

for future studies to effectively harmonise reported outcomes that are measurable and relevant to patients, clinicians, and researchers. This systematic-review sets the groundwork for the development of a COS for fertility sparing surgery in cervical cancer.

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

<sup>1</sup>Victoria Braden, <sup>2</sup>Ian Harley. <sup>1</sup>*Obstetrics and Gynaecology, Belfast Trust, BELFAST, UK;* <sup>2</sup>*Belfast City Hospital, Belfast, UK*

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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

**2022-RA-1433-ESGO REPRODUCTIVE OUTCOMES AFTER CONSERVATIVE TREATMENT IN MALIGNANT OVARIAN GERM CELL TUMORS (MOGCTS) PATIENTS: A MITO-9 STUDY**

<sup>1</sup>Alice Bergamini, <sup>2</sup>Francesca Vasta, <sup>3</sup>Luca Bocciolone, <sup>4</sup>Giovanna Scarfone, <sup>5</sup>Chiara Cassani, <sup>6</sup>Gabriella Ferrandina, <sup>7</sup>Rocco de Vivo, <sup>8</sup>Saverio Danese, <sup>1</sup>Marianna Di Filippo, <sup>1</sup>Elisa Grassi, <sup>9</sup>Gennaro Cormio, <sup>10</sup>Sandro Pignata, <sup>11</sup>Giorgia Mangili. <sup>1</sup>*Obstetrics and Gynecology, Università Vita-Salute San Raffaele; IRCCS Ospedale San Raffaele, MILANO, Italy;* <sup>2</sup>*Università Vita-Salute San Raffaele, MILANO, Italy;* <sup>3</sup>*Department of Obstetrics and Gynecology, IRCCS Ospedale San Raffaele, Milano, Italy;* <sup>4</sup>*Department of Obstetrics, Gynecology and Neonatology, University of Milan, Ospedale Maggiore Policlinico, Milano, Italy;* <sup>5</sup>*Obstetrics and Gynecology, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy;* <sup>6</sup>*UOC Ginecologia Oncologica, Dipartimento per la salute della Donna e del Bambino e della Salute Pubb, Fondazione Policlinico Universitario A. Gemelli, IRCCS, Roma, Italy;* <sup>7</sup>*AULSS 8 Berica, Oncology Unit, Vicenza, Italy;* <sup>8</sup>*Obstetrics and Gynecology, Azienda Ospedaliero Universitaria Città della Salute e della Scienza di Torino, Torino, Italy;* <sup>9</sup>*Department of Interdisciplinary Medicine (DIM), University of Bari, Bari, Italy;* <sup>10</sup>*Urology and Gynecology, Istituto Nazionale Tumori IRCCS Fondazione G. Pascale Napoli, Naples, Italy., Napoli, Italy;* <sup>11</sup>*Obstetrics and Gynecology, IRCCS Ospedale San Raffaele, MILANO, Italy*

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**Introduction/Background** Malignant ovarian germ cell tumours (MOGCTs) are rare tumours mainly affecting women in reproductive age, hence fertility preservation is of paramount importance. The mainstay of treatment is fertility sparing surgery (FSS) followed by active surveillance in selected cases or multidrug BEP (bleomycin, cisplatin, etoposide) chemotherapy. Evidence available on fertility following treatment of MOGCTs is scanty. The aim of this study is to evaluate the reproductive outcomes of patients treated with FSS for MOGCTs in MITO centres (Multicentre Italian trials in gynecologic oncology).

**Methodology** All the included patients were treated conservatively, both in primary surgery and for relapse. The indication on adjuvant chemotherapy in stage I disease varies among centres. Patients were sent a questionnaire evaluating their desire of conception, fertility and endocrine outcomes. Data were analyzed with descriptive statistics. Univariate and multivariate analyses were used to assess correlation between fertility outcomes and clinicopathological variables.

**Results** 164 patients were sent the questionnaire, that was completed by 114 patients (69.5%). Among all patients, 38 (33.3%) expressed a desire for pregnancy, 29 (76.3%) of which successfully conceived. 62.1% patients who conceived received adjuvant chemotherapy. 97.7% conceptions occurred spontaneously. Six patients entered menopause after treatment (5.3%), 5 of whom received chemotherapy. No statistically significant difference was detected in terms of fertility outcomes between patients receiving adjuvant chemotherapy and those addressed to surveillance. When analysing factors affecting the pregnancy rate, the desire of conception was the only statistically significant factor.

**Conclusion** The results of the present study suggest that fertility outcomes in MOGCTs patients despite surgery and chemotherapy are very promising. The only factor significantly affecting the pregnancy rate after a MOGCTs diagnosis is the desire of conception.