AMH levels ≥ 2ng/mL and antral ultrasound follicle count ≥10. After six months of cryostorage, the strips was subjected to histological inspection to evaluate the maintenance of morphologic cortex aspect and perform a follicle count comparing the slow freezing (SF) vs the ultra-rapid freezing (URF) procedures.

Results 149 follicles were observed and evaluated after thawed post SF procedure and 47 of them were morphologically intact whereas the remaining 102 showed alterations compatible with cutting or crushing lesions or with tissue degeneration. By contrast, after thawing after URF procedure, 37 follicles were detected and 27 out of them appeared structurally integral.

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

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 women nulliparous with FIGO III B 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 pyocolical 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 adnexitomy. An OS under letrozole for ovarian cryopreservation was performed. The patient was in complete remission 9 months after adnexitomy 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 went a delivery via C-Section for obstetrical reasons, that went a delivery via C-Section for obstetrical reasons.

Conclusion This case series presents preliminary data on the use of OS with letrozole in patients with hormone-sensitive gynecologic cancer. The patients achieved OS and successful oocytes cryopreservation, without deterioration of the oncological stage.

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Fertility-sparing surgery is safe only if tumor didn’t exceeded 2 cm in the biggest diameter. When the tumor bigger, surgery must be more radical (abdominal tractectomy type C2), but pregnancy results aren’t promising. Neoadjuvant chemotherapy (NAC) followed by simple tractectomy could be 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 (cispłatín 75mg/m2, ifosfamide 2g/m2 (max. 3g) in squamous cancers, cispłatín 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 tractectomy were performed after one week.

Results Forty four women were included to study (32 IB2 and 12 IB3). Fertility was saved in 32 women (72.7%), five (15.6%) of them recurred (4local and 1 distant) and tree patient died (9.4%). Three women lost fertility after treatment of recurrence; definitively fertility was saved in 29 women. Twentyfour 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 tractectomy in cervical cancers bigger than 2 cm 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.

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Fertility-sparing management for synchronous primary neoplasm of endometrium and ovary

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