

459

EVALUATION OF THE EFFECT OF INTRAUTERINE INJECTION OF PLATELET-RICH PLASMA ON THE PREGNANCY RATE OF PATIENTS WITH A HISTORY OF IMPLANTATION FAILURE IN THE IN VITRO FERTILIZATION CYCLE

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Introduction/Background Implantation failure is a major problem in reproductive medicine, and despite the various methods described for treatment, there is little consensus on the most effective method. Therefore, this study was conducted to investigate the effect of intrauterine injection of platelet-rich plasma (PRP) on the pregnancy rate of patients with a history of implantation failure in the in vitro fertilization (IVF) cycle.

Methodology In this clinical trial study, women attending the infertility clinic of Ali ibn Abitaleb Hospital in Zahedan (Iran) in 2019, who had a history of implantation failure and were candidates for frozen embryo transfer (FET), were examined. After receiving informed consent, the patients were divided into two groups of PRP recipients and the control group. IVF was performed routinely, and in the PRP receiving group, intrauterine injection was performed 48 hours before embryo transfer (ET). Then, demographic factors such as age, body mass index (BMI) and endometrial thickness were investigated in the two groups. The number of gestational sacs, the rate of implantation, the frequency of chemical and clinical pregnancies, as well as the frequency of abortion were compared in two groups.

Results In this study, 90 patients with a history of implantation failure participated the study and finally the information of 85 patients was studied. The mean age of the patients as well as the BMI did not differ between the two groups. The frequency of chemical pregnancy was 40% in the experimental group, 27% in the control group, and regarding clinical pregnancy 33% in the experimental group, and 24% in the control group, but there was no significant difference between the two groups. The rate of implantation, the mean thickness of the endometrium and the frequency of abortion did not differ significantly between the two groups.

Conclusion In general, the results of this study showed that in patients with endometrial thickness greater than 8 mm with a history of recurrent implantation failure, intrauterine injection of PRP had no effect on fertility outcome.

Disclosures None.

543

ONCOLOGICAL AND FERTILITY OUTCOMES AFTER VAGINAL RADICAL TRACHELECTOMY: SINGLE CENTRE RETROSPECTIVE ANALYSIS

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Introduction/Background Trachelectomy with pelvic lymphadenectomy is considered a viable surgical procedure for fertility preservation in patients with early stage cervical carcinoma. The purpose of this study was to analysis postprocedural follow-up of oncological and fertility outcomes at a single centre.

Methodology We conducted a retrospective analysis of women with early stage cervical carcinoma, treated at the University Medical Centre Ljubljana, between 2007 and 2017. The study

group was compiled of 26 women, age 22 to 40 years old (mean 32,8 years old).

Results Out of 26 women with early stage cervical cancer, 25 women were treated with vaginal radical trachelectomy (VRT) and laparoscopic pelvic lymphadenectomy (LPL) and one with only VRT. Mean age and BMI were 32,8 years and 21,54 kg/m²; respectively. One patient was IA1, two IA2, twenty-two IB1 and one IB2. Histology subtypes included squamous cell carcinoma (n=16), adenocarcinoma (n=8), endometrioid adenocarcinoma (n=1) and clear cell carcinoma (n=1). No perioperative complications were documented, postoperative complications included urinary retention and anaemia. All were treated with conservative measures. Within the follow-up period (12 – 60 months) 3 women (12%) developed disease recurrence, all were treated with local excision and adjuvant chemoradiotherapy. One patient died 15 months after primary treatment, following progression of the disease. Two remaining patients are in remission. Of the 24 women who had neither additional surgical procedures, nor adjuvant therapy, we documented 14 attempted pregnancies. All women with successful pregnancies had a separate procedure; laparoscopic cerclage. Out of 14 pregnancies five ended in miscarriage, one pregnancy resulted in second trimester delivery (24/25. week) and eight resulted in third trimester delivery (34.-38. week). All births were performed with a Caesarean section.

Conclusion Cervical carcinoma effects women in reproductive age, limiting their chance for a successful pregnancy. Radical trachelectomy with SNL or pelvic lymphadenectomy should be an option for women that wish to preserve fertility. Good preoperative staging is essential in the process. Our data suggest that surgical approach is associated with low perioperative morbidity. Our recorded pregnancy rate is similar to that described in the literature.

Disclosures Authors have nothing to disclose.

558

FERTILITY-SPARING TREATMENT FOR EARLY STAGE CERVICAL CANCER: A SINGLE CENTER EXPERIENCE WITH CONIZATION AND NODAL EVALUATION

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Introduction/Background To evaluate oncological and obstetrical outcomes of early stage cervical cancer patients who attempted a conservative management to retain their childbearing potential.

Methodology Data of women (aged <40 years) who attempted a fertility sparing treatment for FIGO stage IA1-LVSI+, IB1 and IB2 cervical cancer were prospectively collected. All patients underwent cervical conization/s and laparoscopic nodal evaluation (pelvic lymphadenectomy/sentinel node mapping). Oncological and obstetrical outcomes were assessed.

Results Overall, 44 patients met the inclusion criteria. Forty-one (93.2%) women were nulliparous. There were: 3 (6.8%) IA1-LVSI+; 11 (25%) IA2; 25 (56.8%) IB1; 5 (11.4%) IB2 cervical cancers, according to 2018 FIGO stage. Hystological type were: 25 (56.8%) squamous carcinoma; 18 (40.9%) adenocarcinoma and 1 (2.3%) adenosquamous carcinoma.

Pelvic lymphadenectomy was performed in 31 (70.4%) cases, while 13 (29.6%) patients had only sentinel node mapping. Four (9.1%) patients received neoadjuvant chemotherapy. In 7 (15.9%) patients conservative treatment was discontinued (5 nodal involvement, 2 no response to chemotherapy) and 2 (4.5%) patients asked for definitive treatment (hysterectomy) following a negative nodal evaluation.

Among 35 (79.6%) patients who retained their childbearing potential: 17 (48.6%) had a second conization; 2 (5.7%) relapsed and underwent definitive treatment. After a median follow-up of 51 (range 1–184) months no deaths were reported. Twenty-two (66.7%) women attempted to conceive. There were 13 natural pregnancies among 12 (54.5%) women who got pregnant. Live birth rate was 76.9%: nine (69.2%) term and one (7.7%) preterm (at 32w) deliveries. Two (15.4%) miscarriage (1st and 2nd trimester) and one (7.7%) termination of pregnancy for medical reasons were recorded.

Conclusion Conization plus laparoscopic nodal evaluation is an ultraconservative but feasible option in the setting of fertility-sparing treatment for early-stage cervical cancer patients.

Disclosures The authors declare that there are no conflicts of interest.

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564

OUTCOME OF FERTILITY SPARING SURGERY IN CERVICAL CANCER, A NATIONAL STUDY IN SPAIN: CEFER STUDY

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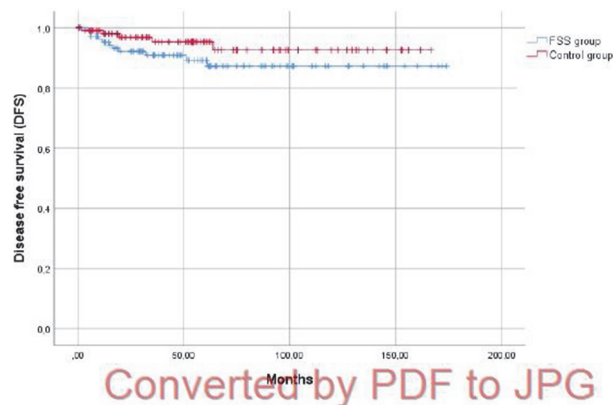
Introduction/Background The aim of this study was to analyze fertility sparing surgery (FSS) data in Spain and to evaluate its oncological results in patients with early cervical cancer (CC).

Methodology Retrospective, multicenter, comparative cohort study carried out in 13 Spanish referal hospitals between 2000 and 2018, which included women with early CC (IA1 with lymphovascular invasion to IB1 FIGO 2009) who underwent FSS (group FSS) or conventional radical surgery (control group).

Results A total of 222 patients were included in the study: 111 in the FSS group and 111 in the control group. No differences were found between both groups regarding baseline characteristics (table 1). In the FSS group, the chosen surgical approach was mainly vaginal (64.9%), followed by laparoscopic (29.7%) and laparoscopic robot-assisted (5.4%).

There were more intraoperative complications but fewer late complications (\geq III-IV Clavien-Dindo) in the FSS group than in the control group (5.4% vs. 2.7% and 0% vs. 6.3%, respectively; both $p < 0,05$).

After a median follow-up of 54 months (range 1–173 months), 16 relapses were observed, 11 (9,9%) in the FSS group and 5 (4,5%) in the control group. However, disease-



Abstract 564 Figure 1 Disease-free survival (DFS)

Abstract 564 Table 1 Baseline characteristics

	Total N= 222	FSS group N=111	Control group N=111	
FIGO Classification *				
IA1 plus LVSI +	7	5 (4,5%)	2 (1,8%)	
IA2	25	15 (13,5%)	10 (9%)	
IB1 < 2cm	133	67 (60,4%)	66 (59,4%)	N.S.
IB1 \geq 2cm	57	24 (21,6%)	33 (29,7%)	
Histology				
Adenocarcinoma	84	45 (40,5%)	39 (35,1%)	
Squamous Ca	137	66 (59,5%)	71 (64%)	N.S.
Adenosquamous	1		1 (0,9%)	
Lymphovascular space invasión (LVSI)				
Positive	30	16 (14,4%)	14 (12,6%)	N.S.
Negative	140	82 (73,9%)	58 (52,2%)	
No data	52	13 (11,7%)	39 (35,1%)	
Tumoral size				
< 2 cm	161	83 (74,8%)	78 (70,2%)	
\geq 2 cm	61	28 (25,2%)	33 (29,8%)	N.S.
Lymph node assessment				
Pelvic LDN** \pm SLN***	165	80 (72,1%)	85 (76,6%)	
Only SLN	55	29 (26,1%)	26 (23,4%)	N.S.
No data	2	2 (1,8%)		

N.S. no significant

*FIGO 2009 classification

**LDN Bilateral pelvic lymphadenectomy

***SLN Sentinel lymph node

free survival (DFS) was similar in both groups ($p=0.17$; figure 1). There were two disease-related deaths, one in each group.

When focussing on the FSS group, 6 out of 11 (54%) relapsed patients had adenocarcinoma histology and 54% (6/11) of relapses corresponded to patients with tumors > 2 cm. Univariate analysis of DFS in the FSS group did not show association with any of the tested variables (FIGO stage $p=0.13$, histology $p=0.24$; lymph node assessment $p=0.79$, and lymphovascular space invasion $p=0.25$), with the exception for tumor size ($> vs \leq 2$ cm, $p=0.008$).

Conclusion FSS is rarely performed in patients with early CC in our country with an acceptable rate of intraoperative complications. Regarding oncological results, no differences were observed between FSS and conventional surgery. However, patients managed with FSS presented a higher recurrence rate in adenocarcinoma histologies and for tumors larger than 2 cm (statistically significant) a finding in accordance with the size established as a limit in current European guidelines.

Disclosures The authors declare no disclosures.