G negative (mean survival = 48 and 84 months, respectively) with significance trend (log-rank p=0.09).

Conclusions Our preliminary data suggest that HLA-G expression in EC may be potentially predictive of extrauterine metastases which are more observed in patients with more than 50% myometrial invasion. Likewise, this expression should be considered as prognostic indicator. This parameter should be evaluated to ensure better management of these patients.

**Objectives** To follow the BMI change during the routine surveillance of endometrial cancer patients with its effect on the oncological outcome.

**Methods** Data on patients with endometrial adenocarcinoma that had staging procedure and continued oncologic follow up was retrospectively collected. BMI at time of surgery and during the last clinic follow-up were compared. Univariate and multivariate analysis were performed to examine the effect of predictors on BMI change and the chance of recurrence.

**Results** 211 patients met the inclusion criteria. The majority of patients had stage 1 disease (n=176, 83%) and endometrioid histology (n=178, 84%), Median follow-up time was 32.5 (SD 40) months. The mean BMI was 30.6 (IQR 25–34) kg/m2 at surgery compared to 31.2 (IQR 26–36) kg/m2 at last follow up (p<0.001). The BMI change in patients with non-endometrioid histology was not significant. The BMI increase was most pronounced in patients with endometrioid histology that were diagnosed with recurrence during follow up, 30.6 (IQR 24–35) kg/m2 at surgery compared to 32.7 (IQR 27–36) kg/m2 at last follow up (p=0.016). On multivariate analysis, age OR 1.07 (1.00–1.14), p=0.04 and Delta BMI OR 1.37 (1.12–1.68), p=0.002 were the only predictors to have an effect on recurrence.

**Conclusions** Patients with endometrioid endometrial cancer that increased their weight during follow up were at an increased risk for cancer recurrence compared to patients that did not change or decreased their weight. Active lifestyle intervention should be advocated.

**Objectives** We aim to study the impact of the diagnosis of the PABC on the pregnancy outcome and to report the characteristics of the management of breast cancer during the pregnancy.

**Methods** It is a retrospective study. We included all patients diagnosed, at our institution, during a 10-year period (2011-2020), with PABC defined as breast cancer diagnosed during pregnancy or in the first postpartum year. We collected the data regarding the epidemiological, clinical, imaging, pathological, obstetrical, and oncological management strategies and outcomes.

**Results** PABC was confirmed in 33 patients. The average age at the diagnosis was 35.58 years [23–47]. The average term of pregnancy at the time of PABC diagnosis was 19.35 weeks of amenorrhea (WA) [6–38]. The mean tumor size was 48 mm [10–130], and 21.21% had more than one lump. Axillary lymph nodes were present in 46.9%. The most common histological type is invasive ductal carcinoma no specific type (IDC-NST) (75.8%). The luminal B (53.1%) and the triple-negative (28.1%) were the two most expressed profiles. The pregnancy was terminated in 44.6%, and the average term of delivery was 36 WA [26–39]. We report a case of stillbirth prior to any therapy. The mean weight of newborns was 3045g [870–3880] and no malformation was reported after chemotherapy. Five patients started chemotherapy during pregnancy. Breast surgery was performed after the delivery in 90.9% (66.6% mastectomy).

**Conclusions** PABC is a particular entity among breast cancer that needs a multidisciplinary team to ensure the best outcome for both the patient and the pregnancy.

**Objectives** Increasingly, gynaecological cancers are diagnosed in young women who desire future fertility. In light of this trend, KK Women’s and Children’s Hospital, Singapore’s largest women’s hospital, established a first-of-its-kind oncofertility service for gynaecological malignancies in Singapore in September 2020. This service aims to provide women with gynaecological cancers individualized treatment options with a focus on fertility preservation.

**Methods** Women diagnosed with or suspected to have gynaecological malignancies were seen at the OncoFertility Clinic (OFC). Through joint consultation with a gynaecological oncologist and fertility specialist, holistic counselling on fertility sparing cancer treatment and fertility preservation options was provided. Early referrals to endocrinologists, weight management clinics, psychologists and medical social workers ensured that comorbidities such as diabetes mellitus and obesity were controlled and adequate psychosocial support was given.

**Results** 92 women were reviewed in the OFC over a 20-month period. The median age was 33 (range 15 to 45). 42 women had endometrial/uterine pathology, 48 ovarian masses, and 2 had cervical disease. 8 patients eventually underwent definitive non-fertility sparing surgery. Of the 19 patients who were actively trying to conceive, 14 were referred for assisted...