



Roma, 9-12 novembre 2017

MEET THE EXPERT 6



ITALIAN CHAPTER



TUMORE DELL' OVAIO: COSA DEVE SAPERE L' ENDOCRINOLOGO

ENRICO VIZZA

INTRODUCE E MODERA: VINCENZO TOSCANO



Conflitti di interesse



Ai sensi dell'art. 3.3 sul conflitto di interessi, pag 17 del Regolamento Applicativo Stato-Regioni del 5/11/2009, dichiaro che negli ultimi 2 anni ho avuto rapporti diretti di finanziamento con i seguenti soggetti portatori di interessi commerciali in campo sanitario:

NESSUNO



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INCIDENZA NEL MONDO

7° tumore nella donna



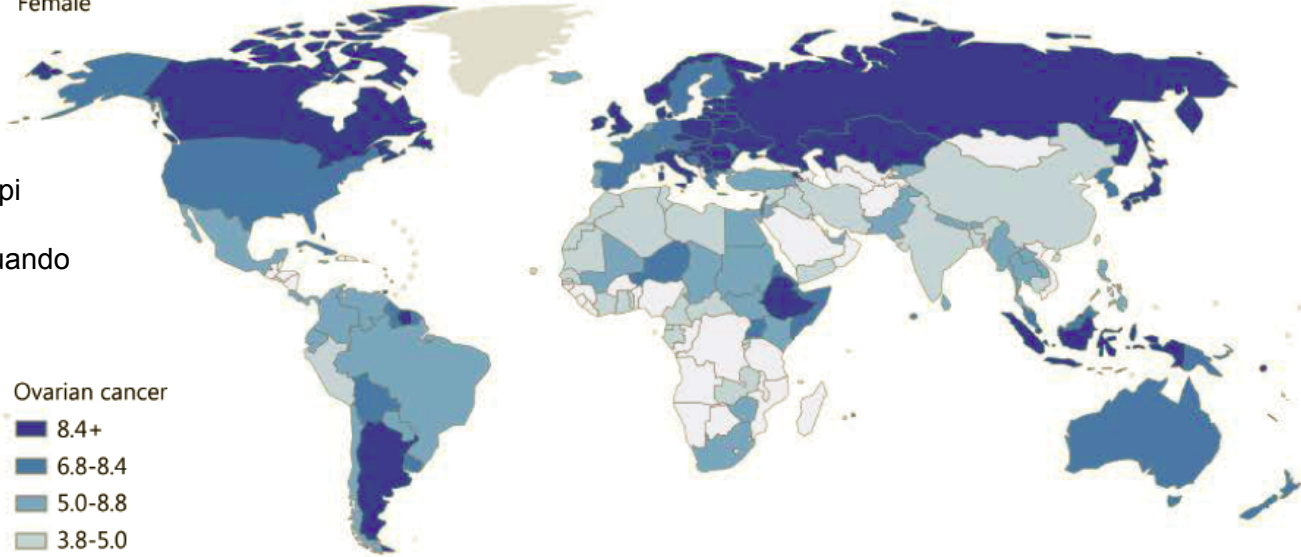
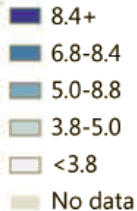
ITALIAN CHAPTER

Incidence ASR
Female

5 maggiori istiotipi

Diagnosticato quando
è già avanzato

Ovarian cancer



Source: GLOBOCAN 2012 (IARC)

Figure 1 Ovarian cancer incidence exhibits wide geographic variation.

GENI COINVOLTI NELL'EREDITA' DEL TUMORE OVARICO



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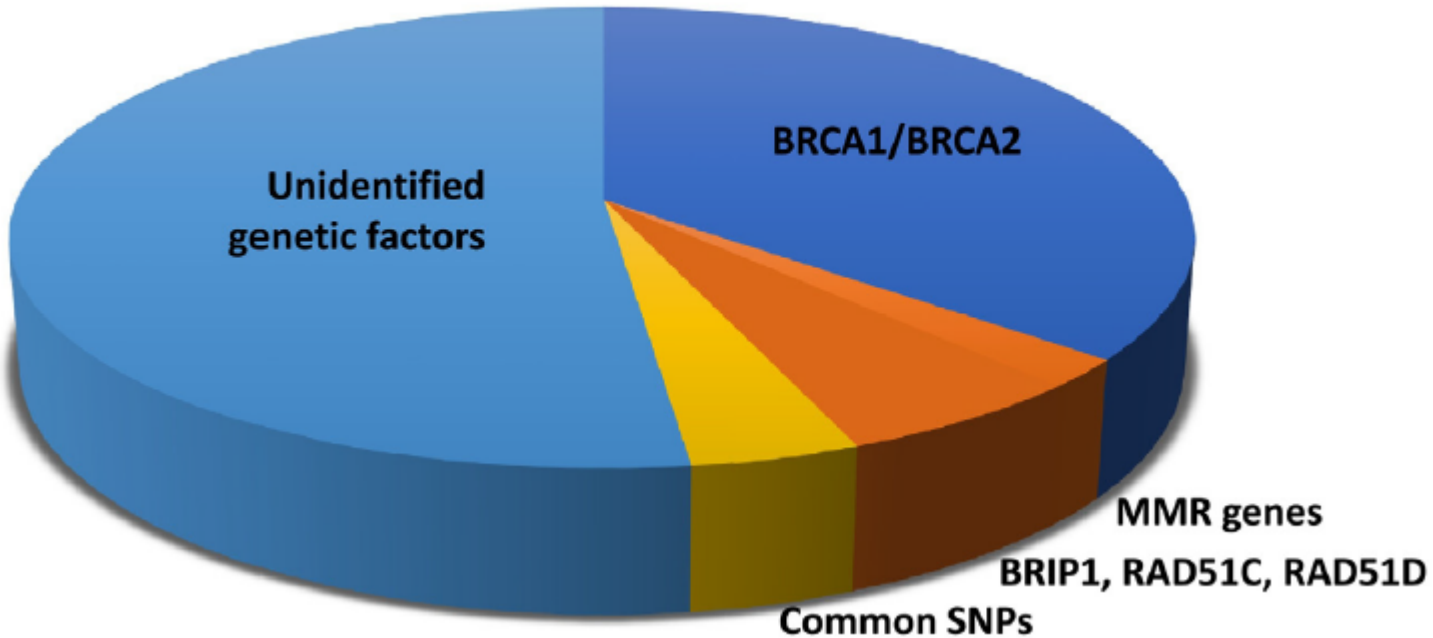


Fig. 4. Illustration of the proportional contributions of BRCA1 and BRCA2 gene mutations, mismatch repair (MMR) gene mutations, BRIP1, RAD51C and RAD51 genes and common risk SNPs from GWAS studies to ovarian cancer risk. The know genes and risk alleles account for less than 50% of the estimated heritable component of ovarian cancer.



GENI COINVOLTI NELL'EREDITÀ DEL TUMORE OVARICO E INCREMENTO DEL RISCHIO

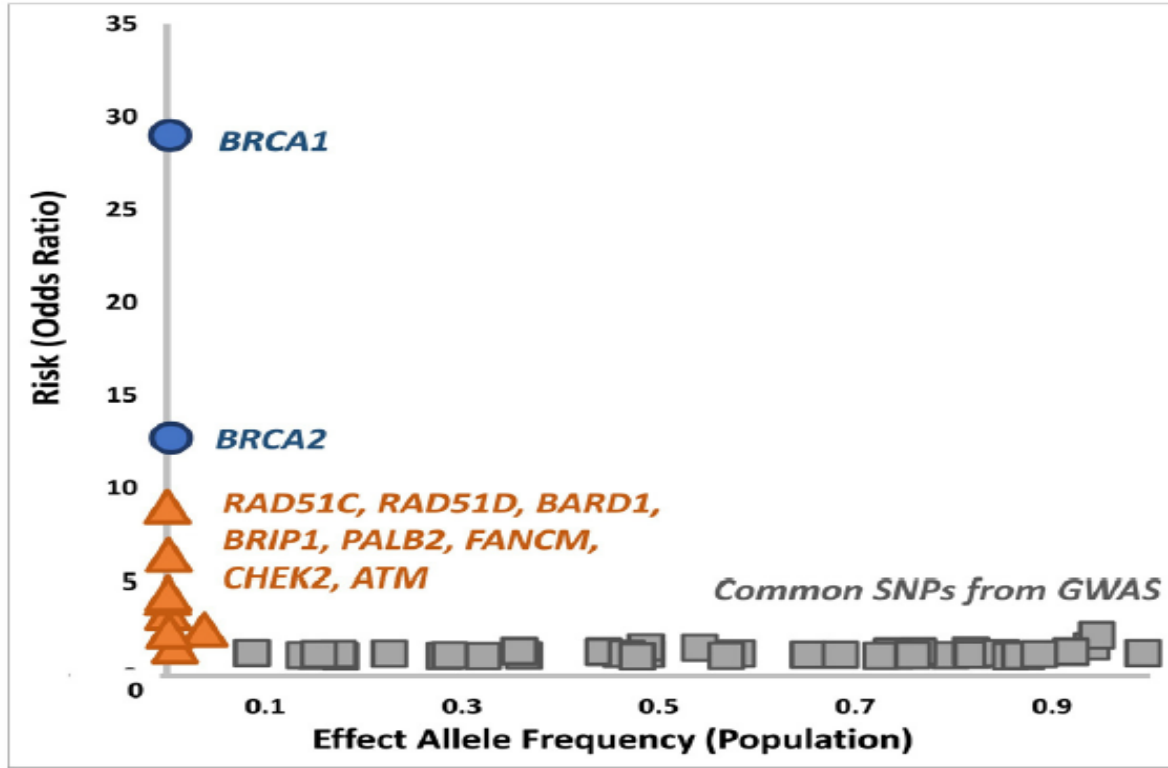


Fig. 3. Illustration of the allele frequencies and estimated risks for susceptibility genes and alleles identified from GWAS, that have been found to be associated with ovarian cancer predisposition.



FATTORI DI RISCHIO



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Table I. Risk factors for EOC.

Increased risk	Decreased risk
Age, older	Age, younger
Early menarche	Late menarche
Late menopause	Early menopause
Low parity	Multiparity
Delayed childbearing	Breastfeeding for 18 months or more
Estrogen replacement therapy for more than five years	Oral contraceptive use
High-fat diet	Low-fat diet
Ethnicity, White	Ethnicity, Japanese
Family history suggesting genetic predisposition	
Genetic syndromes	
Endometriosis	Hysterectomy
	Tubal ligation
Talc use/asbestos exposure	
Chronic inflammation	Aspirin, NSAID use

This study reports on a literature survey of epidemiological studies on EOC risks.



PRINCIPALI ISTOTIPI

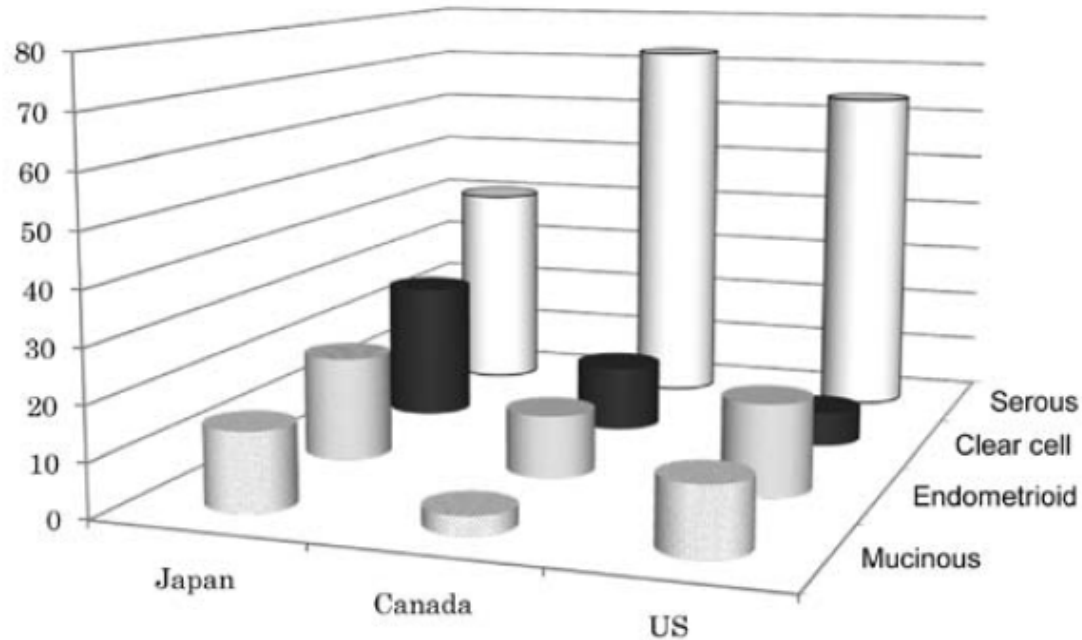


Figure 1. Race- and histological subtype-specific incidence rates of EOC. Plots are the race-specific incidence rates of EOC by histological subtype.



Dietary Inflammatory Index and OC



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Table 2. Estimated ORs and 95% CIs for the association between energy-adjusted DII and ovarian cancer risk (N = 1,155)

Quartile of Energy-adjusted DII	Cases n (%)	Controls n (%)	Model 1 ¹ OR (95% CI)	Model 2 ² OR (95% CI)
E-DII including supplements				
Quartile 1	108 (22)	167 (25)	1.00 (Referent)	1.00 (Referent)
Quartile 2	125 (25)	164 (25)	1.22 (0.86–1.73)	1.40 (0.97–2.01)
Quartile 3	123 (25)	166 (25)	1.20 (0.85–1.69)	1.33 (0.92–1.92)
Quartile 4	137 (28)	165 (25)	1.52 (1.07–2.14)	1.72 (1.18–2.51)
<i>p</i> _{trend}			0.03	0.01
Per 1 unit of E-DII			1.08 (1.02–1.14)	1.10 (1.03–1.17)
E-DII excluding supplements³				
Quartile 1	117 (24)	167 (25)	1.00 (Referent)	1.00 (Referent)
Quartile 2	113 (23)	166 (25)	0.95 (0.67–1.35)	0.94 (0.65–1.34)
Quartile 3	129 (26)	164 (25)	1.15 (0.82–1.62)	1.16 (0.80–1.68)
Quartile 4	134 (27)	165 (25)	1.37 (0.97–1.93)	1.35 (0.93–1.97)
<i>p</i> _{trend}			0.04	0.06
Per 1 unit of E-DII			1.08 (1.01–1.16)	1.08 (1.00–1.16)

OR: odds ratio; CI: confidence interval; E-DII: energy-adjusted dietary inflammatory index; OC: oral contraceptives; BMI: body mass index.

¹Model 1 is adjusted for the study design variables, age and study site.

²Model 2 is adjusted for the variables in Model 1 as well as family history of breast or ovarian cancer in a first degree relative, parity, OC use, education, BMI, tubal ligation, menopausal status, smoking status and endometriosis.

³Model 2 is also adjusted for any use of dietary supplements in the past year.



Dietary Inflammatory Index and OC



Table 3. Estimated ORs and 95% CIs for the association between the energy-adjusted DII and ovarian cancer risk stratified by menopausal status ($N = 1,155$)

Quartile of energy-adjusted DII	Menopausal status			
	Pre-and peri-menopausal women		Post-menopausal women	
	No. of cases/controls	OR ¹ (95% CI)	No. of cases/controls	OR ¹ (95% CI)
E-DII including supplements				
Quartile 1	25/39	1.00 (Referent)	83/128	1.00 (Referent)
Quartile 2	36/42	2.35 (1.05–5.26)	89/122	1.23 (0.81–1.87)
Quartile 3	33/47	1.82 (0.80–4.16)	90/119	1.29 (0.85–1.97)
Quartile 4	44/71	2.14 (0.96–4.76)	93/94	1.84 (1.18–2.87)
p_{trend}		0.24		0.008
Per 1 unit of E-DII		1.09 (0.96–1.24)		1.13 (1.05–1.21)
E-DII excluding supplements²				
Quartile 1	27/36	1.00 (Referent)	90/131	1.00 (Referent)
Quartile 2	29/48	0.89 (0.40–1.99)	84/118	0.97 (0.64–1.46)
Quartile 3	39/39	2.14 (0.94–4.86)	90/125	1.01 (0.66–1.55)
Quartile 4	43/76	1.17 (0.53–2.58)	91/89	1.63 (1.05–2.54)
p_{trend}		0.39		0.04
Per 1 unit of E-DII		1.10 (0.94–1.28)		1.10 (1.01–1.20)

OR: odds ratio; CI: confidence interval; E-DII: energy-adjusted dietary inflammatory index; OC: oral contraceptives; BMI: body mass index.

¹ORs are adjusted for age, study site, family history of breast or ovarian cancer in a first degree relative, parity, OC use, education, BMI, tubal ligation, smoking status and endometriosis.

²ORs additionally adjusted for any use of dietary supplements in the past year.



Dietary Inflammatory Index and OC



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Table 4. Estimated ORs and 95% CIs for the association between energy-adjusted DII and ovarian cancer risk stratified by age at diagnosis or interview (N = 1,155)

Quartile of energy-adjusted DII	Age at diagnosis or interview					
	21–50 years		51–60 years		>60 years	
	No. of cases/controls	OR ¹ (95% CI)	No. of cases/controls	OR ¹ (95% CI)	No. of cases/controls	OR ¹ (95% CI)
E-DII including supplements						
Quartile 1	23/37	1.00 (Referent)	39/64	1.00 (Referent)	46/66	1.00 (Referent)
Quartile 2	29/38	1.64 (0.71–3.82)	40/73	0.99 (0.53–1.84)	56/53	1.96 (1.07–3.59)
Quartile 3	26/49	1.13 (0.47–2.70)	49/62	1.49 (0.78–2.81)	48/55	1.52 (0.83–2.79)
Quartile 4	44/74	1.33 (0.61–2.92)	49/62	1.29 (0.67–2.46)	44/29	3.23 (1.63–6.40)
<i>p</i> _{trend}		0.79		0.30		0.004
Per 1 unit of E-DII		1.02 (0.90–1.15)		1.06 (0.96–1.18)		1.22 (1.09–1.37)
E-DII excluding supplements²						
Quartile 1	23/33	1.00 (Referent)	48/68	1.00 (Referent)	46/66	1.00 (Referent)
Quartile 2	23/43	0.66 (0.27–1.63)	38/64	0.81 (0.44–1.49)	52/59	1.14 (0.65–2.03)
Quartile 3	35/42	1.40 (0.60–3.28)	41/67	0.84 (0.45–1.56)	53/55	1.36 (0.75–2.48)
Quartile 4	41/80	0.73 (0.32–1.65)	50/62	0.91 (0.49–1.69)	43/23	3.77 (1.82–7.77)
<i>p</i> _{trend}		0.70		0.83		<0.001
Per 1 unit of E-DII		0.97 (0.83–1.13)		1.00 (0.89–1.13)		1.27 (1.11–1.45)

OR: odds ratio; CI: confidence interval; E-DII: energy-adjusted dietary inflammatory index; OC: oral contraceptives; BMI: body mass index.

¹ORs are adjusted for study site, family history of breast or ovarian cancer in a first degree relative, parity, OC use, education, BMI, tubal ligation, menopausal status, smoking status and endometriosis.

²ORs additionally adjusted for any use of dietary supplements in the past year.



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DOMANDE AL PROF. VIZZA



ITALIAN CHAPTER



Tumore ovarico e obesità

Tumore ovarico e abitudini alimentari

Tumore ovarico e diabete

Tumore ovarico e disturbi del ciclo mestruale

Tumore ovarico e terapia anti-concezionale

Tumore ovarico e terapia sostitutiva in post-menopausa

Tumore ovarico e fattori di crescita insulino-simili

Tumore ovarico e patologia endocrina predisponente

Tumore ovarico e squilibri del sistema endocrino