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 out 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 promising, more 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

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10.1136/ijgc-2023-ESGO.429

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 hysterectomy 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 irrespectively 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