Poster rounds with the professors: Group C4

10/#1040  FERTILITY-SAVING SURGERY IN STAGE I OVARIAN DYSGERMINOMA — THE ROLE OF SURGICAL AND RADIOLOGICAL STAGING
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Objectives To evaluate the oncoologic outcome of surgical and radiological staging in patients diagnosed with stage I ovarian dysgerminoma who underwent a fertility-sparing surgery in a tertiary-care center in Monza, Italy.

Methods We performed a retrospective, observational study of women with a histologically confirmed diagnosis of ovarian dysgerminoma referred to our Institution from 1980 to 2020. We collected patients’ characteristics, surgical procedures, post-operative management, disease recurrence rate, disease-free survival, and overall survival rates. Descriptive statistics were performed for baseline characteristics, while Fisher’s exact test was used to investigate the association between staging methods and recurrent disease. P<0.05 was considered significant.

Results Of 131 patients diagnosed with ovarian dysgerminoma, 79 were diagnosed with early-stage disease and treated with fertility-sparing surgery. Forty-seven patients received intraperitoneal only or intraperitoneal plus retroperitoneal staging, while 32 were staged with imaging only. In the first group, one patient relapsed (2%), while 7 in the second group (22%) (p<0.05). No difference in recurrence rate was found between patients managed with intraperitoneal staging only (1/24) and with intraperitoneal plus retroperitoneal staging (0/23). Overall survival was similar in the surgical and radiological staging subgroups, with a five-year survival rate of 100% (median follow-up of 9.5 years).

Conclusions Fertility-saving surgical treatment is safe and feasible for patients with early-stage ovarian dysgerminoma. Surgical staging may reduce disease recurrence compared to nonsurgical staging. However, overall survival is not affected by the staging method.

11/#620  ONCOLOGIC OUTCOME OF PATIENTS WITH STAGE I IMMATURE TERATOMA TREATED WITH SURVEILLANCE OR ADJUVANT CHEMOTHERAPY
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Objectives Immature teratomas (ITs) are a rare disease representing about one-third of all malignant ovarian germ cell tumors. They are frequently diagnosed in young women, and fertility-sparing surgery (FSS) is often the treatment of choice. While stage IA grade 1 ITs do not require adjuvant chemotherapy (CT), its role in other stage I ITs is still controversial.

We investigate the impact of surveillance versus adjuvant CT on the recurrence rate in stage I any grade ITs. This is the largest monocentric case series reported to the best of our knowledge.

Methods Clinicopathological data were retrospectively collected from a cohort of patients with stage I ITs treated with FSS in one center between 1980 and 2019.

Results Among the 74 patients included, 9 patients received adjuvant CT while 65 underwent active surveillance. Median follow-up was 188 months. The relapse rate was higher in patients with stage IC (29% vs 10% in stage IA/B) and grade 3 (22% vs 14% and 7% in grade 2 and 1, respectively), while no difference was found between surveillance and adjuvant CT groups (13.9% vs 11.1%) [p = 0.65]. Both in univariate [OR = 0.78; CI 95% 0.09–6.98 (p = 0.82)] and multivariate [OR = 0.25; CI 95% 0.02–2.66 (p = 0.25)] analysis, the post-surgical approach did not influence the recurrence rate.

Conclusions These data support the feasibility of surveillance in stage I immature teratomas. However, the clinician must be aware of the higher risk of recurrence in stage IC and grade 3 immature teratomas.