

control group. Data collection was done through checklists with questions about reproductive variables. Logistic regression was used and the level of statistical significance was set at  $P < 0.05$  for all the tests

**Results:** Our results showed stress [OR: 1.77 (95% CI:1.51-2.09) ( $P < 0.001$ )], using high-fat foods [OR: 0.39 (95% CI:0.29-0.53) ( $P < 0.001$ )], lower education level [OR:0.34 (95% CI:0.28-0.42) ( $P < 0.001$ )], abortion history [OR:2.54 (95% CI:1.69-3.86) ( $P < 0.001$ )], more children number [OR: 1.04 (95% CI:2.19-3.74) ( $P < 0.001$ )] and prolonged breastfeeding [OR:2.01 (95% CI:1.63-2.49) ( $P < 0.001$ )] increase the chance of breast cancer. On the other hand, regular menstrual cycles get less breast cancer [OR: 0.61 (95% CI: 0.39-0.95) ( $P < 0.03$ )].

**Conclusion:** Our study demonstrated that lifestyles such as stress and mental pressure, nutrition and education, and reproductive factors are associated with breast cancer risk.

**Keywords:** Breast Cancer, Life Style, Malignancy, Reproductive, Risk Factors

### **P-95: Relation of Follicular Fluid Soluble Receptor for Advanced Glycation End-Products (sRAGE) Concentration on Ovarian Reserve in PCOS and Non-PCOS Women Referring to IVF Center**

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**Background:** The reproductive dysfunctions of polycystic ovary syndrome (PCOS) are significantly influenced by the dietary advanced glycation end products (AGEs). The interplay between AGEs and their receptor, known as the receptor for advanced glycation end products (RAGE), is closely associated with abnormal ovarian follicular growth. RAGE has a soluble form, (sRAGE), which might exert a protective role on the follicular environment and affect AMH concentration.

**Materials and Methods:** A total of forty-three women of reproductive age participated in this case-control study, with twenty-three non-PCOS women assigned to the control group and seventeen patients diagnosed with PCOS allocated to the case group. Prior to the IVF procedure, fluid samples were collected from the first large aspirated follicle. The levels of FF sRAGEs and serum AMH were recorded through the use of commercially available ELISA kits. Our objective is to investigating the relationship between sRAGE levels in follicular fluid (FF) and serum AMH levels in PCOS and non-PCOS women.

**Results:** Correlation analysis, without age matching, revealed a statistically considerable and positive association between FF sRAGE and serum AMH concentration in PCOS women. ( $P = 0.05$ ,  $r = 0.0596$ ). Moreover, in PCOS women aged 40 years or older, as well as those younger than 30 years, correlation analysis demonstrated a significant and positive relationship between FF sRAGE and serum AMH levels ( $P = 0.01$ ,  $r = 1$ ).

**Conclusion:** The association between sRAGE and AMH in

women with PCOS is primarily affected by their age, whereas non-PCOS women showed no relationship.

**Keywords:** Advanced Glycation End Products (AGEs), Intra Follicular Fluid, IVF, PCOS, Soluble Receptor

### **P-96: Endometriosis Recurrence in Infertile Women Treated by Assisted Reproductive Technology and Surgery** **Farzadeh N<sup>\*</sup>, Shahbazzadegan S**

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**Background:** Endometriosis is a benign gynecologic disease which up to 30-50% of infertile women characterized by it. Infertility treatments such as laparoscopic surgery and assisted reproductive technology (ART) increase the chance of conception in women with endometriosis. It is still not clear which treatment is more likely to result in endometriosis recurrence.

**Materials and Methods:** This abstract is prepared by searching the keywords of endometriosis recurrence, infertility, and assisted reproductive technologies in Google Scholar and PubMed databases.

**Results:** Based on moderate quality evidence, *in vitro* fertilization (IVF) does not increase the risk of endometriosis recurrence, albeit low quality evidence indicates intrauterine insemination (IUI) may increase the risk of endometriosis recurrence. Furthermore, the risk of endometriosis recurrence is not associated with the number of IVF cycles and the responsiveness to ovarian hyperstimulation (OH). Additionally, the cumulative endometriosis recurrence rate is lower after OH for IVF than after lower-dose ovarian stimulation for IUI, suggesting that temporary exposure to high estradiol levels during OH for IVF is not a major risk factor for endometriosis recurrence in women treated with ART. Moreover, there is no significant difference between the rate of endometriosis recurrence in infertile women treated by surgery and ART.

**Conclusion:** It seems that the risk of endometriosis recurrence is not soared by ART (especially IVF) or surgery and there is no necessary to do prophylactic surgery before ART treatment to prevent endometriosis recurrence.

**Keywords:** Assisted Reproductive Technologies, Endometriosis Recurrence, Infertility

### **P-97: Increased Expression of HOX C12 and HOX C13 Genes in Plasma of Women with Endometriosis**

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