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Surgical and medical therapy of endometriosis with hormonal and non-hormonal targets

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Study question: To evaluate 3 therapy strategies - Hormone therapy, surgery, and combined treatment for genital endometriosis in a university based teaching hospital.

Summary answer: In the quest to find the most effective treatment of genital endometriosis, this clinical randomized study shows the lowest incidence of recurrence with combined surgical and medical treatment and improved pregnancy rate in any medically treated patients with or without surgery with the highest cure rate in the combined treatment group.

What is already known? Endometriosis is a systemic disease, which needs various treatments as up to date no single treatment is successful in every patient.

Study design, size and duration: Four hundred fifty patients with genital endometriosis, stages I-III, aged 18 to 44 years, before first laparoscopy: Patients were randomly assigned to 1 of 3 treatment groups, hormone therapy, surgery, or combined treatment. Patients were reevaluated at second-look laparoscopy, at 2 to 2 months after 3-month hormone therapy in groups 1 and 3 and at 5 to 6 months in group 2 (surgical treatment alone). Outcome data were focused on the endometriosis stage, recurrence of symptoms, and pregnancy rate.

Main results and role of chance: All treatment options, independent of the initial Endoscopic Endometriosis Classification stage, achieved an overall cure rate of 50%. A cure rate of 60% was achieved with the combined treatment, 55% with exclusively hormone therapy, and 50% with exclusively surgical treatment. Recurrence of symptoms was lowest in patients who received combined treatment. Significant benefit was achieved for dysmenorrhea and dyspareunia. An overall pregnancy rate of 55% to 65% was achieved, with no significant difference between the therapeutic options.

Limitations and reasons for caution: Although a good number of patients were included into this RCT, no clear picture of an optimal therapy could be obtained. In this still complex and poorly understood disease therefore all known therapy concepts should be used for the treatment of patients.

Wider implications of the findings: After an initial diagnostic laparoscopy, be careful with repetitive laparoscopic surgeries.

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Breast cancer: Estrogen receptor SNPs as risk markers and hormone receptors expression as therapeutic drivers

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Breast cancer (BC) is the second leading cause of cancer-related death in US women. The ability to effectively treat patients can be complicated by risk factors including single nucleotide polymorphisms (SNPs) in the estrogen receptor gene (ESR1) and misdiagnosis of hormone receptors expression levels. Recently, single nucleotide polymorphisms in PvuII and XbaI have been discovered in the ESR1 gene. To study the significance of these changes, we analyzed the allelic frequencies of these SNPs in samples isolated from patients with BC. We found higher P and X alleles frequencies in ER α -positive BC. Furthermore, the pp and xx genotypes were found exclusively in patients with HT-TMX responsive BC. Analysis of the expression levels of the ER status in 61 BC cases using SP1 and 1D5 monoclonal antibodies revealed a high concordance rate (96.7%) between both antibodies based on immunohistochemical analysis applying the Allred score. Similar analysis of the PgR status in 53 BC cases revealed that the monoclonal antibodies PgR636 and SP42 were suitable for diagnostic purposes while monoclonal the antibody ab62621 should be excluded due a lack of specificity. Taken together, we have revealed that the P allele is a novel biomarker for BC, confirmed that both the pp and xx genotypes enhance responsiveness to chemotherapy, and identified monoclonal antibodies that improve the accuracy of detecting ER and PgR status in BC patients.

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