EVALUATION OF THE CONCENTRATION OF THE SOLUBLE FORM OF PROGRAMMED CELL DEATH-LIGAND 2 IN PATIENTS WITH ENDOMETRIAL CANCER

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There are significant differences in both, the percentage of PD-L2 positive MO and the prevalence of the sPD-L2 in the plasma of patients with endometrial cancer in comparison to healthy blood donors.

The percentage of PD-L2 positive MO was evaluated by flow cytometry. Soluble PD-L2 levels in the plasma of the EC patients (n=45) and the plasma of the healthy blood donors (n=20) were investigated via an immunoassay kit ELISA (sPD-L2 as specified by the manufacturer Invitrogen, USA). Plate absorbance was read on an ELX-800 plate reader (BioTek Instruments, Inc, USA) and analyzed by Gen5 (BioTek 218 Instruments, Inc). The concentrations of sPD-L2 (pg/mL) were calculated via interpolation from a standard curve.

Results The concentrations of sPD-L2 in the plasma of the EC patients were: median 134.720, range 47.696–11551.89 pg/ml. The sPD-L2 levels in the plasma of patients with endometrial cancer were significantly lower than in the control group (p<0.0001). The percentage of PD-L2 positive MO was significantly lower in the PB of patients with EC than in the control group (3.32% vs. 71.48 p<0.0001).

Conclusion There are significant differences in both, the percentage of PD-L2 positive MO, and sPD-L2 levels in patients with endometrial cancer and healthy women.

ROBOT ASSISTED VAGINAL NATURAL ORIFICE TRANSLUMINAL ENDOSCOPIC HYSTECTOMY FOR PATIENTS WITH STAGE IIIA A ENDOMETRIAL CANCER-FARGHALY'S TECHNIQUE

Introduction/Background Natural orifice transluminal endoscopy (NOTES) minimally invasive surgery improves cosmetic outcomes and reduces surgical injury. This in turn decreases the inflammatory and neuroendocrine responses resulting in less postoperative pain and quicker recovery.

Methodology Patients with stage I/IIA endometrial cancer are selected for this procedure.

The HominisTM Surgical System is used. The System consists of sterile components: the Hominis ArmsTM and the GYNTracor Kit, and non-sterile capital equipment: the ControlConsole and the Motor Units. The Arms are inserted transvaginally through the posterior fornix to the pelvic cavity, retroflexed towards the point of entry. This enables