Abstract 705 Figure 1

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FERTILITY-SPARING AND MINIMALLY INVASIVE SURGERY IN PATIENTS WITH STAGE I MALIGNANT OVARIAN GERM CELL TUMOURS IN GERMANY

¹M Klar, ²H Plett, ²P Harter, ^{2,3}F Heitz, ⁴S Kommos, ⁵J Keul, ³E Roser, ³J Sehoul, ³E Ioana Braicu, ¹M Bossart, ¹MF Hasanov, ⁶B Czogalla, ⁶A Burges, ⁷T Link, ⁸M Doris, ⁹A Staebler, ¹⁰L Hanker, ¹¹A Hasenburger. ¹University of Freiburg, Freiburg Medical School, Department of Obstetrics and Gynaecology, Freiburg, Germany; ²Evang. Huyssens-Stiftung Essen-Hutrop (eine Einrichtung der KEM | Evang. Kliniken Essen-Mitte gGmbH), Essen, Germany; ³Charité – Universitätsmedizin Berlin, Department of Gynecology with Center for Oncological Surgery, Berlin, Germany; ⁴Tübingen University hospital, Department of Women's health, Tuebingen, Germany; ⁵Tübingen University Hospital, Obstetrics and Gynaecology, Tübingen, Germany; ⁶University Hospital LMU Munich Grosshadern, Obstetrics and Gynaecology, Germany; ⁷University Hospital of Dresden, Obstetrics and Gynaecology, Dresden, Germany; ⁸University Hospital of Munich, Institute of Pathology, Munich, Germany; ⁹University Hospital of Tuebingen, Institute of Pathology, Tuebingen, Germany; ¹⁰University Hospital Schleswig-Holstein, Obstetrics and Gynaecology, Luebeck, Germany; ¹¹University of Mainz, Obstetrics and Gynaecology, Mainz, Germany

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Introduction/Background* Malignant ovarian germ cell tumours (OGCT) often affect women of younger age at an early stage of disease who may desire fertility conservation. The Arbeitsgemeinschaft fuer Gynaekologische Onkologie (AGO) has established a clinicopathological (Current Ovarian germ cell and Sex cord stromal Tumour Treatment strategies, CORSETT) database to describe treatment strategies and outcomes for these women.

Methodology 20 German centres entered mixed retro- and prospective data of 56 FIGO stage I OGCT patients treated between 2000 to 2014 into the CORSETT database. An

independent CORSETT pathology reference panel re-evaluated the primary histological diagnosis. A descriptive analysis of the treatment strategies, pregnancy rates and disease recurrence was conducted.

Result(s)* Median age at diagnosis of patients with malignant dysgerminoma, mixed OGCT and teratoma was 28 (IQR 26 – 33), 33 (30 – 40) and 38 (29 – 44) years. FIGO IA/IB/IC stage distribution was 13/2/11 for dysgerminoma, 3/0/9 for mixed OGCT and 8/0/8 for teratoma patients. Laparoscopy was performed for 23 (69.7%) dysgerminoma, six (35.3%) mixed OGCT and eight (40%) teratoma patients and fertility-sparing surgery was provided for > 80% of all FIGO I OGCT patients. Intra-operative cyst rupture occurred in six (19.4%) dysgerminoma, five (41.6%) mixed OGCT and four (25.5%) teratoma patients and adjuvant chemotherapy was consequently given in one (3.5%) dysgerminoma, nine (81.2%) mixed OGCT and eight (47%) teratoma patients. Four (14.3%) dysgerminoma, three (27.3%) mixed OGCT and four (23.5%) teratoma patients conceived after first line treatment. The disease reoccurred in two (7.1%) dysgerminoma, five (45.5%) mixed OGCT and two (11.8%) teratoma patients, predominantly intraperitoneally. No FIGO I OGCT patient died due to disease recurrence.

Conclusion* Women with mixed OGCTs had a high risk of intra-operative cyst rupture and high recurrence rates despite FIGO stage I disease. These events had no impact though on overall survival rates.