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 maintainment 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

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**#396** OVARIAN STIMULATION WITH AROMATASE INHIBITOR IN NULLIPAROUS YOUNG WOMEN WITH HORMONE-SENSITIVE GYNECOLOGICAL CANCER: A CASE SERIES

Valeria Lombardi Fäh*, Federico Del Vento, Sana Intidhar Labidi Galy, Manuela Undurraga Malinverno. Hôpitaux Universitaires de Genève, Genève, Switzerland

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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 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 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 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 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.

**Disclosures** The authors have no conflict of interest.

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

1Helena Robova*, 1Lukas Rob, 1Tomas Fichtik, 1Martin Hrud, 1Michael Halaska, 2Jana Drozenova, 2Hana Malickova. 1Department of Gynecology and Obstetrics 3rd Faculty Medicine Charles University and University Hospital Kraloves Vinochrady, Prague, Czech Republic; 2Department of Pathology 3rd Faculty Medicine Charles University and University Hospital Kraloves Vinochrady, Prague, Czech Republic; 3Department of Radiology 3rd Faculty Medicine Charles University and University Hospital Kraloves Vinochrady, Prague, Czech Republic

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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 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 recur (4local and 1 distance) and tree patient die (9.4%). Three women lost fertility after treatment of recurrence; definitively fertility was saved in 29 women. Twenty-four women want to 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 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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**#416** FERTILITY-SPARING MANAGEMENT FOR SYNCHRONOUS PRIMARY NEOPLASM OF ENDOMETRIUM AND OVARY

Quija Gama*, Shuhan Luo, Pengfei Wu, Lulu Wang, Silua Liu, Hongwei Zhang, Li Sun, Yifin Wang, Min Yu, Xiaojun Chen, Weizwei Shan, Xuezhen Luo. Obstetrics and Gynecology Hospital of Fudan University, Shanghai, China

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Introduction/Background The purpose of this study is to investigate the efficacy of fertility-preserving treatment for young women with synchronous primary neoplasm of endometrium and ovary.

Methodology We retrospectively reviewed eight patients with concurrent primary grade 1 presumed stage IA endometrioid endometrial adenocarcinoma (EEA) or endometrial atypical hyperplasia (EAH) and primary stage I ovarian tumors who underwent fertility-sparing treatment in the Obstetrics and Gynecology Hospital of Fudan University between April 2016 and December 2022.

Results Synchronous endometrial and ovarian cancers (SEOC) accounted for 50% of these eight patients. The median age of patients was 30.5 years (range, 28–34 years). The median treatment time was 4 months (range, 3–8 months). 87.5% (7/8) cases achieved complete response (CR), and the median time to CR was 3.8 months (range, 1.5–7.7 months). Among patients who got CR, none of them showed any signs of recurrence. Pregnancies and successful deliveries were achieved in 3 of 5 patients, and another one is still pregnant. Till January 2023, the median follow-up period was 42.5 months (range, 7–77 months).

Conclusion Fertility-sparing treatment is feasible for highly selected patients with synchronous neoplasm of the endometrium and ovary, but strict screening and monitoring are mandatory. Though the results of our limited cases are encouraging, long-time follow-up and more clinical data are required. Enrolled patients must be fully informed of the risks during conservative treatment.

Disclosures The authors have no conflicts of interest to declare.

Abstract #423 Figure 1 Transposed subhepatic right ovary.

Disclosures None

#426 ONCOLOGICAL AND PRIMATOLOGICAL OUTCOMES OF FERTILITY-SPARING TREATMENT OF PATIENTS WITH ENDOMETRIAL CANCER – A CASE SERIES

Krzysztof Nowosielski*, Department of Gynecological Oncology, University Clinical Center, Medical University of Silesia, Katowice, Poland

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Introduction/Background The main goal in fertility-sparing treatment in endometrial cancer, in most cases, is to achieve the pregnancy. Current recommendation advocates for using hysteroscopic resection of focal lesions combined with oral progestogens and levonorgestrel-intra-uterine device as the most effective. However, different modalities have been proved to be successful. The aim of this study is to present the outcomes of fertility-sparing treatment with megestrol acetate 320 mg daily alone calculated as pregnancy rate and response to treatment.

Methodology Between 2021 and 2022 five women with endometrial cancer grade 1 (3 cases) and 2 (two cases) referred to University Clinical Center in Katowice, Poland, were treated with daily oral dose of 320 mg megestrol acetate. All women were negative for Lynch syndrome and were treated for 6 months after which time hysteroscopy with D&C was performed to confirm the response. If the response was achieved, women were advised to try to conceive spontaneously. Live pregnancy rate and response rate was calculated.

Results Complete response was achieved in 3 out of 5 cases. In one woman progression from grade 1 to grade 2 was observed – she was referred for definite hysterectomy with sentinel node biopsy. In this case in pre-operative work-up in pelvic MRI myometrial partial invasion was noted (the patient wished to preserve fertility irrespective of progression risk). In the second case no response was noted – the patient was also referred for hysterectomy. The rest 3 cases responded well for treatment. Two women conceive spontaneously – however, one miscarried in 7th gestational week, the other is now in 28th gestational age (on May 2023). One is still trying to get pregnant.

Conclusion Fertility-sparing treatment of endometrial cancer, both G1 and G2, with oral megestrol acetate 320 mg daily alone can be effective. Spontaneous pregnancy is possible in some cases.

Disclosures None

Abstracts