surgery was not associated with increased hazard of overall death (HR 0.8 95% CI 0.4–1.5) or cancer-specific death (HR 1.0 95%CI 0.5–2.4). Small number of deaths limited precision of results.

Conclusion Fertility-sparing surgery was not associated with increased risk of death compared to standard surgery among reproductive-age epithelial ovarian cancer survivors with stage IA or IC disease.