Results The incidence of Primitive Carcinoma of the Fallopian tube was 1/1559 of all the Ovarian, fallopian tube, and peritoneal cancers in our registry. The mean age at the diagnosis was 54.2 years. Pelvic pain was the main symptom. Pelvic clinical examination reported a mass in 86% of the cases. Pelvic ultrasound revealed a para-uterine image in all cases but could not differentiate between an ovarian tumor, a Fallopian tube one, or a tubo-ovarian infectious abscess. The perioperative diagnosis was evoked during laparoscopy in only 12% of the cases. The different pathological diagnoses of Primitive Carcinoma of the Fallopian tube were: tubal carcinoma in situ, tubal Carcinoma, tubal adenocarcinoma, and tubal papillary adenocarcinoma. An optimal cytoreduction surgery was possible in 86% of the cases. During the follow-up, the recurrence rate was 24% and the overall survival rate at 3 years was 82%.

Conclusions Primitive Carcinoma of the Fallopian tube is a very rare entity in our daily practice. Diagnosis is rarely made before surgery or the pathological study. The 3-year prognosis is relatively good.

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**NEO-ADJUVANT CHEMOTHERAPY FOR CERVICAL CANcer DURING PREGnANCY: A RETROSPECTIVE CASE SERIES**

**Objectives** The aim of this study is to describe obstetric and oncological outcomes in patients diagnosed with cervical cancer stage IB1-IVA (FIGO 2009) during pregnancy, who received this treatment approach.

**Methods** A multicenter retrospective review was conducted in 12 institutions from 7 Latin-American countries, between January 2007 and December 2018. Data collected included clinical characteristics, NACT agents, definitive treatment, obstetric and oncologic outcomes.

**Results** Twenty-nine patients were included. Mean age was 33.8 years (+5.2). Twelve (41.4%) women were diagnosed at early stage, and 17 (58.6%) in locally advanced stage. Carboplatin/Paclitaxel was the most frequent combination used (55.2%). Median number of cycles was 3 (1–6). Median obstetric complications included premature birth (24.1%), preterm labor (13.8%), and delivery before 37 weeks (31.0%). Perinatal outcomes showed low birth weight (<2500 g) in 31.0%, and very low birth weight (<1500 g) in 10.3%. Most patients (93.1%) were delivered via cesarean section. The overall survival rate was 89.7% at 3 years.

**Conclusions** Neo-adjuvant chemotherapy (NACT) in cervical cancer during pregnancy may help in disease control while fetal maturity is reached, before providing a definitive oncological treatment. The objective of this study is to describe obstetric and oncological outcomes in patients diagnosed with cervical cancer stage IB1-IVA (FIGO 2009) during pregnancy, who received this treatment approach.