conservatively (preservation of the uterus and at least a part of one ovary) to promote subsequent fertility were specifically analyzed.

**Results** Between 1971 and 2017, 212 patients were identified and followed-up. Among these patients, 65 underwent 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 the spared ovary and/or noninvasive implants, but eight patients had a recurrence under the form of invasive disease. Compared with radical surgery, the use of conservative treatment (p < 0.0001) was a prognostic factor on disease-free survival (DFS), but without an impact on overall survival (OS). Nevertheless, three deaths occurred. Twenty-four pregnancies (13 spontaneous) were observed in 20 patients (29 patients wanted to become pregnant).

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

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**Abstracts**

**2022-RA-427-ESGO**

**THE RESULTS OF FERTILITY-SPARING TREATMENT AND OBSTETRIC OUTCOMES IN PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA AND EARLY ENDOMETRIAL CANCER: A CASE SERIES FROM BELARUS**

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**Introduction/Background** Atypical endometrial hyperplasia (AEH) is an obligate precursor of the endometrium, which in terms of standard treatment, like the treatment of endometrial cancer (EC), involves the removal of the uterus. By the time of the primary diagnosis of AEH and EC, 5–7% of women are below 45 years at diagnosis have not completed childbearing. In these cases, the use of alternative therapies to preserve fertility and the possibility of delayed motherhood is very relevant. The aim of this study was to evaluate oncologic and reproductive outcomes in young women with AEH/EC, who underwent fertility-sparing treatment.

**Methodology** The study included data from 64 patients (AEH – 48, EC – 18) who were treated at NN Alexandrov National Cancer Centre (November 2017 – April 2022). The median age was 33 (range 20–42) years. After performing hysterectomy-sectoscopy the following hormone therapy schemes were used: 1) levonorgestrel releasing intrauterine device (LNG-IUD), 2) medroxyprogesterone (500 mg/d orally), 3) LNG-IUD + GnRH analogues (3.75 mg orally once per 28-day, no.3). The duration of treatment was 3–6 months.

**Results** Median follow-up time was 17.7 (range 1–55) months. A complete response (presence of endometrial atrophy in the morphology report) was noted in 47/48 (98.0%) and 14/18 (78.0%) patients, respectively. After hormonal therapy of AEH, spontaneous pregnancy occurred in 10 (21.3%) women: in two of them it ended in term delivery, in 8 – in spontaneous miscarriages. After hormone therapy of an EC, pregnancy occurred in 4 (28.6%) patients, in 2 cases the pregnancy ended in term delivery.

**Conclusion** In our study, the fertility-sparing approach demonstrated a safe and effective outcomes in young women with AEH/EC (complete response rates – in 98.0% and 78.0% patients, respectively; fertility rates – 21.3% and 28.6%, respectively) because patient selection, treatment, and follow-up were centralized and limited to a single Cancer Center.

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**TRANSVAGINAL SINGLE PORT LAPAROSCOPIC FOR LEFT OVARIAN CYST REMOVAL AND BILATERAL TUBAL ANASTOMOSIS**

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**Introduction/Background** With the opening of China’s fertility policy, more and more ‘Single Child Families’ have the need to have children again. However, China’s ‘Family planning’ has been carried out for decades. Under the influence of this policy, many women will choose to have their fallopian tubes ligated to avoid the risk of accidental pregnancy after they have given birth to a child. For these women, it is particularly important to restore the normal function of their fallopian tubes. The patient in this video was found to have a left ovarian cyst (50×48×60 mm) during regular physical examination, and she had a need to have a second child, so the indications for surgery were clear. In addition, the patient is a model, and she hopes that there is no scar on her abdomen. After detailed communication, transvaginal single port laparoscopic technique is proposed to complete the operation.

**Methodology** Transvaginal single port laparoscopic for left ovarian cyst removal and bilateral tubal anastomosis.

**Results** The operation was smooth and the fallopian tube anastomosis was successful. The operation took 90 minutes and the blood loss was about 15 ml. The patient aerofluxed on September 13, 2023 by guest. Protected by copyright. http://ijgc.bmj.com/ Int J Gynecol Cancer: first published as 10.1136/ijgc-2022-ESGO.366 on 20 October 2022. Downloaded from Int J Gynecol Cancer 2022;32(Suppl 2):A1–A504