FERTILITY OUTCOMES FOLLOWING RADICAL TRACHELECTOMY FOR CERVICAL CANCER – A SINGLE CENTRE TEN YEAR RETROSPECTIVE COHORT STUDY

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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.

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