Methodology Depending on the oncological pathology the following assisted reproductive technologies (ART) were used: conservative surgery of the reproductive organs in the early stages of disease, ovarian stimulation followed by cryopreservation techniques (of embryos, oocytes, ovarian cortex and semen), interoperation collecting of the ovarian cortex for the oocyte in-vitro maturation (OTO-IVM). The exclusion criteria were a high extension of the oncological process, poor oncological prognosis, menopausal ovarian reserve.

Results Since March 2021 in N.N. Petrov NMRC of oncology in were consulted 370 primary patients: 314 women (85%) and 56 men (15%). The oncological disease’s distribution was as follows: 31% (115 patients) reproductively system malignant tumors, 26% (96 patients) breast tumors, 15% (55 patients) with hemoblastoses, 10.2% (38 patients) bone and soft tissue tumors, 8.7% (32 patients) with germ cell tumors, 9.1% (34 patients) with tumors of other localizations, including brain tumors. The mean age of the consulted patients was 28.4 years (19 to 42 years). As part of the delayed motherhood program 60 ovarian stimulations followed by cryopreservation of oocytes and embryos were performed, 6 intraoperative collecting of the ovarian cortex for OTO-IVM were performed (in 3 cases oocytes cryopreservation was successful). More than 40 men were sent for semen cryopreservation, which is 71% of all consulted male patients.

Conclusion The integration of fertility preservation technologies into the treatment of oncological patients demonstrates a high demand both among oncological patients and clinicians. An important aspect is the understanding that the leading role in the fertility preservation of oncological patients belongs to the oncological concilium, which must be carried out in a multidisciplinary way in specialised centers only.

Introduction/Background Vulvar cancer is a malignant disease appeared mostly in postmenopausal women. When the lesion appears prior, during pregnancy or in postpartum, it is a rare condition. Cervical and vulvar neoplasia are now diagnosed more and more during pregnancy and it is wellknown the relation between this neoplasia and Human Papilloma Virus (HPV) infection. The pregnancy outcome in these cases is the aim of our study.

Methodology Vulvar cancer was diagnosed in 284 patients in the last ten years, in our hospital. All the women were tested for HPV. Three cases only were pregnancy-related. The object of our study was the pregnancy outcome. In one of the pregnant patients, CIN grade 3 was also diagnosed.

Results All the patients were HPV positive. In all these patients healthy babies were delivered, all of them by Cesarean section. Vulvar cancer and CIN grade 3 were both diagnosed in a 26 years old second trimester pregnant patient monitored in our department of obstetrics. Her medical history revealed that she had before two babies, the first delivered vaginally and the second by C section. She was diagnosed during her actual pregnancy and treated for vulvar cancer by surgery. Radiotherapy was performed after the delivery by C section of a healthy, term baby. Cervix was performed a couple of months later, when grade 3 CIN was diagnosed. The presence of HPV16 confirmed the theory that this viral infection is strongly considered the main factor in the etiology of both neoplastic diseases, vulvar cancer and cervical intraepithelial neoplasia.

Conclusion Pregnancy associated vulvar neoplasia is very rare. The management and long-term outcome for the mother and the baby are difficult to assess, but it is possible to have a normal, successful, at term delivery following the treatment for vulvar neoplasia.
Introduction/Background Radical trachelectomy and bilateral pelvic lymph node dissection (PND) is a fertility preserving surgery for early stage cervical cancer. Pregnancy following treatment is feasible however patients often have fertility issues and their pregnancies have high complication rates. A retrospective cohort study was carried out to investigate fertility outcomes following this procedure in the regional centre.

Methodology 10 years of patient data was collected retrospectively between 2012 and 2022. Data was collected from their electronic care record (ECR) and Northern Ireland Regional Maternity System (NIMATS). Data collected included – future pregnancy at any gestation, spontaneous or assisted conception, if referred for fertility treatment, live birth rate and gestation.

Results 20 women had radical trachelectomy and pelvic node dissection during this time. Age range from 25–40 years old, mean: 32.5 ±18/20 (90%) of the women were primiparous, x1 had 1 child, x1 had 2 children. Following surgery: 0 spontaneous conceptions, 9/20 (45%) referred for fertility treatment. 7/20 (35%) had ≥1 cycle of IVF. 4/20 (20%) women became pregnant following surgery – x3 had 1 pregnancy, x1 had 2 pregnancies. Of the 4 women who became pregnant – 1 (25%) miscarriage, 1 (25%) ectopic pregnancy, 1 (25%) ongoing pregnancy (severe OHSS following embryo transfer). Patient with 2 pregnancies, 1 miscarriage and 1 delivery of a live infant at 38±6 via ELCS. Overall 1/20 (5%) has had a live term infant born following treatment.

Conclusion This study has shown that pregnancy is possible following trachelectomy, however 100% of the pregnancies required IVF which is not without its own risks (ectopic, severe OHSS). Some limitations – early miscarriages not recorded, short follow up window for some patients not giving time to allow for fertility follow up. A longer follow up period would allow for more thorough analysis of fertility outcomes.

Abstracts

2022-RA-1427-ESGO FERTILITY OUTCOMES FOLLOWING RADICAL TRACHELECTOMY FOR CERVICAL CANCER – A SINGLE CENTRE TEN YEAR RETROSPECTIVE COHORT STUDY

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Reference

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