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However, SCF was re-expressed in puberty Sertoli cells by PCR detection. In this study, addition of exogenous oestradiol could enhance the expression of SCF in all immature Sertoli cells and showed a dose- and time-dependent effect *in vitro*. Nevertheless, no significant change was found in the puberty Sertoli cells.

Conclusions: These studies show that oestradiol is a potential regulator that maintains the SCF level in Sertoli cells, suggesting that oestradiol may have an indirect role in regulating male gametogenesis. These findings reveal a novel mechanism that mediates SCF signalling in the testis niches, which favours further research in gametogenesis.

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EL-004

Osteopontin in endometriosis

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Endometriosis is a common gynaecological disease with tumour-like characteristics. The pathology and aetiology of endometriosis is still unclear. Endometriosis increases and regresses in an oestrogen-dependent fashion. Recently, enhanced osteopontin (OPN) expression was found in the endometriotic tissue of the rat model. OPN is a glycosylated phosphoprotein. Several reports indicated OPN was enhanced in some tumour cells and contributed in embryo implantation and placentation. In this study, we propose that OPN could promote endometriotic cell migration and invasion. Different proportions of OPN were detected in the endometrium from patients with endometrial hyperplasia, myoma, or adenomyosis. A significant increase of OPN was found in the eutopic endometrium of women suffering from adenomyosis. In this study, HEC-1A cell was used as the *in-vitro* endometriotic cell model to address the effects of OPN on cell migration, invasion and proliferation. Using a scratch-wound assay, a dose-response and time-dependent increase of cell migration was found to be elicited by the OPN treatment. By using Matrigel, a dose-dependent increase of cell invasion was also identified in the OPN-treated cells. But there was no difference in cell proliferation following the OPN treatment. However, the OPN-induced cell migration and invasion was attenuated or inhibited by $\alpha_v\beta_3$ integrin inhibitor (anti- $\alpha_v\beta_3$ antibody). We suggest that the OPN-induced cell migration was mediated by OPN- $\alpha_v\beta_3$ interaction. On the other hand, we also found β -oestradiol and progesterone could augment OPN expression and induce cell migration. Finally, we found the cell migration was attenuated following the silencing of endogenous OPN expression by OPN siRNA. In the future, we plan to identify the molecular signal pathway of OPN/ $\alpha_v\beta_3$ -mediated cell migration and invasion.

EPC-001

Emotional characteristics of IVF women at different stages and effects on the outcome of IVF

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Introduction: This study investigated the emotional characteristics of IVF women at different stages and the effects

on the outcome of IVF.

Materials/Methods: It was a controlled prospective longitudinal study. A total of 105 women were studied during their first IVF treatment. Self-Rating Anxiety Scale (SAS) and Beck Depression Inventory (BDI) were used to assess their anxiety and depression effect. The questionnaires were answered on five occasions, the day of the down-regulation (T1), the day before HCG injection (T2), the day before embryo transfer (T3), 7 days after embryo transfer (T4), 14 days after embryo transfer (T5). Fifty-two married fertile women answered SAS and BDI as a control group. The IVF women were then separated into two groups: pregnant group and non-pregnant group, and SAS and BDI scores compared at different stages among all the groups.

Results: At T1, T2, T5, the anxiety was greater in IVF women than in the controls. At T1, depression was also greater in IVF women, but at T5, depression was the same in both pregnant group and control group, and greater in the non-pregnant group. At T1, T2, T3 and T4, no differences were found between the pregnant group and the non-pregnant group in anxiety and depression; at T5, anxiety and depression were significantly greater in the non-pregnant group than in the pregnant group. Before the IVF treatment (T1), anxiety and depression were at the middle level, it had a tendency to reduce during the treatment. After predicting the outcome (T5), anxiety and depression scores would rise rapidly in the non-pregnant group and anxiety only in the pregnant group.

Conclusions: During IVF-embryo transfer treatment, we can offer specific psychological intervention at different stages. We found no evidence that psychological stress had any influence on the outcome of IVF treatment. Women showed an increase in both anxiety and depression immediately after predicting an unsuccessful outcome.

EPC-002

Successful delivery of spontaneous monochorionic triamniotic triplet pregnancy following conservative management: first reported case in Singapore

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Introduction: Spontaneous triplet pregnancies are very rare and frequently associated with monochorionic placentation. It is at an increased risk for various complications. Such rarity and potential risks puts enormous stress on the care givers who are managing the pregnancy, especially when there is limited guidance in the literature. For various reasons, invasive management such as fetal reduction has been advocated without sufficient supporting evidence. Using only conservative methods, however, the authors successfully managed a spontaneous monochorionic triamniotic pregnancy.

Materials/Methods: A 30-year-old woman with a spontaneous monochorionic triamniotic triplet pregnancy was managed conservatively in a private hospital until 34 weeks' gestation. The pregnancy was monitored using conventional methods such as a nuchal translucency (NT) scan and anomaly scanning in the first and second trimester, respectively. Subsequently fetal well-being was monitored with serial scans where the cervical length, fetal biometry and fetal Doppler studies were measured.

Result: A transvaginal ultrasound scan at 9 weeks' gestation demonstrated the distinctive features of monochorionic