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 CRTI.

**2022-VA-596-ESGO**

**LAPAROSCOPIC VAGINAL RADICAL TRACHELECTOMY IN THE POST LACC ERA: STEP BY STEP SURGICAL PROCEDURE**

1-2Benedetta Guani, 3Vincent Balaya, 4Fabrice Lecuru, 1Patrice Matehvet. 1CHUV, Lausanne, Switzerland; 2HFR, Fribourg, Switzerland; 3Hospital Foch, suresnes, France; 4Hospital Curie, Paris, France

10.1136/ijgc-2022-ESGO.369

**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-FI-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.

**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.

**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, 2Jooce Heimovara, 3Kistel van Calsteren, 4Elyce Cardonick, 5Annouchka Laenen, 6Roman G Shmakov, 7Vera Wolters, 8Mina Mhallem Gziri, 9Robert Fruscio, 10Ingrid A Boere, 11Ingrid A Boere, 12Petronella Ottevanger, 13Giovanna Scarfone, 14Jorine de Haan, 15Frederic Amant. 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, Sint-Lambrechts-Woluwe, Belgium; 9Faculty Hospital Kralovske Vinohrady and 3 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 hematopoietic malignancies during pregnancy GREHER’ 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 Ventimiglia 1, 10126, Turin, Italy; 14Department of Medical Oncology, Radboud University Nijmegen Medical Center, Nijmegen, the Netherlands, Nijmegen, Netherlands; 15Gynecological Oncology Unit, Fondazione Di Ricerche 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

10.1136/ijgc-2022-ESGO.370

**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)
### Abstract 2022-RA-598-ESGO

**EVALUATION OF SERUM HE4 AND CA125 LEVELS IN THE EARLY POSTPARTUM PERIOD**

1Ratko Delić, 2Mario Štefanović, 3Stefka Križev, 1Jakob Koren. 1Department of Gynecology and Obstetrics, General and Teaching Hospital Celje, Celje, Slovenia; 3Department of Clinical Chemistry, Sestre milosrdnice University Hospital Center, Zagreb, Croatia; 2Department of Laboratory Medicine, General and Teaching Hospital Celje, Celje, Slovenia

Introduction/Background This study was conducted to analyze CA125 and HE4 levels in the early postpartum period.

Methodology In a prospective study (OB/GYN Department, General Hospital, Celje, Slovenia) 277 women who were in the 1st-3rd day of postpartum period were included in the study. Biomarkers were analyzed with regard to each day of postpartum period (1st, 2nd and 3rd day after delivery) as well as regarding the method of delivery (vaginal delivery, elective and emergency cesarean section). CA 125 and HE4 were evaluated in consideration of their reference intervals, ≤ 33 IU/ml and ≤ 140 pmol/l (Elecsys CA 125 II® assay and Elecsys HE4® assay, Roche Diagnostics Ltd.).

Results Biomarkers levels with regard to method of delivery. Women in the vaginal delivery group had significantly higher levels of CA125 than the women in both cesarean section groups (vaginal delivery group, n=144, median=36.9 IU/ml, elective cesarean, n=82, median=28.6 IU/ml and emergency cesarean, n=44, median=26.1 IU/ml, p <.001). All HE4 measurements were within reference range; women in both cesarean section groups had significantly higher levels of HE4 than the women in the vaginal delivery group (elective cesarean, n=86, median=61.0 pmol/l, emergency cesarean, n=44, median=58.0 pmol/l and vaginal delivery group, n=147, median=54.0, p <.001).

Biomarkers levels with regard to each day of postpartum period. A significant number of women had high levels of CA125 (>100 IU/mL), with a gradual decline during the first three postpartum days. However, there was not a statistically significant difference between groups. Again, all HE4 measurements were within reference range with a statistically significant decline during the second and third day after delivery (1st postpartum day, n=203, median=60.0 pmol/l vs 2nd, n=49, median=51.0 pmol/l and 3rd day, n=25, median=51.0 pmol/l, p <.001).

Conclusion HE4 is more reliable marker of malignancy during the early postpartum period than CA125.