Patients were scheduled for ultrasound examination of MCA-PSV – 1st on the day of the administration of chemotherapy, 2nd examination on the 10th day after the administration. The measurement technique according to Mari et Barr was used. Multiples of median (MoM) were calculated using Medicina Fetal Barcelona calculators. According to value of MoM, the severity of anemia is determined. When moderate or severe anemia is identified, in selected cases the administration of chemotherapy is postponed. Also, newborn blood count was performed right after delivery.

**Results** Fetal anemia was detected in 4 patients. Using MCA-PSV, we have detected moderate fetal anemia in 2 patients and severe fetal anemia in 1 patient. In 2 patient, mild anemia was detected using newborn blood count. In 1 patient, chemotherapy administration was postponed because of detection of moderate fetal anemia, in 2 patients the treatment protocol was modified.

**Conclusion** In all 4 fetal anemia cases, the combination of chemotherapy agents, cisplatin and ifosfamide, was used as treatment. In other drug combinations, there was no fetal anemia detected. We suggest that for chemotherapy-induced fetal anemia, MCA-PSV is reliable method for fetal anemia monitoring and should be included into the treatment protocol.

**Disclosures** No conflict of interest (all authors)

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**Abstract #374**

**CERVICAL EXCISIONAL TREATMENT INCREASES THE RISK OF INTRA-AMNIOTIC INFECTION IN SUBSEQUENT PREGNANCY COMPLICATED BY PRETERM PRELABOR RUPTURE OF MEMBRANES**

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10.1136/ijgc-2023-ESGO.423

**Introduction/Background** Exciisional treatment of cervical intraepithelial neoplasia or very early stages of cervical cancer increases the risk of preterm prelabor rupture of membranes (PPROM) in subsequent pregnancies. The subset of PPROM with a history of cervical excisional treatment could also be jeopardized by a higher risk intra-amniotic infection/inflammation. However, there is a paucity of relevant information on this field.

**Methodology** To assess the differences in the rates of intra-amniotic infection/inflammation and early-onset neonatal sepsis between singleton PPROM pregnancies without and with a history of cervical excisional treatment and to identify an association between these complications of PPROM and the excised cone length.

This retrospective cohort study included PPROM pregnancies in whom transabdominal amniocentesis was performed as part of standard clinical management to determine intra-amniotic environment. Women were divided into four subgroups according to microbial invasion of the amniotic cavity and/or intra-amniotic inflammation.

**Results** A history of cervical excisional treatment was found in 10% (76/765) of the women. Of these, 82% (62/76) had a history of only one treatment. Women with a history of one cervical excisional treatment had higher rates of presence of both microbial invasion of the amniotic cavity and intra-amniotic inflammation [with: 25% (19/76) vs. without: 12% (85/689), adj. OR: 2.5, adj. p = 0.004], microbial invasion of the amniotic cavity without inflammation [with: 25% (19/76) vs. without: 11% (74/689), adj. OR: 3.1, adj. p < 0.0001], and early-onset neonatal sepsis [with: 8% (11/76) vs. without: 3% (23/689), adj. OR: 2.9, adj. p = 0.02] than those without cervical excisional treatment.

**Conclusion** History of cervical excisional treatment increases risks of intra-amniotic infection, microbial invasion of the amniotic cavity without inflammation, and development of early-onset neonatal sepsis in a subsequent pregnancy complicated by PPROM.

**Disclosures** University Hospital Hradec Králové and Charles University, Faculty of Medicine in Hradec Králové, Czech Republic.

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**Abstract #381**

**IMPROVING OF THE OVARIAN TISSUE CRYOPRESERVATION PROCEDURE IN FERTILITY PRESERVATION PROGRAMS**

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10.1136/ijgc-2023-ESGO.424

**Introduction/Background** The majority of females candidate to receive anti-cancer treatments are at risk to develop the ‘cancer treatment related infertility’ (CTRI). Beyond oocyte and embryo cryopreservation as fertility preservation (FP) procedure in females cancer survivor, early ovarian tissue cryopreservation and subsequent reimplantation at the cancer healing, has been recently proposed as alternative procedure. We report our experience including results in approaching the freezing of human ovarian cortex samples by the slow freezing (SF) vs the ultra-rapid freezing (URF) procedure.

**Methodology** Ovarian cortex biopsies were collected from 11 fertile women with a mean age of 31, affected by benign gynecologic diseases or early stage urogynecologic malignancies (no ovarian tumors), with 5-year survival chance >50%,
OVARIAN STIMULATION WITH AROMATASE INHIBITOR IN NULLIPAROUS YOUNG WOMEN WITH HORMONE-SENSITIVE GYNECOLOGICAL CANCER: A CASE SERIES

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Introduction/Background Fertility preservation is an essential part of the treatment of nulliparous young women diagnosed with low-grade gynecological cancer. Concurrent treatment with aromatase inhibitors, such as Letrozole, during Ovarian stimulation (OS) is used in women with breast cancer, but very little is known in gynecological cancer. In this case series, we report three patients with hormone-sensitive gynecologic cancer who underwent OS with letrozole.

Results Case Report - Patient 1: A nulliparous 22-year-old woman nul- liparous with FIGO IIB Serous Bordeline Tumor, had a bilateral recurrence 5 months after the 1st surgery. She underwent OS with letrozole for oocytes cryopreservation (four oocytes were collected), followed by staging surgery and cytoreduction. The patient is in complete remission since 2 years.

- Patient 2: A nulliparous 33-year-old woman diagnosed with FIGO IVB (lung metastases) low-grade stromal sarcoma of the uterus, underwent OS with letrozole for oocytes collection. The PET-CT performed after OS showed regression of uterine mass-induced pyelocaliceal dilatation and stability of the pulmonary metastases. The patient is in partial remission under hormone therapy 5 years after OS.

- Patient 3: A nulliparous 27-year-old woman diagnosed with FIGO IC3 Borderline Serous Ovarian Tumor underwent laparoscopy surgery with right adnexectomy. An OS under letrozole for ovarian cryopreservation was performed. The patient was in complete remission 9 months after adnexectomy and had a successful pregnancy after IVF. She underwent a delivery via C-Section for obstetrical reasons, that went a delivery via C-Section for obstetrical reasons, that

Conclusion In our study, we verified that the URF procedure probably affects structural components of the follicles and that the SF method should be preferred in a well-oriented program of oncofertility in young and/or adult patients enrolled in OTC protocols.

Disclosures NA

DOSE-DENSE NEOADJUVANT CHEMOTHERAPY FOLLOWED BY SENTINEL LYMPH NODE MAPPING AND SIMPLE TRACHELECTOMY

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Introduction/Background Fertility-sparing surgery is safe only if tumor doesn’t exceeded 2 cm in the biggest diameter. When the tumor bigger, surgery must be more radical (abdominal trachelectomy type C2), but pregnancy results aren’t promising. Neoadjuvant chemotherapy (NAC) followed by simple trachelectomy could be an option.

Methodology Women with squamous cell, adeno and adenosquamous cancers IB2 and IB3 infiltrated less than two third of cervical stroma, were included to prospective study. They received 3 cycles of NAC in ten-days interval (cisplatin 75mg/m2, ifosfamide 2g/m2 (max. 3g) in squamous cancers, cisplatin 75mg/m2, doxorubicin 35mg/m2 in adeno and adenosquamous cancers). Women underwent sentinel lymph node mapping and laparoscopic pelvic lymphadenectomy. When lymph nodes were negative, simple trachelectomy were performed after one week.

Results Forty four women were included in to study(32 IB2 and 12IB3). Fertility was saved in 32 women (72.7%), five (15.6%) of them recurred (4 local and 1 distant) and tree patient died (9.4%). Three women lost fertility after treatment of recurrence; definitively fertility was saved in 29 women. Twenty-four women want be pregnant until now and 22 (91.7%) became pregnant. Twenty women delivered 27 babies (tree in 24–27, five in 28–34, five in 34–36 weeks, fourteen in terms). One woman miscarried in first trimester, one in second trimester.

Conclusion Oncological results in NAC followed by simple trachelectomy in cervical cancers bigger than 2cm are acceptable (mortality rate 9.4%) and pregnancy results are excellent (pregnancy rate 91.7%), but still it is experimental protocol for full instructed women.

This work is supported Cooperato program 207035, Maternal and Childhood Care, 3rd Faculty Medicine, Charles University

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FERTILITY-SPARING MANAGEMENT FOR SYNCHRONOUS PRIMARY NEOPLASM OF ENDOMETRIUM AND OVARY

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Introduction/Background Ovarian stimulation with aromatase inhibitors, such as Letrozole, during Ovarian stimulation (OS) is used in women with breast cancer, but very little is known in gynecological cancer. In this case series, we report three patients with hormone-sensitive gynecologic cancer who underwent OS with letrozole.

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Conclusion In our study, we verified that the URF procedure probably affects structural components of the follicles and that the SF method should be preferred in a well-oriented program of oncofertility in young and/or adult patients enrolled in OTC protocols.

Disclosures NA

#404 DOSE-DENSE NEOADJUVANT CHEMOTHERAPY FOLLOWED BY SENTINEL LYMPH NODE MAPPING AND SIMPLE TRACHELECTOMY

1Helena Robova*, 1Lukas Rob, 1Tomas Pichlik, 1Martin Hruda, 1Michael Halaska, 2Jana Drozenova,3Hana Malikova. 1Department of Gynecology and Obstetrics 3rd Faculty Medicine Charles University and University Hospital Kralovske Vinohrady, Prague, Czech Republic; 2Department of Pathology 3rd Faculty Medicine Charles University and University Hospital Kralovske Vinohrady, Prague, Czech Republic; 3Department of Radiology 3rd Faculty Medicine Charles University and University Hospital Kralovske Vinohrady, Prague, Czech Republic

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#416 FERTILITY-SPARING MANAGEMENT FOR SYNCHRONOUS PRIMARY NEOPLASM OF ENDOMETRIUM AND OVARY

Quji Gama*, Shuhan Luo, Pengfei Wu, Lulu Wang, Siia Liu, Hongwei Zhang, Li Sun, Yifan Wang, Min Yu, Xiaojuan Chen, Weitwei Shan, Xuezhen Luo. Obstetrics and Gynecology Hospital of Fudan University, Shanghai, China