POLE mutation was seen in 1/53 cases (1.9%), which was grade 2 EEC, harboring P436R mutation. This was a multiple classifier, with mutant type p53 and d-MMR.

Diffuse p53 expression was seen in 97.3% of SC, 83.3% of CCC, 75% of carcinosarcoma, 62% of mixed carcinoma, and 12.8% of EEC.

Conclusion The TCGA molecular classification helps to risk stratify patients of EC. POLE-ultramutated tumors have a superior prognosis over other molecular classes.

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THE RELATIONSHIP BETWEEN SERUM ADROPIN LEVELS, BODY MASS INDEX AND BLOOD PRESSURE VALUES IN ENDOMETRIAL CARCINOMA

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Introduction/Background Adropin is a protein that has been found in the brain, liver and peripheral tissues in terms of energy homeostasis. Serum adropin levels were lower in hypertension, diabetes mellitus and metabolic syndrome. The aim of this study was to investigate the relationship between adropin levels, body mass index(BMI) and blood pressure values in endometrial carcinoma(EC).

Methodology 40 healthy individual’s and 50 EC patient’s demographic information including characteristics of obstetric history, diabetes mellitus(DM), hypertension(HT) and family history were recorded. Fasting insulin, homeostasis model assessment for insulin resistance (HOMA-IR), high-density lipoprotein (HDL), low density lipoprotein (LDL), total cholesterol (TC), triglyceride (TG) and adropin levels were obtained from venous blood samples with an overnight fast.

Results There was no statistically significant difference between the control and EC groups at the serum adropin level. However, adropin was found to be significantly lower in type 2 EC (OR=0.350; 95%CI 0.156–0.783; p=0.011). Optimal cut off value was calculated in ROC curve analysis as 0.4 ng/mL for adropin (63.6% sensitivity, 64.7% specificity). Positive Likelihood ratio (LR+) was 1.8 and negative Likelihood ratio (LR-) was 0.56.

Conclusion In recent years, innovations such as molecular classification recommended for use in the management of endometrial cancer have emerged. Various difficulties such as the high cost to fully transition to clinical use have not been overcome yet, so it does not seem possible to apply it preoperatively to every patient yet. We think that there is still a need for various hormonal methods that are more cost-effective. Further studies may highlight the absolute role of adropin in EC by extending the sample size with different stages of the disease and adding analyses such as molecular or genetic on endometrial tissue.

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EVALUATION OF THE CONCENTRATION OF THE SOLUBLE FORM OF GAL-9 IN THE PLASMA OF PATIENTS WITH ENDOMETRIAL CANCER IN THE ASPECT OF CLINICAL SIGNIFICANCE

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Introduction/Background Endometrial cancer (EC) is the most common gynaecological cancer and the second most common female malignancy in the world. Gal-9 is a ligand for TIM-3 which is on the surface of T cells, eosinophils or dendritic cells. The high concentration of Gal-9 may bring to the apoptosis of the activated T cells. Gal-9 has been proven to play a therapeutic role in autoimmune disease. Endometrial cancer management remains challenging and important is deeper understanding of the immunology diversity of this cancer.

The study aimed to evaluate the concentrations of soluble Gal-9 in the plasma of patients with endometrial cancer and healthy subjects in the aspect of its clinical significance

Methodology In the present study, we evaluated the concentrations of soluble Gal-9 in the peripheral blood (PB) and of both patients with endometrial cancer (n = 79) and healthy subjects (n = 19) using ELISA.