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DOES THE MODE OF DELIVERY INFLUENCE THE NATURAL HISTORY OF UNTREATED CERVICAL INTRAEPITHELIAL NEOPLASIA?

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Introduction/Background* Abnormal cervical cytology has been reported in approximately 5% of pregnancies. Dynamic cervical changes produced during labor and vaginal delivery such as dilation, epithelial desquamation and immunologic/repair processes can be associated with higher regression rates of cervical intraepithelial (CIN) lesions. However, the published literature reveals heterogeneous data and controversial results about this effect.

The objective of this study is to evaluate the influence of the mode of delivery on the histologic regression, persistence and progression rates of CIN.

Methodology A retrospective cohort study including all patients who gave birth in Hospital del Mar (Barcelona, Spain) during 2015 and 2016 was performed, identifying patients with an abnormal cervical cytology previous to delivery. Subjects were required to have postpartum follow-up that included cervical cytology between 2-9 months postpartum.

The test used was liquid-based cytology and abnormal results were classified in atypical squamous cells of undetermined significance (ASCUS), low-grade squamous intraepithelial lesion (L-SIL), high-grade squamous intraepithelial lesion (H-SIL) and atypical glandular cells (ACG).

The evolution of lesions is evaluated according to whether regression, stability or progression occurs. Rates of regression and progression of cervical lesions according to the mode of delivery (vaginal vs cesarian section) were compared. Statistical analysis was performed by Chi-square test.

Result(s)* Data from 2586 pregnant women was revised, finding 197(7.6%) women with abnormal cytology, of which 122 women met inclusion criteria, 85(69.7%) delivered vaginally and 37(30.3%) by cesarean section. Regression occurred in 56 (65.9%) patients with vaginal delivery and in 28(75.7%) with cesarean section ($p=0.395$). Progression occurred in 15 cases, 8(10.5%) delivered vaginally and 7(18.9%) by cesarean section ($p=0.228$).

The global regression rate was 69.2% for H-SIL, 63.5% for L-SIL and 75% for ASCUS. None of H-SIL progressed to invasive carcinoma and only one case of ACG resulted into H-SIL in postpartum.

Conclusion* In the group of patients studied, there are no differences in the rates of regression or progression of cervical lesions depending on whether they have a vaginal delivery or cesarean section.

This study reports a high regression rates and low progression rates after delivery supporting that a conservative management of CIN during pregnancy is safe.

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RESULTS AFTER CONSERVATIVE SURGERY OF STAGE II/III SEROUS BORDERLINE OVARIAN TUMORS

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Introduction/Background* The aim of this study was to assess the outcomes of a large series of patients treated conservatively for a stage II or III serous borderline tumors of the ovary (SBOTs) with a long-term follow-up.

Methodology Patients with SBOTs and peritoneal implants, treated in or referred to our institution, were retrospectively reviewed. Outcomes of patients treated conservatively (preservation of the uterus and at least a part of one ovary) to promote subsequent fertility were specifically analyzed.

Result(s)* Between 1971 and 2017, 212 patients were identified and followed-up. Among them, 65 underwent a conservative treatment. Eight patients had invasive implants. Among patients treated conservatively, 38 (58%) patients recurred. Twenty-eight recurrences were observed under the form of borderline tumor on spared ovary and/or noninvasive implants, but 8 patients had a recurrence under the form of invasive disease. Compared to radical surgery, the use of a conservative treatment ($p<.0001$) was a prognostic factors on disease free survival (DFS), but without impact on overall survival (OS). Nevertheless, 3 deaths occurred. Twenty-four pregnancies (13 spontaneous) were observed in 20 patients (29 patients wishing to be pregnant).

Conclusion* In this series collecting the largest number of patients undergoing conservative surgery for stage II/III SBOTs, spontaneous pregnancies can be achieved after conservative treatment of advanced-stage disease, but the recurrence rate is high, and 3 deaths were observed. These patients spared their fertility but with a high rate of recurrence. Uncertainties about safety of conservative treatment should be exposed to them.

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FERTILITY SPARING SURGERY IN CERVICAL CANCER PATIENTS OUTSIDE CONTROLLED TRIALS – A MULTICENTER RETROSPECTIVE COHORT TRIAL (CEEGOG CX-03; ENGOT-CX14)

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Introduction/Background* According to current guidelines fertility-sparing treatment (FST) in cervical cancer patients should follow the same principles as in patients without fertility