A METHOD FOR SAFE OVARIAN TISSUE TRANSPLANTATION AFTER NEOPLASIA

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Introduction/Background In this case we suggest an alternative method to the time-consuming and invasive method of the xenograft implantation (ovarian tissue) to nude-mice. We herein report a nulliparous 36-years-old woman ovariectomized due to borderline ovarian tumors in right (52x30mm) and left (83x53mm) ovary (Ca125=79.6).

Methodology She underwent bilateral salpingo-oophorectomy, omentectomy, sentinel lymph node dissection and appendicectomy. According to the pre-surgical consent we retrieved a piece of ovarian cortex from a macroscopically healthy portion of the left ovary. In the IVF lab the biologist cut it in 18 microsamples 2by2mm and kept them in 4 vials following slow-freezing protocol. After eight months one vial with 9 slices was thawed rapidly, 3 were directly embedded in paraffin for immunohistochemical analysis, 3 were placed in 2D culture and 3 were placed in 3D culture conditions.

Results No malignant cell was observed and microscopically the slice concerned part of ovarian cortex with stroma including one oocyte. One year after eventful follow-up we thawed 2 vials giving 1 of 8 slices for frozen section (negative). We took abdominal wash cytology (negative) and created a left lateral peritoneal pocket inducing a graft of Surgicel with the ova-slices with no sutures. Three months later we noticed the first endocrine restoration (pre-op E2<5 and then E2=54) and five months post-op her menstrual period came. The patient is disease-free 3 years now.

Conclusion In vitro cyto-culture is a new approach to control the ovarian tissue re-implanted in cancer survivors. Until now there are no clinicopathological findings to contraindicate stimulation and proceed to IVF.

Disclosures -

FIRST RESULTS OF A MULTIDISCIPLINARY ADVISORY BOARD TACKLING CANCER IN PREGNANCY CASES: THE ADVISORY BOARD ON CANCER, INFERTILITY AND PREGNANCY

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Introduction/Background Due to the rarity of cancer during pregnancy, physicians may not always be up to date with all treatment options available during pregnancy. The Advisory Board on Cancer, Infertility and Pregnancy (ABCIP) was established to help physicians make decisions about the optimal cancer treatment for their pregnant patients.

Methodology The ABCIP is a collaboration of different national and regional advisory boards that work independently on the platform and discuss incoming advice requests from their region or country within their own board. Physicians treating a patient with a cancer diagnosis during pregnancy or a patient with a fertility preservation question can register their cases anonymously and free of charge on the ABCIP platform (www.ab-cip.org) by completing a form. The case will then be distributed to the specific advisory board for discussion on a secured forum. All expert opinions and known literature are gathered and the board composes a letter of recommendation including rationale and relevant references. This advice is sent back to the requesting physician within 4–7 days of submission of the request. Six months after the request is submitted, the requesting physician is asked for follow-up information on the case.

Results Up to May 2023, the ABCIP discussed 167 cases from physicians in 31 different countries regarding cancer during pregnancy, postpartum cancer diagnosis, or questions regarding women with a history of cancer and a desire to become pregnant (see figure 1). Follow-up information was collected on 24 cases.

Conclusion The ABCIP provides easily accessible, free advice to physicians with questions about their pregnant cancer patients or cancer patients who wish to become pregnant in the future. We show that the ABCIP is frequently consulted and that its recommendations are used in daily practice by most of the physicians who use the ABCIP.

Disclosures All authors declare no conflicts of interest.

ANAPLASTIC LARGE CELL LYMPHOMA ASSOCIATED WITH BREAST IMPLANT IN A PREGNANT PATIENT: CASE REPORT

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Introduction/Background Anaplastic large cell lymphoma associated with a breast implant (BIA-ALCL) is a rare form of T-cell non-Hodgkin’s lymphoma first described in 1997 and officially recognized by the WHO in 2016. The diagnosis is made based on aspiration of the fluid around the implant and the positivity of the CD30 sample. In the world literature 3 cases of BIA-ALCL associated with pregnancy are described.

Methodology A 36-year-old woman with gestation age (GA) 26 weeks was admitted with pain in the left breast 5 years...