

Conclusions Our findings affirm that hysteroscopy does not compromise the survival of patients with early-stage endometrial cancer.

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72 THE INVOLVEMENT OF IGF1 AXIS IN DENDRITIC CELLS DIFFERENTIATION IN EPITHELIAL OVARIAN CANCER

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Objectives Epithelial ovarian cancer (EOC) is the most lethal cancer among gynecological malignancies worldwide. The insulin-like growth factor (IGF) system plays a key role in regulating growth and invasiveness of EOC. IGF1R targeting showed anti-proliferative activity of EOC cells, however, clinical studies failed to show significant benefit. EOC cells suppress anti-tumor immune responses, by inducing Dendritic Cells (DCs) dysfunction. Interestingly, recent studies indicate that the IGF axis can regulate DCs maturation. Our study aims to evaluate the involvement and role of the IGF1 axis in DCs differentiation in EOC.

Methods Studies were conducted on EOC and a human monocyte cell lines. IGF1R expression levels were evaluated by Western blots. Differentiated DCs were treated with IGF1R inhibitor and co-cultured with EOC cell lines, thereafter scratch assay was performed. Tissue microarray was implemented on 40 paraffin blocks from EOC patients and expression of IGF1R associated proteins and DCs markers was evaluated by immunohistochemistry.

Results DCs differentiation was characterized by reduced in total IGF1R levels (50%) and phosphorylated IGF1R levels (95%). In addition, IGF1R inhibitor treated-DCs decreased EOC cell migration. TMA analysis demonstrated higher rate of strong IGF1R, p53 and PD-1 protein expression in patients with advanced-stage compared to early-stage, 87.5% vs 66.66%, 87.5% vs 75%, 62.5% vs 50%, respectively.

Conclusions IGF1R pathway inhibition in differentiated DCs suppressed EOC cell migration. Thus, restoring the anti-tumor immune response by IGF1R targeting may be an effective therapy for EOC. TMA analyses imply a correlation between IGF1R and PD-1 expression and EOC-stage, nonetheless, further evaluation is necessary.

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73 IMPACT OF GLOBAL PARTNERSHIP ON SURGICAL CARE FOR PATIENTS WITH CERVICAL CANCER IN ETHIOPIA

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Objectives In Ethiopia, cervical cancer is the second common cancer and accounts for 17% of malignancies in females. Gynecologic Oncology Fellowship Training Program was launched at St. Paul's Hospital Millennium Medical college (SPHMMC) in 2016, the program works in collaboration with the University of Minnesota, University of Michigan and German Society of Gynaecological Oncology. In 2017, the program joined the global oncology fellowship training under the International Gynecologic Cancer Society. This study is presented to show the impact of global partnership on surgical care delivery for patients with cervical cancer managed at SPHMMC.

Methods A hospital-based retrospective cross-sectional study was conducted. The period 9/2008- 8/2013, was selected as a pre-fellowship period and the period 1/2026-8/2018 was selected to determine the impact of fellowship training on service delivery. Data was collected from medical charts. The retrieval rate was 84.3%.

Results A total of 102(48%) were eligible for radical hysterectomy and pelvic lymphadenectomy. Patients with advanced disease were referred for chemo-radiation. The mean age was 48 ± 11 years with range of 28 - 88 years. Clinical stage included stage IB 60(62.8%) and IIA 25(30%). Eighteen patients(20.9%) received neoadjuvant chemotherapy(NACT). There were 2 bladder injuries and 4 ureteric injuries and no death reported during the hospital stay. The bivariate analyses showed taking NACT significantly decreases the rate of pelvic lymph node metastasis with a P value of 0.01.

Conclusions Implementation of gynecologic oncology fellowship training increased surgical management of cervical cancer in Ethiopia. Quality improvement projects and cancer registry are needed to advance cervical cancer service delivery.