Due to the excellent prognosis, some authors affirm that it is possible to perform a conservative surgery in young women who have not fulfilled their reproductive desire, without having repercussions in terms of overall survival. The objective of the study was to know the treatment and the overall survival of the Borderline Ovarian Tumors in young women.

**Methodology** A retrospective cohort study was conducted. The study period was from January 2012 to January 2020. A total of 131 women with Borderline Ovarian Tumors were included in the study. Information was collected about: demographic data, diagnosis, type of surgery performed, disease-free survival, and overall survival. Two cohorts were established: conservative treatment (n = 37) vs radical treatment (n = 94).

**Results** 131 women with a diagnosis of Borderline Ovarian Tumors were diagnosed, representing 16.7% of all the malignant ovarian tumors within this period (n = 784). 91.5% were diagnosed in Stage I according to the FIGO classification and the most histological line frequent was the mucinous (49.2%). The risk of global relapse was 6.2% and overall survival was 95.4%.

Regarding the group of patients who underwent conservative surgery, the risk of relapse was 13.5% (n = 5) compared to 3.2% (n = 3) in the group radical treatment, (p = 0.042).

The overall survival was 100% in women with conservative surgery compared to radical surgery, 94.6%, (p = 0.130).

**Conclusion** Borderline Ovarian Tumors present excellent prognosis, obtaining great positive results in overall survival regarding the performance of conservative surgery in young women with unfulfilled reproductive desire.
50% (p = 0.018), and final tumour grade 2–3 (p = 0.018). The mean follow-up was 57.8 (range 6–159) months. The five-year disease-free survival and overall survival were 92.6% (95% CI: 81.3–97.2%) and 93.5% (95% CI: 80.7–97.9%), respectively. The rate of pregnancy was 81.1% (n = 30/37), using, in most cases, reproductive techniques (78.4%) for this purpose.

Conclusion Fertility-sparing management presents a high response rate in endometrial cancer. The use of LNG-IUD associates a better response rate, when compared to other treatment options. Moreover, pregnancy can be achieved with this management by use of reproductive techniques.

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578 THE IMPACT OF TUMOR SIZE ON ONCOLOGICAL OUTCOMES OF FERTILITY PRESERVATION SURGERY IN EARLY CERVICAL CANCER: A MULTI-CENTRIC STUDY BY SPAIN- GOG

1 Ib a n a G A n a, 2 A l v a r e z , 3 A M a r i n , 4 G M a r c o l o n , 5 M a r i n a, 6 U e c a, 7 D a i z - F e i g o, 8 T e j e r a z . Gynecological Oncology and Endoscopy Unit. Gynecology and Obstetrics Department. University Hospital 12 de Octubre. Madrid, Spain. Research Institute i+12. University Hospital 12 de Octubre, Spain; 2University of Gynecology Oncology and Endoscopy Unit. Gynecology and Obstetrics Department. University Hospital 12 de Octubre. Madrid, Spain. Research Institute i+12. University Hospital 12 de Octubre, Spain; 3Gynecology Department, Hospital Universitari Vall d’Hebron, Universitat Autònoma de Barcelona, Barcelona, Spain. Centro de Investigación Biomédica en Red de Cáncer, CIBERONC, Madrid, Spain; 4University Hospital Son Llàtzer, Mallorca; 5Hospital Parc de Salut Mar. Barcelona, Spain; 6Hospital Clínic. Madrid, Spain; 7Hospital La Fe. Valencia, Spain; 8Gynecology Oncology Unit Hospital General Universitario de Castellón. Departamento de Medicina. Universitat Jaume I (UJI), Spain

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Introduction/Background The combination of improved survival and delaying child bearing increases the trend of early cervical cancer diagnosis in women without a fulfilled gestational wish. Fertility preservation surgery (FSS) becomes a necessary treatment option for young women.

The aim of this study is to analyze the impact of tumor size on surgical and oncological outcomes of FSS in early cervical cancer in Spain.

Methodology A multicenter, retrospective cohort study of early cervical cancer (IA2-IB1, FIGO 2009) patients with gestational desire who underwent FSS was carried out at the departments of gynecology of 12 tertiary care hospitals between 01/2005 and 01/2019 throughout Spain. The data were registered in an on-line database. All analyses were performed using STATA 15 statistical software.

Result(s) A total of 111 patients who underwent trachelectomy were included, 82 (73.9%) of them with tumors < 2 cm and 29 (26.1%) of them ≥2 cm. Patients’ characteristics were balanced except linfovascular space infiltration (LVSI). All patients were intraoperative node negative. There were no significant differences between groups regarding surgical approach, performance of a posterior cerclage, intraoperative complications or need of posterior hysterectomy.

Median follow-up was 55.7 months in patients group <2 cm tumor and 30.7 months in group ≥2 cm. Eleven recurrences were diagnosed (9.9%), 5 (6.0%) in the <2cms tumor group and 6 (21.4%) in the ≥2cms tumor group (p<0.05).

Cox regression was performed to identify different predictor factor for recurrence. Only tumor size (<2cm vs. ≥2cms) was found to be significant among histology, LVSI, previous conization or surgical approach. After adjusting for the rest of the variables, tumor size ≥2cm has a Hazard Ratio of 5.99 (CI 95% 1.01-35.41, p = 0.036)

Conclusion This study shows a real world data of a large number of trachelectomies performed in patients with early cervical cancer after negative lymphnode assessment. Selection criteria should be rigorous especially for patients with tumor ≥ 2 cm due to its worse oncological outcomes. Options may be discussed with the patient to reach a balance between the risk of recurrence and the best fertility results.