

2022-RA-591-ESGO

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

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**Introduction/Background** The standard procedure in cervical cancer is radical hysterectomy (RH) and pelvic lymphadenectomy (PLND). Because of the increasing age of women at childbirth, fertility becomes a major challenge. We present pregnancy results after less radical fertility-sparing surgery in women with IA1, LVSI positive, IA2 and IB1 (<2 cm, infiltration less than half of stromal invasions).

**Methodology** Laparoscopic sentinel lymph node mapping (SLNM) with frozen section (FS) followed by PLND and 'selective parametrectomy' (removal of afferent lymphatic channels from the paracervix) in case of a negative result was performed in all women. 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.

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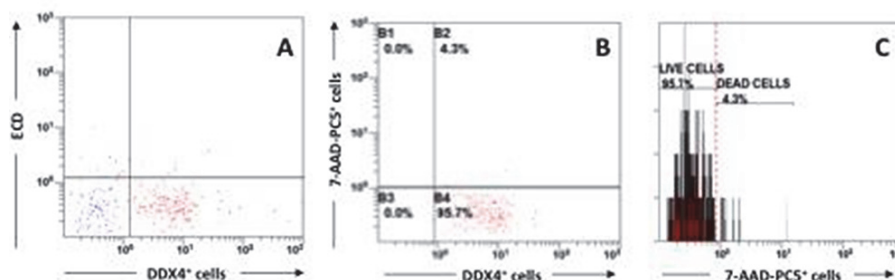
### OVARIAN STEM CELLS FROM CRYOPRESERVED OVARIAN CORTEX: A POTENTIAL FOR NEO-OOGENESIS IN WOMEN WITH CANCER-TREATMENT RELATED INFERTILITY

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**Introduction/Background** Cancer treatment related-infertility (CTRI) affects more than one third of young women undergoing anti-cancer protocols, inducing a premature exhaustion of ovarian reserve. In addition to ovarian suppression by GnRHa, oocyte and cortex cryopreservation has gained great interest although the cortex reimplantation implies a few drawbacks as the risk to reintroduce malignant cells. The capability of ovarian stem cells (OCSs) from fresh ovarian cortex fragments to differentiate in vitro to mature oocytes provides a tool to overcome these drawbacks. In fact, since ovarian cortex sampling and cryopreservation is practicable before gonadotoxic treatments, the recruitment of OSCs from defrosted fragments could provide a novel opportunity to verify their suitability to be expanded in vitro as oocyte-like cells (OLCs).

**Methodology** A cortex piece from a 28 yrs-woman, submitted to ovariectomy 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.



Abstract 2022-RA-595-ESGO Figure 1

**Results** The cell population included large consistency of positive cells (A) which were analyzed in their vitality using the PC5-conjugated-7-AAD viability marker. Almost the full population, namely 95.7% of Ddx4<sup>+</sup> 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.

**2022-VA-596-ESGO LAPAROSCOPIC VAGINAL RADICAL TRACHELECTOMY IN THE POST LACC ERA: STEP BY STEP SURGICAL PROCEDURE**

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**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 CONCERTV study shows the safety of the simple conisation in early-stage cervical cancer <2 cm in case of stromal 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 LVSI

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.

**Methodology** We described the indication and the procedure in a video.

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



Abstract 2022-VA-596-ESGO Figure 1

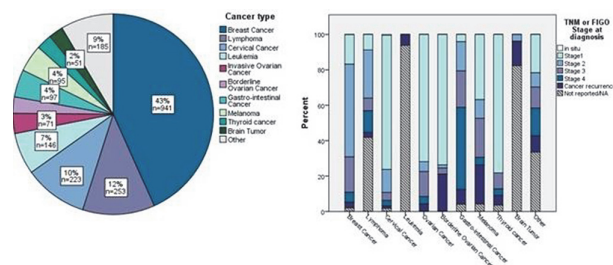
**Conclusion** This technique is a safe oncological procedure in the post-LACC era.

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

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**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 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)