Conclusion: These results suggest that cell viability loss promoted by 2-AG and AEA was associated with ER-stress since both PERK and IRE1 arms of UPR are activated. Prolonged ER-stress contributes to the expression of pro-apoptotic proteins, such as CHOP.

These findings shed light to the impact of endocannabinoids-induced-ER stress which may negatively affect trophoblast cell turnover and pregnancy outcomes.

Acknowledgements: This work received support from European Union (FEDER funds through COMPETE and FCT through project PTDC/DTP-FTO/5651/2014-POCI-01-0145-FEDER-016562; FCT/MEC through national funds and co-financed by FEDER, under PT2020 (UID/01/0145/FERDER/007728) and CCHRN/NORTE2020/Portugal 2020 (norte-01-0145-FEDER-000024).

References

http://dx.doi.org/10.1016/j.pbj.2017.07.103
PS163
Analysis of imaging characteristics, incidence, and prognosis of brain metastases from thyroid cancer
Mafalda Sampaio Alves 1,∗, Eduarda Carneiro 4, Diana Ferreira 4, Isabel Torres 5, Susana Maria Silva 2,3, Mavilde Arantes 2,3,4
1 Faculty of Medicine of the University of Porto, 4200-319 Porto
2 Unit of Anatomy, Department of Biomedicine, Faculty of Medicine of the University of Porto, 4200-319 Porto
3 Center for Health Technology and Services Research (CINCTESIS), 4200-450 Porto, Portugal
4 Division of Neuroradiology, Radiology Service, Portuguese Institute of Oncology, Porto, Portugal
5 Endocrinology Service, Portuguese Institute of Oncology, Porto, Portugal
E-mail address: sampaiolavesm@gmail.com
(M.S. Alves).

Aim: The main objectives of this study were to evaluate the incidence, imaging characteristics, and prognosis of parenchymal brain metastases originating in thyroid cancer.

Introduction: While thyroid cancer is a relatively common type of cancer, it is usually highly curable.1 Brain metastases from thyroid cancer are rare and their imaging appearance has not been well defined.2

Methods: Review of case records of thyroid cancer patients within the IPO Porto data base from 2005 to 2015 was conducted in order to identify the patients with thyroid cancer and evidence of brain metastases.

Results: We identified 3175 patients with thyroid cancer, with only five having evidence of brain metastases (two from papillary thyroid cancer, two from follicular thyroid cancer and one from poorly differentiated thyroid cancer). At the time of brain metastases detection, 100% of the patients had concurrent lymph node metastases, 80% lung metastases and 60% osseous metastases. Of those brain metastases, 60% were multifocal and 40% presented as partially cystic/necrotic. Of the two cases in which the patients died, the median overall survival after brain metastasis detection was less than one year.

Conclusion: Brain metastasis from thyroid cancer remains a rare phenomenon that most frequently occurs in the setting of widely disseminated lymph node disease. The imaging appearance is highly variable and the prognosis is poor.

References