

Methodology Depending on the oncological pathology the following assisted reproductive technologies (ART) were used: conservative surgery of the reproductive organs in the early stages of disease, ovarian stimulation followed by cryopreservation techniques (of embryos, oocytes, ovarian cortex and semen), interoperation collecting of the ovarian cortex for the oocyte in-vitro maturation (OTO-IVM). The exclusion criteria were a high extension of the oncological process, poor oncological prognosis, menopausal ovarian reserve.

Results Since March 2021 in N.N. Petrov NMRC of oncology in were consulted 370 primary patients: 314 women (85%) and 56 men (15%). The oncological disease's distribution was as follows: 31% (115 patients) reproductive system malignant tumors, 26% (96 patients) breast tumors, 15% (55 patients) with hemoblastoses, 10.2% (38 patients) bone and soft tissue tumors, 8.7% (32 patients) with germ cell tumors, 9.1% (34 patients) with tumors of other localizations, including brain tumors. The mean age of the consulted patients was 28.4 years (19 to 42 years). As part of the delayed motherhood program 60 ovarian stimulations followed by cryopreservation of oocytes and embryos were performed, 6 intraoperative collecting of the ovarian cortex for OTO-IVM were performed (in 3 cases oocytes cryopreservation was successful). More than 40 men were sent for semen cryopreservation, which is 71% of all consulted male patients.

Conclusion The integration of fertility preservation technologies into the treatment of oncological patients demonstrates a high demand both among oncological patients and clinicians. An important aspect is the understanding that the leading role in the fertility preservation of oncological patients belongs to the oncological concilium, which must be carried out in a multidisciplinary way in specialised centers only.

2022-RA-1396-ESGO PREGNANCY- RELATED VULVAR CANCER

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Introduction/Background Vulvar cancer is a malignant disease appeared mostly in postmenopausal women. When the lesion appears prior, during pregnancy or in postpartum, it is a rare condition. Cervical and vulvar neoplasia are now diagnosed more and more during pregnancy and it is wellknown the relation between this neoplasia and Human Papilloma Virus (HPV) infection. The pregnancy outcome in these cases is the aim of our study.

Methodology Vulvar cancer was diagnosed in 284 patients in the last ten years, in our hospital. All the women were tested for HPV. Three cases only were pregnancy-related. The object of our study was the pregnancy outcome. In one of the pregnant patients, CIN grade 3 was also diagnosed.

Results All the patients were HPV positive. In all these patients healthy babies were delivered, all of them by Caesarean section. Vulvar cancer and CIN grade 3 were both diagnosed in a 26 years old second trimester pregnant patient monitored in our department of obstetrics. Her medical

history revealed that she had before two babies, the first delivered vaginally and the second by C section. She was diagnosed during her actual pregnancy and treated for vulvar cancer by surgery. Radiotherapy was performed after the delivery by C section of a healthy, at term baby. Conization of the cervix was performed a couple of months later, when grade 3 CIN was diagnosed. The presence of HPV16 confirmed the theory that this viral infection is strongly considered the main factor in the etiology of both neoplastic diseases, vulvar cancer and cervical intraepithelial neoplasia.

Conclusion Pregnancy associated vulvar neoplasia is very rare. The management and long-term outcome for the mother and the baby are difficult to assess, but it is possible to have a normal, successful, at term delivery following the treatment for vulvar neoplasia.

2022-RA-1407-ESGO VARIATION IN OUTCOME REPORTING IN STUDIES OF FERTILITY SPARING SURGERY FOR CERVICAL CANCER: A SYSTEMATIC REVIEW

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Introduction/Background Cervical cancer affects 3,197 UK-women and 570,000 women worldwide annually, with peak incidence seen between 30–34 years age. For many, fertility-sparing surgery is an appealing option where possible. However, absence of large-scale data, along-with a notable variation in reported outcomes in relevant studies may undermine future efforts for consistent evidence synthesis. We aimed to systematically review the reported outcomes measured in studies that include women who underwent fertility-sparing surgery for cervical cancer and identify whether variation exists.

Methodology We searched MEDLINE, EMBASE, and CENTRAL from inception to February 2019. We included randomised controlled trials, cohort and observational studies, and case studies of more than 10 participants from January 1990 to date. We extracted data on study characteristics and all reported treatment outcomes.

Results 104 studies with a sum of 9535 participants were identified. Most studies reported on oncological outcomes (97/104), followed by fertility and pregnancy (86/104), post-operative complications (74/104), intra-operative complications (72/104), and quality-of-life (5). There was huge variation and heterogeneity in reported outcomes, with only 12% being good quality and 87% being of poor quality.

Conclusion There is significant heterogeneity in the reported outcomes. An agreed Core Outcome Set (COS) is necessary

for future studies to effectively harmonise reported outcomes that are measurable and relevant to patients, clinicians, and researchers. This systematic-review sets the groundwork for the development of a COS for fertility sparing surgery in cervical cancer.

2022-RA-1427-ESGO **FERTILITY OUTCOMES FOLLOWING RADICAL TRACHELECTOMY FOR CERVICAL CANCER – A SINGLE CENTRE TEN YEAR RETROSPECTIVE COHORT STUDY**

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Introduction/Background Radical trachelectomy and bilateral pelvic lymph node dissection (PND) is a fertility preserving surgery for early stage cervical cancer. Pregnancy following treatment is feasible however patients often have fertility issues and their pregnancies have high complication rates. A retrospective cohort study was carried out to investigate fertility outcomes following this procedure in the regional centre.

Methodology 10 years of patient data was collected retrospectively between 2012 and 2022. Data was collected from their electronic care record (ECR) and Northern Ireland Regional Maternity System (NIMATS). Data collected included – future pregnancy at any gestation, spontaneous or assisted conception, if referred for fertility treatment, live birth rate and gestation.

Results 20 women had radical trachelectomy and pelvic node dissection during this time. Age range from 25–40 years old, mean: 32.5.18/20 (90%) of the women were primiparous x1 had 1 child, x1 had 2 children. Following surgery: 0 spontaneous conceptions. 9/20 (45%) referred for fertility treatment. 7/20 (35%) had >1 cycle of IVF. 4/20 (20%) women became pregnant following surgery – x3 had 1 pregnancy, X1 had 2 pregnancies. Of the 4 women who became pregnant – 1 (25%) miscarriage, 1 (25%) ectopic pregnancy, 1 (25%) ongoing pregnancy (severe OHSS following embryo transfer). Patient with 2 pregnancies, 1 miscarriage and 1 delivery of a live infant at 38+6 via ELCS. Overall 1/20 (5%) has had a live term infant born following treatment

Conclusion This study has shown that pregnancy is possible following trachelectomy, however 100% of the pregnancies required IVF which is not without its own risks (ectopic, severe OHSS). Some limitations – early miscarriages not recorded, short follow up window for some patients not giving time to allow for fertility follow up. A longer follow up period would allow for more thorough analysis of fertility outcomes

2022-RA-1433-ESGO **REPRODUCTIVE OUTCOMES AFTER CONSERVATIVE TREATMENT IN MALIGNANT OVARIAN GERM CELL TUMORS (MOGCTS) PATIENTS: A MITO-9 STUDY**

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Introduction/Background Malignant ovarian germ cell tumours (MOGCTs) are rare tumours mainly affecting women in reproductive age, hence fertility preservation is of paramount importance. The mainstay of treatment is fertility sparing surgery (FSS) followed by active surveillance in selected cases or multidrug BEP (bleomycin, cisplatin, etoposide) chemotherapy. Evidence available on fertility following treatment of MOGCTs is scanty. The aim of this study is to evaluate the reproductive outcomes of patients treated with FSS for MOGCTs in MITO centres (Multicentre Italian trials in gynecologic oncology).

Methodology All the included patients were treated conservatively, both in primary surgery and for relapse. The indication on adjuvant chemotherapy in stage I disease varies among centres. Patients were sent a questionnaire evaluating their desire of conception, fertility and endocrine outcomes. Data were analyzed with descriptive statistics. Univariate and multivariate analyses were used to assess correlation between fertility outcomes and clinicopathological variables.

Results 164 patients were sent the questionnaire, that was completed by 114 patients (69.5%). Among all patients, 38 (33.3%) expressed a desire for pregnancy, 29 (76.3%) of which successfully conceived. 62.1% patients who conceived received adjuvant chemotherapy. 97.7% conceptions occurred spontaneously. Six patients entered menopause after treatment (5.3%), 5 of whom received chemotherapy. No statistically significant difference was detected in terms of fertility outcomes between patients receiving adjuvant chemotherapy and those addressed to surveillance. When analysing factors affecting the pregnancy rate, the desire of conception was the only statistically significant factor.

Conclusion The results of the present study suggest that fertility outcomes in MOGCTs patients despite surgery and chemotherapy are very promising. The only factor significantly affecting the pregnancy rate after a MOGCTs diagnosis is the desire of conception.