Prognostic significance of perineural invasion in cervical cancer
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목적: Vascular and Lymphatic invasion are well known parameters of local tumor spread. But the prognostic significance of perineural invasion (PNI) is unknown in patients with cervical cancer. We aimed to investigate the association between clinicopathologic factors and the prognostic value of PNI in patients with cervical cancer.

방법: Clinical data of 185 patients with cervical cancer (FIGO stage IA2-IIA2) who underwent radical hysterectomy and pelvic lymphadenectomy from January 2003 to May 2011 were analyzed retrospectively. Clinicopathological data including age, stage, histologic subtype, tumor size, the depth of cervical stromal invasion, parametrial invasion, lymphovascular space invasion, surgical margin status, lymph node metastasis were collected. The association between various clinicopathologic factors and PNI was determined with chi-square analysis. The prognostic value of PNI was evaluated with Log rank survival test and the Cox regression model.

결과: PNI was positive in 7% (13/185) of all patients. Lymph node metastasis (p=0.010), depth of cervical stromal invasion (p=0.022), surgical margin involvement (p=0.001), parametrial invasion (p=0.000), lymphovascular space invasion (p=0.002), stage (p=0.024) were significantly more prevalent in the PNI (+) than PNI (-) patients. However, overall survival rate (p=0.292) and disease free survival rate (p=0.292) were not associated with PNI. In Cox regression analysis, PNI was not an independent prognostic factor (p=0.353).

결론: PNI was not related to survival rate but it was correlated significantly with several prognostic factors of cervical cancer. Further studies are required to estimate the prognostic value of PNI in cervical cancer.

Preoperative systemic inflammatory response markers in predicting lymph node metastasis in endometrioid endometrial adenocarcinoma
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목적: To evaluate the predictive value of preoperative systemic inflammatory response (SIR) markers for diagnosis of lymph node (LN) metastasis in endometrioid endometrial adenocarcinoma.

방법: A total of 319 patients who were pathologically proven as endometrioid endometrial adenocarcinoma after staging operations from 2001 to 2009 were retrospectively reviewed. Serum CA-125 levels and preoperative SIR markers were assessed regarding LN metastasis: neutrophil/lymphocyte ratio (NLR), platelet/lymphocyte ratio (PLR), C-reactive protein (CRP), albumin, platelet and fibrinogen. The receiver operating characteristic (ROC) curves were plotted for each SIR marker and their combinations.

결과: NLR, PLR, CRP, and serum CA-125 levels of LN positive group were higher than those of LN negative group (p<0.001, 0.001, 0.045, and <0.001, respectively). Serum albumin level of LN positive group was significantly lower than that of LN negative group (p=0.005). The ROC curve demonstrated the best cut-off values of NLR (≥1.73), PLR (≥10.37), CRP (≥0.79 mg/dl), albumin (≤ 4.05 g/dl), and CA-125 (≥43.00 U/ml) for the preoperative diagnosis of LN metastasis. Four combination tests of NLR, PLR, albumin, and fibrinogen showed 96.8%/31.9% of sensitivity/specificity and 13.3%/98.9% of positive predictive value/negative predictive value. Addition of CA-125 did not improve the test profiles of the four combination tests.

결론: The preoperative SIR evaluation appears to be a useful method of predicting preoperative LN metastasis in endometrioid endometrial adenocarcinoma.