pathological diagnosis were included. The main outcome measure is harvested lymph node number (LNH).

**Results**
A total of 5567 patients were included in this analysis (1696 in 2018, 1982 in 2019, 1889 in 2020, respectively). Median age was 56 years. 93.30% of patients had stage I disease and 6.70% had stage II. The endometrioid subtype accounted for 84.98% of all patients. Overall, 3057 (54.91%) underwent open surgery for hysterectomy and staging, 36.29% and 8.80% patients received laparoscopic surgery (LS) or robotic surgery (RS), respectively. Adoption of LS and RS were 37.80% and 7.83% in 2020, respectively, compared to 33.55% and 10.79% in 2018. 46.52% of stage I patients underwent MIS, compared to 25.20% for stage II. Conversion to open surgery occurred to 0.36% of patients. Sentinel LN sampling (SLS) was performed in 3.59% of patients. The mean number of LNH was 20.89 (± 14.16) for RS, and 16.59 (± 12.55) for LS, respectively (P<0.0001). In stage I disease, the mean number of LNH was 20.58 (± 14.07) for open surgery, 21.84 (± 16.54) for RS, and 16.59 (± 12.56) for LS, respectively (P<0.0001). In stage I disease, the mean number of LNH was 20.58 (± 14.07) for open surgery, 21.84 (± 16.54) for RS, and 16.59 (± 12.56) for LS, respectively (P<0.0001). In stage I disease, the mean number of LNH was 20.58 (± 14.07) for open surgery, 21.84 (± 16.54) for RS, and 16.59 (± 12.56) for LS, respectively (P<0.0001). In stage I disease, the mean number of LNH was 20.58 (± 14.07) for open surgery, 21.84 (± 16.54) for RS, and 16.59 (± 12.56) for LS, respectively (P<0.0001). In stage I disease, the mean number of LNH was 20.58 (± 14.07) for open surgery, 21.84 (± 16.54) for RS, and 16.59 (± 12.56) for LS, respectively (P<0.0001).

**Conclusion**
Open surgery remains the majority in Taiwan. RS could serve as an alternative MIS approach for endometrial cancer.

**Disclosures**
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**Abstracts**

**04. Fertility/Pregnancy**

**OVARIAN TUMORS DURING PREGNANCY: SINGLE CANCER CENTRE EXPERIENCE**

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Introduction/Background
Ovarian tumors are rare during pregnancy and are observed in 2.3–8.8% of pregnant women. However, most of them are benign in nature, and only 1–6% are reported to be malignant.

Methodology
The material of the study was the data of patients from the Belarusian Cancer Registry for the period 2015–2022, who applied for a consultation to the our Cancer Center. The course and outcomes of treatment, the relationship with the method of delivery and the extent of surgical intervention were retrospectively analyzed.

**Results**
Of the 20 pregnant women, complete data were available in 10 patients. 75.8% of patients were 29 years (range 21–38 years). The median gestational age at ovarian tumor diagnoses was 20.5 weeks (range 5–36 weeks). Tumors were classified as stage IA in 6 patients, IB – in 1, IC – in 2, and IIB – in 1.

**All patients underwent surgical treatment**
Conservative approach was used in 2 cases, fertility-sparing surgery with comprehensive staging operation in 8 patients. The complete staging procedure included careful exploration, peritoneal cytology, random peritoneal biopsies, omentectomy, appendectomy (in mutinous tumors).

Morphologically, 5 patients were diagnosed with epithelial borderline tumors (serous, mucinous), 1 – epithelial ovarian cancer, 1 - non-epithelial malignant tumors.

**Conclusion**
In our study, all surgical interventions in patients with ovarian tumors during pregnancy were conservative or fertility sparing, did not affect the course and outcomes of pregnancy and oncological results. The interdisciplinary collaboration of specialists in perinatal medicine, gynecological oncology, chemotherapy, neonatology and psychology appears to be crucial to achieve the best possible maternal, neonatal and oncological outcomes.

**Disclosures**
Authors have no any disclosures.