

**PS-03-12****Adjuvant chemotherapy in patients with stage IIIA endometrial carcinoma with solitary adnexal involvement**

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**Objective:** The optimal adjuvant therapy in endometrial cancer patients with solitary adnexal involvement is still controversial. The purpose of this study was to evaluate, retrospectively, the outcome and efficacy of adjuvant chemotherapy in these patients.

**Material and Methods:** The medical records of the patients with stage IIIA endometrial cancer with solitary adnexal involvement who were treated with surgical resection and adjuvant chemotherapy between 2005 and 2010, were retrospectively analyzed. A total of 40 patients treated with platinum-based adjuvant chemotherapy were included. Following surgery, all patients received 4 cycles of Carboplatin 300 mg/m<sup>2</sup> and Paclitaxel 175 mg/m<sup>2</sup> by intravenous injection every 3 weeks. The survival and recurrence rates were evaluated.

**Results:** The median follow-up period was 5 years (60 months). Recurrences occurred in 12.5 % (n=5) of the patients. One local recurrence (1/5, 20%) and 4 distant metastases (4/5, 80%) in liver (n=2, 40%), lung (n=1, 20%) and paraaortal lymph nodes (n=1, 20%) were observed. The 3-year disease-free survival (DFS) and overall survival (OS) rates were 87.5% and 92.3%, respectively.

**Conclusions:** In conclusion, platinum-based adjuvant chemotherapy may improve prognosis and survival in stage IIIA endometrial cancer patients with solitary adnexal involvement and could be considered as a potential adjuvant treatment. Although adjuvant chemotherapy has demonstrated improved both disease-free and overall survival compared to radiotherapy (DFS 87.5% vs 69%; OS 92.3% vs 78%), further studies are needed to define the optimal treatment strategy.

**PS-03-13****Multimodality treatment of brain metastases from ovarian cancer**

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**Objective:** Brain metastases from ovarian cancer are uncommon and usually associated with mean survival less than 12 months. In some cases, multimodality treatment may achieve an improved outcome in these patients.

**Material and Methods:** Two cases of multiple brain metastases from ovarian cancer are presented. A combination of whole-brain-radiotherapy (WBRT) and chemotherapy (Topotecan) was used.

**Results:** Case 1: A 62-year-old patient was diagnosed and treated for primary ovarian cancer in 2012. She underwent optimal surgical resection and adjuvant platinum-based chemotherapy (Carboplatin/Paclitaxel, 6 cycles). Eleven months after the initial

treatment the patient developed right hemiparesis. Brain CT documented multiple brain metastases in the left frontal and parietal lobe. She proceeded to WBRT and subsequent 4 cycles of Topotecan. At a follow-up of 24 months, there is no evidence of recurrent disease. Case 2: A 63-year-old patient was diagnosed with primary ovarian cancer in 2012. Initially, she received neoadjuvant chemotherapy (Carboplatin/Paclitaxel, 6 cycles and Doxorubicin/Carboplatin, 3 cycles) followed by surgical treatment. After 1-year follow-up, multiple brain metastases in the right temporoparietal and occipital lobe were detected by brain MRI. She underwent WBRT followed by 4 cycles of Topotecan. Better motor performance was achieved and the MRI scan evaluation showed volume reductions of brain metastases. Nine months later, CT scan revealed a progression of the metastatic disease and re-WBRT was performed. At a follow-up of 18 months, she is in good clinical condition.

**Conclusions:** In ovarian cancer patients with multiple brain metastases, multimodal therapeutic approach including radiotherapy followed by chemotherapy may lead to prolonged survival.

**PS-03-14****Metastatic granulosa cell tumor - a case report**

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**Objective:** Granulosa cell tumors (GCT) are rare ovarian tumors composed of granulosa cells, theca cells, and fibroblasts in varying degrees and combinations. GCTs account for approximately 2% of all ovarian tumors, and 20-30% of them show clinical and pathological features of malignancy.

**Material and Methods:** We present a case of metastatic GCT in a female patient who was 32-year-old at her first admission in the hospital for left ovarian tumor (FIGO stage IC), preoperatively treated with chemotherapy. In the next 9 years, she had multiple operations for recurrent and metastatic GCT, involving liver, peritoneum, omentum and mesenterium, consecutively.

**Results:** The histological analyses of all operative materials revealed solid neoplastic tissue with cystic areas, composed of uniform cells with coffee bean-like longitudinal nuclear groove and scant cytoplasm, with a low mitotic index of 4/10 high power fields. Micro-follicular structures (Call-Exner bodies) have also been found. The stroma was inconspicuous. Lymphovascular emboli were found. Despite the information for previous chemotherapy, the tumor was predominantly vital, with scant areas of necrosis. The tumor cells were diffusely immunopositive for vimentin and alpha-inhibin, and negative for CD99, CD34, CD31, actin, neuroendocrine and epithelial markers.

**Conclusions:** GCT is considered an unusual indolent neoplasm of low malignant potential, with the number of mitoses and dyskaryosis as histological indicators for malignancy. Still, this case emphasizes the need for close monitoring of all patients with GCT, regardless of the histological features, due to unpredictable behaviour of this tumor and its potential for recurrences.

**PS-03-15****Neuroendocrine cells in the endometrial adenocarcinomas**

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