

of the oncological treatment and the pathological response in those patients who underwent neoadjuvant chemotherapy (NAC).

Methodology Patients with breast cancer who underwent fertility preservation and NAC are matched 1:2.45 to non-FP controls by age and date of diagnosis and are studied. Timing between the diagnosis of breast cancer and the onset of oncological treatment was performed. Studying the pathological complete response (Miller Payne scale) among patients with FP compare to non-FP control group was also performed.

Abstract 2022-RA-989-ESGO Table 1 Oncological patient's characteristics

Patient's characteristics	Cases (%) (range)	
	FP group	Non-FP group
N (patients)	20 (100)	49 (100)
Median age (years)	36 (28–39)	38 (29–41)
Tumor stage		
-T1c	3 (15)	6 (12.2)
-T2	16 (80)	37 (75.6)
-T3	1 (5)	6 (12.2)
Lymph node involvement		
-Positive	8 (40)	21 (42.8)
-Negative	12 (60)	28 (57.2)
Tumor Histology:		
-IDC	15 (83.3)	46 (93.8)
-ILC	3 (16.7)	3 (6.2)
-NA	2	
Hormone Receptors		
-Positive	14 (70)	30 (61.3)
-Negative	6 (30)	19 (38.7)
HER2		
-Positive	4 (20)	12 (24.5)
-Negative	16 (80)	37 (75.5)
Tumor subtype		
-Luminal	11 (55)	21 (42.8)
-HER2+	4 (20)	12 (24.5)
-Triple negative	5 (25)	16 (32.7)

Abstract 2022-RA-989-ESGO Table 2 Pathological response and tumor subtype in Non-PF versus PF group

Molecular type	MyP 5 cases (%)	
	FP group	Non-FP group
Non-FP		
Luminal A	0	1 (100)
Luminal B/HER2-	4 (19.6)	7 (70)
Luminal B/HER2+	1 (12.5)	2 (66.6)
HER2+	4 (100)	1 (100)
Triple negative	11 (68.7)	5 (100)
TOTAL	20/49 (40.8)	16/20 (80)

Results 20 patients with FP and NAC are studied between 2010–2019 and were compared to 49 non-FP patients. The median age at diagnosis was 36 years (28–39). The oncological characteristics are shown in table 1. The time analysis in FP group was: 1.- Period of FP visit was 4 days (1–26), 2.- the period of FP (start of the stimulation treatment until the recovery of the oocytes) 12 days (7–20), 3.- the Period of

onset of oncological treatment 7 days (1–27). The overall period took 26 days (18–51) compared to 17.5 days (1–60) in non-FP group (NS). Pathological complete response (Miller Payne 5): The pathological complete response was 80% (16/20) in FP group versus 40.8% (20/49) in non-FP group. Analyzed by tumor subtype in FP group, a MP5 was achieved in 72.7% luminal tumor (8/11), 75% positive-HER2 (3/4), 100% triple negative (5/5) versus 19% luminal tumor (4/21), 41.6% (5/12) positive-HER2 and 68.7% triple negative (11/16) in non-FP group (table 2)

Conclusion FP does not delay the onset of oncological treatment and our data do not suggest an adverse impact of FP on pathological complete response to NAC.

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SUCCESSFUL TERM PREGNANCY FOLLOWING RADICAL TRACHELECTOMY IN A PATIENT WITH EARLY-STAGE INVASIVE CERVICAL CARCINOMA: THE FIRST CASE REPORTED FROM VIETNAM

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Introduction/Background Radical trachelectomy is an alternative treatment for preserving fertility in selected patients with early stage cervical cancer. However, the rate of success term pregnancy after procedure is very low. We have performed 12 cases of radical trachelectomy with pelvic lymphadenectomy in The Oncology Hospital of Ho Chi Minh city between 7/2018 and 9/2020. The purpose of this report is to present one case of them had successful pregnancy and review the current literature on this procedure

Methodology Case report

Results The patient was a 37 year – old lady when she was diagnosed with Stage IA1 squamous cell carcinoma of cervix after a conization with positive margin in 2/2020. She was performed abdominal radical trachelectomy and pelvic lymphadenectomy. She attempted to become pregnant 6 months later and conceived naturally in 8/2020. At 35 weeks of gestation, she was admitted for caesarean section via transverse lower segment uterine incision and removal cerclage under spinal anesthesia. A healthy male infant weighing 2,100 g was delivered with good Apgar

Conclusion Radical trachelectomy with pelvic lymphadenectomy is a feasible operation for selected women with early stage cervical cancer who desire to preserve reproductive function. Menstruation and reproductive function may be preserved after bilateral uterine vessel ligation.

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KEY ASPECTS OF FERTILITY PRESERVATION IN CANCER PATIENTS

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Introduction/Background Fertility-preserving treatment of malignant tumors and improving survival rates after recovery, explained the introduction of fertility preservation methods into the daily oncological practice.