Severance Hospital (43027) |
| 2017~present | Director of General Affairs, Korean Society of Radiation Oncology |
| 2018~present | Principal editor, Journal of Gynecologic Oncology |

[K1-01]

# The role of radiotherapy in recurrent ovarian cancer

**Yong Bae Kim**
*Yonsei University College of Medicine*

Treatment of recurrent or persistent epithelial ovarian cancer is an ongoing challenge for oncologists. International consensus recommends a combination of platinum-based chemotherapy and secondary cytoreduction for platinum-sensitive tumors. However, minimal consensus for optimal treatment for other clinical scenarios has been achieved to date. The possible role for involved-field radiotherapy (IFRT) in achieving long-term disease-free for selected patients with recurrent or persistent epithelial ovarian cancer has been investigated, and several studies showed high local control rate (80%-90%) without severe toxicity for patients who underwent IFRT with modern RT techniques including IMRT. However, the optimal timing for IFRT and the characteristics of patients with persistent epithelial ovarian cancer who will benefit from the treatment are unclear. Majority of participants in studies were heavily pretreated patients with localized unresectable extraperitoneal recurrences, followed by high-risk patients who underwent cytoreductive surgery and chemotherapy.

Recently, Lazarri et al. studied 109 cases of stereotactic body radiation therapy for 82 patients with oligometastatic ovarian cancer with a total dose of 24 Gy in 3 fractions and treatment site are as follows: abdomen/pelvis (79%), thorax (17%), and head and neck (4%) (1). They demonstrated that 47.7% case (52 cases) remained chemotherapy free with a median 7.3 month. Korean Radiation Oncology Group 1405 study is the first prospective multi-center study to show that patients with locoregionally confined recurrence of persistent epithelial ovarian cancer may achieve protracted progression-free survival after IFRT without severe RT-related toxicity even after multiple courses of chemotherapy (2).

Early experience of Yonsei Cancer Center also demonstrated that IFRT in selected patients is associated with good long-term control: a median chemo-free interval (CFI) 10.5 month for the entire cohort, 24.7 month for good responders. In this study, the serum CA-125 examination and the platinum sensitivity are the most important factors to determine CFI after IFRT (unpublished).

Despite the introduction of multiple drugs in the recurrent disease setting, a high number of subjects still develop multiple recurrences during the disease course. Therefore, further studies are needed to make the consensus to define the patient subsets who may benefit most from IFRT.

[K1-02]

SPEAKERS

## Young Seok Kim

Associate Professor, Department of Radiation Oncology, Asan Medical Center, College of Medicine, University of Ulsan

College of Medicine, University of Ulsan, Medicine, BS, MD, ~1999.02
College of Medicine, University of Ulsan, Radiation Oncology, MS, ~2004.02
College of Medicine, University of Ulsan, Radiation Oncology, PhD, ~2013.02

Internship, Asan Medical Center, College of Medicine, University of Ulsan, 1999-2000
Resident in Radiation Oncology, Asan Medical Center, College of Medicine, University of Ulsan, 2000-2004
Fellowship in Radiation Oncology, Asan Medical Center, College of Medicine, University of Ulsan, 2007-2009
Assistant Professor in Radiation Oncology, Asan Medical Center, College of Medicine, University of Ulsan, 2010-2015
Associate Profession in Radiation Oncology, Asan Medical Center, College of Medicine, University of Ulsan, 2015-present

### PUBLICATIONS

1. JH Joo, YS Kim, et al. Prognostic significance of lymph node ratio in node-positive cervical cancer patients. Medicine 2018;97:30(e11711)
2. HU Je, YS Kim, et al. Risk prediction model for disease-free survival in women with early-stage cervical cancers following postoperative (chemo)radiotherapy. Tumori 2018;104:105
3. JH Jung, YS Kim, et al. Oncologic outcomes after adjuvant radiotherapy for stage II endometrial carcinoma: A Korean Radiation Oncology Group study (KROG 14-10). Int J Gynecol Cancer 2017;27:1387
4. JH Joo, YS Kim, et al. Variability in target delineation of cervical carcinoma: A Korean radiation oncology group study (KROG 15-06). PLoS ONE 2017;12:e0173476
5. JY Kim, YS Kim, et al. Disease courses in patients with residual tumor following concurrent chemoradiotherapy for locally advanced cervical cancer. Gynecol Oncol 2017;44:34

### PROFESSIONAL MEMBERSHIPS

**National and International**

Member, Korean Society for Therapeutic Radiology and Oncology, 2000-present
Member, Korean Cancer Association, 2000-present
Member, Korean Association of Clinical Oncology, 2008-present
Member, European Society of Therapeutic Radiology and Oncology 2008-present

[K1-02]

# Radiation therapy for cervial cancer

**Young Seok Kim**
*Asan Medical Center, University of Ulsan*

Brachytherapy (BT) has been a pivotal part of the treatment of locally advanced cervical cancer. It is an extremely conformal radiotherapy which delivers a very high dose to the tumor while sparing the surrounding normal organs owing to the rapid dose fall off. With advancements in external beam radiotherapy techniques, such as intensity-modulated radiotherapy (IMRT) and stereotactic body radiotherapy (SBRT), there has been a decline in the use of BT over past decade in US (1). However, the use of BT is significantly associated with an improved cancer-specific and overall survival (2). And several studies showed that no external beam radiotherapy modalities cannot achieve target volume dose as high as BT (3).

Recent advancement in cervical BT has included the switch to image guided brachytherapy (IGBT) with the use of computed tomography or magnetic resonance imaging. To aid with the implementations of IGBT, the Groupe Européen de Curiethérapie-European Society of Radiation Oncology (GEC-ESTRO) published guidelines on target definitions and dosimetric parameters (4,5). With this guideline, there is a move away from prescribing to point A and instead prescribing the dose to a clinical target volume. The evaluation of dose to surrounding organs has also changed from the reference points to a dose volume histogram based approach (6). This allows BT plans to define more accurately where dose will be.

It has demonstrated that IGBT resulted in an improved local control rate and subsequent a reduction in mortality and toxicity compared to conventional, point-directed BT (7,8). IGBT, therefore, should be the standard of care ideally. But, it requires several time consuming processes such as contouring and planning. It also needs additional resources such as magnetic resonance imaging-compatible applicators, new planning system (9). Last but not least, IBGT procedure requires a multidisciplinary team of gynecologic oncologists, radiation oncologists, nurses, radiographers, and physicists.

[K1-03]

SPEAKERS

## Jihye Cha

Assistant professor
Department of Radiation Oncology
Yonsei University Wonju College of Medicine

### EDUCATIONAL BACKGROUND

| | |
|---|---|
| 2007 | Bachelor's degree, Yonsei University College of Medicine |
| 2012 | Master's degree, Medicine, Yonsei University Graduate School |
| 2016 | Ph.D., Medicine, Yonsei University Graduate School |

### WORK EXPERIENCE

| | |
|---|---|
| 2012-2013 | Instructor, Department of Radiation Oncology, Severance Hospital |
| 2013-2015 | Instructor, Department of Radiation Oncology, Wonju Severance Christian Hospital |
| 2015-2018 | Clinical assistant professor, Department of Radiation Oncology, Yonsei University Wonju College of Medicine |
| 2018- | Assistant professor, Department of radiation oncology, Yonsei University Wonju College of Medicine |

[K1-03]

# Radiation therapy for endometrial cancer

**Jihye Cha**
*Yonsei University Wonju College of Medicine*

Radiation therapy is one of the important modalities in the management of endometrial cancer. It is used as adjuvant treatment in common, and it also can be used as definitive treatment.

The indication of adjuvant radiation therapy in early stage endometrial cancer is based on the risk factors including tumor grade and depth of myometrial invasion. Observation, intravaginal brachytherapy, and external beam radiotherapy to whole pelvis are the treatment options. Treatment decision is made depending on the characteristics of risk factors. According to the final report of PORTEC-3 trial, chemoradiotherapy significantly improved failure-free survival in patients with stage III endometrial cancer, compared with radiation therapy alone.

Application of intensity-modulated radiation therapy can reduce the radiation-associated complication for the patients who need adjuvant pelvic radiation therapy.

Radiation therapy as a definitive treatment is a viable option for the medically inoperable patients such as elderly or with obesity, who have significant risk of surgical complications. The American Brachytherapy Society consensus statement presented clinical staging, evaluation, target definition and dose constraints recommendations.

A clinical study regarding individualized adjuvant treatment based on a molecular-integrated risk profile in the patients with high-intermediate risk is ongoing. In the future, better classification based on histopathology and genomic classes will play a significant role in making decision of which adjuvant treatment modality is the most appropriate for each patient.

MEMO

ASGO WORKSHOP

# [K-2] **Gynecologic Pathology**

CHAIRS

Nam Hoon Cho(Korea)

Noh-Hyun Park(Korea)

SPEAKERS

**[K2-01]**

**Current concepts and controversies in gynecologic pathology**

Yoshiki Mikami(Japan)

**[K2-02]**

**Molecular classification of endometrial cancer**

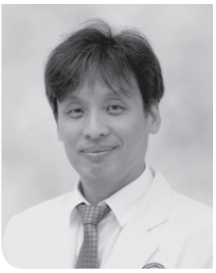
Chong Woo Yoo(Korea)

**[K2-03]**

**Current updates of carcinoma of adnexa**

Yonghee Lee(Korea)

CHAIRPERSON



## Namhoon Cho

Dept of Severance Biomedical Science, Yonsei Univ Coll of Medicine as a professor

### EDUCATION

| | |
|---|---|
| 1986.2 | Medical School: M.D. degree from Yonsei University College of Medicine , Seoul, Korea |
| 1987.3-1989.2 | Master degree from Yonsei University College of Medicine , Seoul, Korea |
| 1989.3-1995.2 | Ph.D. from Yonsei University College of Medicine , Seoul, Korea |

### POSTDOCTORAL TRAINING

| | |
|---|---|
| 1998.3-2000.2 | Dept of Pathology, Dv of Molecular Pathol, Memorial Sloan-Kettering Cancer Center, NY, NY as a Visiting Investigator & Research Appointments |

### PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 2012-2016 | Chief of Dept of Pathology |
| 2010-present | professor and tenure |
| 2006-2008 | Vice Dean for Academic Affair, Yonsei University College of Medicine |
| 2005-present | Dept of Pathology, Yonsei University College of Medicine, as a Professor |
| 2000-2005 | Dept of Pathology, Yonsei Univ Coll of Medicine, as an Aassociate Professor |
| 1995-2000 | Dept of Pathology, Yonsei Univ Coll of Med, Assistant Professor |

### MEMBERSHIPS

United States and Canadian Pathology Active member (#11843)
American Association Cancer Research Active member (#72208)
European Association Cancer Research Active Member (#12665)
Planning consultant of Division of Medicine and Surgery (Health & Welfare Administration)
Korean Academic Science and Technology Acting Member

### MAIN SCIENTIFIC PUBLICATION

Mechanical compression induces VEGFA overexpression in breast cancer via DNMT3A-dependent miR-9 downregulation. Kim BG, Gao MQ, Kang S, Choi YP, Lee JH, Kim JE, Han HH, Mun SG, Cho NH. Cell Death Dis 2017;8(3):e2646.
Angiopoietin-2 promotes ER+ breast cancer cell survival in bone marrow niche. Han HH, Kim BG, Lee JH, Kang S, Kim JE, Cho NH. Endocr Relat Cancer. 2016;23(8):609-23

### AWARDS FOR RESEARCH

2017.5.1 Best award for Academic Education in Yonsei University
2007.4. YUHAN Medical Research Award Grand Prize in 40th YUHAN & Korean Medical Association
2007.3. Research Best-Excellency Award (Kyeyeon Award) in Yonsei University College of Medicine

CHAIRPERSON

## Noh-Hyun Park

Professor, College of Medicine, Seoul National University, Seoul, Korea

### EDUCATION

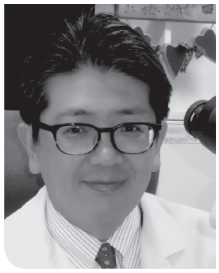
| | |
|---|---|
| 1978.3 ~ 1980.2 | Premedical School, Seoul National University |
| 1980.3 ~ 1984.2 | Seoul National University, College of Medicine (M.D.) |
| 1985.3 ~ 1986.2 | Intern, Seoul National University Hospital |
| 1986.3 ~ 1990.2 | Resident, Dept. of Obstetrics & Gynecology, Seoul National University Hospital |
| 1990.2 | Korean Ob/Gyn. Board certified |
| 1993.3 ~ 1995.2 | Seoul National University Graduate School (Ph.D.) |
| 1995.3 ~ 1996.2 | Postdoctoral Research Fellow at VA Medical Center, University of California San Francisco (UCSF), CA, USA |

### MAJOR POSITION AND PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 1990.2 ~ 1993.4 | Army Service (Captain) |
| 1993.5 ~ 1995.3 | Clinical fellow in Gynecologic Oncology, Dept. of Ob/Gyn. Seoul National University Hospital |
| 1996.3 ~ 2001.3 | Assistant Professor, Dept. of Ob/Gyn., College of Medicine, Seoul National University |
| 1999.6 ~ 2001.6 | Visiting assistant professor, University of California at Los Angeles, CA, USA |
| 2001.4 ~ 2008.3 | Associate Professor, Dept. of Ob/Gyn., College of Medicine, Seoul National University |
| 2008.3 ~ Present | Professor in the Dept. of Ob/Gyn. College of Medicine, Seoul National University |
| 2007.8 ~ 2010.6 | Director, Department of planning & budget, Seoul National University Hospital |
| 2012.9 ~ 2014.7 | Executive Director, Bureau of HT R&D Planning and Budget Management, KHIDI (Korea Health Industry Development Institute) |
| 2014.7 ~ 2016.7 | Vice president, Department of Research Affairs, Seoul National University |
| 2014.7 ~ 2016.7 | Director, R&DB Foundation, Seoul National University |
| 2014.11~ Present | Director of Editorial Committee, Korean Society of Gynecologic Oncology |
| 2016.1 ~ Present | President, Korean Society of Gynecologic Endoscopy |

[K2-01]

SPEAKERS



## Yoshiki Mikami

Board certified pathologist, Kumamoto University

| | |
|---|---|
| 1990 | M.D., Hirosaki University, Faculty of Medicine, Hirosaki, Japan |
| 1990-1992 | Residency at the Department of Pathology, Tohoku University Hospital, Sendai, Japan |
| 1992-1994 | Senior residency, Pathology, Kawasaki Medical School Hospital, Kurashiki, Japan |
| 1996-2001 | Assistant professor, Pathology, Kawasaki Medical School Hospital, Kurashiki, Japan |
| 1997-1998 | Visiting fellowship, Department of Pathology, New York University Medical Center, NY, NY, USA |
| 1998-2002 | Assistant professor, Pathology, Kawasaki Medical School Hospital, Kurashiki, Japan |
| 2002-2005 | Assistant Professor, Histopathology. Tohoku University, Sendai, Japan |
| 2005-2007 | Assistant Professor, Diagnostic Pathology, Kyoto University Hospital, Kyoto, Japan |
| 2007-2014 | Associate Professor, Diagnostic Pathology, Kyoto University Hospital, Kyoto, Japan |
| 2014- | Professor and Director, Diagnostic Pathology, Kumamoto University Hospital, Kumamoto, Japan |

[K2-01]

# Current concepts and controversies in gynecologic pathology

**Yoshiki Mikami**

*Kumamoto University Hospital*

Recent advances have provoked controversies and paradigm shifts in gynecologic pathology. This lecture focuses on five representative issues in gynecologic pathology.

Squamous intraepithelial lesion (SIL): The term originally introduced for cytology reporting, is now used as a histopathologic term. Low-grade SIL represents productive HPV infection, whereas high-grade SIL is a neoplastic condition as a consequence of integration of HPV DNA in the host genome. The ASCCP guideline recommends ablation for High-grade SIL, including CIN2 and CIN3, but the former might be managed conservatively.

HPV-negative endocervical adenocarcinomas: Unusual types of endocervical adenocarcinomas as represented by gastric-type mucinous carcinoma is a pitfall of HPV-targeted screening and vaccination, therapy may be individualized based on subtypes in future.

Endometrioid intraepithelial neoplasia (EIN): The term EIN has been introduced as an equivalent of atypical endometrial hyperplasia, which is a precursor of endometrioid carcinoma. On the other hand, endometrial hyperplasia without atypia, represent bone fide hyperplastic process induced by hyperestrogenic milieu.

High-grade serous carcinomas of the ovary: The recent proposal indicates that "ovarian" high-grade serous carcinoma associated with STIC should be regarded as "tubal" serous carcinoma. Following this criteria, more than half of "ovarian" high-grade SC might be regarded as tubal carcinoma, and therefore is remains to be widely accepted worldwide.

Ovarian seromucinous tumor: A group of tumor previously called endocervical-like mucinous tumor, has provoked some confusion because of discrepancy between the name, morphology, and definition. In addition, molecular studies indicate that it is rather related to endometrioid and/or serous tumors, and existence of seromucinous carcinoma as a distinct entity has been questioned.

[K2-02]

SPEAKERS

## Chong Woo Yoo

National Cancer Center Korea

### EDUCATION

| | |
|---|---|
| 1987.03-1993.02 | M.D., Medicine, Seoul National University College of Medicine, |
| 1994.03-1996.02 | M.S, Medicine, Seoul National University Graduate School of Medicine, |
| 1996.03-2004.08 | Ph.D., Medicine, Seoul National University Graduate School of Medicine |

### POSTGRADUATE & FACULTY APPOINTMENTS

| | |
|---|---|
| 1993.03-1994.02 | Intership, Seoul National University Hospital |
| 1994.03-1998.02 | Residency, Seoul National University Hospital |
| 1998.03-2001.04 | Public health officer, Gyonggi provincial medical center paju hospital |
| 2001.05-2002.02 | Fellowship, Asan Medical Center |
| 2002.03-2006.02 | Assistant Professor, Hallym University Gangnam Hospital |
| 2006.03-Present | Specialist, Department of Pathology, National Cancer Center |
| 2006.03-Present | Specialist, Center for Uterine Cancer, National Cancer Center |
| 2006.03-2013.02 | Senior Scientist, Uterine & Ovarian Cancer Branch, National Cancer Center |
| 2009.08-2010.07 | Visiting scientist, Cornell University the Methodist Hospital(USA) |
| 2014.03-Present | Associate professor, Graduate School of Cancer Science & Policy |

### POSTGRADUATE & ACADEMIC ACTIVITIES

| | |
|---|---|
| 1998-Present | Member of Korean Society of Pathologists |
| 2006-Present | Member of Gynecological Pathology Study Group, Korean Society of Pathologists |
| 2006-Present | Member of Korean Cancer Association |
| 2007-Present | Member of Korean Society for Cytopathology |
| 2007-Present | Member of Korean Society of Gynecologic Oncology |

[K2-02]

# Molecular classification of endometrial cancer

**Chong Woo Yoo**
*National Cancer Center Korea*

Endometrial carcinoma (EC) is the most common gynecologic cancer in the developed world. Traditional morphologic classification was prevalent in EC for long time with some epidemiologic factors in pathogenesis. Thirty years ago, Bokhman hypothesized two main clinicopathologic types of EC, driven by different metabolic and endocrine signals. Type I and type II designation was widely accepted and confirmed, but has never been part of the formal staging nor risk stratification. Moreover, the tumor grade and histologic subtype assessment were so subjectively assigned that poor diagnostic reproducibility was reported, especially in high grade subtypes of EC.

Molecular markers of EC were firstly derived from immunohistochemical and/or mutation profiles to aid in EC subtypes. Genetic alterations are further clarified : type I carcinoma has microsatellite instability and mutations in PTEN, K-RAS,PIC3CA and beta-catenine genes, whereas type 2 carcinoma shows alteration of TP53, loss of heterozygosity on several chromosomes, as well as other molecular alterations(STK15, p16, E-cadherin and C-erbB2). Exome sequencing analyses recently support mutations of those genes in each types of EC.

In 2013, TCGA research network reported an integrating genomic, transcriptomic and proteomic characterization of EC, based on array and sequencing methods. This molecular classification is recently clinically understood and verified. Four groups of EC were revealed: Group 1 with somatic inactivating mutations in POLE exonuclease and very high mutation rates, associated with good prognosis. Group 2 with microsatellite instability, frequently with MLH-1 promoter hypermethylation and high mutation rates. Group 3 with low copy number alterations or with no specific molecular profile. Group 4 with low mutation rate, but copy-number high and frequent TP53 mutations. Most of group 1-3 were endometrioid EC, however, group 4 is Serous-like EC and shows worse prognosis.

This new classification is largely consistent with previous morphologic or clinicopathologic classifications, but challenges more critical and detailed molecular biomarkers in diagnosis and prognosis, even up to specific treatment and mass screening. Forthcoming NGS technology will help us to take advantage of this new and important classification. This talk will include practical diagnostic tests for the new classification and ongoing clinical trials.

[K2-03]

SPEAKERS

## Yonghee Lee

Department of pathology, Ajou University Medical Center

| | |
|---|---|
| 1983 - 1990 | Yonsei University MD |
| 1991 - 1996 | Yonsei University PhD |
| 1998 - 2007. 8. 31 | CHA university, Assistant and Associate professor, Bundang CHA General hospital |
| 2004. 9. 1 - 2006. 7. 31 | Visiting fellow in Brigham and women's hospital |
| 2007. 9. 1 - 2011. 2. 28 | Seoul Asan Medical Center, University of Ulsan College of Medicine, Associate professor |
| 2011. 3. 1 - present | Ajou University Medical Center, Ajou University School of Medicine, Professor |

[K2-03]

# Current updates of carcinoma of adnexa

**Yonghee Lee**
*Ajou University Medical Center*

Ovarian carcinoma is a common cancer in women and one of major causes of death from gynecologic malignancies. Recently, classification of epithelial ovarian cancer is newly developed in 2014 WHO classification. In the new classification, major change is identified in the field of serous tumor of ovary. The classification and terminology of serous tumor of ovary is changed. There are several deleted entity of epithelial ovarian cancer and new categorized entity of seromucinous tumor of ovary. During the last two decades, the cell of origins and biology of epithelial ovarian cancer has been discussed in many published papers by observation of risk reducing salpingooophorectomy specimen in patients with BRCA1/2 germline mutation. I will briefly review the changes in 2014 WHO classification of epithelial ovarian cancer with STIC(serous tubal intraepithelial carcinoma), primary site assignment of high grade serous carcinoma, treatment response scoring and molecular pathology.

MEMO

# [K-3] **Surgical Technique**

CHAIRS

Kung-Liahng Wang(Taiwan) Sang Il Park(Korea)

SPEAKERS

**[K3-01]**
**Simple techniques of abdominal radical hysterectomy & pelvic lymphadenectomy for beginners in gynecologic oncology training**
Jatupol Srisomboon(Thailand)

**[K3-02]**
**Surgical techniques for nerve sparing in uterine cervical cancer**
Dae Gy Hong(Korea)

**[K3-03]**
**Key point to improve sentinel lymph node mapping**
Dae-Yeon Kim(Korea)

**[K3-04]**
**Single-port surgery**
Chel Hun Choi(Korea)

**[K3-05]**
**Systemic upper abdominal surgery in ovarian cancer: quality assurance of the SUNNY study**
Rongyu Zang(China)

CHAIRPERSON

**Kung-Liahng Wang**

Superintendent & Professor
Taitung MacKay Memorial Hospital, Taiwan

Dr Kung-Liahng Wang is the Superintendent of Taitung MacKay Memorial Hospital (MMH), Taiwan. He currently also serves as the President of the Taiwanese Gynecologic Oncology Group (TGOG), President of the Taiwan Association for Minimally Invasive Gynecology (TAMIG), and Professor in the Department of Obstetrics and Gynecology, Faculty of Medicine, Mackay Medical College, Taipei. He also served as the Past-President of both the Taiwan Association of Gynecologic Oncologists and The Society of Gynecologic Oncology, R.O.C. between 2008 and 2010.

Dr Wang received his MD at Kaohsiung Medical University in 1980 and completed his residency training at MMH. He further undertook gynecologic oncology fellowship training in 1990-91 at the M.D. Anderson Cancer Center, Houston, Texas. He also completed his management training program in 2000-2002 at the Institute of Hospital and Health Care Administration of National Yang-Ming University, Taiwan.

Dr Wang has published over 100 papers in peer reviewed journals. He also serves as the Editorial Board of the Journal of the Taiwan Society of Obstetrics and Gynecology (since 2000), International Journal of Gerontology (since 2007), Taiwan Medical Journal (since 2007), and Journal of the Society of Gynecologic Oncology, R.O.C. (since 1991). He has also been invited as a reviewer for a number top ranking journals such as Annals of Oncology, Gynecologic Oncology, and Fertility and Sterility etc.

**PROFESSIONAL INTERESTS AND SPECIALTIES:**

1. Gynecologic oncology
2. Robotic surgery
3. New diagnostic tool development
4. Cancer chemotherapy
5. Minimally invasive surgeries in gynecologic oncology

CHAIRPERSON

**Sang Il Park**

Department of Gynecology Oncology,
DIRAMS Cancer Center
Dongnam Institute of Radiation and Medical Science

**EDUCATION**

| | |
|---|---|
| 1990 – 1997 | College of Medicine, Pusan National University, Graduated with M.D. degree |
| 2006 – 2012 | Pusan National University, Master's degree |

**PROFESSIONAL EXPERIENCE**

| | |
|---|---|
| 2000 - 2002 | Doctor for Military Services |
| 2006 - 2008 | Fellowship (Dept. of Obstetrics and Gynecology),<br>Korea Cancer Center Hospital, Seoul, Korea |
| 2008 - 2009 | Staff Physician<br>Department of Obstetrics and Gynecology<br>Korea Cancer Center Hospital<br>Korea Institute of Radiation and Medical Science |
| 2009 - present | Chief, department of gynecology oncology<br>DIRAMS Cancer Center<br>Dongnam Institute of Radiation and Medical Science |
| 2013 - 2015 | Director of Cancer prevention & Health promotion center<br>DIRAMS Cancer Center<br>Dongnam Institute of Radiation and Medical Science |
| 2018~present | President of DIRAMS Cancer Center<br>Dongnam Institute of Radiation and Medical Science |

**MEMBERSHIPS**

Member of the Korean Medical Association
Member of the Korean Association of Obstetrics and Gynecology
Member of the Korean Association of Gynecologic Oncologists and Colposcopists
Member of the Korean Cancer Association
Member of the Korean Society of gynecolgic endoscopy and minimally invasive surgery

[K3-01]

SPEAKERS

## Jatupol Srisomboon

Department of Obstetrics and Gynecology
Faculty of Medicine, Chiang Mai University
Chiang Mai, THAILAND

### EDUCATION, TRAINING AND APPOINTMENTS

| | |
|---|---|
| 2018-present | President, Thai Gynecologic Cancer Society (TGCS) |
| 2016-2017 | President, Thai Society for Colposcopy and Cervical Pathology (TSCCP) |
| 2010-2015 | Chairman, RTCOG Gynecologic Oncology Fellowship Training Committee |
| 2010-2015 | Chairman, RTCOG Gynecologic Oncology Committee |
| 2010-2015 | Executive Committee of the Royal Thai College of Obstetricians & Gynaecologists (RTCOG) |
| 2005-2009 | Chairman, Department of Obstetrics and Gynecology, Faculty of Medicine, Chiang Mai University |
| 2005 | Professor of Obstetrics and Gynecology, Faculty of Medicine, Chiang Mai University |
| 2005 | Diplomate Thai Board of Gynaecological Oncology (Thai Medical Council) |
| 1998-present | Executive Committee, Thai Society for Colposcopy and Cervical Pathology (TSCCP) |
| 1998-present | Executive Committee of Thai Gynecologic Cancer Society (TGCS) |
| 1997 | Certificate in Gynecologic Oncology (National Cancer Center, Tokyo, Japan) |
| 1990 | Certificate in Gynecologic Oncology (M.D. Anderson Cancer Center, Texas, U.S.A.) |
| 1987 | Diplomate Thai Board of Obstetrics & Gynaecology (Thai Medical Council) |
| 1984 | Residency Training in Obstetrics and Gynecology, Faculty of Medicine, Chiang Mai University |
| 1983 | M.D. (Chiang Mai University, Chiang Mai, Thailand) |
| 1981 | B.Sc. (Chiang Mai University, Chiang Mai, Thailand) |

| | | |
|---|---|---|
| **Publication in peer reviewed journals (PubMed)** | 118 | papers |
| **Textbook** | 12 | |

[K3-01]

# Simple techniques of abdominal radical hysterectomy & pelvic lymphadenectomy for beginners in gynecologic oncology training

**Jatupol Srisomboon**

*Chiang Mai University*

Radical hysterectomy and pelvic lymphadenectomy (RHPL) either via laparotomy or laparoscopic approach is primarily a standard treatment for early-stage cervical cancer. In Chiang Mai University Hospital, during the period 1997-2017, we have performed 2,357 RHPL operations for service and fellowship training in which 119 were laparoscopic approach. The fellows are mainly trained to perform the operation via laparotomy, beginning as second assistant in year 1, as first assistant and surgeon in the first and second half of year 2, respectively.

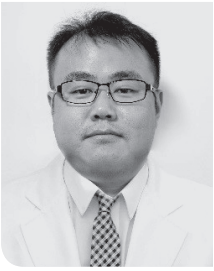
Basically, there are 20 steps of the operation which are systematic and simple for teaching the beginners in gynecologic cancer operation. The operation consists of 2 major parts, i.e. initial pelvic lymphadenectomy followed by radical hysterectomy.

**Step 1:** Positioning of the patient (Trendelenburg). **Step 2:** Skin incision (Midline incision or Maylard incision). **Step 3:** Abdominal exploration. **Step 4:** Adequate exposure of the operative field. **Step 5:** Transection of the round ligaments and utero-ovarian or infundibulo-pelvic ligaments. **Step 6:** Separation of bladder from the cervix and upper vagina. **Step 7:** Preparation of the paravesical space to identify external & internal iliac vessels and obturator nerve. **Step 8:** Preparation of the parectal space to identify bifurcation of common iliac artery, ureter, sacrum, pelvic floor, rectum and cardinal ligaments. **Step 9:** Separate external iliac vessels from the psoas muscle and dissection of common iliac and external iliac lymph nodes. **Step 10:** Dissection of superficial and deep obturator lymph nodes from lateral to medial and from distal to proximal. **Step 11:** Dissection of hypogastric lymph nodes. **Step 12:** Ligation and cutting of the uterine artery and / or vein near its origin from the hypagastric artery. **Step 13:** Opening of the rectovaginal space and dissection of the rectum from the posterior vaginal wall. **Step 14:** Freeing of the ureter from the peritoneum down to the level of uterine artery & identification of hypogastric nerve and proximal part of the inferior hypogastric plexus for sparing. **Step 15:** Cutting and ligation of the uterosacral, recto-uterine, and recto-vaginal ligaments. Avoiding injury to the hypogastric nerve and the inferior hypogastric plexus. **Step 16:** Cutting and ligation of the vascular parts of cardinal ligaments. **Step 17:** Dissection of the ureter from the vesico-uterine (VU) ligaments. **Step 18:** Cutting and ligation of the VU ligaments and the paravaginal tissue from lateral to medial. **Step 19:** Closure of the vaginal stump and hemostasis. **Step 20:** Closure of the abdomen and hysterectomy specimen examination for gross appearance, site and size of tumor, depth of stromal invasion, length of the transected vaginal and parametrial tissues, and status of the surgical margins.

Neither the retroperitoneal drainage nor peritonization is carried out. In general, the operation lasts 3-4 hours depending on difficulty of the cases and the purpose of the procedure, i.e. for fellowship training or for service purpose.

[K3-02]

SPEAKERS



## Dae Gy Hong

National Cancer Center Korea

| | |
|---|---|
| 2007-2010 | PhD. Postgraduate School of Medicine, Kyungpook National University |
| 2015-present | Associate Professor, Gynecologic Cancer Center, Chilgok Kyungpook National University Hospital |
| 2016 | International fellowship, Japanese National Cancer Center |

### ACTIVITIES

Member of Korean Society of Obstetrics And Gynecology

Member of Korean Society of Gynecologic Endoscopy & Minimally Invasive Surgery

Member of Korean Society of Gynecologic Oncology

Member of American Association of Gynecologic Laparoscopists

Member of Korean Cancer Association

### LICENSE & CERTIFICATION

Specialist of Korea Society of Obstetrics and Gynecology

Specialist of Korea Group of Gynecologic Oncology

[K3-02]

# Surgical techniques for nerve sparing in uterine cervical cancer

**Dae Gy Hong**

*Kyungpook National University Chilgok Hospital*

The vesical branch of the inferior hypogastric nerve can be accessed after dissection of the posterior vesico-uterine ligament, which is anatomically rich in vascular structures and difficult to distinguish from the surrounding connective tissue.

Although researchers have reported their own methods for nerve preservation, standardized techniques and the way how to objectify the nerve-sparing procedures during operation has not yet presented.

Experimental studies have reported the objectification of nerve-preserving procedures. An anatomical and functional visualization of the structure of the inferior hypogastric nerve has been reported using immunohistochemistry with neuronal immuno-labelling, and computer-assisted 3D reconstruction .

The report suggested that inferior hypogastric nerve has higher coexistence rate of adrenergic and cholinergic nerve fibres toward the distal end. The anatomy of inferior hypogastric nerve was confirmed by analysing postoperative data. However, it was not helpful for practical nerve preservation during surgery.

Another method for confirming the nerve preservation during or after surgery is by evaluating the function of the organs during or after surgery using intraoperative electrical stimulation. Methods for identifying pelvic autonomic nerve preservation by measuring intraoperative vesical detrusor electromyographic activity have been considered useful . However, intraoperative electrical stimulation is an indirect method for evaluating nerve preservation.

Efforts have been made to visualize nerves during surgery and directly identify nerve damage. In their study, Whitney et al. tried to visualize nerves during surgery in animal models. They used phage display to select a peptide that binded preferentially to nerves. After systemic injection of a fluorescently labelled version of the peptide in mice, all peripheral nerves were delineated. No changes in behaviour or activity were observed after treatment, indicating a lack of obvious toxicity . The fluorescent probe also labels nerves in human tissue samples. Fluorescence highlighting is independent of axonal integrity, suggesting that the probe could facilitate surgical repair of injured nerves and help prevent accidental transection. However, to our knowledge, no reports have been published on fluorescent biomarkers for in vivo study.

Our team tried to apply proteomics to the efficiency and the practical results of nerve-sparing surgery. Our research presented that current nerve-sparing surgery cannot guarantee the practical nerve sparing (9).

In conclusion there has not been standardized techniques for nerve sparing surgery. The results of nerve sparing surgery is debatable.

[K3-03]

SPEAKERS

**Dae-Yeon Kim**

Department of Obstetrics and Gynecology
Asan Medical Center, University of Ulsan College of Medicine,
Seoul, Korea

**AFFILIATION AND POSITION**

| | |
|---|---|
| 1994-1998 | Resident, Obstetrics and Gynecology, Seoul National University Hospital, Seoul, Korea |
| 2001-2003 | Clinical fellow, Division of Gynecologic Oncology, Obstetrics and Gynecology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea |
| 2009-2011 | Research fellow, Massachusetts General Hospital, Harvard medical School. |
| 2014~present | Professor, Division of Gynecologic Oncology, Obstetrics and Gynecology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea |

**EDUCATION**

| | |
|---|---|
| 1987~1993 | Seoul National University, College of Medicine, Seoul, Korea (M.D.) |
| 2005 | Seoul National University, College of Medicine, Seoul, Korea (Ph.D.) |

**PROFESSIONAL SOCIETIES & ASSOCIATIONS**

Member, Korean Gynecologic Oncology Group
Member, Korean Society of Gynecologic Oncology
Member, American Association of Gynecological Laparoscopists
Member, Gynecologic Oncology Group

**AWARDS**

2014, The best presentation from the annual meeting of the Korean Society of Gynecologic Oncology

**JOURNEY OF ROBOTIC & LAPAROSCOPIC SURGERY**

2010~present, >1000 cases of single-port laparoscopic surgery have been performed.
2009~present, >100 cases of robotic surgery have been performed.
2005~present, >200 laparoscopic radical hysterectomy have been performed

[K3-03]

# Key point to improve sentinel lymph node mapping

**Dae-Yeon Kim**
*Asan medical Center*

According to the American Cancer Society, in 2016, an estimated 12,900 cervical cancer patients were newly diagnosed in the USA, and about 4100 people died of cervical cancer . In Korea, there is a much higher incidence of cervical cancer compared with the West, although it has decreased gradually in the past few decades. Despite the fact that the present International Federation of Gynecology and Obstetrics (FIGO) staging system does not include lymph node metastasis in cervical cancer, lymph node metastasis is the most significant predictive factor for recurrence and survival in surgically treated cervical cancer patients. It is known that approximately 20% of early cervical cancer patients have pelvic lymph node metastasis. If lymph node metastasis is found, the 5-year survival rate decreases from 92 to 64%.

The standard surgical procedure for early cervical cancer includes pelvic lymphadenectomy. The complications and morbidities arising from complete pelvic lymph node dissection, such as lymphocele and lymphedema, can be substantial problems in these patients. Considering the status of lymph node metastasis, many patients may be undergoing unnecessary pelvic lymph node dissection and suffering from the resulting complications. Therefore, nodal assessment techniques, such as sentinel lymph node (SLN) mapping, are receiving much attention.

The SLN may be defined as the first regional lymph node or group of lymph nodes into which cancer cells are excreted from the primary tumor and invade during metastasis. The detection of SLN in breast, penile, and skin cancer is a standard diagnostic procedure. If an SLN tests negative for cancer, full lymph node dissection can be omitted. Several recent studies have proven the overall satisfactory efficacy of SLN biopsy in endometrial and cervical cancer. In early cervical cancer, the majority of studies of SLN biopsy have shown a detection rate of 95–100%, a false-negative rate (FNR) of 0–8%, and a negative predictive value (NPV) of 97–100%. Despite these good results, there is still controversy because of the relatively high FNR in patients with large cervical cancers.

In Korea, radical hysterectomy is preferred in the initial treatment of cervical cancer up to stages IB2 and IIA. However, SLN biopsy is not widely used. In our center (Asan Medical Center, Korea), we have performed a retrospective review of SLN biopsy in cervical cancer. Our purpose was to determine the feasibility and efficacy of SLN mapping using indocyanine green (ICG) in patients with cervical cancer.

SLN mapping with ICG in cervical cancer is feasible and has high detection rate. And it may be possible to perform SLN biopsy alone in early-stage cervical cancer when the tumor is less than 2 cm and lymph node metastasis is not suspected on image examination. However, for large or invasive tumors, we would have to be cautious about performing SLN biopsy alone. Large-scale prospective studies are needed to determine whether SLN biopsy only can be performed in early cervical cancer. Furthermore, a detailed guideline for the SLN biopsy in cervical cancer will need to be established.

[K3-04]

SPEAKERS

## Chel Hun Choi

Department of Obstetrics & Gynecology, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea

### EDUCATION AND TRAINING (IN CHRONOLOGICAL ORDER)

| Degree | mm/dd/yyyy | Institution | Discipline |
|---|---|---|---|
| B.S | 03/01/1991 ~ 02/28/1997 | Seoul National University, College of Medicine | Medicine |
| M.S | 09/01/2005 ~ 08/24/2007 | Sungkyunkwan University, College of Medicine | Ob/Gyn |
| Ph.D | 09/01/2011 ~ 02/25/2014 | Korea University, College of Medicine | Ob/Gyn |

Postdoctoral (fellowship, internship, residency, etc.)

Internship: Seoul National University Hospital, Seoul, South Korea, 03/01/1997 ~ 02/28/1998

Residency: Department of Ob/Gyn, Samsung Seoul Hospital, 05/01/2001 ~ 02/28/2005

Fellowship: Department of Ob/Gyn, Samsung Seoul Hospital, 03/01/2005 ~ 02/28/2008

### PROFESSIONAL EXPERIENCE (IN CHRONOLOGICAL ORDER)

| Dates | Positions | Institutions |
|---|---|---|
| 03/01/2007 – 02/28/2008 | Clinical Fellow | Samsung Seoul Hospital |
| 03/01/2008 – 02/28/2012 | Clinical Assistant Professor | Samsung Seoul Hospital |
| 03/01/2012 – 02/28/2016 | Assistant Professor | Samsung Seoul Hospital |
| 05/01/2014 – 07/20/2015 | Postdoc research fellow | National Cancer Institute, LP, EPL |
| 03/01/2016 – Present | Associate Professor | Samsung Seoul Hospital |

### ORGANIZATION MEMBERSHIPS AND SCIENTIFIC ACTIVITY

2004.03 ~ present: Member of the Korean Association of Obstetricians & Gynecologists

2006.03 ~ present: Member of the Korean Society of Gynecologic Oncology and Colposcopy

2006.03 ~ present: Member of the Korean Society of Gynecologic Endoscopy

2010.09 ~ present: Member of the Korean Cancer Association

2011.03 ~ present: Member of the Korean Gynecologic Oncology Group

[K3-04]

# Single-port surgery

**Chel Hun Choi**
*Samsung Seoul Hospital*

Laparoscopic surgeries are routinely used to perform gynecological operations and technological advances have enabled the use of laparoscopy in gynecological oncology operations. Accumulating data have demonstrated the possibility of replacing conventional multiple port laparoscopy with single-site surgery for treating gynecological malignancies. This evolving surgical approach is expanding due to improvements in the recovery time, and it is associated with a shorter hospital day, lower analgesic requirements, fewer complications and patient satisfaction with the cosmetic appearance

Nonetheless, several concerns remain about the feasibility of this approach in complex surgical procedures. Radical hysterectomy is complex pelvic procedure that requires many space developments with the appropriate retraction of tissues. Without appropriate retraction, surgical procedures are difficult to perform, especially when using the laparoendoscopic single-site (LESS) approach with a limited number of hands. We present our experience with single-port access laparoscopic radical hysterectomy with pelvic lymph node dissection.

In this presentation, I will show the procedures and considerations in the SPA surgery for gynecological cancers.

[K3-05]

SPEAKERS

**Rongyu Zang**

Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Fudan University Zhongshan Hospital, Shanghai, China

**EDUCATION**

Medical Doctor

Sep. 1984 Jul. 1989 Suzhou Medical College, Jiangsu Province, P. R. China PhD

Sep. 1994 Jul. 1999 Fudan University, Shanghai, P.R.China

**PUBLICATIONS (PART)**

1. Shi T, Jiang R, Yu J, Yang H, Tu D, Dai Z, Shen Y, Zhang Y, Cheng X, Jia H, Tu R, Wang H, Tang J, Luan Y, Cai S, Zang R*; SGOG-OV/AICE Investigators. Addition of intraperitoneal cisplatin and etoposide to first-line chemotherapy for advanced ovarian cancer: a randomised, phase 2 trial. Br J Cancer 2018 Jun 14. doi: 10.1038/s41416-018-0036-7. [Epub ahead of print]
2. Shi T, Wang P, Xie C, Yin S, Shi D, Wei C, Tang W, Jiang R, Cheng X, Wei Q, Wang Q*, Zang R*. BRCA1 and BRCA2 mutations in ovarian cancer patients from China: ethnic-related mutations in BRCA1 associated with an increased risk of ovarian cancer. Int J Cancer 2017; doi: 10.1002/ijc.30633.
3. Ren Y, Jiang R, Yin S, You C, Liu D, Cheng X, Tang J, Zang R.Radical surgery versus standard surgery for primary cytoreduction of bulky stage IIIC and IV ovarian cancer: anobservational study. BMC Cancer. 2015 Aug 13;15:583. doi: 10.1186/s12885-015-1525-1.
4. Chen K, Ma H, Li L, Zang R, Wang C, Song F, Shi T, Yu D, Yang M, Xue W, Dai J, Li S, Zheng H, Wu C, Zhang Y, Wu X, Li D, Xue F, Li H, Jiang Z, Liu J, Liu Y, Li P, Tan W, Han J, Jie J, Hao Q, Hu Z, Lin D, Ma D, Jia W, Shen H, Wei Q. Genome-wide association study identifies new susceptibility loci for epithelial ovarian cancer in Han Chinese women. Nat Commun 2014;5:4682. doi:10.1038/ncomms 5682.

# [K-4] Film Session

CHAIRS

Neerja Bhatla(India)

Soo Young Hur(Korea)

SPEAKERS

**[K4-01]**
**Principle of pelvic lymph nodes dissection for new gyne-oncology fellow**
Hariyono Winarto(Indonesia)

**[K4-02]**
**Hysteroscopy in gynecologic oncology**
Navamol Lekskul(Thailand)

**[K4-03]**
**Nerve-sparing radical hysterectomy**
Tomoyasu Kato(Japan)

**[K4-04]**
**Updates in robotic assisted radical hysterectomy**
Jae Yun Song(Korea)

**[K4-05]**
**Robotic lower pelvic port placement for optimal upper paraaortic lymph node dissection**
Jiheum Paek(Korea)

**[K4-05]**
**Laterally extended endopelvic resection with nephrectomy for recurrent cervical cancer**
Soo Jin Park(Korea)

CHAIRPERSON

**Neerja Bhatla**

Professor
Department of Obstetrics & Gynaecology
All India Institute of Medical Sciences
Ansari Nagar, New Delhi, India

Dr Neerja Bhatla is Professor in the Division of Gynaecologic Oncology, Department of Obstetrics & Gynaecology at the All India Institute of Medical Sciences, New Delhi. She is currently Chairperson of the FIGO Committee for Gynecologic Oncology and Council Member of the Asian Society of Gynecologic Oncology (ASGO).

She has undertaken numerous research projects in India on cervical cancer prevention including screening in low resource situations, HPV epidemiology, a trial of the rapid, affordable HPV test and HPV vaccine trials, both prophylactic and therapeutic vaccines. She has been the recipient of a UICC ICRETT Fellowship at the University of Cape Town and has worked in collaboration with WHO's International Agency for Research on Cancer (IARC), Lyon, France, Johns Hopkins Bloomberg School of Public Health, University of Michigan, Arizona State University and Duke University, USA.

Professor Bhatla has published over 160 papers in national and international journals, has contributed to guidelines of the International Federation of Gynecology & Obstetrics (FIGO), American Society of Clinical Oncology (ASCO) and Asia Oceania research organization on Genital Infections & Neoplasia (AOGIN) and has been instrumental in bringing out the FOGSI Recommendations on Screening and Management of Preinvasive Lesions of Cervix and HPV Vaccination (2018). She has contributed over 50 chapters in books and has edited the International Edition of Jeffcoate's Textbook of Gynaecology.

[K-4] Film Session

CHAIRPERSON

## Soo Young Hur

Professor, Department of OB & GY, Seoul St. Mary's Hospital, The Catholic University of Korea

### EDUCATION

| | |
|---|---|
| 1985~1989: | Medical Course, College of Medicine, The Catholic University of Korea |
| 1997~1999: | Master course, Postgraduate school, College of Medicine, The Catholic University of Korea |
| 2001~2004: | PhD. Postgraduate school, College of Medicine, The Catholic University of Korea |

### PROFESSIONAL BACKGROUND

| | |
|---|---|
| 1999 ~ 2001: | Research Fellow,<br>Department of Immunology, Roswell Park Cancer Institute, NY, USA |
| 2001 ~ 2005: | Assistant Professor,<br>Department of OB & GY, Holy Family Hospital, The Catholic University of Korea |
| 2005 ~ 2009: | Associate Professor,<br>Department of OB & GY, Holy Family Hospital, The Catholic University of Korea |
| 2010 ~ present: | Professor,<br>Department of OB & GY, Seoul St. Mary's Hospital, The Catholic University of Korea |

### AWARD

1. 22th Scientific paper Award
   : 19th Korean Society of gynecologic Oncology and Colposcopy, 2007
2. 19th Korea Science and Technology Award
   : The Korea Federation of Science and Technology Societies Seoul, Korea, 2009
3. Best Paper Award
   : 97th Korean Society of Obstetrics & Gynecology, 2011

[K4-01]

SPEAKERS

## Hariyono Winarto

Faculty Staff of Faculty of Medicine in Universitas Indonesia (FMUI) - Dr. Cipto Mangunkusumo Hospital (CMH) Jakarta Indonesia
Gynecologic Oncology Subspecialist Education Coordinator in FMUI - CMH

**EDUCATION**

| | |
|---|---|
| 1989-1995 | Medical Student in Faculty of Medicine Universitas Indonesia |
| 1996-1999 | GP in Wonogiri District, Central Java, Indonesia |
| 1999-2003 | Gynecology and Obstetrics resident in FMUI - CMH |
| 2003-2005 | Gynecology and Obstetrics Faculty Staff in FMUI – CMH |
| 2005-2009 | Gynecologic Oncology Fellow in FMUI – CMH |
| 2008-2009 | Research Fellow in Pathology Department, Leids Universitair Medical Center, Leiden, The Netherlands |
| 2009-2010 | Gynecologic Oncology Fellow in Utrecht Universitair Medical Center, Utrecht, The Netherlands |
| 2010-2014 | Doctoral in Biomedics, FMUI - CMH |

[K4-01]

# Principle of pelvic lymph nodes dissection for new gyne-oncology fellow

**Hariyono Winarto**
*Universitas Indonesia*

Pelvic lymph nodes dissection (PLND) is part of the basic surgical skill application that every fellow must learn by heart. This activity requires not only cognitive but also psychomotor skills that should be developed. At the end of education, the fellow should reach enough competency in doing PLND. The process of this knowledge and skill transfer is easier to be delivered by laparoscopy, since it is more detail and visible for the learners. This could be a challenge in the Indonesian situation that most of General Gynecology Education does not use laparoscopy as a standard in gynecology surgery. The most important thing is how to make the easiest method of learning to reach a high level of patient safety. In the learning the fellow has 2 important things: anatomy and surgical technique. For the patient safety reason, we teach our new fellow to start always from the lateral.

[K4-02]

SPEAKERS

## Navamol Lekskul

Ramathibodi Hospital, Thailand

Doctor Navamol Lekskul received the Diplomate Thai Board of Obstetrics and Gynaecology in 2007. Her further educations include the Certificate of Accreditation in Level2 and Level3 Minimally Invasive Surgery from KK Women's and Children's Hospital, Singapore in 2011.

She continued to work in the Minimally Invasive Surgery Unit of KK Hospital where she was also a member of the KKH Robotic team until 2013.

After her return to Thailand, she accomplished the Diplomate Thai Sub board of Gynecologic Oncology in 2015 and is currently a lecturer at the Gynecologic Oncology Unit, Department of Obstetricss and Gynaecology, Ramathibodi Hospital, Mahidol University.

[K4-02]

# Hysteroscopy in gynecologic oncology

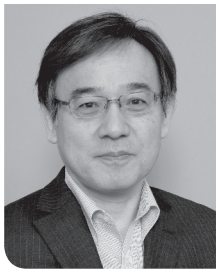
**Navamol Lekskul**
*Ramathibodi Hospital*

Endometrial cancer is one of the most common gynecologic malignancies. Early presentation of abnormal vaginal bleeding usually warrants the prompt treatment; however, histologically positive endometrial biopsy is compulsory for definitive diagnosis. Although transvaginal ultrasound and endometrial biopsy are beneficial tools for investigation, the occasional failure to acquire sufficient endometrial tissue is undeniable. Consequently, hysteroscopy with endometrial biopsy or uterine curettage is recommended with higher accuracy and specificity. Still, the pressure of the distension media should be lowest possible to minimize the potential of malignant cell spillage, the controversial issue of worsening prognosis.

As sentinel lymph node mapping is playing an important role to limit routine systematic lymphadenectomy, hysteroscopic injection possibly increases the detection rate in the para-aortic area. Furthermore, in fertility-sparing treatment, hysteroscopic resection of tumor is implemented in combination with high-dose progestin therapy.

[K4-03]

SPEAKERS



## Tomoyasu Kato

Chief, Gynecology Division, National Cancer Center Hospital, Tokyo

### EDUCATION

| | |
|---|---|
| 1983 | M.D, Tokyo Medical & Dental University, Japan |
| 1976 | Graduated from High School |

### POSTDOCTORAL TRAINING

| | |
|---|---|
| 1983-1985 | Residency (Obstetrics & Gynecology): Kawasaki Municipal Hospital, Kanagawa |
| 1985-1988 | Residency (Gynecologic Oncology): National Cancer Center Hospital, Tokyo |

### HOSPITAL APPOINTMENTS

| | |
|---|---|
| 1991-2005 | Staff, Gynecology Division, Cancer Institute Hospital, Tokyo |
| 2006-2014 | Head, Gynecology Division, National Cancer Center Hospital, Tokyo |
| 2015-present | Chief, Gynecology Division, National Cancer Center Hospital, Tokyo |

### LICENSE AND CERTIFICATION

| | |
|---|---|
| 1983 | Medical License Registration, Japan #273241 |
| 1988 | Japanese Board of Obstetrics & Gynecology |
| 1993 | Japanese Board of Clinical Cytology |
| 1998 | Federation of International Academy of Cytology |
| 2007 | Japanese Board of Gynecologic Oncology |
| 2008 | Japanese Board of Cancer Therapy |

### PROFESSIONAL APPOINTMENT/MEMBERSHIP

Japanese Society Obstetrics & Gynecology
Japanese Society of Gynecologic Oncology
Japanese Society of Clinical Oncology
Japanese Society of Clinical Cytology
Japanese Society of Cancer Research
Japanese Society of Gynecologic Oncology
Japanese Association of Medical Artificial Intelligence
International Gynecologic Cancer Society
International Academy of Cytology

### CLINICAL TRIAL GROUP

Japanese Gynecologic Oncology Group: Member
Japan Clinical Oncology Group: Member

[K4-03]

# Nerve-sparing radical hysterectomy

**Tomoyasu Kato**
*National Cancer Center Hospital*

Nerve-sparing radical hysterectomy is not so difficult procedure, finding simply the layer and dissect along it. The fascia that includes the autonomic nerves in the pelvic cavity, is called the Ureterohypogastric fascia.

1. How to identify the ureterohypogastric fascia; Developing the pararectal space between the ureter and the internal iliac vessels, the hypogastric nerves (HGN) running along the rectum is to be identified. The ureter is separated from the retroperitoneum and this tissue plane is kept facing downwards. The ureter should not be free from the posterior layer of the broad ligament. HGN are found to be running in parall under 3-4cm of the ureter. This tissue plane is corresponded to the ureterohypogastric fascia (UHF), which includes the HGN and the pelvic plexus.
2. Procedures along the UHF

   Outside the UHF: Pelvic lymph node dissection is performed. The cardinal ligaments above the middle rectal artery are dissected to raise radicality at pelvic side-wall with preserving the pelvic splanchnic nerves

   Inside the UHF: Dissection of the anterior layer of vesicouterine ligaments with keeping the UHF. With this fascia, the depth of dissection is easy to understand.
3. Procedures after incision of the UHF

   At this stage, the UHF is incised at midline between the HGN and the ureter for the first time. The visceral stump of the cardinal ligament is mobilized ventrally above the hypogastric nerve before dissection of the uterosacral and rectovaginal ligaments for complete preservation of the pelvic plexus. Then the rectovaginal ligamentsare clamped with right angle forceps. To maximize preservation of bladder branches,

The essence of this technique will be shown in video.

[K4-04]

SPEAKERS

## Jae Yun Song

Professor
Department of Obstetrics & Gynecology,
Anam Hospital, College of Medicine, Korea University

### EDUCATION

| | |
|---|---|
| 1992 - 1998 | M.D degree from Korea University, College of Medicine, Seoul, Korea |
| 2000 - 2002 | Master's degree from Korea University, Graduate School, Seoul, Korea |
| 2002 - 2007 | Ph.D. degree from Korea University, Graduate School, Seoul, Korea |

### CAREER

| | |
|---|---|
| 1998.3 - 1999. 2 | Medical Internship in Anam Hospital, Korea University |
| 1999.3 - 2003.2 | Residency of OB&GY in Anam Hospital, Korea University |
| 2003.3 | Korean Board of OB&GY |
| 2003.5 - 2006.4 | Public health doctor, Jang-Heung Health Center, Yang-Ju city, Kyungki-Do, Korea |
| 2006.5 - 2007.2 | Fellowship Division of Gynecologic Oncology in Anam Hospital, Korea University |
| 2007.3 - 2010.2 | Clinical Assistant professor Division of Gynecologic Oncology of OB&GY in Anam Hospital, Korea University |
| 2010.3 - 2013.2 | Assistant professor Division of Gynecologic Oncology of OB&GY in Anam Hospital, Korea University |
| 2013.3 - 2017.2 | Associate Professor Division of Gynecologic Oncology of OB&GY in Anam Hospital, Korea University |
| 2014.3 - 2015.2 | UCI medical center, Department of Gynecological Oncology Research |
| 2017.3 - present | Professor Division of Gynecologic Oncology of OB&GY in Anam Hospital, Korea University |

### SUBSPECIALTY

Gynecologic Oncology

### MEMBERSHIP

The Korean Society of Gynecologic Oncology
The Korean Society of Obstetrics and Gynecology
The Korean Society of Gynecologic Endoscopy and Minimal Invasive Surgery
The Korean Cancer Association

[K4-04]

# Updates in robotic assisted radical hysterectomy

**Jae Yun Song**
*Korea University*

In the last decade, the indications for clinical application of robotic surgery in gynecological oncology have been rapidly expanded. Shortly after the U.S. Food & Drug Administration (FDA) clearance for gynecologic surgery in 2005. Robotic assisted radical hysterectomy had improved clinical outcomes compared to open radical hysterectomy in the treatment of cervical cancer in terms of estimated blood loss, intra-operative complications, transfusion rates, and length of stay. Recently, sentinel lymph node (SLN) which is the first lymph for drainage of lymph from the initial tumors and indicates the progression of cancer in the lymphatic system widely used in gynecologic oncology surgery. Sentinel lymph node mapping has become the standard of care to assess lymphatic dissemination in breast cancer, melanoma, and vulvar cancer. The clinical value of SLN mapping is based on a high sensitivity and reliable negative predictive value to detect nodal involvement. Ideally, SLN mapping would be highly feasible and provide the accuracy of systematic LAN in identifying patients with lymph node metastasis while decreasing surgical morbidity and operative times. On the robotic flatform, there is near-infrared fluorescence of indocyanine-green for SLN mapping and it has been shown to improve the total and bilateral pelvic detection-rates. In this film, I will introduce updates in robotic assisted radical hysterectomy with SLN using near-infrared fluorescence of indocyanine-green.

[K4-05]

SPEAKERS

**Jiheum Paek**

Gynecologic Cancer Center
Department of Obstetrics and Gynecology
Ajou University Hospital

**AFFILIATION AND POSITION**

| | |
|---|---|
| 2002~2006 | Resident, Obstetrics and Gynecology, Hanyang University Hospital, Seoul, Korea |
| 2009~2011 | Clinical Research Assistant Professor, Division of Gynecologic Oncology, Obstetrics and Gynecology, Yonsei University College of medicine, Seoul, Korea |
| 2011~2017 | Assistant Professor, Gynecologic Cancer Center, Obstetrics and Gynecology, Ajou University School of Medicine, Suwon, Korea |
| 2017~present | Associate Professor, Gynecologic Cancer Center, Obstetrics and Gynecology, Ajou University School of Medicine, Suwon, Korea |

**EDUCATION**

| | |
|---|---|
| 1995~2001 | Hanyang University College of Medicine, Seoul, Korea (Doctor of Medicine) |
| 2012~2017 | Yonsei University College of Medicine, Graduate School, Seoul, Korea (Ph.D.) |
| 2017~2018 | Visiting Scholar, Department of Gynecology Oncology and Robotic Surgery, Center of Hope, University of Nevada, Reno, USA |

**PROFESSIONAL SOCIETIES & ASSOCIATIONS**

Board Member and Secretary, Asian Society for Gynecologic Robotic Surgery
Member, Korean Cancer Association
Member, Korean Society of Gynecologic Oncology and Colposcopy
Member, International Gynecologic Cancer Society
Member, American Association of Gynecological Laparoscopists
Member, European Society for Gynaecological Endoscopy

**PUBLICATIONS**

Paek J, et al. A comparison between reduced-port robotic surgery and multiport robot-assisted laparoscopy for myomectomy. Eur J Obstet Gynecol Reprod Biol. 2017;213:53-7.
Paek J, et al. Robotic or laparoscopic sacrohysteropexy versus open sacrohysteropexy for uterus preservation in pelvic organ prolapse. Int Urogynecol J. 2016;27(4):593-9.
Paek J, et al. Robotic single-site versus laparo-endoscopic single-site surgery for adnexal tumours: a propensity score-matching analysis. Int J Med Robot. 2016;12(4):694-700.
Paek J, et al. Robotic single-site versus laparoendoscopic single-site hysterectomy: a propensity score matching study. Surg Endosc. 2016;30(3):1043-50.

[K4-05]

# Robotic lower pelvic port placement for optimal upper paraaortic lymph node dissection

**Jiheum Paek**[1,2], Peter C. Lim[2]

[1]*Ajou University School of Medicine*

[2]*University of Nevada, Reno School of Medicine*

Upper paraaortic lymph node dissection (UPALD) to the infrarenal level is one of the most challenging robotic procedures. Because robotic system has the limitation in robotic arm mobility. This surgical video introduces a novel robotic approach, lower pelvic port placement (LP3), to perform optimally and simultaneously both UPALD and pelvic procedures in gynecologic cancer patients using da Vinci Xi system. The patient presented with high-grade endometrial cancer. She underwent robotic surgical staging operation. For the setup of the LP3, a line was drown between both anterior superior iliac spines. At 3 cm below this line, another line was drown and four robotic ports were placed on this line. After PALD was completed, the boom of robotic system was rotated 180 degree to retarget for the pelvic LD. Robotic ports were placed and docked again. The operation was completed robotically without any complication. The LP3 was feasible for performing simultaneously optimal PALD as well as procedures in pelvic cavity in gynecologic cancer patients. The advantage of LP3 technique is the robotic port placement that affords for multi-quadrant surgery, abdominal and pelvic dissection. The LP3 is facilitated by utilizing advanced technology of Xi system, including the patient clearance function, the rotating boom, and 'port hopping' that allows using every ports for a camera. The LP3 will enable surgeons to extend the surgical indication of robotic surgical system in the gynecologic oncologic field.

**Keywords:** Robotic surgical procedures; Lymph node excision

[K4-06]

SPEAKERS

## Soo jin Park

Seoul National University College of Medicine, Korea

**EDUCATIONS**

| | |
|---|---|
| 2007-2011 | Bachelor of Science in Biology, College of Natural Sciences, Seoul National University |
| 2011-2015 | Doctor of Medicine, College of Medicine, Seoul National University |

**TRAININGS**

| | |
|---|---|
| 2015-2016 | Internship, Seoul National University Hospital |
| 2016-Present | Residency in Department of Obstetrics and Gynecology, Seoul National university Hospital |

**AWARDS**

| | |
|---|---|
| 2017 | Award for the best oral presentation, the Korean Society of Gynecologic Endoscopy |

**PUBLICATIONS**

Park SJ, Kim J, Kim SN, Lee EJ, Oh S, Seol A, Lee N, Chang SJ, Kim HS. Practice patterns of surgery for advanced ovarian cancer: analysis from international surveys. PLOS one 2018.

[K4-06]

# Laterally extended endopelvic resection with nephrectomy for recurrent cervical cancer

**Soo Jin Park**

*Seoul National University College of Medicine*

Among recurrent cervical cancer patients, about 5-8% show the pelvic wall recurrence which tends to pose a challenge in controlling tumor progression. In case of cervical cancer patients to whom radical hysterectomy and chemo-radiation have been already applied, palliative chemotherapy or targeted therapy does not appear to improve their prognoses due to tumors being biologically resistant to drugs. In such cases where alternative methods are not available, laterally extended endopelvic resection (LEER), which is a radical excision, is considered helpful for controlling the pelvic side wall tumors. As a highly complicated surgical procedure for removing a tumor on a pelvic wall, LEER allows obtaining R0 resection based on ontogenetic planes encircling the pelvic side wall tumor. The procedure includes resection of internal iliac vessels and pelvic muscles such as obturator internus, pubococcygeus, iliococcygeus and coccygeus muscles. As only external iliac vessels remain after LEER, the procedure may be applied only under the condition of unilateral and solitary involvement of tumors on pelvic side wall. However, LEER requires sufficient surgical experience and understanding of the pelvic anatomy because LEER is a high-risk procedure in terms of intraoperative and postoperative complications such as massive bleeding, neuropathy by injury of the sciatic nerve, and bowel fistula, etc.

For helping your understanding, we would like to introduce a case of patient requiring LEER for recurrent cervical cancer. She had received radical hysterectomy followed by radiotherapy for treating cervical cancer a few years ago, and has chronic renal failure hindering palliative chemo- or targeted therapy. The tumors are located on the pelvic wall, and fine needle aspiration biopsy showed invasive squamous cell carcinoma. As the tumor involved in left ureter, we planned on LEER including anterior pelvic exenteration, and left nephrectomy. In this session, we will show LEER procedure step by step, and the results from four-year experience of LEER for treating the pelvic side wall tumors.

MEMO

ASGO WORKSHOP

# Day 2

August 25(Sat)

**[K-5]**
A Guide for Early Career Researchers

**[K-6]**
Junior Session(Oral-2)

**[K-7]**
How to Care Well BRCA Mutation Carriers?

ASGO WORKSHOP

# [K-5] A Guide for Early Career Researchers

CHAIRS

Efrén Domingo(Philippines) Young Tae Kim(Korea)

SPEAKERS

**[K5-01]**
**Gynecologic cancer in Asia: epidemiology**
Young-Joo Won(Korea)

**[K5-02]**
**Good reviewer's the best writer**
Sung-Jong Lee(Korea)

**[K5-03]**
**Tips for success as an academic clinical investigator**
Jeong-Yeol Park(Korea)

**[K5-04]**
**Publication ethics & research integrity**
Kidong Kim(Korea)

CHAIRPERSON

## Efren J. Domingo

Professor of Obstetrics and Gynecology and Gynecologic Oncology

Chairman, Department of Obstetrics and Gynecology, Philippine General Hospital (2016-present)
Professor 12, Obstetrics and Gynecology and Gynecologic Oncology, University of the Philippines, College of Medicine – Philippine General Hospital
Past Chairman, Department of Obstetrics and Gynecology, St. Luke's Medical Center, Global City (2013-2015)
Vice-Chairman for Services, Department of Obstetrics & Gynecology, University of the Philippines, College of Medicine - Philippine General Hospital (2013-2015)
Vice-Chairman for Training and Education, Department of Obstetrics & Gynecology, University of the Philippines, College of Medicine - Philippine General Hospital (2010-2012)
Vice-Chairman for Academic Affairs, Department of Obstetrics and Gynecology, Makati Medical Center (2010 to 2012)
Chief of General Service B, University of the Philippines, College of Medicine – Philippine General Hospital
Chief, Section of Gynecologic Oncology, Department of Obstetrics and Gynecology, Philippine General Hospital (2003-2012)
Executive Director, UP Manila Primary Reproductive and Health Care Center Planning Coordinator, Associate Dean's Office (1995-1997)
Residents' Training Officer, Manila Doctors Hospital (2001-2003)
Residents' Training Officer, Department of Obstetrics and Gynecology, Philippine General Hospital (2001-2005)

CHAIRPERSON

**Young Tae Kim**

Division of Gynecologic Oncology,
Department of Obstetrics and Gynecology,
Yonsei University College of Medicine

## EDUCATION AND PREVIOUS TRAINING

1980 Mar. - 1982 Feb.
Premedical Course, Yonsei University College of Science and Engineering, Seoul, Korea

1982 Mar. - 1986 Feb.
M.D. degree from Yonsei University College of Medicine, Seoul, Korea

2007 Mar. - Present
Professor & Director of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, Korea

## RECENT PUBLICATIONS

"Perioperative Outcomes of 3-Arm Versus 4-Arm Robotic Radical Hysterectomy in Patients with Cervical Cancer."
Yim GW, Eoh KJ, Chung YS, Kim SW, Kim S, Nam EJ, Lee JY, **Kim YT. (Corresponding author)**
J Minim Invasive Gynecol. 2018: 25(5):823-831. PMID: 29287717 IF: 3.061

"Upregulation of homeobox gene is correlated with poor survival outcomes in cervical cancer" Kyung Jin Eoh, Hee Jung Kim, Jung-Yun Lee, Eun Ji Nam, Sunghoon Kim, Sang Wun Kim, **Young Tae Kim (Corresponding author)**
Oncotarget. 2017; 8:84396-84402. PMID: 29137433 IF: 5.168

"Robot-assisted staging using three robotic arms for endometrial cancer: Comparison to laparoscopy and laparotomy at a single institution."
Jung YW, **Kim YT.**
Journal of Surgical Oncology. 2010:101;116-121 **(Corresponding author)**

And **other 130 SCI(E) articles**.

[K5-01]

SPEAKERS

## Young-Joo Won

National Cancer Control Institute, National Cancer Center

### EDUCATIONAL BACKGROUND

| | |
|---|---|
| 1991 | Yonsei University; Health Science; B.A. |
| 1997 | Yonsei University; School of Public Health; M.P.H. |
| 2006 | Catholic University; School of Public Health; Ph.D. |

### PROFESSIONAL CAREER

| | |
|---|---|
| 03 .2012 - Present | Head, Division of Cancer Registration & Surveillance, NCC, Korea |
| 03. 2016 - Present | Associate Professor, GCSP, NCC, Korea |
| 03. 2014 - 02. 2016 | Assistant Professor, Graduate School of Cancer Science and Policy, NCC, Korea |
| 05. 2009 - 04. 2010 | Visiting Scientist, Emory University Rollins School of Public Health, USA |
| 10. 2008 - 04. 2009 | Chief, Cancer Registration & Statistics Branch, NCC, Korea |
| 07. 2000 - Present | Researcher in Branch of Cancer Registration &Statistics, NCC |

### RESEARCH FIELD

Cancer Registration and Statistics, Multiple primary cancers, Childhood, AYA and Rare cancers, etc.

Jung KW, Won YJ, Kong HJ, Lee ES. Prediction of Cancer Incidence and Mortality in Korea, 2018. Cancer Res Treat. 2018 Apr;50(2):317-323.
Jung KW, Won YJ, Kong HJ, Lee ES, The community of Population-Based Regional Cancer Registries. Cancer Statistics in Korea: Incidence, Mortality, Survival, and Prevalence in 2015. Cancer Res Treat. 2018 Apr;50(2):303-316.
Lee JY, Kim S, Kim YT, Lim MC, Lee B, Jung KW, Kim JW, Park SY, Won YJ. Changes in ovarian cancer survival during the 20 years before the era of targeted therapy. BMC Cancer. 2018 May;18(1):601
Joung JY, Kwon WA, Lim J, Oh CM, Jung KW, Kim SH, Seo HK, Park WS, Chung J, Lee KH, Won YJ. Second Primary Cancer Risk Among Kidney Cancer Patients in Korea: A Population-Based Cohort Study. Cancer Res Treat. 2018 Jan;50(1):293-301.
Shin A, Oh CM, Kim BW, Woo H, Won YJ, Lee JS Lung Cancer Epidemiology in Korea. Cancer Res Treat. 2017 Jul;49(3):616-626.
Park S, Oh CM, Cho H, Lee JY, Jung KW, Jun JK, Won YJ, Kong HJ, Choi KS, Lee YJ, Lee JS. Association between screening and the thyroid cancer "epidemic" in South Korea: evidence from a nationwide study. BMJ. 2016 Nov 30;355:i5745.
Park SM, Yun YH, Kim YA, Jo M, Won YJ, Back JH, Lee ES. Prediagnosis Body Mass Index and Risk of Secondary Primary Cancer in Male Cancer Survivors: A Large Cohort Study. J Clin Oncol. 2016 Dec;34(34):4116-4124.
Cancer Incidence in Five Continents, Vol. IX and Vol. X
Cancer survival in Africa, Asia, the Caribbean and Central America (Cancer survival, 1996-2001, 155-162)

[K5-01]

# Gynecologic cancer in Asia: epidemiology

**Young-Joo Won**

*National Cancer Center*

This presentation shows the descriptive epidemiological data for invasive gynecologic cancer (GC), including the incidence, mortality, and survival in Asia.

The incidence and mortality statistics presented for GC were acquired from the Cancer Incidence in Five Continents Vol. X and GLOBOCAN 2012 database published by the International Agency for Research on Cancer. The data of cancer survival were acquired from CONCORD-3, a worldwide population-based study.

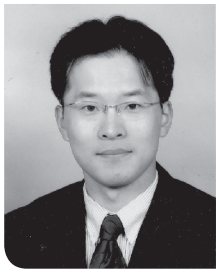
GC is the most common cancer in women. In 2012, cervical cancer (CC) is ranked as the 3rd most common with an estimated 284,823 [age-standardized rate (ASR) world (W): 12.7] new cases and ovarian cancer (OC) as the 9th most common in women with nearly 111,887 [ASR(W): 5.0] new cases in Asia. CC and OC are the 5th and 8th most common causes of cancer-related deaths in Asian women with more than 144,400 and 66,200 deaths in 2012 (8.0% and 3.7% of the total number of deaths), respectively. For CC and OC, a total of 362,505 and 147,239 new cancer cases, respectively, and 196,549 and 91,783 cancer-related deaths, respectively, are expected to occur in Asia in 2025.

Data for CC during 2010–2014 revealed that the age-standardized 5-year net survival rate was 70% or higher in Korea, Japan, and Taiwan. For OC, the survival rate was in the range of 40% to 49% in Singapore (south Asia), China, Korea, Japan, Taiwan (east Asia), Israel, and Turkey (west Asia).

The epidemiological statistics and transitions of GC showed wide variations in Asia.

[K5-02]

SPEAKERS



**Sung-Jong Lee**

Department of Obstetrics & Gynecology,
St. Vincent's Hospital, College of Medicine,
The Catholic University of Korea

**EDUCATION**

| | |
|---|---|
| 1993~1999 | M.D., College of Medicine, The Catholic University of Korea |
| 2000~2002 | M.S., Obstetrics & Gynecology, The Catholic University of Korea |
| 2002~2009 | Ph.D, Obstetrics & Gynecology, The Catholic University of Korea |

**PROFESSIONAL BACKGROUND**

| | |
|---|---|
| 2000 ~ 2004 | Residency, Department of Obstetrics & Gynecology, College of Medicine, Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, Korea |
| 2004 ~ 2007 | Korean Army service, Department of Obstetrics & Gynecology, Wonju Medical Center, Korea |
| 2007 ~2009 | Fellowship, Division of Gynecologic Oncology, Department of Obstetrics & Gynecology, College of Medicine, Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, Korea |
| 2009 ~ 2013 | Assistant Professor, Department of Obstetrics & Gynecology, St. Vincent's Hospital, The Catholic University of Korea, Suwon, Korea |
| 2013 ~ 2014 | Post Doc Fellowship at Department of Pathology, The Johns Hopkins University School of Medicine, Baltimore, MD, USA |
| 2013 ~ 2018 | Associated Professor, Department of Obstetrics & Gynecology, St. Vincent's Hospital, The Catholic University of Korea, Suwon, Korea |
| Mar 2018 ~ Present | Professor, Department of Obstetrics & Gynecology, St. Vincent's Hospital, The Catholic University of Korea, Suwon, Korea |

[K5-02]

# Good reviewer's the best writer

**Sung-Jong Lee**
*The Catholic University of Korea*

Selecting target journal and hot topics is very important step for acceptance and publication of your paper. For example, if you read recent issues, you can very quickly identify what is going on and what is current trend in gynecologic field.

How to start writing manuscript easily and effectively? First write the "methods" section. And then construct "figures and tables", and describe "results" section. Next, make "introduction and discussion". Summarize everything in "abstract", and then condense "abstract" into "conclusion" section.

In methods, past tense and passive voice are frequently used. Time sequenced description is easy to explain. Be careful about spacing when you describe numeric data. Interestingly, there is no spacing in %, degree, and degree Celsius. Please don't forget to get approval of IRB.

In results, it is better to describe your data based on the order of importance. Please explain, "Do not List", your experimental data to the reader for easy understanding. For example, 25% is better expression than "1 of 4". Also construction of "table" is very useful for description of numeric data.

In discussion, first you start with summary of the most important findings in your study and next describe significant findings. You can also explain opposite data to your results using reference. You can mention limitation of study, if it is necessary. Finally, you close with author's opinion in the last paragraph.

[K5-03]

SPEAKERS

## Jeong-Yeol Park

University of Ulsan, Asan Medical Center

### EDUCATIONAL BACKGROUND

| | |
|---|---|
| 1989-1995 | M.D. from Gyeongsang University Medical College |
| 1997-2000 | Master from Ulsan University Medical College |
| 2002-2009 | PhD from Ulsan University Medical College |

### POST GRADUATE TRAINING

| | |
|---|---|
| 1999-2000 | Internship at College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea |
| 2000-2004 | Residency at Department of Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea |
| 2004-2007 | Public Health Care Doctor at Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Center for Uterine Cancer, National Cancer Center, Research Institute and Hospital, Korea |
| 2007-2009 | Clinical fellowship at Department of Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea |
| 2009-Present | Clinical associate professor at Department of Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea |

### BOARD CERITIFICATE

Certified as Specialist in Obstetrics and Gynecology by the Korean Board of Obstetrics and Gynecology (2004)

### MEMBERSHIP

| | |
|---|---|
| 2004 | Korean Society of Cancer Prevention |
| 2004 | Korean Society for Public Health and Medicine |
| 2007 | American Association of Gynecologic Laparoscopist (AAGL) |
| 2010 | Korean Gynecologic Oncology Group |
| 2016-Present | Secretary General of Korean Society of Obstetrics and Gynecology |

[K5-03]

# Tips for success as an academic clinical investigator

**Jeong-Yeol Park**
*University of Ulsan, Asan Medical Center*

Clinical investigators are individuals who spend about 50%-75% of their time engaged in clinical research. Clinician-researchers or clinician-scholars means the same position with clinical investigators. Clinical research in this context includes clinical trials, observational studies, outcome research, health services research, or translational research. But, the research area is not limited to these. Many benchmarks have been used to quantify success as an academic clinical investigator. These include number of publications, grants, lectures, research collaborations, and leadership positions. The most important definition for this success may be a personal sense of accomplishment and external recognitions by others in the areas of research. The purpose of this lecture is to outline the components for and products of success as a clinical investigator. The components for success include mentorship, formal research training, sufficient protected time, adequate research support, and a collaborative spirit among colleagues. The products for success include publications, presentations, a national reputation, and extramural funding. Passion for research and the will to succeed will collectively support you through the challenges associated with achieving success and the failures that will inevitably occur along the way. With the will to succeed, you can and will become a successful clinician–investigator.

[K5-04]

SPEAKERS

## Kidong Kim

Department of Obtetrics and Gynecology, Seoul National University Bundang Hospital, Gyeonggi-Do Korea

### EDUCATION

| | |
|---|---|
| 1993-1999 | Seoul National University College of Medicine, M.D. |
| 2004-2006 | Seoul National University College of Medicine, M.S. |
| 2006-2012 | Seoul National University College of Medicine, Ph.D. |

### PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 1999-2000 | Internship, Seoul National University Hospital, Seoul, Korea |
| 2000-2004 | Residency in Obstetrics & Gynecology, Seoul National University Hospital, Seoul, Korea |
| 2007-2008 | Fellowship in Gynecologic Oncology, Seoul National University Hospital, Seoul, Korea |
| 2008-2009 | Fellowship in Gynecologic Oncology, Korea Cancer Center Hospital, Seoul, Korea |
| 2010-2011 | Staff in Gynecologic Oncology, Korea Cancer Center Hospital, Seoul, Korea |
| 2011-2015 | Assistant Professor, Department of Obstetrics and Gynecology, Seoul National University Bundang Hospital, Seongnam-Si, Gyeonggi-Do, Korea |
| 2015- | Associate Professor, Department of Obstetrics and Gynecology, Seoul National University Bundang Hospital, Seongnam-Si, Gyeonggi-Do, Korea |

### PROFESSIONAL ORGANIZATIONS

| | |
|---|---|
| 1999.3. | Diplomate, National Board of Medical Practitioner (Certificate No. 66548) |
| 2004.3. | Certified in Obstetrics & Gynecology, Korea Board of Obstetrics & Gynecology |

### MEMBERSHIPS

Member of the Korea Medical Association
Member of the Korean Association of Obstetrics & Gynecology
Member of the Korean Cancer Association

### MAIN SCIENTIFIC PUBLICATION

1. M Kim, H Kim, DH Suh, K Kim, H Kim, YB Kim, JH No Identifying Rational Candidates for Immunotherapy Targeting PD-1/PD-L1 in Cervical Cancer Anticancer Research 37 (9), 5087-5094
2. KJ Suh, SH Kim, KH Lee, TY Kim, YJ Kim, SW Han, E Kang, EK Kim, et al. Bilateral Salpingo-oophorectomy Compared to Gonadotropin-Releasing Hormone Agonists in Premenopausal Hormone Receptor? Positive Metastatic Breast Cancer Patients Treated with Aromatase Inhibitors Cancer research and treatment: official journal of …, 2017
3. JH Kim, M Kim, SM Yun, S Lee, JH No, DH Suh, K Kim, YB Kim Ginsenoside Rh2 induces apoptosis and inhibits epithelial-mesenchymal transition in HEC1A and Ishikawa endometrial cancer cells Biomedicine & Pharmacotherapy 96, 871-876

[K5-04]

# Publication ethics & research integrity

**Kidong Kim**

*Seoul National University Bundang Hospital*

I will discuss IRB approval, Trial registration, Authorship, Conflict of interest, Plagiarism, Duplicate publication, Falsification and Fabrication.

MEMO

# [K-6] Junior Session(Oral-2)

CHAIRS

Chulmin Lee(Korea) Tae Jin Kim(Korea)

SPEAKERS

**[K6-01]**
**Pregnancy and oncologic outcomes after fertility-sparing management for early stage endometrioid endometrial cancer**
Su Hyun Chae(Korea)

**[K6-02]**
**Effects of hormone therapy on recurrence in endometrial cancer survivors: a nationwide study using the Korean Health Insurance review and assessment service database**
Hyun-Woong Cho(Korea)

**[K6-03]**
**Liquid biopsy in ovarian cancer**
Youn Jin Choi(Korea)

**[K6-04]**
**Effect of hyperthermic intraperitoneal chemotherapy on prognosis of ovarian cancer: a meta-analysis**
Se Ik Kim(Korea)

**[K6-05]**
**Role of serial imaging and operative finding as a prognostic factor in advanced-stage ovarian cancer**
Young Shin Chung(Korea)

**[K6-06]**
**Integrating next generation sequencing panel into clinical practice in ovarian cancer: consequences for treatment and genetic counseling**
Yong Jae Lee(Korea)

**[K6-07]**
**The role of surgical staging in mucinous borderline ovarian tumors**
Heejung Jung(Korea)

CHAIRPERSON

**Chulmin Lee**

Professor & Chairman
Department of Ob/Gyn
Sanggye Paik Hospital, Inje University

**EXPERIENCE**

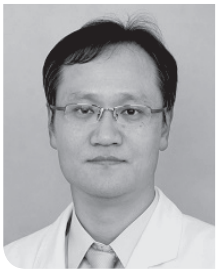
Graduated from School of Medicine, Seoul National University
M.D. & Ph.D. from Postgraduate School of Medicine, Seoul National University
Residentship from Department of Ob/Gyn, Seoul National University Hospital
Fellowship from Gynecologic Oncology Division, Department of Ob/Gyn, Seoul National University Hospital
2010-2011 Secretary General, Korean Society of Gynecologic Oncology

**CURRENT POSITION**

Professor & Chairman, Department of Ob/Gyn, Sanggye Paik Hospital, Inje University
Vice Dean, School of Medicine, Inje University
Principal Editor, Journal of Gynecologic Oncology (http://www.ejgo.org)
International Relations Committee Chair, Korean Gynecologic Oncology Group

[K-6] Junior Session(Oral-2)

CHAIRPERSON



## Tae Jin Kim

1) Director of medical research institute
2) Professor of Obstetrics and Gynecology,
Cheil General Hospital & Women's Healthcare Center,
Dankook University Colleage of Medicine, Seoul, Korea

**EDUCATION**

| Institution and Location | Degree | Year(s) | Field of Study |
|---|---|---|---|
| Hanyang University | M.D. degree | 1983-1991 | Medical Student |
| Graduate School, | Ph.D. degree | 1999-2002 | Anatomy and |
| Hanyang University, | | | Histology |

**TRAINING AND PROFESSIONAL EXPERIENCES**

| | |
|---|---|
| 1991-1992 | Internship in Samsung Cheil Hospital, Seoul, Korea |
| 1992-1996 | Residency in Department of Obstetrics and Gynecology Samsung Cheil Hospital, Seoul, Korea |
| 2004-2006 | MD Anderson cancer center, Visiting professor |
| 2015.4.1-present | Professor in Dept. of Obstetrics and Gynecology, Director of Medical Research Institute, Cheil General Hospital & Women's Healthcare Center, College of Medicine, Dankook University, Seoul, Korea |

**MEMBERSHIP**

The Korean Medical Association
The Korean Cancer Association
The Korean Society of Obstetrics & Gynecology
The Korean Society of Menopause
The Korean Society of Gynecologic Endoscopy
The Korean Society of Gynecologic Oncology and Colposcopy
American Association for Cancer Research
European Society of Gynecological Oncology

[K6-01]

SPEAKERS

**Su Hyun Chae**

Department of Obstetrics and Gynecology, Konkuk University Hospital

**EDUCATION**

| | |
|---|---|
| Mar. 2008~28. Feb. 2012 | MD : School of medicine, Konkuk university |
| Mar.2012~Feb.2013 | Internship, Konkuk university medical center |
| Mar.2013~Feb.2017 | Resident, Department of Obstetrics and Gynecology, Konkuk university medical center |
| Mar. 2017~present | Fellowship, Department of Obstetrics and Gynecology, Konkuk university medical center |

**JOURNAL**

**2015**

Shim SH, Lee SJ, Kim SN, Chae SH, Lee JY. Transvaginal Versus Conventional Laparoscopy for Ovarian Dermoid Cysts: A Matched Cohort Study. J Reprod Med 2015; 60(11-12): 521-8.

**2016**

Kim HS, Oh SY, Choi SJ, Chae SH et al. Uterine rupture in pregnancies following myomectomy: A multicenter case series. Obstet Gynecol Sci 2016; 59(6): 454-62.

**2018**

Lee JH, et al., Contributions and Limitations of National Cervical Cancer Screening Program in Korea: A Retrospective Observational Study, Asian Nursing Research (2018), https://doi.org/10.1016/j.anr.2017.12.002

Shim SH, Kim SN, Chae SH, Kim JE, Lee SJ. Impact of adjuvant hysterectomy on prognosis in patients with locally advanced cervical cancer treated with concurrent chemoradiotherapy: a meta-analysis. J Gynecol Oncol. 2018 Mar;29(2):e25.

[K6-01]

# Pregnancy and oncologic outcomes after fertility-sparing management for early stage endometrioid endometrial cancer

**Su Hyun Chae**[a], MD, Jung Hwa Seoa, MD, Seung-Hyuk Shima, MD, PhD, Sun Joo Leea, MD, PhD, Ji Young Lee[a], MD, PhD, Soo-Nyung Kim[a], MD, PhD, Soon-Beom Kang[b], MD, PhD

[a]*Konkuk University School of Medicine*

[b]*Konkuk University Medical Center*

**Objective:** Hormonal management is an alternative treatment for preserving fertility in patients with early stage endometrioid endometrial cancer (EC). This study aimed to define the pregnancy and oncologic outcomes and factors of successful conception after hormone therapy for endometrioid EC.

**Methods/Materials:** We retrospectively analyzed patients presumed to have stage IA, grade 1-2 endometrioid EC who underwent fertility-sparing treatment. Concurrent medroxyprogesterone (MPA) and levonorgestrel-release intrauterine devices were used for treatment. The pregnancy outcomes and oncologic outcomes were compared between the pregnant and non-pregnant groups.

**Results:** Seventy-one patients presumed to have stage IA, grade 1-2 endometrioid EC had complete remission, and 49 of them tried to conceive. Twenty-two (44.9%) patients became pregnant; the total number of pregnancies was 30. These pregnancies resulted in 7 abortions (23.3%), 1 preterm birth (3.3%), and 20 full-term births (66.6%). The total live birth rate was 66.6% (20/30). The median duration of hormonal treatment was 11.9 months (range 4-49) and 12.0 months (range 3-35) in the pregnant and non-pregnant groups, respectively. On multivariate analysis, age, body mass index, treatment duration, MPA dose, and number of dilatation and curettage biopsies were not significantly associated with pregnancy failure, but the association with grade (OR, 6.2, [95% CI=0.98-38.9], P=.05) was statistically significant. The median disease-free survival duration was 26 months (range 20-38) and 12 months (range 4-48) in the pregnant and non-pregnant groups, respectively (P<.05, log-rank test).

**Conclusions:** A lower grade might be a positive factor for future pregnancy. Moreover, successful pregnancy might be a factor in preventing recurrence.

**Key words:** Endometrial cancer, Fertility, Medroxyprogesterone 17-Acetate, Pregnancy Outcomes

[K6-02]

SPEAKERS

**Hyun-Woong Cho**

Guro Hospital College of Medicine
Korea University, Seoul

**EDUCATION**

| | |
|---|---|
| 2008-2012 | M.D. degree from College of Medicine, Gachon University, Incheon |
| 2014-2015 | Master degree from Graduate School, Korea University, Seoul |

**CAREER**

| | |
|---|---|
| 2012-2013 | Internship in Korea University Hospital, Seoul |
| 2013-2016 | Resident of Obstetrics and Gynecology Korea University Hospital, Seoul |
| 2017- | Clinical Fellowship<br>Division of Gynecologic Oncology<br>Department of Obstetrics and Gynecology<br>Guro Hospital College of Medicine<br>Korea University, Seoul |

**PUBLICATIONS**

1. Cho HW, So KA, Lee JK, Hong JH. Type-specific persistence or regression of human papillomavirus genotypes in women with cervical intraepithelial neoplaisa 1: A prespective cohort study. Obs Gynecol Sci [Internet]. 2015;58(1):40-5. Available from: http://www.ncbi.nlm.nih.gov/pubmed/25629017
2. Cho HW, Koo YJ, Min KJ, Hong JH, Lee JK. Pelvic Inflammatory Disease in Virgin Women With Tubo-ovarian Abscess: A Single-Center Experience and Literature Review. J Pediatr Adolesc Gynecol. 2017;30(2):203-8.
3. Cho HW, Koo YJ, Hong JH, et al. Clinical indications for hysteroscopic removal of uterine masses: Time, age at diagnosis, and mass size. J Obstet Gynaecol Res. 2017 Nov;43(11):1751-1757. doi: 10.1111/jog.13447. PubMed PMID: 28816389.

[K6-02]

# Effects of hormone therapy on recurrence in endometrial cancer survivors: a nationwide study using the Korean Health Insurance review and assessment service database

**Hyun-Woong Cho**

*Guro Hospital College of Medicine Korea University*

**Objective:** The aim of this study was to verify the effects of hormone therapy (HT) on recurrence in endometrial cancer (EC) survivors using the Korean Health Insurance Review and Assessment Service (HIRA) database.

**Methods:** Using the HIRA database, we identified women who newly diagnosed with EC and underwent surgery between 2010 and 2015. Information of patients' age, HT exposures, lymphadenectomy, and adjuvant therapy were retrieved. Recurrence was assessed based on the time of radiation or chemotherapy after surgery.

**Results:** The mean follow-up time of all eligible 5,667 patients was 47.5 months. Of these, 847 (14.9%) patients received HT. Recurrence was seen in 446 (7.8%) patients; 50 (5.9%) who received HT and 396 (8.2%) who did not. Univariate analysis showed that age >50 years (HR 2.05 95% CI 1.6-2.6, p<.001), advanced stage (HR 24.51, 95% CI 18.6-32.3, p<.001), and lymphadenectomy (HR 1.52, 95% CI 1.2-2.0, p=0.002) were significantly associated with increased recurrence, while HT showed an inverse relationship with disease recurrence (HR 0.62, 95% CI 0.46-0.83, p=0.001). Multivariate analysis showed that age >50 years (HR 1.47, 95% CI 1.14-1.89, p=0.003) and advanced stage (HR 23.90, 95% CI 18.12-31.51, p<0.001) were significantly associated with EC recurrence, whereas HT did not increase recurrence rate (HR 0.81, 95% CI 0.31-2.10, p=0.662) and this result was not affected by HT types.

**Conclusion:** This study demonstrates that HT does not increase recurrence in EC survivors.

[K6-03]

SPEAKERS

## Youn Jin Choi

Fellow
Division of Gynecology Oncology
Department of Obstetrics and Gynecology
The Catholic University of Korea, Catholic Medical Center, Korea

**EDUCATION**

| | |
|---|---|
| 2013-2016 | Doctor's degree in philosophy in science<br>Department of Science/Interdisciplinary Health Science, Graduate School, The Catholic University of Korea |
| 2009-2012 | Master's Degree in Medical Science<br>Department of Obstetrics and Gynecology the Catholic University of Korea, Seoul |
| 2001-2007 | Graduate of Bachelor's degree in Medical Science, the Catholic University of Korea, Seoul |

**EMPLOYMENT**

| | | |
|---|---|---|
| 2007-2008 | Intern training | Gangnam St. Mary's Hospital, Seoul &<br>St. Vincent's Hospital, Suwon;<br>The Catholic University of Korea, Seoul |
| 2008-2012 | Residency training | Department of Obstetrics and Gynecology<br>: Kangnam St. Mary's Hospital, Seoul &<br>St. Vincent's Hospital, Suwon &<br>Bucheon St. Mary's Hospital, Bucheon &<br>Incheon St. Mary's Hospital, Incheon &<br>Seoul St. Mary's Hospital, Seoul;<br>The Catholic University of Korea, Seoul |
| 2012-2013 | Fellow | Department of Obstetrics and Gynecology<br>: Seoul St. Mary's Hospital, Seoul;<br>The Catholic University of Korea, Seoul |
| 2013-2016 | Research assistant | Department of pathology<br>: The Catholic University of Korea, Seoul |
| 2016-2017 | Fellow | Department of Obstetrics and Gynecology<br>: Seoul St. Mary's Hospital, Seoul;<br>The Catholic University of Korea, Seoul |
| 2017-present | Clinical Assistant Professor | Department of Obstetrics and Gynecology<br>: Seoul St. Mary's Hospital, Seoul;<br>The Catholic University of Korea, Seoul |

[K6-03]

# Liquid biopsy in ovarian cancer

**Youn Jin Choi**
*The Catholic University of Korea*

Liquid biopsy is considered to be a non-invasive/less invasive tool to diagnosis or monitor the ovarian cancer. Therefore, we aim to discover its role in ovarian cancer. 13 ovarian cancer patients were enrolled and their sequential liquid biopsy were obtained. Then, targeted sequencing were followed. The results showed the driver genes detected pre-operatively disappear after the surgery. Use of liquid biopsy are evolving and easier diagnostic and monitoring tools are in development.

[K6-04]

SPEAKERS

## Se Ik Kim

Department of Obstetrics and Gynecology, Seoul National University Hospital

### EDUCATION

| | |
|---|---|
| 2003.3-2005.2 | Premedical Course, Seoul National University College of Science |
| 2005.3-2009.2 | M.D., Seoul National University College of Medicine |
| 2009- | Seoul National University Graduate School |

### PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 2009.3-2010.2 | Internship, Department of Education and Training, Seoul National University Hospital, Seoul National University College of Medicine |
| 2010.3-2014.2 | Residency, Department of Obstetrics and Gynecology, Seoul National University Hospital, Seoul National University College of Medicine |
| 2017.5- | Fellowship, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Seoul National University Hospital, Seoul National University College of Medicine |

### PROFESSIONAL ORGANIZATIONS

| | |
|---|---|
| 2014.3 | Korean Board of Obstetrics and Gynecology |

### MEMBERSHIPS

| | |
|---|---|
| 2014- | Member of Korean Society of Obstetrics and Gynecology |
| 2017- | Member of Korean Society of Gynecologic Oncology |

### MAIN SCIENTIFIC PUBLICATION

Robot-assisted anterior pelvic exenteration in vulvovaginal malignant melanoma.
Kim SI, Lee S, Jeong CW, Kim HS.
Gynecol Oncol. 2018 Feb;148(2):430-431.

Genomic landscape of ovarian clear cell carcinoma via whole exome sequencing.
Kim SI, Lee JW, Lee M, Kim HS, Chung HH, Kim JW, Park NH, Song YS, Seo JS.
Gynecol Oncol. 2018 Feb;148(2):375-382.

Comparison of Lower Extremity Edema in Locally Advanced Cervical Cancer: Pretreatment Laparoscopic Surgical Staging with Tailored Radiotherapy Versus Primary Radiotherapy.
Kim SI, Lim MC, Lee JS, Kim YJ, Seo SS, Kang S, Yoo CW, Nam BH, Kim JY, Chung SH, Park SY.
Ann Surg Oncol. 2016 Jan;23(1):203-10.

[K6-04]

# Effect of hyperthermic intraperitoneal chemotherapy on prognosis of ovarian cancer: a meta-analysis

**Se Ik Kim**[1], Hee Seung Kim[1], *, Soo Jin Park[1], Aeran Seol[1], Soohyun Oh[1], Eun Ji Lee[1], Nara Lee[1], Suk Joon Chang[2], Jae Weon Kim[1]

[1]*Seoul National University College of Medicine*

[2]*Ajou University School of Medicine*

**Background:** We performed a meta-analysis to investigate the effect of hyperthermic intraperitoneal chemotherapy (HIPEC) on survival in ovarian cancer.

**Methods:** Articles in PubMed, EMBASE, and Cochrane Library were searched till April 2018. In total, 13 case-control studies and two randomized controlled trials were included in this meta-analysis. We investigated the effect of HIPEC on disease free survival (DFS) and overall survival (OS) in ovarian cancer, and then, we performed subgroup analyses according to study design, quality of studies, and adjustment of confounding factors.

**Results:** HIPEC improved both DFS (pooled HR, 0.603; 95% CI, 0.513-0.709) and OS (pooled HR, 0.640; 95% CI, 0.519-0.789) in all studies. In primary disease, HIPEC was associated with better DFS and OS ([pooled HR, 0.580; 95% CI, 0.476-0.706] and [pooled HR, 0.611; 95% CI, 0.376-0.992], respectively). However, subgroup meta-analyses in primary disease revealed that HIPEC did not improve OS either in patients with residual tumor size ≤1 cm and in those with no visible tumor ([pooled HR, 0.590; 95% CI, 0.255-1.362] and [pooled HR, 0.563; 95% CI, 0.179-1.770], respectively). In recurrent disease, HIPEC was associated with better OS (pooled HR, 0.566; 95% CI, 0.379-0.844), whereas HIPEC failed to extend DFS significantly. However, confined to the subgroup of residual tumor size ≤1 cm after cytoreductive surgery, improvement of DFS was observed (pooled HR, 0.498; 95% CI, 0.359-0.690). We observed similar findings in further subgroup analyses.

**Conclusion:** This meta-analysis suggests strong relationship between HIPEC and better survival in ovarian cancer. Further large size randomized trials are needed to implement individualized treatment plans for the patients.

[K6-05]

SPEAKERS

## Young Shin Chung

Clinical assistant professor, Yonsei University College of Medicine

**EDUCATION**

| | |
|---|---|
| 2000 – 2004 | Bachelor's degree, Department of Biology at Yonsei University, Seoul, Korea |
| 2006 – 2011 | M.D., M.S., Kyungpook National University Graduate School of Medicine, Daegu, Korea |
| 2017 – current | Ph.D., Yonsei University College of Medicine, Seoul, Korea |

**TRAINING & EMPLOYMENT**

| | |
|---|---|
| Mar. 2011 – Feb. 2012 | Internship, Ajou University Hospital, Seoul, Korea |
| Mar. 2012 – Feb. 2016 | Residency, Obstetrics and Gynecology, Severance Hospital, Seoul, Korea |
| Mar. 2016 – Feb. 2018 | Clinical and Research Fellowship, Gynecologic Oncology, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea |
| Mar. 2018 – current | Clinical assistant professor, Gynecologic Oncology, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea |

[K6-05]

# Role of serial imaging and operative finding as a prognostic factor in advanced-stage ovarian cancer

**Young Shin Chung**, Hyun Soo Kim, Jung-Yun Lee, Won Jun Kang, Eun Ji Nam, Sunghoon Kim, Sang Wun Kim, Young Tae Kim

*Yonsei University College of Medicine*

*Corresponding author: Jung-Yun Lee, Yonsei University College of Medicine*

*Co-corresponding author: Won Jun Kang, Yonsei University College of Medicine*

**Background**

Chemotherapy sensitivity during NAC and absent residual tumor after debulking surgery is the main prognostic factors in advanced-stage ovarian cancer. The aim of this study was to evaluate the ability of sequential 18-F-FDG-PET/CT after NAC to predict outcomes and to investigate the prognostic value of preoperative laparoscopic evaluation of tumor burden.

**Patients and methods**

Of total 77 patients who received the baseline FDG-PET/CT, 24 patients (31.2%) underwent FDG-PET/CT after the first cycle of NAC and 64 patients (83.1%) were studied after the third cycle of NAC. Maximum standardized uptake value (SUVmax) in metastatic sites at each examination and the evolution between the two scans were measured. Complete metabolic response (CMR) was defined as a zero of 18-F-FDG uptake within the measurable target lesion on the PET scan. PET parameters were compared with response to NAC parameters and Kaplan-Meier analysis was used to determine the correlations between PET parameters and survival outcomes. Furthermore, 174 patients were submitted to diagnostic laparoscopy before receiving primary debulking surgery or NAC/IDS. Fagotti score based on diagnostic laparoscopy was obtained intraoperatively from all patients.

**Results**

After the first cycle of NAC, patients were identified as metabolic responders (n=8, 33.3%) and non-responders (n=16, 66.7%) at a threshold of 49.8% decrease in SUVmax. Metabolic responders had higher CRS 3 rate (p=0.010) and no residual tumor rate at IDS (p=0.023) than non-metabolic responders. After the third cycle of NAC, CMR was obtained in 23 patients (35.9%). Although higher CA-125 normalization rate before IDS was found in CMR group (p=0.006) and a higher radical surgery rate was achieved in the non-CMR group (p=0.026), there was no significant difference in no residual tumor rate at IDS (p=0.421), CRS 3 rate (p=0.598), PFS (p=0.254) and OS (p=0.698) between CMR group and non-CMR group. Fagotti score cut-off value of 9 was calculated using a ROC curve, above which worse survival is expected (area under the curve [AUC] =0.638; 95% confidence interval [CI] =0.556-0.721; sensitivity and specificity 57.8%, 69.9%, respectively; p=0.002). In multivariate analyses, Fagotti score was a predictive factor for both PFS (p=0.002) and OS (p=0.047). Interestingly, there was a significant difference in PFS between PDS group and NAC/IDS group (p=0.018).

**Conclusion**

In this study, FDG-PET/CT after the first cycle of NAC cycle can early predict good responder; however, patients with CMR did not show better survival than those with non-CMR. Furthermore, we conclude that the Fagotti score based on diagnostic laparoscopy is a prognostic factor for survival.

[K6-06]

SPEAKERS

**Yong Jae Lee**

Department of Obstetrics and Gynecology
Yonsei University College of Medicine

**EDUCATION**

| | |
|---|---|
| 2000-2007 | Biochemistry, Yonsei University |
| 2008-2012 | School of Medicine, Kyungpook National University |

**TRAINING**

| | |
|---|---|
| 2012-2013 | Intern, Yonsei University Hospital |
| 2013-2017 | Resident, Dept. of Obstetrics & Gynecology, Yonsei University Hospital |
| 2017~ | Fellowship, Dept. of Obstetrics & Gynecology, Yonsei University Hospital |

**LICENSURE AND CERTIFICATION**

| | |
|---|---|
| National Board of Medical Doctors (No. 111891) | 2012 |
| Korean Board of Obstetrics & Gynecology (No. 7186) | 2017 |
| Certificate of completion of GCP course | 2008 |
| Certificate of completion of GCP course | 2016 |

[K6-06]

# Integrating next generation sequencing panel into clinical practice in ovarian cancer: consequences for treatment and genetic counseling

**Yong Jae Lee, MD**[1]; Dachan Kim[1], Young Shin Chung, MD[1]; Jung-Yun Lee, MD, PhD[1]; Eun Ji Nam, MD, PhD[1]; Sang Wun Kim, MD, PhD[1]; Sunghoon Kim, MD, PhD[1]; Young Tae Kim, MD, PhD[1]

[1]*Yonsei University College of Medicine*

*Corresponding author: Jung-Yun Lee, M.D., Ph.D., Yonsei University College of Medicine*

**Background**

The integration of genome sequencing into standard clinical practice has been limited in ovarian cancer. The aim of this study was to investigate the clinical utility of next generation sequencing (NGS) and to identify clinically impactful information beyond targetable alterations.

**Methods**

We conducted a retrospective review of 75 patients with ovarian cancer who underwent NGS between March 1, 2017 and May 31, 2018 at Yonsei Cancer Hospital. DNA was extracted from formalin fixed paraffin-embedded tissue samples from ovarian cancer. Libraries were prepared using the TruSight Tumor 170 gene panel and NGS was performed on the Miseq instrument. Results, multidisciplinary discussion, and treatment changes were recorded.

**Results**

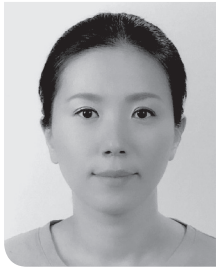
Of the 75 patients, 48 (64%) patients were high-grade serous carcinoma. Sixty-four (85.3%) patients underwent NGS at the time of diagnosis, and 11(14.7%) patients underwent NGS at the time of relapse. NGS detected 238 mutations. Five (2.1%) of these have known clinical significance, 22 (9.2%) had potential clinical significance, while 211 (88.7%) were mutations with unknown clinical significance. Most common genetic alterations were TP53 47(62.7%); BRCA1/2 10(13.3%) and 10 PIK3CA (13.3%) in single nucleotide variants. BRCA1 6(8%), BRCA2 6(8%), TP53 6(8%), and MSH3 6(8%) were most common in copy number variations. Sixty-four (85.3%) cases resulted in some measure of treatment actionability, 4 (5.3%) cases received matched target therapy based on sequencing results; BRCA1, 2 mutation, olaparib. Eighteen (24%) cases has a possibility of treatment change and 13 (17.3%) cases can participate in ongoing clinical trials.

**Conclusions**

Targeted NGS tumor sequencing may help guide immediate and future treatment options for patients with ovarian cancer. Implementation of NGS provided complementary utility in identifying patients who may benefit from targeted therapies and genetic counseling.

[K6-07]

SPEAKERS



## Heejung Jung

Gynecology Oncology, Asan Medical Center, Seoul, Korea

### EXPERIENCES

**Asan Medical Center, University of Ulsan, Seoul, Korea**

ellow in Gynecology Oncology (Mar. 2017 ~ Now)

Resident in Obstetrics and Gynecology (Mar. 2013 ~ Feb. 2017)

**Severance Hospital, Yonsei University, Seoul, Korea**

Intern (Mar. 2012 ~ Feb. 2013)

### EDUCATION

**Asan Medical Center, University of Ulsan, Seoul, Korea**

Doctor of Medicine, Gynecology Oncology (Mar. 2018 ~ Now)

**School of Medicine, Gyeongsang National University, Jinju, Korea**

Master of Medicine (Mar. 2008 ~ Feb. 2012)

### JOURNAL PUBLICATION

1. Yeon HK, Lee MY, Yoon SY, Jung HJ, Park JE, Shim JY, et al. An extremely rare case of prenatally diagnosed absent both aortic and pulmonary valves. Obstet Gynecol Sci. 2016;59:393-6.

[K6-07]

# The role of surgical staging in mucinous borderline ovarian tumors

**Hee-Jung Jung**[1], Shin-Wha Lee[1], Dae-Yeon Kim[1], Dae-Shik Suh[1], Jong-Hyeok Kim[1], Yong-Man Kim[1], Young-Tak Kim[1], Joo-Hyun Nam[1], Jeong-Yeol Park[1]

*University of Ulsan College of Medicine*[1]

**Objectives**

Staging procedures in borderline ovarian tumors (BOTs) is a controversial issue. Upstaging after staging procedures is not rare, but this occurs especially in early stage serous borderline ovarian tumor (sBOT). Upstaging in BOTs of non-serous histology that were apparently confined to the ovary is rare. The aim of this study was to assess the impact of clinical outcomes following surgical staging in cases diagnosed and treated for mucinous borderline ovarian tumor (mBOT).

**Methods**

This is a retrospective study conducted at Asan Medical Center, Seoul, Korea between 1990 and 2015 among patients histologically diagnosed with mBOT. All patients with a histopathological diagnosis of mBOT were identified and included when the inclusion criteria were met.

**Results**

In total, 485 patients with mBOT were diagnosed and treated during this period. 48 patients that had less than 6 months' follow-up period were excluded from the analysis. Of these, 135 (27.8%) underwent a staging procedure. Out of 135, only omental tissue was obtained from 84 (62.2%) patients. From 23 (17.0%) patients, both omental tissue and peritoneal biopsies were obtained and in two (1.5%) patients, only peritoneal biopsies were obtained. Of these 135 patients who underwent a staging procedure, omental tissue and peritoneal biopsies were not obtained from 26 (19.3%) patients. Non-invasive and invasive implants were seen upon microscopic examination in only one patient. Two patients (1.5%) developed a recurrence that underwent a staging procedure.

**Conclusions**

The extra-ovarian disease was found in only one case. Thus, the staging procedures in the case of mBOT may be omitted if the peritoneum and omentum are grossly normal.

**Keyword:** borderline ovarian tumor, mucinous borderline ovarian tumors, staging procedure

MEMO

ASGO WORKSHOP

# [K-7] How to Care Well BRCA Mutation Carriers?

CHAIRS

Yong Beom Kim(Korea)

Seok-Mo Kim(Korea)

SPEAKERS

**[K7-01]**

**Genetic testing**

Hyun-Jin Choi(Korea)

**[K7-02]**

**Counselling and ethical pitfalls**

Miseon Kim(Korea)

**[K7-03]**

**Ovarian cancer surveillance & prophylactic surgery**

E Sun Paik(Korea)

CHAIRPERSON

**Yong Beom Kim**

Professor, Seoul National University Bundang Hospital, Korea

**EDUCATION**

| | |
|---|---|
| M.D. | Seoul National University College of Medicine, Seoul, Korea |
| Ph.D. | Seoul National University College of Medicine, Seoul, Korea |
| Residency | Seoul National University Hospital, Seoul, Korea |
| Fellowship | Seoul National University Hospital, Seoul, Korea |

**REPRESENTATIVE CAREERS**

Professor, Department of Obstetrics and Gynecology, College of Medicine, Seoul National University, Seoul, Korea
Clinical professor, Department of Obstetrics and Gynecology, Seoul National University Bundang Hospital, Korea
Chair, Department of Obstetrics and Gynecology, Seoul National University Bundang Hospital, Korea

**SPECIALTY & PRESENT INTEREST**

Early detection of gynecologic cancer
Molecular biologic study in gynecologic cancer
Minimally invasive surgery

**REPRESENTATIVE PAPERS (UP TO 5)**

Kim K, Ahn S, Lee B, Lee K, Yoo S, Lee K, Suh DH, No JH, Kim YB. Factors associated with patients' choice of physician in the Korean population: Database analyses of a tertiary hospital. PLoS One. 2018 Jan 2;13(1):e0131170.
Suh DH, Kim M, Choi JY, Bu J, Kang YT, Kwon BS, Lee B, Kim K, No JH, Kim YB, Cho YH. Circulating tumor cells in the differential diagnosis of adnexal masses. Oncotarget. 2017 Aug 24;8(44):77195-77206.
Kim M, Suh DH, Yang EJ, Lim MC, Choi JY, Kim K, No JH, Kim YB. Identifying risk factors for occult lower extremity lymphedema using computed tomography in patients undergoing lymphadenectomy for gynecologic cancers. Gynecol Oncol. 2017 Jan;144(1):153-158.
Suh DH, Cho HY, Kim K, No JH, Kim YB. Matched-Case Comparisons in a Single Institution to Determine Critical Points for Inexperienced Surgeons' Successful Performances of Laparoscopic Radical Hysterectomy versus Abdominal Radical Hysterectomy in Stage IA2-IIA Cervical Cancer. PLoS One. 2015 Jun 25;10(6):e0131170.
Suh DH, Park JY, Lee JY, Kim BG, Lim MC, Kim JW, Bae DS, Park SY, Nam JH, Kim K, No JH, Kim YB. The clinical value of surgeons' efforts of preventing intraoperative tumor rupture in stage I clear cell carcinoma of the ovary: A Korean multicenter study. Gynecol Oncol. 2015 Jun;137(3):412-7.

CHAIRPERSON

**Seok-Mo Kim**

Obstetrics and Gynecology at Chonnam National University (CNU)

**EDUCATION**

| | |
|---|---|
| 1981-1987 | M.D. degree from Chonnam National University, Medical school, Gwangju, Korea |
| 1992-1994 | Master degree from Chonnam National University, Graduate school, Gwangju, Korea |
| 1994-1997 | Ph.D. degree from Chonnam National University, Graduate school, Gwangju, Korea |

**CAREER**

| | |
|---|---|
| 1987-1991 | Military service |
| 1991-1992 | Internship at Chonnam National University Hospital(CNUH) |
| 1992-1996 | Residency of Obstetrics and Gynecology at CNUH |
| 1996 | Korean Board of Obstetrics and Gynecology |
| 1997-1999 | Fellowship and Assistant Teacher of Gynecologic oncology at CNUH<br>Deputy Secretary General of Korean Association of Obstetricians and Gynecologists(KAOG) |
| 1999-2001 | Clinical Assistant Professor of Gynecologic oncology at CNUH Secretary of Editorial Committee of Korean Journal of Obstetricians and Gynecologists(The Official Journal of KAOG) |
| 2001-2002 | Visiting Fellow(Gynecologic Oncology) at Washington University Medical School (St.Louis, USA) |
| 2003-2007 | Assistant Professor at CNU |
| 2007-2012 | Associate Professor at CNU |
| 2012-present | Professor at CNU |

**MEMBERSHIP**

The Korean Medical Association
The Korean Association of Obstetricians and Gynecologists
The Korean Society of Gynecologic Oncology and Colposcopy
International Gynecologic Cancer Society(IGCS)
Asian society of gynecologic Oncology (ASGO)

**PUBLICATION**

Is human papillomavirus genotype important in predicting disease progression in women with biopsy-proven negative or CIN1 of atypical squamous cell of undetermined significance (ASC-US) cytology? GYNECOLOGIC ONCOLOGY 2018;148; 305 - 310
Preoperative assessment of lymph node metastasis in endometrial cancer: A Korean Gynecologic Oncology Group study. CANCER 2017; 123; 263 - 272
Human papillomavirus genotyping as a reliable prognostic marker of recurrence after loop electrosurgical excision procedure for high-grade cervical intraepithelial neoplasia (CIN2-3) especially in postmenopausal women MENOPAUSE 2016;23;1-6

[K7-01]

SPEAKERS

## Hyun-Jin Choi

Clinical assisstant professor
Department of Obstetrics and Gynecology
Chung-Ang University, College of medicine

### EDUCATION

| | | |
|---|---|---|
| 1997~2005 | M.D. | Medical College of Chung-Ang Univ., Seoul, Korea |
| 2015~2017 | Master | Sungkyunkwan Univ. School of Medicine, Seoul, Korea |

### POSTGRADUATE TRAINING

| | | |
|---|---|---|
| 2005-2006 | Internship | Samsung Medical Center, Seoul, Korea |
| 2006-2010 | Residency | Dept. of Ob/Gyn. Samsung Medical Center, Seoul, Korea. |
| 2010-2013 | Postdoc Fellow | Department of Cancer biology |
| | | M D Anderson Cancer Center |
| 2013-2014 | Postdoc Fellow | Department of Gynecologic Oncology |
| | | M D Anderson Cancer Center |
| 2015-2018 | Clinical fellow | Dept. of Ob/Gyn. Samsung Medical Center |
| 2018-2018 | GYN oncologist | Department of GY Oncology Cheil general Hospital |
| 2018.8- | Clin assist prof. | Dept. of Ob/Gyn. Chung-Ang University, College of Medicine |

### SPECIALTY BOARDS

| | |
|---|---|
| 2005 | Korean Board of Medicine (Certi. No. 86412) |
| 2011 | Korean Board of Obstetrics & Gynecology(Certi. No. 6608) |
| 2018 | Board of Gynecologic oncologist |

### SOCIETY MEMBERSHIP

| | |
|---|---|
| 2006 | Korean Society of Ob/Gyn. |
| 2011 | American Association of Cancer Reseach |
| 2015 | Korean Society of Gynecolgic Oncology & Colposcopy |
| 2017 | Europian Society of Gynecologic Oncology |

[K7-01]

# Genetic testing

**Hyun-Jin Choi**
*Chung-Ang University, College of medicine*

Understanding function of BRCA gene and introduction of PARP inhibitor to treatment for advanced ovarian cancer opened new era of treatment of ovarian cancer. Mary Claire-King and colleagues first published a linkage analysis of families with early-onset breast cancer and identified the gene locus of BRCA1 at 17q21. In 1994, BRCA2 gene were identified at chromosome 13. These two high susceptibility genes have been identified for hereditary breast and ovarian cancer (HBOC) and these genes. A comprehensive analysis performed by the cancer Genome Atlas (TCGA) revealed 96% of p53 mutation and role of BRCA1/2 in ovarian cancer irrespective of germline status. In addition to this finding, homologous recombination function was damaged in half of ovarian cancer.

Detection of mut-BRCA 1/2 is essential part in treating ovarian cancer patients and their families. Genetic testing aims to provide risk reducing strategies and information for treatment option for current disease. Korean gynecologic oncologic group (KGOG) published position statements for genetic testing of BRCA.

Full genetic testing for detecting germ line mut-BRCA is recommended to Jewish or Afrikaner individuals with mixed ancestry and/or those individuals from other population groups who are at the highest risk of testing positive. Detetion methods are follows; a. Sanger sequencing and MLPA to identify large genomic rearrangements of BRCA1/2, b. New generation sequencing: short turn-around-time and low cost. In addition to germ line mutation of BRCA, somatic mutation of BRCA or detection of defect in homologous recombinant pathway can be a target for genetic testing in ovarian cancer patients.

[K7-02]

SPEAKERS

## Miseon Kim

Assistant professor, CHA Gangnam Medical Center

### EDUCATION

| | |
|---|---|
| 2004.03.01-2010.02.28 | M.D. at Wonkwang University |
| 2013.03.01-2015.02.28 | M.S. at Inje University |
| 2018.03.01-present | Ph.D. at Seoul National University |

### PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 2011.03.01-2015.02.28 | Residency at Seoul Inje Paik Hospital |
| 2015.03.01-2017.02.28 | Fellowship at Seoul National University Bundang Hospital |
| 2017.03.01-2018.2.28 | Clinical specialist at Seoul National University Bundang Hospital |
| 2018.03.01-present | Assistant professor at CHA Gangnam Medical Center |

### MEMBERSHIP

Korean Society of Obstetrics and Gynecology (KSOG) Member

Korean Gynecologic Oncology and Colposcopy Member

[K7-02]

# Counselling and ethical pitfalls

**Miseon Kim**

*CHA Gangnam Medical Center, CHA University College of Medicine*

The primary goal of genetic counselling is to inform individuals about cancer risk and cancer prevention. Genetic counselling is a complicated process due to both objective and subjective factors. The three main objectives in doctor–patient communication are: 1) the creation of a trustful interpersonal relationship, 2) exchange of information, and 3) decisions for treatment or further prevention. An evaluation of the patient's understanding for the provided information and of the psychologic reactions induced by the information must be taken into account to obtain an adequate level of informed consent, minimize suffering, improve satisfaction, and promote appropriate preventive decision. More subjectively, this information might be provided to a counselee, mostly a woman, who is often emotionally affected by a family history of cancer. The counselee will have to consider the gain and loss of the surveillance or preventive surgical options, and also has to act as a messenger to the members of the family whose relationships might subsequently be modified by the information. There are a growing number of guidelines for communicating risk suggesting the need to develop and evaluate reliable communication. Genetic counsellors should also be encouraged to explore individual risk beliefs, personal theories of heredity, and personal or social support. Integration of risk information may be enhanced when emotional issues are addressed. Geneticists or genetic counsellors are encountered with the challenging task of providing objective information which is adapted to the individual, taking into account the individual's concerns and preferences.

[K7-03]

SPEAKERS

## E Sun Paik

Gynecologic cancer center, Department of Obstetrics and Gynecology, Samsung Medical Center, Seoul, Korea

### EDUCATION

| | |
|---|---|
| 2000-2006 | Korea University Medical College, Seoul, Korea, M.D. |
| 2013-2015 | Sungkyunkwan University Medical College, Seoul, Korea, M.S. |
| 2015-2017 | Sungkyunkwan University Medical College, Seoul, Korea, Ph.D. |

### PROFESSIONAL EXPERIENCE

| | |
|---|---|
| 2007-2010 | Public health physician (as mandatory military service) : Sangju city Public Health Center, Korea |
| 2010-2011 | Internship : Korea University Medical Center, Anam Hospital, Seoul, Korea |
| 2011-2015 | Residency : Department of Obstetrics and Gynecology, Samsung Medical Center, Seoul, Korea |
| 2015-present | Fellowship (Gynecologic oncology) : Department of Obstetrics and Gynecology, Samsung Medical Center, Seoul, Korea |

### HONORS AND AWARDS

Best Reviewer, Journal of Gynecologic Oncology, Seoul, Korea, 2017.11.10.

The Gynecologic Oncology Award for Young Medical Scientist of the year, Korean Society of Gynecologic Oncology, Seoul, Korea, 2017.11.10.

Grace Special Academic Contribution Award, Korean Society of Obstetrics and Gynecology, Seoul, Korea, 2017.9.22.

Congress Encouragement Award, Japanese Society of Obstetrics and Gynecology, Hiroshima, Japan, 2017.4.14.

Shinpoong Ho-wul Academic Award for Best Poster, Korean Society of Gynecologic Oncology, Gyeong-ju, Korea, 2017.3.31.

Grace Award for Best Paper of the year, Korean Society of Obstetrics and Gynecology, Seoul, Korea, 2016.9.23.

Award for Best Poster in Gynecologic Oncology, Korean Society of Obstetrics and Gynecology, Seoul, Korea, 2014.9.26.

[K7-03]

# Ovarian cancer surveillance & prophylactic surgery

**E Sun Paik**

*Sungkyunkwan University School of Medicine*

We have some prevention options for women carrying high-penetrance (BRCA1, BRCA2), and the moderate-penetrance genes (RAD51C, D, and BRIP1) for ovarian cancer. We have chemo prevention which is for the epithelial ovarian risk with oral contraceptives. This is controversial for women who are also at risk for breast cancer, and we don't have data on the safety of oral contraceptives. For screening, we typically perform transvaginal ultrasound and CA-125 on schedule, which is usually every three to six months for these women, but it may not be effective. Also, there is ROCA (Risk of ovarian cancer algorithm) where a serial CA-125 value triggers an ultrasound if that becomes abnormal. ROCA is strategy that appears to be more effective than the empirically scheduled ultrasound and CA-125. At present, risk-reducing surgery remains the most effective method of preventing ovarian or fallopian tube cancer in the setting of an inherited predisposition. Decision of surgery is based on ROCA in which CA-125 needs to be assessed longitudinally to be informative. There are CA-125 elevated baseline levels in women who have benign gynecologic diseases such as endometriosis. Therefore, the real information comes in looking at the trends over time, which had been assessed in two major clinical trials. The Clinical Genetics Network and the GOG 199 protocols have assessed this strategy in high-risk women and have found that selective ultrasound by using an algorithm can be done by trends in longitudinal CA-125 assessment, and a threshold at which you would perform an ultrasound can be selected.

In the current guidelines for the surgery, risk-reducing salpingo-oophorectomy remains the standard of care at this time for the high-penetrance ovarian genes and the moderate-penetrance BRCA 1, RAD51C, RAD51D. The hazard ratio for development of ovarian cancer after risk-reducing surgery is a 72% reduction in the risk (Domcheck, JAMA 2010). And women with no prior breast cancer have an even greater reduction in risk if there was a prior breast cancer. Risk reducing surgery is a very powerful tool to prevent ovarian cancer and also to prevent breast cancer. However, surgery obviously has procedural risks. For short term, any surgery can be related to infection, bleeding, or injury to the bladder, the intestine. For long-term side effects, infertility, early menopause can be more important to these women. Current NCCN guideline recommends risk reducing salpingo-oophrectomy (RRSO) at age of 35-40 for women with BRCA1/2 mutations. However, we have consider only 1% to 3% of BRCA1 mutation carriers will develop ovarian cancer by age 40. Prospective lifetime risk of ovarian cancer in the general population is 1.3%. For BRCA2 mutation carriers, under 1% will get a BRCA2 associated ovarian cancer by age 40. BRCA mutation and carrier can be a barrier to hormone therapy if the breast cancer risk is increased. And then premature cardiovascular disease or premature osteoporosis that come along with the premature menopause are all significant. Most of these can be addressed and managed with other supportive care like calcium, vitamin D, weight-bearing exercise, good cardiac preventative care. But clearly, the infertility and the hormonal issues are very difficult for these women.

In conclusion, risk-reducing surgery is by far the most effective preventative measure for the high-penetrance genes (BRCA1,2). Timing needs to take account age specific risk and the specific risk goals. The optimal procedure is mutation-specific in quality-of-life-preserving surgeries, such a salpingectomy with delayed oophorectomy are developing, but they remain investigational at this time.

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# Product information

**Refer to Avastin® Product Information for full prescribing information.**
**AVASTIN®(bevacizumab) 25 mg/ml concentrate for solution for infusion.**

**List of excipients :** Trehalose dihydrate, Sodium Dihydrogen Phosphate Monohydrate, Anhydrous Dibasic Sodium Phosphate, Polysorbate 20,Water for injections
**Pharmaceutical form :** Concentrate for solution for infusion. Clear to slightly opalescent, colourless to pale brown liquid.
**Indications :** ▪ Metastatic carcinoma of the colon or rectum (mCRC): Avastin® in combination with fluoropyrimidine-based chemotherapy is indicated for treatment of patients with metastatic carcinoma of the colon or rectum. Metastatic colorectal cancer, with fluoropyrimidine-irinotecan-or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line Avastin® containing regimen. ▪ Metastatic Breast Cancer (mBC): Avastin® in combination with paclitaxel for the first-line treatment of metastatic breast cancer. Avastin® in combination with capecitabine is indicated for first-line treatment of adult patients with metastatic breast cancer in whom treatment with other chemotherapy options including taxanes or anthracyclines is not considered appropriate. Patients who have received taxane and anthracycline-containing regimens in the adjuvant setting within the last 12 months should be excluded from treatment with Avastin® in combination with capecitabine. ▪ Non Small Cell Lung Cancer (NSCLC): Avastin®, in addition to platinum-based chemotherapy, is indicated for first-line treatment of patients with unresectable advanced, metastatic or recurrent non-squamous non-small cell lung cancer. Avastin®, in combination with erlotinib, is indicated for first-line treatment of adult patients with unresectable advanced, metastatic or recurrent non-squamous non-small cell lung cancer with Epidermal Growth Factor Receptor (EGFR) activating mutations. ▪ Advanced and/or metastatic Renal Cell Cancer (mRCC): Avastin® in combination with interferon alfa-2a is indicated for first-line treatment of patients with advanced and/or metastatic renal cell cancer. ▪ Glioblastoma (GBM): Avastin®, is indicated for the treatment of patients with glioblastoma after relapse or disease progression following prior therapy as a single agent. ▪ Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer: Front-line treatment_Avastin®, in combination with carboplatin and paclitaxel is indicated for the front-line treatment of adult patients with advanced (International Federation of Gynecology and Obstetrics (FIGO) stagesIII B, III C and IV) epithelial ovarian, fallopian tube, or primary peritoneal cancer. Treatment of recurrent, platinum-sensitive, disease_Avastin®, in combination withcarbo-platin and gemcitabine, is indicated for treatment of adult patients with first recurrence of platinum-sensitive epithelial ovarian, fallopian tube or primary peritoneal cancer who have not received prior therapy with bevacizumab orother VEGF inhibitors or VEGF receptor-targeted agents. Alternatively, Avastin®, in combination withcarboplatin and paclitaxel, is indicated for treatment of adult patients with first recurrence of platinum-sensitive epithelial ovarian, fallopian tube or primary peritoneal cancer. Treatment of recurrent, platinum-resistant, disease_Avastin®, in combination with paclitaxel, topotecan or pegylated liposomal doxorubicin, is indicated for treatment of adult patients with recurrence of platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who received no more than two prior chemotherapy regimens and who have not received prior therapy with bevacizumab or other VEGF inhibitors or VEGF receptor-targeted agents. ▪ Cervical Cancer: Avastin® in combination with paclitaxel and cisplatin or paclitaxel and topotecan is indicated for the treatment of persistent, recurrent, or metastatic carcinoma of the cervix.
**Recommended dose :** Continue until progression of the underlying disease or until unacceptable toxicity. ▪ mCRC: Administer as an intravenous infusion, either 5 mg/kg or 10 mg/kg every 2 weeks or 7.5 mg/kg or 15 mg/kg every 3 weeks. When used in combination with a fluoropyrimidine-irinotecan or fluoropyrimidine-oxaliplatin based chemotherapy regimen in patients who have progressed on a first-line Avastin®-containing regimen, administer 5 mg/kg every 2 weeks or 7.5 mg/kg every 3 weeks. ▪ mBC: 10mg/kg every 2 weeks or 15mg/kg every 3 weeks. ▪ NSCLC: First-line treatment of non-squamous NSCLC in combination with platinum-based chemotherapy; 7.5mg/kg or 15mg/kg every 3 weeks in addition to platinum-based chemotherapy for up to 6 cycles, then as monotherapy. First-line treatment of non-squamous NSCLC with EGFR activating mutations in combination with erlotinib; 15mg/kg every 3 weeks in addition to erlotinib until disease progression. ▪ mRCC: 10mg/kg every 2 weeks. ▪ Relapsed GBM: 10mg/kg every 2 weeks, continued until progression of underlying disease. ▪ Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer: Front-line treatment ; 15mg/kg every 3 weeks in addition to carboplatin and paclitaxel from 2nd cycle to 6th cycle, then as monotherapy until disease progression or for a maximum 15 months, whichever occurs earlier. Treatment of recurrent, platinum-sensitive, disease; 15 mg/kg of body weight given once every 3 weeks when administered in combination with carboplatin and paclitaxel for 6 cycles and up to 8 cycles followed by continued use of Avastin as a single agent until disease progression. Alternatively, 15 mg/kg every 3 weeks when administrated in combination with carboplatin and gemcitabine for 6 cycles and up to 10 cycles followed by continued use of Avastin as single agent until disease progression. Treatment of recurrent, platinum-resistant, disease; 10mg/kg every 2 weeks in addition to one of the following agents-paclitaxel, topotecan (given weekly) or pegylated liposomal doxorubicin. Alternatively, 15 mg/kg every 3 weeks in addition to topotecan given on days 1-5, every 3 weeks. ▪ Cervical Cancer: 15mg/kg every 3 weeks in addition to one of the following chemotherapy regimens-paclitaxel and cisplatin or paclitaxel and topotecan.
**Method of Administration :** Physicians experienced in antineoplastic medicines should supervise Avastin® administration. Initial dose : 90minutes IV infusion; second dose : 60minute IV infusion if initial dose well tolerated; subsequent doses:30minute IV infusion if second dose well tolerated. Do not administer as IV push or bolus. Do not mix or administer with glucose. Dose reduction for adverse events not recommended. If indicated, discontinue or temporarily suspend therapy. (See also Section Warnings & Precautions)
**Special populations :** Pediatric population : The safety and efficacy of bevacizumab have not been established, hence not recommended under 18 years old.
**Warnings & Precautions :** 1. Gastrointestinal Perforations and Fistulae : Patients may be at increased risk for the development of gastrointestinal perforation and gallbladder perforation when treated with Avastin®. Avastin® should be permanently discontinued in patients who develop gastrointestinal perforation. 2. Non-GI Fistulae : Permanently discontinue Avastin® in patients with tracheoesophageal (TE) fistula or any Grade 4 fistula. In cases of internal fistula not arising in the GI tract, discontinuation of Avastin® should be considered. 3. Wound healing complications : Avastin® therapy should not be initiated for at least 28 days following major surgery or until the surgical wound is fully healed. In patients who experience wound healing complications during Avastin® treatment, Avastin® should be withheld until the wound is fully healed. Avastin® therapy should be discontinued in patients who develop necrotizing fasciitis, and appropriate treatment should be promptly initiated 4. Hypertension : Pre-existing hypertension should be adequately controlled before starting Avastin® treatment. Monitoring of blood pressure is recommended during Avastin® therapy. The use of diuretics to manage hypertension is not advised in patients who receive a cisplatin-based chemotherapy regimen. Avastin® should be permanently discontinued if medically significant hypertension cannot be adequately controlled with antihypertensive therapy, or if, the patient develops hypertensive crisis or hypertensive encephalopathy. 5. Posterior Reversible Encephalopathy Syndrome (PRES) : In patients developing PRES, treatment of specific symptoms including control of hypertension is recommended along with discontinuation of Avastin®. 6. Proteinuria : Monitor proteinuria by dipstick urine analysis for the development or worsening of proteinuria with serial urinalyses during Avastin® therapy. In the event of Grade 4 proteinuria Avastin® treatment should be permanently discontinued. 7. Arterial Thromboembolism : In clinical trials, the incidence of arterial thromboembolic reactions including cerebrovascular accidents (CVAs), transient ischaemic attacks (TIAs) and myocardial infarctions (MIs) was higher in patients receiving Avastin® in combination with chemotherapy compared to those who received chemotherapy alone. Patients receiving Avastin® plus chemotherapy, with a history of arterial thromboembolism, diabetes or age greater than 65 years have an increased risk of developing arterial thromboembolic reactions during therapy. Caution should be taken when treating these patients with Avastin®.Therapy should be permanently discontinued in patients who develop arterial thromboembolic reactions. 8. Venous thromboembolism : Avastin® should be discontinued in patients with life-threatening (Grade 4) thromboembolic reactions, including pulmonary embolism. Patients with thromboembolic reactions ≤ Grade 3 need to be closely monitored. 9. Haemorrhage : Patients should be monitored for signs and symptoms of CNS bleeding, and Avastin® treatment discontinued in cases of intracranial bleeding. Avastin® should be permanently discontinued in patients who experience Grade 3 or 4 bleeding during Avastin® therapy. Caution should be exercised before initiating Avastin® in patients with congenital bleeding diathesis, acquired coagulopathy or in patients receiving full dose of anticoagulants for the treatment of thromboembolism prior to starting Avastin®. 10. Congestive Heart Failure(CHF) : Caution should be exercised when treating patients with clinically significant cardiovascular disease such as pre-existing coronary artery disease, or congestive heart failure with Avastin®. 11. Pulmonary haemorrhage/Haemoptysis : Patients with non-small cell lung cancer treated with Avastin® may be at risk of serious, and in some cases fatal, pulmonary haemorrhage/haemoptysis. Patients with recent pulmonary haemorrhage/haemoptysis (> 2.5 ml of red blood) should not be treated with Avastin®. 12. Neutropenia and Infection 13. Hypersensitivity reactions, Infusion reactions : Close observation of the patient during and following the administration of bevacizumab is recommended as expected for any infusion of a therapeutic humanized monoclonal antibody. If a reaction occurs, the infusion should be discontinued and appropriate medical therapies should be administered. 14. Osteonecrosis of jaw(ONJ) : Caution should be exercised when Avastin® and intravenous bisphosphonates are administered simultaneously or sequentially. Invasive dental procedures are also an identified risk factor. A dental examination and appropriate preventive dentistry should be considered prior to starting the treatment with Avastin®. 15. Eye disorders : Individual cases and clusters of serious ocular adverse reactions have been reported following unapproved intravitreal use of Avastin® compounded from vials approved for intravenous administration in cancer patients. 16. Ovarian failure : Fertility preservation strategies should be discussed with women of child-bearing potential prior to starting treatment with Avastin®.
**Contraindications : Avastin® is contraindicated in patients with known hypersensitivity to: Any components of the product; Chinese hamster ovary cell products or other recombinant human or humanized antibodies; Pregnant women**

Avastin-2017-05-08-1.0

Roche Korea Co., Ltd. 17th Floor GT tower (East). 411, Seocho-daero, Seocho-gu, Seoul 137-856, Korea

*For further product information and/or to report a side effect, please contact Roche Korea Co., Ltd (Tel : 02-3451-3600, Fax : 02-561-7201)
*For the latest product information, please contact Roche Korea site (www.roche.co.kr)

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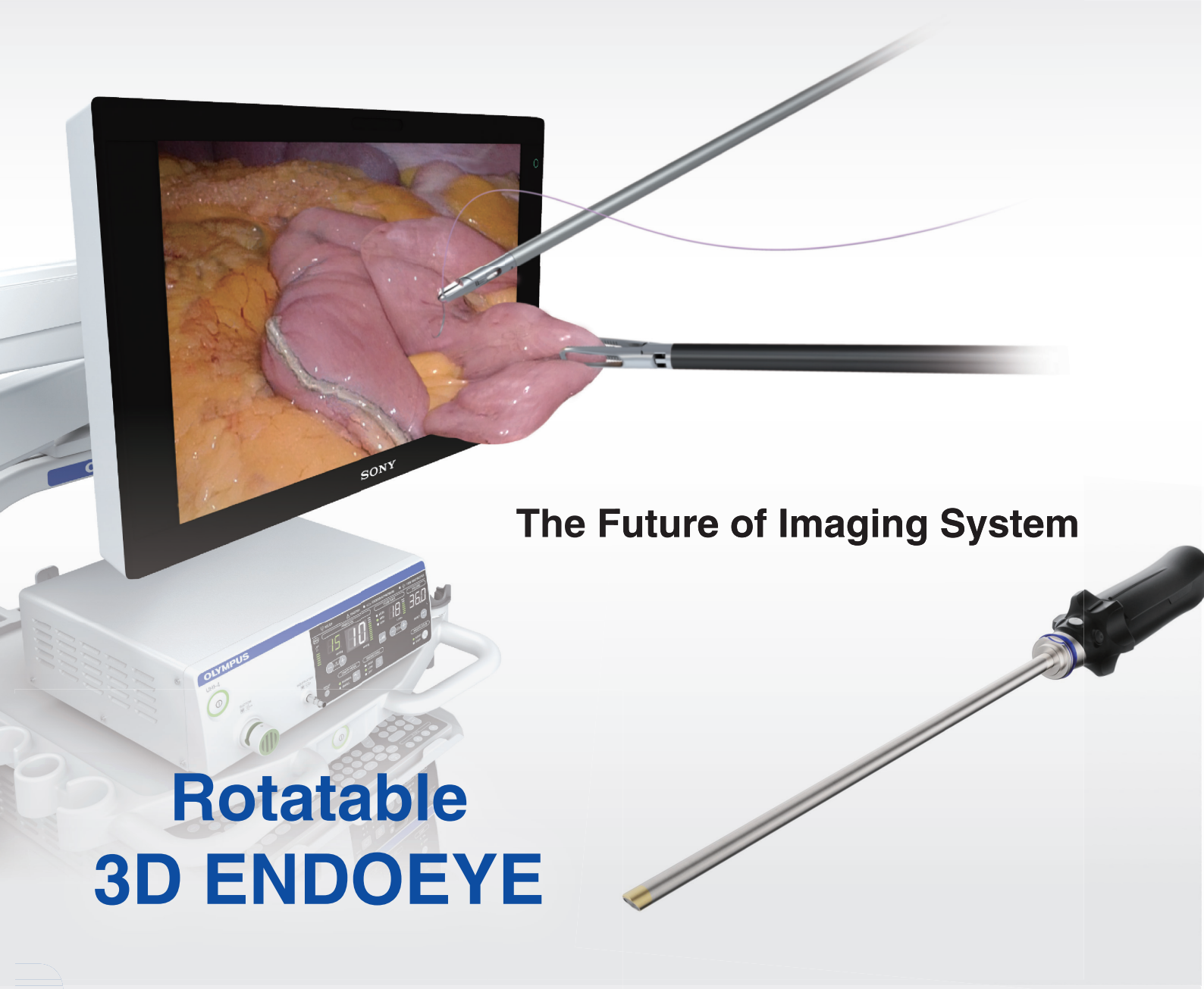


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VISERA ELITE II

# 예방범위를 더 넓힌 HPV* 백신(자궁경부암 백신),

# 소중한 나를 위한 선택, 가다실® 9[2,3,§]

## 가다실 9은

추가된 5가지 HPV 유형
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[인유두종바이러스 9가
(6, 11, 16, 18, 31, 33, 45, 52, 58형) 백신(유전자 재조합)]

* HPV : Human Papillomavirus (인유두종바이러스) ‡ 가다실 9은 9~26세 여성의 인유두종바이러스(Human Papillomavirus) 16, 18, 31, 33, 45, 52 및 58형에 의한 자궁경부암, 외음부암, 질암, 항문암의 예방. 인유두종바이러스 6, 11형에 의한 생식기 사마귀(첨형콘딜로마) 및 인유두종바이러스(HPV)16, 18, 31, 33, 45, 52 및 58형에 의한 지속적 감염 및 전암성 병변 또는 이형성 병변의 예방:자궁경부 상피내 선암, 자궁경부 상피내 종양 1기, 2기 및 3기, 외음부 상피내 종양 2기 및 3기, 질 상피내 종양 2기 및 3기, 항문 상피내 종양 1기, 2기 및 3기, 9~15세 남성의 인유두종바이러스 16, 18, 31, 33, 45, 52 및 58형에 의한 항문암. 인유두종바이러스 6, 11형에 의한 생식기 사마귀(첨형콘딜로마) 및 인유두종바이러스16, 18, 31, 33, 45, 52 및 58형에 다음의 전암성 또는 이형성 병변의 예방: 항문 상피내 종양 1기, 2기 및 3기에 하기받은 적응증이 있습니다. ** 전암병변에는 CIN 2/3, VIN 2/3, VaIN 2/3 및 AIS 가 포함되었습니다. ** Efficacy against the additional 5 types was evaluated using GARDASIL as a comparator and based on: Combined end point of CIN (Cevical Intraepithelial Neoplasia) 2/3, AIS (Adenocarcinoma in situ), invasive cervical carcinoma, VIN (Vulvar Intraepithelial Neoplasia) 2/3, VaIN(Vaginal Intraepithelial Neoplasia) 2/3, vulvar cancer, and vaginal cancer. Other end points including cervical, vulvar, and vaginal disease of any grade; persistent infection; and cytologic abnormalities and invasive procedures.

**Reference 1.** Joura EA, Giuliano AR, Iversen OE, *et al.* A 9-valent HPV vaccine against infection and intraepithelial neoplasia in women. *N Engl J Med.* 2015 Feb 19;372(8):711-23. **2.** 가다실 제품 허가 사항, 식품의약품안전처. Available at <https://ezdrug.mfds.go.kr/#!CCBAA03F020/itemSeq=200709554> Accessed 01 June 2016. **3.** 가다실 9 제품 허가 사항, 식품의약품안전처. Available at <https://ezdrug.mfds.go.kr/#!CCBAA03F020/itemSeq=200709554> Accessed 08 July 2016, MFDS. **Study design a.** We conducted a randomized, international, multicenter, double-blind study of the immunogenicity, efficacy, and side-effect profile of the 9vHPV vaccine in women 16 to 26 years of age. Phase 2b–3 study of the 9vHPV vaccine in 14,215 women. Participants received the 9vHPV vaccine or the qHPV vaccine in a series of three intramuscular injections on day 1 and at months 2 and 6. The primary efficacy hypothesis was that, as compared with the qHPV vaccine, the 9vHPV vaccine would reduce the combined incidence of several conditions related to HPV-31, 33, 45, 52, and 58 in women 16 to 26 years of age who were seronegative on day 1 and for whom there were negative results on PCR assays for the relevant HPV type from day 1 through month 7.

### 가다실® 9 주요안전성정보(Selected Safety Information)

**[효능효과]** 1. 여아 및 여성. 9 ~ 26세 여성에서 인유두종바이러스(Human Papillomavirus)에 의한 다음 질병의 예방: 인유두종바이러스16, 18, 31, 33, 45, 52 및58형에의한자궁경부암, 외음부암, 질암, 항문암. 인유두종바이러스6, 11형에 의한 생식기 사마귀(첨형콘딜로마) 및, 인유두종바이러스(HPV) 6, 11, 16, 18, 31, 33, 45, 52 및 58형에 의한 지속적 감염 및 다음의 전암성 또는 이형성 병변의 예방; 자궁경부 상피내 선암(Adenocarcinoma in situ, AIS), 자궁경부 상피내 종양(Cervical intraepithelial neoplasia, CIN) 1기, 2기및3기. 외음부 상피내 종양(Vulvar intraepithelial neoplasia, VIN) 2기및3기. 질 상피내 종양(Vaginal intraepithelial neoplasia, VaIN) 2기및3기, 항문 상피내 종양(Anal intraepithelial neoplasia, AIN) 1기, 2기 및3기 2. 남아. 9 ~ 15세남성에서인유두종바이러스에의한다음질병의예방: 인유두종바이러스 16, 18, 31, 33, 45, 52 및 58형에 의한 항문암, 인유두종바이러스 6, 11형에 의한 생식기 사마귀(첨형콘딜로마) 및, 인유두종바이러스(HPV) 6, 11, 16, 18, 31, 33, 45, 52, 58형에 의한 다음의 전암성 또는 이형성 병변의 예방: 항문 상피내 종양(Anal intraepithelial neoplasia, AIN) 1기, 2기및3기. **[용법용량]**1. 접종일정. 이 백신은 다음의 접종 일정에 따라 1회0.5 mL 씩 3회 근육주사한다. 1차 접종: 항문일, 2차 접종: 1차 접종으로부터 2개월 후, 3차 접종: 1차 접종으로부터 6개월 후. 피접종자는 가능한 0개월(최초 접종일), 2개월, 6개월의 접종 일정을 따르도록 한다. 다만, 이 백신의 유효성은 임상시험에서 1년 이내에 3회 접종을 모두 마친 경우 입증되었다. 접종 일정의 변경이 불가피한 경우, 2차 접종은 1차 접종일로부터 최소 1개월 후, 3차 접종은 2차 접종일로부터 최소3개월 이후에 이루어져야 한다. **[사용상의 주의사항]** 1. 다음 환자에는 투여하지 말 것. 이 백신이나 가다실 또는 각 백신의 성분에 과민한 사람 (이 백신이나 가다실 접종 후 과민증상이 나타나는 경우 추가 접종하지 않는다) 2. 다음 환자에는 신중히 투여할 것. 1) 현재 또는 최근 열성 질환이 있는 자 (증상의 중증도와 병인에 따라 백신접종을 계속 진행할 것인지, 보류할 것인지 결정한다. 일반적으로 미열 및 경증의 상기도 감염은 백신접종의 금기사항이 아니다.) 2) 저혈소판증이나 기타 혈액응고장애가 있는 환자 (이 백신 근육주사시 출혈이 있을 수 있으므로 주의하여 투여하여야 한다.) **[약물유해반응]**임상시험에서 나타난 약물유해반응. 이 백신의 안전성 평가는 6건의 임상시험(프로토콜 001, 002, 005, 006, 007, 009)에서이루어졌으며, 이 백신을 1회 이상 접종 받은 13,307명을 대상으로 안전성을 추적 조사하였다. 프로토콜001과 009에서는 1회 이상의 가다실 접종한 7,378명을 대상으로 안전성을 평가하였다. 백신을 등록일에 최초 접종하고 약2, 6개월 후에 2차, 3차 접종하였다. 안전성 평가는 이 백신 또는 가다실의 접종 후 14일간 작성된 설문보조자료(백신접종보고카드)를 통해 이루어졌다. 설문보조자료(백신접종보고카드)를 통해 추적 관찰된 이 백신 투여군은 등록일 기준으로 16 ~ 26세 여성8,027명, 9 ~ 15세 여성과 남성 5,280명(여성: 3,481명, 남성: 1,799명)이며, 가다실 투여군은 등록일 기준으로 16 ~ 26세 여성 7,078명, 9 ~ 15세 여성 300명이었다. **[임상시험에서 보고된 전신 및 주사부위 유해사례]**이 백신이나 가다실 투여군에서 1.0% 이상의 발현율로 보고된 백신 관련 유해사례는 표1 및 2와 같다. 소수의 피험자(이 백신= 0.1%, 가다실< 0.1%)가 백신접종 후 나타난 유해사례로 인해 시험을 중단하였다. 모든 연령과 성별에서 이 백신과 가다실의 안전성 양상은 유사하였다. **[이 백신의 임상시험에서 나타난 중대한 유해사례]** 이 백신에 대한 6건의 임상시험에서 전 시험기간 동안 중대한 유해사례가 수집되었다. 이 백신을 접종 후 안전성을 추적 조사한 13,309명의 피험자 중 305명(2.3%)이 중대한 유해사례를 보고하였다. 이 중 5명이 백신과 관련이 있을 것으로 판단된 중대한 유해사례를 1개 이상 보고하였다. 백신 관련 중대한 유해사례로는 발열, 백신에 대한 알레르기, 천식발작, 두통 및 편도염이 보고되었다. 이 백신 피험자에서시험기간 이후에 발생한 2건의 백신 관련 중대한 유해사례가 추가적으로 보고되었다 (체위성 기립성 빈맥 증후군1건, 수면과다1건). **[가다실 접종 후 이 백신의 접종에 대한 임상시험]** 프로토콜006 임상시험에서 가다실 3회 접종을 마친 12 ~ 26세의 여아 및 여성 피험자들을 대상으로 이 백신의 안전성을 평가하였다. 가다실의 마지막 접종일로부터 이 백신의 최초 접종일 사이의 시간 간격은 약 12 ~ 36개월이었다. 안전성 평가는 이 백신 또는 위약을 접종 받은 피험자들이 매 접종 후 14일 동안 작성한 설문보조자료(백신접종보고카드)를 통해 이루어졌다. 이 시험에서 이 백신 투여군은 608명, 위약 투여군은 305명이었다. 이 백신을 투여받은 피험자 중 소수(0.5%)가 유해사례로 인해 시험을 중단하였다. 이 백신 투여군에서 발현율이 1.0% 이상이고 위약 투여군에 비해 높은 발현율을 나타낸 백신 관련 유해사례는 다음과 같다 [주사부위(접종 후 1~5일 간)통증(백신 투여군 90.3%, 위약 투여군 38.0%), 부기(백신 투여군 49.0%, 위약 투여군 5.9%), 홍반(백신 투여군 42.3%, 위약 투여군 8.5%), 가려움(백신 투여군 7.7%, 위약 투여군1.3%), 혈종(백신 투여권 4.8%, 위약 투여군 2.3%), 반응(백신 투여군 1.3%, 위약 투여군 0.3%), 덩어리(백신 투여군 1.2%, 위약 투여군 0.7%) [전신(접종 후 1~15일 간) 두통(백신 투여군 19.6%, 위약 투여군 18.0%), 발열(백신 투여군 5.1%, 위약 투여군 18.0%), 구역(백신 투여군 3.9%, 위약 투여군 2.0%), 어지러움(백신 투여군 3.0%, 위약 투여군 1.6%), 상복부통(백신 투여군 1.5%, 위약 투여군0.7%), 인플루엔자(백신 투여군 1.2%, 위약 투여군 1.0%). 이전에 가다실 백신접종을 한 피험자와 HPV 백신접종을 하지 않은 피험자들에서 이 백신의 안전성 양상은 유사하였다. **[다른 백신과의 병용투여에 대한 임상시험]** 임상시험에서 다른 백신들과 병용투여했을 때의 이 백신에 대한 안전성을 평가하였다. 이 백신을 Repevax(흡착 디프테리아, 파상풍톡소이드, 정제 백일해 및 불활화 소아마비 혼합 백신(Diphtheria, Tetanus, Pertussis (acellular, component) and Poliomyelitis (inactivated) Vaccine, (adsorbed, reduced antigen(s) content), dTap-IPV)], 아다셀주(성인용 흡착 디프테리아, 파상풍톡소이드 및 정제 백일해 혼합백신(Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed, Tdap)], 메낙트라주((수막구균A, C, W135, Y) - DT 단백접합백신(Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine))와 이 백신을 동시에 접종했을 때, 이 백신의 단독 접종에 비해 이 백신을 접종한 부위에서의 주사부위 부기가 증가하였다. 다른 백신과 동시에 접종했을 때의 주사부위 부기는 대부분 경증에서 중등도인 것으로 보고되었다. **[시판 후 유해사례]** 다음은 가다실의 시판 후 자발적으로 보고된 유해사례들로, 이 백신의 시판 후 나타날 수 있는 유해사례들이다. 이 백신은 가다실과 동일한 4개의 HPV 유형에 대한 L1 HPV 단백질을 포함하고 구성 성분이 유사하므로, 가다실의 시판 후 유해사례는 이 백신과 관련이 있다. 이러한 유해사례들은 불특정 다수에서 자발적으로 보고되었기 때문에 발생빈도 또는 이 백신 접종과의 상관관계를 판정하기 어렵다. 감염 및 체내침입: 연조직염. 혈액 및 림프계: 특발성 혈소판감소성 자반증, 림프절병증. 신경계: 급성 파종성 뇌척수염, 어지러움, 길랭바레증후군 (Guillain-Barr증후군), 두통, 떠때로 긴장-간대성 움직임을 수반하는 실신. 위장관계: 구역, 구토. 근골격계 및 결합조직: 관절통, 근육통. 주사부위 및 전신: 무력증, 오한, 피로, 권태. 면역계: 아나필락시스 또는 아나필락시스양반응을 포함하는 과민반응, 기관지연축, 두드러기 **[일반적 주의]** 1) 다른 백신과 마찬가지로 이 백신을 접종받은 모든 피접종자가 면역예방 효과를 나타내는 것은 아니다. 2) 이 백신은 진행 중인 외부 생식기 병변, 자궁경부암, 외음부암, 질암, 항문암, 자궁경부 상피내 종양(CIN), 외음부 상피내 종양(VIN), 질 상피내 종양(VaIN), 항문 상피내 종양(AIN)의 치료를 대상으로 하지 않는다. 3) 이 백신은 인유두종바이러스(Human Papillomavirus, HPV)에 의한 것이 아닌 질병은 예방하지 않으며, 백신에 포함되지 않은 HPV 유형에 의한 질병에 대해서도 예방하지 않는다. 4) 다른 주사용 백신과 마찬가지로 백신 투여 후 드물게 아나필락시스 반응이 나타나는 경우 적절한 치료가 즉시 이루어져야 한다. 5) 면역억제의 사용, 유전적 결함, 사람 면역결핍바이러스(HIV) 감염 또는 기타의 원인에 의해 면역 반응이 저해되어 있는 경우 백신접종에 의한 항체 반응이 감소될 수 있다. ※**보다 자세한 정보는 의료전문인과 상의하시기 바랍니다.**

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**Date:** October **10th–12th**, 2019
**Venue:** Songdo Convensia, Incheon, Korea

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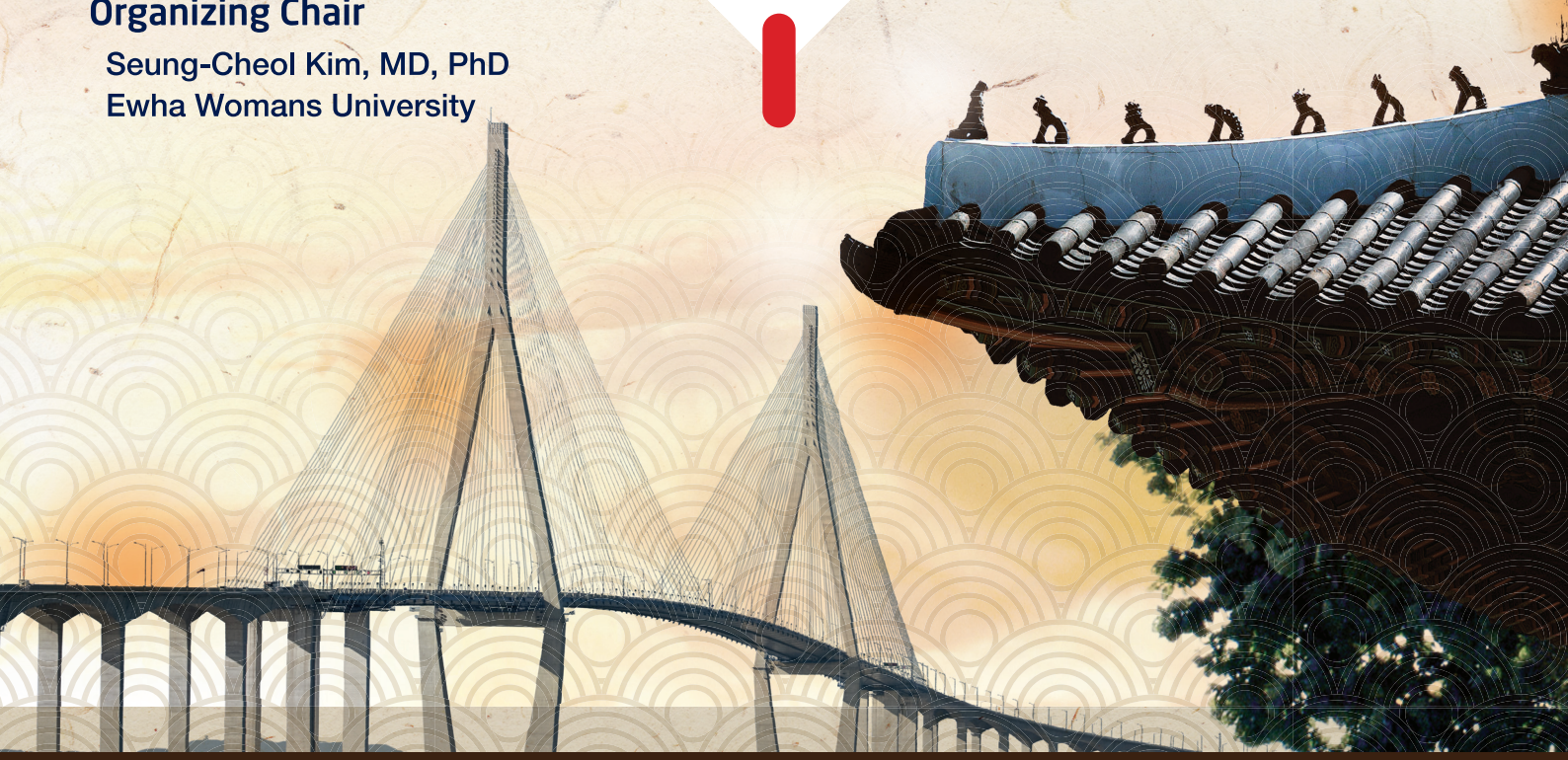

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