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NUTRITIONAL SUPPLEMENTATION WITH MYO-INOSITOL-D-CHIRO-INOSITOL: EFFECT ON REPRODUCTIVE SYSTEM FUNCTIONALITY IN LONG-TERM SURVIVORS OF LYMPHOMA

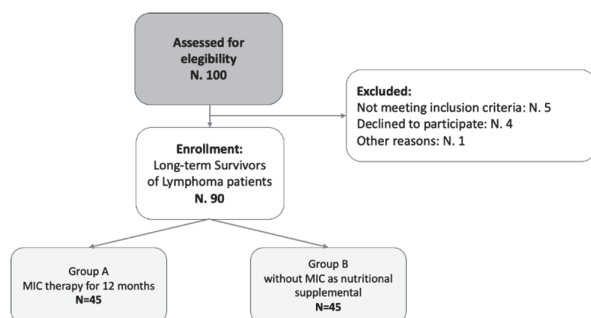
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Introduction/Background The principal International scientific societies of oncology recommend that Long-term Survivors of Lymphoma join fertility programs. Therefore, we conducted a prospective observational controlled study, with the aim to assess the effects of oral supplementation with Myo-Inositol and D-Chiro-Inositol (MIC) on ovarian function parameters in Long-term Survivors of Lymphoma

Methodology Between January 2020 and January 2021, 90 female patients, long-term Survivors of Lymphoma with an average age of 34 years (range 25–44), were considered eligible and enrolled in the study (figure 1). The study was registered on ClinicalTrials.gov (ID: NCT05410314). We conducted this study on two groups: the first one (A group) underwent oral supplementation with MIC for 12 months, and the second group (B group) underwent follow-up without any nutritional supplement for 12 months. **Statistical analysis:** The level of statistical significance was set at $p \leq 0.05$. Analysis was conducted with STATA/SE 15.0.

Results In group A a significant reduction after 12 months was observed for follicle-stimulating hormone (FSH), luteinizing hormone (LH), oligomenorrhea and a reduction to the limits of statistical significance for the progesterone (PG) (table 1).



Abstract 2022-RA-1040-ESGO Figure 1 Flow-chart for inclusion and treatment of Long-term Survivors of Lymphoma in the study

Abstract 2022-RA-1040-ESGO Table 1 Comparison of ovarian function parameters in long-term survivors of Lymphoma patients between baseline (T0) and after 12 months of oral supplementation with Myo-Inositol and D-Chiro-Inositol combined therapy (T12, Group A) and between baseline (T0) and after 12 months of follow-up without any nutritional supplement (T12; Group B). AMH: anti Müllerian hormone; FSH: follicle-stimulating hormone; LH: luteinizing hormone; PG: progesterone; AFC: antral follicle count

Intra-group comparison	Group A					Group B				
	Mean (SD)	CI 95%	Mean (SD)	CI 95%	P	Mean (SD)	CI 95%	Mean (SD)	CI 95%	P
AMH (ng/ml)	4.23 (2.38)	3.51-4.95	4.3 (2.13)	3.65-4.94	0.4465	4.45 (2.74)	3.62-5.28	4.64 (2.64)	3.85-5.44	0.3700
FSH (mIU/ml)	10.08 (7.66)	7.77-12.38	7.16 (5.43)	5.52-8.78	0.0199	9.84 (7.50)	7.89-11.79	10.44 (8.31)	8.55-12.34	0.3854
LH (mIU/ml)	14.43 (9.22)	11.96-16.90	11.20 (8.64)	9.21-13.20	0.0219	14.8 (9.49)	12.27-17.25	15.76 (11.11)	13.42-18.10	0.3200
17 β Estradiol (pg/ml)	107.57 (45.86)	93.78-121.35	100.31 (54.89)	83.81-116.80	0.2687	109.75 (47.45)	95.49-124.01	111.83 (51.66)	96.31-127.35	0.4214
PG (ng/ml)	6.47 (4.32)	4.71-7.77	11.13 (5.99)	10.60-12.66	0.0081	11.18 (5.59)	9.51-12.85	10.92 (4.43)	9.44-12.40	0.4690
AFC of right ovary	6.22 (2.89)	5.35-7.09	7.8 (2.86)	6.93-8.66	0.0055	7.61 (4.72)	6.18-9.03	6.75 (2.73)	5.63-7.88	0.1487
AFC of left ovary	7.58 (2.64)	6.78-8.31	6.93 (2.61)	6.15-7.72	0.1240	6.57 (2.73)	5.76-7.39	7.02 (2.57)	6.25-7.79	0.2146

Conclusion In our data analysis, comparing ovarian function parameters in group A women between baseline (T0) and after 12 months of oral supplementation with MIC, a significant reduction in FSH and an increase in PG and antral follicle count (AFC) of the right ovary resulted. This result could be due, at least in part, to the known MIC effect on ovulation improvement that contrasts with luteal insufficiency, typical in these patients. The limitations of our study should also be considered, such as the lack of previous similar studies, thus not allowing a direct comparison with other clinical experiences, and the low number of enrolled women. Therefore, further studies are needed to confirm our preliminary findings in a larger setting.

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FREQUENCY OF BOWEL ANASTOMOSIS LEAKAGE AFTER MODIFIED POSTERIOR EXENTERATION – COMPARISON OF TWO SURGICAL METHODS: CLASSIC SURGERY IN PATIENTS WITH OVARIAN CANCER AND MINIMAL INVASIVE MODIFIED 'TAILORED' TECHNIQUE IN DEEP INFILTRATING ENDOMETRIOSIS PATIENTS

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Introduction/Background Modified posterior exenteration is procedure performed either during advanced surgical treatment of ovarian cancer and advanced deep infiltrating endometriosis. One of the most severe complications of this procedure is bowel anastomosis leakage.

Methodology Total of 70 patient who underwent modified posterior exenteration (MPE) were enrolled in the study and divided into 2 groups: A: 30 patients treated with laparotomy due to ovarian cancer FIGO IIB – IIICB; 40 patients treated with modified laparoscopic, tailored technique' (ICG, sealing materials) due to deep infiltrating endometriosis (DIE) [at least 1 lesion in colon, only one segment resected]

Results 1) Average distance of bowel anastomosis from the 'Z' line was 90 mm in patients with ovarian cancer vs 75 mm in DIE patients. 2) Average length of resected bowel was similar in both groups. 3) Number of protective stomas was equal: 1 in each group. 4) Bowel anastomosis leakage rate was 10% cases in group A vs 2,5% in group B.