

surgery was not associated with increased hazard of overall death (HR 0.8 95% CI 0.4–1.5) or cancer-specific death (HR 1.0 95%CI 0.5–2.4). Small number of deaths limited precision of results.

Conclusion Fertility-sparing surgery was not associated with increased risk of death compared to standard surgery among reproductive-age epithelial ovarian cancer survivors with stage IA or IC disease.

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OBSTETRIC AND NEONATAL OUTCOMES AFTER BREAST CANCER: A POPULATION-BASED STUDY

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Introduction/Background To evaluate obstetric and neonatal outcomes of the first live birth conceived following breast cancer diagnosis.

Methodology We performed a population-based study to compare live births between women with a history of breast cancer and matched controls with no cancer history. Cases and controls were identified using linked data from the California Cancer Registry and California Office of Statewide Health Planning and Development datasets. Cases were diagnosed with stage I-III breast cancer at ages 18–45 years between January 1, 2000, and December 31, 2012, and conceived ≥ 12 months after breast cancer diagnosis. Controls were covariate-matched women without a history of breast cancer who delivered during 2000–2012. The primary outcome was preterm birth < 37 weeks. Secondary outcomes were preterm birth < 32 weeks, small for gestational age, cesarean delivery, severe maternal morbidity, and neonatal morbidity. Subgroup analyses were used to assess time from initial treatment to conception and receipt of additional adjuvant therapy prior to pregnancy on outcomes of interest.

Results Of 30,021 women age 18–45 diagnosed with stage I-III breast cancer during 2000–2012, 553 met the study inclusion criteria. Those with a history of breast cancer and matched controls had similar odds of preterm birth < 37 weeks (odds ratio [OR], 1.29; 95% CI, 0.95–1.74), preterm birth < 32 weeks (OR, 0.77; 95% CI, 0.34–1.79), delivering a small for gestational age neonate (< 5 th percentile: OR, 0.60; 95% CI, 0.35–1.03; < 10 th percentile: OR, 0.94; 95% CI, 0.68–1.30), and experiencing severe maternal morbidity (OR, 1.61; 95% CI, 0.74–3.50). Patients with a history of breast cancer had higher odds of undergoing a cesarean delivery (OR, 1.25; 95% CI, 1.03–1.53), however their offspring did not have increased odds of neonatal morbidity compared to controls (OR, 1.15; 95% CI, 0.81–1.62).

Conclusion Breast cancer history was not strongly associated with obstetric and neonatal complications.

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FERTILITY OUTCOME OF PATIENTS WITH STAGE I IMMATURE TERATOMA – DO SURGICAL APPROACH AND POST-SURGICAL TREATMENT MATTER?

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Introduction/Background Immature teratomas (ITs) are a rare disease representing about one-third of all malignant ovarian germ cell tumors. They are frequently diagnosed in young women, with a peak at 15–30 years old, when the childbearing desire is not completed. Thus, fertility-sparing surgery (FSS) is the treatment of choice, followed by adjuvant chemotherapy (CT) in patients with high-risk features. We investigated the effect of CT on fertility outcome in stage I any grades ITs, also focusing on the effect of the type of ovarian surgery (unilateral salpingo-oophorectomy (USO) vs cystectomy (Cy)) on the same outcome.

Methodology Clinicopathological data were retrospectively collected and analyzed from a cohort of 74 patients with stage I ITs treated at San Gerardo Hospital (Monza, Italy). Forty-seven patients who manifested pregnancy desire and underwent a FSS were enrolled.

Results Among the 47 patients included 37 patients (78,7%) reached pregnancy. The pregnancy rate was not significantly different neither between adjuvant CT and surveillance group (62.5% and 82.0%, respectively [$p = 0.21$]), nor between USO vs Cy group (79,4% and 76,9%, respectively [$p = 0.57$]). The only statistical significant difference was found for staging (a decrease in pregnancy rate from 86.5% for stage IA to 50.0% for stage IC [$p = 0.02$]), but no factors reached a significant impact on the fertility outcome in a multivariate analysis. Interestingly, 62,5% of patients who relapsed reached a pregnancy.

Conclusion These data confirm that a fertility sparing approach is feasible in this young population, and the fertility outcome does not depend on surgical approach or post-surgical treatment. More prospective data are needed, and the role of stage of disease must be fully investigated.

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CANCER IN PREGNANCY: MESSAGE IN A BOTTLE FROM TERTIARY CENTER OF MILAN

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Introduction/Background Cancer complicates approximately 0.1% of all pregnancies. The management represent a challenge because the need of balancing the risks for mother and baby. This study reports our experience in oncological and obstetrical care in patients with cancer in pregnancy (CIP).