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.

Abstract 2022-VA-596-ESGO Figure 1

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

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 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 LVS.

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

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 (INCIIP) were assessed.

Abstract 2022-RA-598-ESGO Figure 1 Distribution of cancer types and cancer stages at diagnosis by cancer type (n=2174)
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, ≤ 35 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.