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When should an Omentectomy be part of Surgical Staging in Endometrial Cancer?

Nor Huda MA[1], Ong N[1], Zakaria AR[1], Ghazali I[2], Daniel Roza D[2], Lee CL[2]

[1]Department of Obstetrics and Gynaecology, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, [2]Department of Obstetrics and Gynaecology, Hospital Sultan Ismail, Johor Bahru, Johor

ABSTRACT

Introduction: Omentectomy is performed as part of cytoreductive surgery in advanced endometrial cancer. Occult omental metastasis can be missed and further affect the management and prognosis of patients. **Objectives:** The purpose of the study is to determine the prevalence of occult omental metastasis and the associated risk factors. To evaluate the role of omentectomy in selected high-risk cases of endometrial cancer. **Methods:** A retrospective analysis of patients with endometrial cancer underwent staging surgery from 2012 to 2016. **Results:** Ninety-nine patients were recruited. The rate of omental metastasis was 11.1% with 91% (n=11) had apparent omental nodules and 9% (n=1) had an occult omental disease. All patients with omental metastasis were in stage 3 and 4. All cases of omental metastasis were grade 3 tumours with 10% of occult metastasis. The rate of omental metastasis is significantly higher in grade 3 tumour (35%, p=0.02) compared with a low-grade tumour (2%). Omental metastasis was found in 9.3% high-grade endometroid, 66% clear cell and 17% papillary serous type tumour, respectively. There was significant statistical relationship between omental metastasis and lymphovascular space invasion (p=0.02), cervical stroma involvement (p=0.001) and lymph node metastasis (p=0.003), but not with depth of myometrial invasion (p=0.93). **Conclusion:** Omentectomy should be performed in stage 3 and 4 disease with no visible omental metastasis, grade 3 tumour, cervical stromal involvement and nodal metastasis to improve the prognosis of the patients.

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A Cost Effective and Highly Accurate Cross-Validated Approach in Preventing the Incidence of Thalassaemia Major: Sunfert's Experience

Sinthamoney E, Chen JJ, Wong PS

Sunfert International Fertility Centre, Nexus Bangsar South, Kuala Lumpur, Malaysia

ABSTRACT

Introduction: Thalassaemia is a common blood disorders in Malaysia, presents a major economic burden to the country. Besides the significant cost in raising a thalassaemia major child, physical and emotional toll on all is also significant. Therefore, pre-conception prevention with PGT-M should be considered for its long-term benefits. Targeted-PCR and sequencing (tPCRS) show lower accuracy due to allele drop-out. A high accuracy approach, Karyomapping, requires samples from the couple and a reference (proband or close relative) for phasing the allele of the blastocysts. **Objectives:** To utilise a combined tPCRS with Karyomapping approach to achieve high accuracy with lower cost for screening of concurrent single gene disorder detection (SGDD) and aneuploidy. **Methods:** Blastocyst biopsy was performed after IVF. Genetic testing was performed to determine the genotype and karyotype of the blastocysts. Cases with reference were subjected to Karyomapping and cross-validated with tPCRS. Cases without reference were genotyped with tPCRS approach and one of the resulting genotypes of the blastocysts were used as reference for Karyomapping. Blastocysts that were unaffected and were not aneuploidy were prioritized for transfer. **Results:** Twelve of 14 couples who underwent IVF+PGT-M had embryo transfer, resulting in 10 pregnancies. Cross-validation on Karyomapping was done on six cases and all results were in concordance. Karyomapping was also successfully performed in all couples with and without references. **Conclusion:** On average, a couple requires approximately two IVF cycles to achieve a pregnancy. Concurrent aneuploidy screening and SGDD allows selection of the most optimal blastocyst for implantation, reducing the time to pregnancy.