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.

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 coagulation 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: Radical cancer <2 cm-FIHO stage not more 1B1-Negative lymph node-Positive LYSI.

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.
EVALUATION OF SERUM HE4 AND CA125 IN POSTPARTUM PERIOD

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 pregnant during pregnancy or women who were pregnant while receiving invasive cancer treatment between 1996 and 2021 were selected from the INCIP database. Descriptive statistics on oncological diagnosis, stage, antenatal treatment, obstetric and neonatal outcomes, and reported complications were performed. Proportions of events were estimated per 5-year time period with 95% confidence intervals using logistic regression models. A logistic regression model was used to explore the relationship between cancer stage and type, antenatal treatment, obstetric and neonatal outcome [preterm premature rupture of membranes (PPROM), (planned or spontaneous) preterm delivery, small for gestational age (SGA), other obstetric or medical complications, admission in the neonatal intensive care unit (NICU)], pregnancy loss (miscarriages and stillbirths) and neonatal complications. Multinomial regression models were selected from the INCIP database. Descriptive statistics were used to estimate proportions of events per 5-year time period with 95% confidence intervals using logistic regression models. A logistic regression model was used to explore the relationship between cancer stage and type, antenatal treatment, obstetric and neonatal outcome [preterm premature rupture of membranes (PPROM), (planned or spontaneous) preterm delivery, small for gestational age (SGA), other obstetric or medical complications, admission in the neonatal intensive care unit (NICU)], pregnancy loss (miscarriages and stillbirths) and neonatal complications. Multinomial regression models were used to estimate proportions of events per 5-year time period with 95% confidence intervals using logistic regression models. A logistic regression model was used to explore the relationship between cancer stage and type, antenatal treatment, obstetric and neonatal outcome [preterm premature rupture of membranes (PPROM), (planned or spontaneous) preterm delivery, small for gestational age (SGA), other obstetric or medical complications, admission in the neonatal intensive care unit (NICU)], pregnancy loss (miscarriages and stillbirths) and neonatal complications.

Results In the pregnant cancer population (n=2174), preterm delivery (47%), delivery by cesarean section (45%), planned delivery (65%), SGA (27%), maternal death (2%) and NICU admission (33%) are common. Over time, more women received antenatal chemotherapy (p<0.001), associated with an increase in SGA (p=0.07), spontaneous preterm delivery (p=0.009) and medical complications (p=0.002), and a decrease in elective preterm delivery (p<0.001), NICU admission (p=0.044) and neonatal complications (p<0.001). Multinomial logistic regression analysis of adverse outcomes revealed the following associations: maternal death was associated with a significant decrease in elective preterm delivery (p=0.009) and medical complications (p=0.002), and an increase in SGA (p=0.07), spontaneous preterm delivery (p=0.009) and medical complications (p=0.002), and a decrease in elective preterm delivery (p<0.001), NICU admission (p=0.044) and neonatal complications (p<0.001).

Conclusion Antenatal chemotherapy will put a pregnancy at risk of complications and pregnant cancer patients should be managed in high risk obstetric units.

Abstract 2022-RA-598-ESGO Figure 2  Evolution in oncological management (A), obstetric outcome (B) and obstetric and neonatal complications © in pregnant cancer patients over 25 years (1996–2021)