TWENTY YEARS OF EXPERIENCE WITH LESS RADICAL FERTILITY-SPARING SURGERY IN EARLY-STAGE CERVICAL CANCER: PREGNANCY OUTCOMES

1Helena Robova, 1Lukas Rob, 1Michael Halaska, 1Tomas Pichlik, 2Jana Droznova, 1Hana Malikova, 1Obstetrics and Gynecology, 3rd Medical Faculty of Charles University and University Hospital Kralovske Vinohrady, Prague 10, Czech Republic; 23rd Medical Faculty of Charles University and University Hospital Kralovske Vinohrady, Pathology, Czech Republic; 3Radology, 3rd Medical Faculty of Charles University and University Hospital Kralovske Vinohrady, Prague, Czech Republic

Methodology

Laparoscopic sentinel lymph node mapping (SLNM) with frozen section (FS) followed by PLND and selective parametrectomy (IB1) or large cone (IA1/IA2) biopsy. If lymph nodes verified negative by definitive histopathology, patients were treated by simple trachelectomy (IB1) or large cone (IA1/IA2) biopsy 1 week after primary surgery.

Results

From 1999 to 2018, 91 women were enrolled in the study (median age 29.1 years, range 21–40). In 76(83.5%) fertility was spared, 13 (17.1%) of them don’t want to be pregnant and 63 (82.9%) wished pregnancy. 54 from 63 women conceived (pregnancy rate 85.7%) and 48 from 63 women delivered 58 babies (delivery rate 76.2%). 39 women delivered in term (67.2%), 13 women between 32 and 36+6 weeks of pregnancy, 3 between 28 and 31+6 weeks and 3 between 24 and 27+6 weeks. Only one woman still plan pregnancy. One woman is currently pregnant.

Conclusion

Goal of fertility-sparing surgery is not only good oncological results, but also good pregnancy results. Pregnancy results after less radical fertility-sparing procedure seems to be very good (pregnancy rate 82.9% and delivery rate 76.2%). This work is supported by Cooperatio program 207035, Maternal and Childhood Care, 3rd Faculty Medicine, Charles University.

OVARIAN STEM CELLS FROM CRYOPRESERVED OVARIAN CORTEX: A POTENTIAL FOR NEO-OGENESIS IN WOMEN WITH CANCER-TREATMENT RELATED INFERTILITY

1Erica Silvestris, 2Carla Minioìa, 3Ambrogio Cavolli, 4Anila Kardhashi, 5Giuseppe de Palma, 6Francesca Avazzio, 7Vera Loizzi, 8Raellada de Palo, 9Miriam Delli, 10Gennaro Cormio, 11Gynecologic Oncology Unit, IRCCS Istituto Tumori ‘Giovanni Paolo II’, Bari, Italy; 12Haematology Unit, IRCCS Istituto Tumori ‘Giovanni Paolo II’, Bari, Italy; 13Institutional BioBank, Experimental Oncology and Biobank Management Unit, IRCCS Istituto Tumori ‘Giovanni Paolo II’, Bari, Italy; 14Unit of Obstetrics and Gynecology, Department of Biomedical Sciences and Human Oncology, University of Bari ‘Aldo Moro’, Bari, Italy; 15Department of Obstetrics and Gynecology, ‘San Paolo’ Hospital, Bari, Italy; 16Unit of Obstetrics and Gynecology, Department of Biomedical Sciences and Human Oncology, University of Bari ‘Aldo Moro’, Bari, Italy

Methodology

A cortex piece from a 28 yrs-woman, submitted to annexectomy for a benign ovarian cyst, was cryostored in liquid nitrogen for one year. The strips were thawed and the OSCs isolation performed by enzyme-free method. The recruited cell suspension was stratified on Ficoll gradient and centrifuged, then recovered, incubated at 4°C with rabbit polyclonal anti-Ddx4 and followed by further incubation with anti-rabbit-IgG-FITC antibody. The OSC suspension was then incubated with 7-amino-actinomycin-D-labelled with phycoerythrin-5 as viability dye, and evaluated by flow cytometric analyses.
LAPAROSCOPIC VAGINAL RADICAL PROGNOSTIC FACTORS FOR ADVERSE OBSTETRIC OUTCOMES IN PREGNANT CANCER PATIENTS AN UPDATE ON 2174 CASES REGISTERED IN THE INCIP REGISTRY

Results
The cell population included large consistency of positive cells (A) which were analyzed in their vitality using the PCS-conjugated-7-AAD viability marker. Almost the full population, namely 95.7% of Ddx4+ cells were found viable among a minority equal to 4.3% of dead cells (B-C), suggesting that the fragments cryopreservation in liquid nitrogen is almost indolent on the OSC viability.

Conclusion
The consistency of OSC population from a single cryopreserved ovarian cortex after thawing suggest that this population is apparently resistant to the temperature stress for freezing and thawing, thus reinforcing interest for stemness studies in treatment of female CTRI.

Methodology

Introduction/Background
Therapeutic management of early stage cervical cancer is mainly based on surgery. Radical trachelectomy is a strategy to preserve the fertility of young patients with cervical cancer. In the ESGO and NCCN Guidelines, Radical Trachelectomy type B is indicated in case of cervical cancer stage 1B1. The prospective CONCERV study shows the safety of the simple conisation in early-stage cervical cancer <2 cm in case of strom invasion <10 mm and no lymph vascular space invasion. Actually the indication to the radical trachelectomy remains - Cervical cancer <2 cm - FIGO stage not more 1B1 - Negative lymph node - Positive LVI.

The oncological safety of the minimally invasive approach has recently questioned by the international randomized LACC trial. This result have therefore renewed interest in the vaginal approach, associated to lymph node staging by laparoscopy.

Results
In this video we described the radical trachelectomy by the laparoscopic vaginal approach in 10 steps.

Conclusion
This technique is a safe oncological procedure in the post-LACC era.

2022-RA-598-ESGO
PROGNOSTIC FACTORS FOR ADVERSE OBSTETRIC OUTCOMES IN PREGNANT CANCER PATIENTS AN UPDATE ON 2174 CASES REGISTERED IN THE INCIP REGISTRY

1Charlotte Maggen, 2Joosie Heimovaara, 3Kistel van Calsteren, 4Elyce Cardonick, 5Annoushkaa Lumen, 6Roman G Shmakov, 7Vera Wolters, 8Mina Hallem Gziru, 9Christiane Lok, 10Evgeniya Polushkina, 11Jeroen Bloemmaert, 12Michael Halaska, 13Robert Fruscio, 14Alvara Cabrera-Garcia, 15Ingrid A Boere, 16Ingrid A Boere, 17Petronella Ottervanger, 18Giovanna Scarfone, 19Joine de Haan, 20Federic Amanet.
1Obstetrics and perinatal medicine, UZ Brussels, Jette, Belgium; 2KU Leuven, Leuven, Belgium; 3University Hospitals of Leuven, Leuven, Belgium; 4Department of Obstetrics and Gynecology, Cooper, University Health Care, Camden, NJ, USA, Camden, NJ; 5Statistics, KU Leuven, Leuven, Belgium; 6National Medical Research Centre for Obstetrics, Gynecology and Perinatology named after Academician V.I. Kulakov of the Ministry of Healthcare of Russian Federation, Moscow, Russia, Moscow, Russian Federation; 7Department of Gynecology, Antoni van Leeuwenhoek – Netherlands Cancer Institute, Amsterdam, The Netherlands, Amsterdam, Netherlands; 8Department of Obstetrics, Cliniques Universitaires St Luc, UCL, Sint-Lambrechts-Woluwe, Belgium; 9Faculty Hospital Kralovske, Vinohrady and 3rd Medical Faculty, Charles University, Prague, Czech Republic, Prague, Czech Republic; 10Clinic of Obstetrics and Gynecology, University of Milan – Bicocca, San Gerardo Hospital, Monza, Italy, Milan, Italy; 11Hospital Regional de Alta Especialidad de Ixtapaluca (HRAEI) – Reference clinic for hemat-oncological diseases during pregnancy CREHER’ Estado de Mexico, Mexico, Mexico, Mexico; 12Department of Medical Oncology, Radboud University Nijmegen Medical Center, Nijmegen, the Netherlands, Rotterdam, Netherlands; 13Department of Obstetrics and Gynecology, University of Turin, Città della Salute e della Scienza, Sant’Anna Hospital, via Venticinque Maggio 10, 10126, Turin, Italy; 14Department of Medical Oncology, Radboud University Nijmegen Medical Center, Nijmegen, the Netherlands, Rotterdam, the Netherlands; 15Gynecological Oncology Unit, Fondazione Istituto Di Ricovero e Cura a Carattere Scientifico, Ca’ Granda Ospedale Maggiore Policlinico Milan, Milan, Italy, Milan, Italy; 16Department of Obstetrics and Gynecology, Amsterdam University Medical Centers, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands, Amsterdam, Netherlands

Introduction/Background
Following the increasing evidence on fetal safety, over time more pregnant women are receiving cancer treatment, including chemotherapy, in order to safeguard maternal prognosis. To evaluate current clinical practice of obstetric and neonatal outcomes of women registered by the International Network on Cancer, Infertility and Pregnancy (INCIp) were assessed.

Abstract 2022-RA-598-ESGO Figure 1
Distribution of cancer types and cancer stages at diagnosis by cancer type (n=2174)