

advanced stage(III/IV) and exhibit chemotherapy resistance. To find new biomarkers for early diagnosis, therapeutic monitoring and prognostic estimation of ovarian cancer is of great importance. The occurring of liquid biopsy provides a new direction for clinical research of this neoplasm.

Methods Literatures had been searched through databases using the certain theme of ““ovarian cancer ““ and ““liquid biopsy”””.

Results Liquid biopsy offers a minimally invasive repeatable sample collection of blood. Recent studies attempted to shed light upon their values on early diagnosis, prognosis and prediction of ovarian cancer. Up to now, circulating tumor cells (CTCs), circulating tumor DNA (ctDNA) and tumor cell-derived exosomes (TEXs) represent the main liquid biopsy approaches.

Conclusions The occurring of liquid biopsy provides a new direction for clinical research of ovarian cancer. Liquid biopsy acts as an effective early detection approach to find new biomarkers for early diagnosis, therapeutic monitoring and prognostic estimation of ovarian cancer.

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DOES NACT REDUCE THE EXTENT OF SURGERY AND PERIOPERATIVE MORBIDITY IN SURGICAL CYTOREDUCTION OF ADVANCED EPITHELIAL OVARIAN CANCER? A SINGLE INSTITUTE EXPERIENCE AT FMRI, GURUGRAM

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Objectives To study the extent of surgery to achieve completeness of cytoreduction (CC) score 0 and perioperative morbidity in interval surgical cytoreduction in comparison to primary surgical cytoreduction of advanced epithelial ovarian cancer.

Methods It is an interim analysis of ongoing prospective comparative study of patients with stage III/IV ovarian, tubal and peritoneal cancers undergoing interval or primary surgical cytoreduction during the period 2015 to 2018. The extent of surgery to achieve CC score-0 was the primary endpoint and perioperative morbidity was the secondary endpoint. Indication for NACT was bulky upper abdomen disease based on clinical evaluation and imaging or PS >2.

Results Among 124 cases, 73 were in stage III/IV epithelial cancer; 46 of them had NACT and underwent interval surgical cytoreduction and 27 had primary surgical cytoreduction. The two groups did not differ significantly in median surgical peritoneal carcinomatosis index (PCI) (p 0.5755) or surgery duration (p 0.2301). In the interval group 78.3% and in the primary group, 81.5% were cytoreduced to CC score of 0. The types of procedures to achieve CC 0 were not statistically different between the two groups. A higher incidence of paraaortic lymph node dissection was observed in the primary group (p 0.0137). The perioperative morbidity in the interval group was not significantly different from the primary group.

Conclusions In our experience, NACT could not significantly reduce the surgical extent to achieve CC 0 or the perioperative morbidity in comparison to patients undergoing primary surgical cytoreduction.

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A RARE CASE OF BORDERLINE BRENNER TUMOR

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Objectives To report a case of borderline Brenner tumor

Methods Case report and literature review

Results A 70-year old woman had lower abdominal pain and was found to have a large tumor in the pelvic cavity which had both cystic and solid lesions by ultrasonography and MRI. We underwent a surgery of total hysterectomy, bilateral salpingo-oophorectomy, omentum resection, pelvic and para-aortic lymph node dissection according to a frozen section diagnosis of borderline or malignant tumor of the ovary. The final pathological diagnosis was borderline Brenner tumor, StgaelC3, which shows an exuberant papillary transitional cellular component with mild nuclear atypia lined by mucinous columnar epithelium without invasion to the stroma. There is no recurrent and metastasis at postoperative 3 months.

Conclusions Borderline Brenner tumor of the ovary is a rare tumor, which has only about 30 case reports of published English literatures. At present, we don't have enough knowledge about the characteristics of the tumor to decide appropriate treatment. Additional collection of data of this tumor is necessary to establish diagnosis and treatment.

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TREG CELLS AND TH17 CELLS PRODUCING IL-21 AND IL-22 IN A ROMA RELATIONSHIP OF PATIENTS AFFECTED BY OVARIAN TUMOURS

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Objectives The relationship of Treg and CD4+IL-21+ or CD4+IL-22+ in the peripheral blood and the tissue of the epithelial ovarian tumor, to blood serum levels of markers HE4 and CA125 and to assess the application of the risk of ovarian malignancy algorithm (ROMA).