both the maternal cancer condition, and prenatal chemotherapy exposure are associated with genotoxic stress in CBMCs. Whole-genome sequencing revealed a significant increase in mutational load in cHSCs of all treated cases (n=12), versus healthy pregnant women (n=3; p=0.04). A platinum-specific mutational signature was found in cHSCs from patients treated with carboplatin, suggesting a direct effect of the drug on the fetal genome. cHSCs from patients treated without carboplatin showed age-related signatures, pointing to a more indirect effect upon prenatal chemotherapy exposure. Additionally, in a pilot study we observed an increased number of structural chromosomal variants in single CBMCs of n=1 ABVD-treated patient compared to n=1 healthy control.

Conclusion These findings indicate that prenatal chemotherapy exposure is correalted with increased genotoxicity in cord blood cells, pointing to direct and indirect mechanisms and depending on the type of treatment.

Disclosures NA

#637 ANENCEPHALUS FETUS IN PREGNANT WOMAN WITH ASYMPOMATIC LARGE RETROPERITONEAL TUMOUR

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Introduction/Background Retroperitoneal tumours are rare tumours, which could be defined as cystic or solid masses in imagistic investigations and could be divided in benign or malignant tumours. More than 70% of the primary retroperitoneal masses are malignant. The most common in this region are sarcomas. Also epithelial malignancies, lymphomas and metastases of different germ cell tumours may appear in the retroperitoneum. From the benign lesions most frequent are lipomas, fibromas and benign neurogenic tumours. During pregnancy, both benign and malignant retroperitoneal tumours are extremely rare.

Results We present the case of a 34 years old VIIIG VIIP pregnant patient, recently admitted to our hospital for uterine contractions. The ultrasound examination diagnosed a gigantic abdominal mass and a 20 weeks pregnancy with an anencephalic fetus. After counselling the patient, the medical abortion was induced. CT was performed after and so we had the imaging of 20/15/13 cm tumour with a mixed, incapsulated structure, predominantly liquid, with parenchymal areas inside, heterogeneously iodophilic, with focal calcifications and a regular outline. The tumor develops from the left intersplenorenal space and occupies the entire left half of the abdomen. For our patient the surgery was recommended, but she refused it, because the symptoms were minor, excepting the deformation of the anterior abdominal wall.

Conclusion Contrast-enhanced computed tomography (CT) and MRI are the most important in diagnosing this type of tumours, but the differential diagnosis of these masses in retroperitoneum - malignant or benign, is done by histopathology. Usually, no symptoms appear until retroperitoneal tumours reach an important volume, so they are incidental diagnosed during investigations for nonspecific complaints. First step of treatment is surgery with complete tumour resection followed by anatomopathology and the management will be choose for the best prognosis of the patient.

Disclosures I do not have any conflict of interest with any person or organization.

#658 A CLINICAL CASE OF NON-HODGKIN’S B-CELL LYMPHOMA OF RARE LOCALIZATION (OVARIES) DURING PREGNANCY IN A PATIENT WITH A CFTR GENE MUTATION CAUSING CYSTIC FIBROSIS

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Introduction/Background Primary ovarian site manifestation of lymphomas are sporadic neoplasms, accounting 0,2–1,1% of all cases of extranodal non-Hodgkin’s B-cell lymphoma predominantly with unfavorable prognosis. The accompanying of these diseases with pregnancy is an extremely rare condition that causes difficulties in diagnosis and treatment.

Methodology Pregnant thirty-nine-year-old patient after In vitro fertilization with Pre-implantation Genetic Diagnostics due to mutation in the CFTR gene which was diagnosed after cystic fibrosis (with severe lung/digestive system disorders) in the first child. At gestational age (GA) 24 weeks ORADS-4 ovarian neoplasm was detected. Non-contrast MRI discovered a solid lesion measuring 14,5x8,8x10,5cm in the left ovary with signs of true diffusion restriction and ascites. Due to pain, peritoneal symptoms an emergency operation was performed: laparotomy, left adnexectomy, omentectomy (due to preoperative rupture of the tumor with hemorrhage and adhesions to the omentum). Morphologically high-grade B-cell lymphoma, not otherwise specified (HGBL-NOS) with Ki67 97% was detected (figure 1). After whole body MRI scanning tumor changes of the paraaortic lymph nodes were diagnosed. Taking into account strong wish of patient to maintain pregnancy, the high-grade lymphoma, the risk of worsening the prognosis the DA-EPOCH-R chemotherapy was initiated.

Abstract #658 Figure 1 Malignant neoplasm of the left ovary (lymphoma) during pregnancy
Results After three cycles of DA-EPOCH-R chemotherapy (with reduction of tumor foci up to 98% without significant toxicity) the cesarean section was performed at GA 37 1/7. Newborn: boy, weight: 3080 g, Apgar 8/9, healthy. The patient continuing treatment in the hematolgy department with ongoing tumor reduction.

Conclusion The combination of non-Hodgkin’s B-cell lymphoma of rare localization (ovaries) during pregnancy is extremely uncommon morbidity with possibility of prolonging pregnancy along with treatment in a specialized, multidisciplinary medical center. This makes it possible to conduct a full-fledged examination, prescribe adequate and timely treatment while minimizing risks to the fetus, prolong pregnancy to full term, and create conditions for the birth of a healthy child.

Disclosures Nothing to disclose

Abstracts

#812 LAPAROSCOPIC ASSISTED VAGINAL RADICAL TRACHELECTOMY: LONG TERM RESULTS OF SEVEN CASES IN A TERTIARY HOSPITAL SETTING

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Introduction/Background LAVRT is an option for fertility preservation in patients diagnosed with early cervical cancer.

Methodology Between January 2017- May 2023 seven patients were underwent LAVRT

Results First patient was 35 year old woman with history of multiple LEEPs and final diagnosis of adenocarcinoma. She was operated on may 2019. Second patient had 2 cm tumor on previously performed LEEP without residual tumor. She was operated on June 2019. The third patient was a kidney transplant recipient with a 3 previous LEEPs and residual CIN III on endocervical canal. On October 2020, simple trachelectomy was performed. The fourth patient underwent LAVRT for 1 cm tumor who was operated on December 2019. The fifth patient was 35 year old woman with a 2cm tumor who was planned to undergo LAVRT. Intraoperatively, one pelvic node was positive on frozen section. LAVRT was abandoned and laparoscopic staging lymphadenectomy and ovarian transposition was done. Sixth patient was 39 year old women with 15 mm tumor who underwent LARVT on October 2021. Seventeenth patient was 39 year old nulliprous woman with a history of two previous LEEP operation with residual CIN III on endocervical margin. She underwent simple trachelectomy on May 2023.

For all patients mean operation time was 290 minutes. There was one complication, bladder perforation that was repaired intraoperatively. There was no blood transfusion in any operation. There was only one pregnancy which lasted 37 weeks with a successful birth of baby girl. This patient experienced cerclage exposure and loosening of suture which was handled with laparoscopic abdominal cerclage replacement. In one of the patients, the cytologic follow-up revealed HSIL. On 48 months follow-up (1-48 months) there was no recurrence.

Conclusion LAVRT is a feasible operation with a comparable oncologic outcomes. But patients are not eager to get pregnant, i.e., only one live birth out of seven patients.

Disclosures No disclosures

#945 PROGNOSTIC FACTORS BREAST CANCER AFTER PREGNANCY

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Introduction/Background Study the relationship between the interval of pregnancy before breast cancer and prognostic factors

Methodology Study 1186 patients with breast cancer and prognostic factors. Analyze interval pregnancy before breast cancer with prognostic factors (size, nodes involvement, estrogen receptor, progesterone receptor, epidermal growth factor receptor 2, tumor subtypes)

Results Pregnancy were in 958 (80.77%) patients, 47 (4.90%) were non invasive and 911 (95.09%) were invasive (p<0.005), 17 (1.8%) were negative nodes and 880 (98.2%) were positive nodes (p<0.005). Estrogen receptor positive in 1032 (90.13%) and negative in 113 (9.86%) patients. Positive progesterone receptor in 890 (77.79%) and negative in 254 (22.2%) patients. HER2 positive in 163 (14.57%) and negative in 955 (85.42%) patients.

Interval last pregnancy breast cancer more one year - two years was in 27 patients and more than two years in 807 patients.

Interval last childbirth breast cancer more one year - two years versus more two years was in estrogen receptor positive 23 (3.2%) versus 711 (90.8%) patients (p<0.005), progesterone receptor positive 18 (2.85%) versus 613 (78.28%) patients (p<0.005), HER2 positive 9 (7.5%) versus 110 (92.43%) patients (p<0.005).

Conclusion Interval last childbirth breast cancer more than one year - two years versus more two years influences prognostic factors for later breast cancer patients.

Disclosures No disclosures

#948 BREAST CANCER AFTER IVF: OVARY STIMULATION AND PROGNOSTIC FACTORS

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Introduction/Background The ovary stimulation and the follicular response is related with estradiol level. Study in breast cancer patients after IVF if ovarian response or number of IVF cycles affects the prognostic factors.

Methodology Patients with breast cancer who underwent IVF are studied the prognostic factors (Ki67, HER2, estrogen receptor (ER), progesterone receptor (PR), oncogene p53, histologic grade) in relation to the ovary response and number of IVF cycles.

Results 73 patients with breast cancer after IVF are studied. They performed 135 cycles of IVF, 36 (49.3%) with 1 IVF and 37 (50.7%) with more than one IVF. Hyper response was present in at least one IVF in 24 (32.9%) patients and there was no hyper response in any IVF in 49 (67.1%) patients.

Conclusion In breast cancer after IVF, the ovary stimulation and the follicular response not affect Ki67, HER2, estrogen receptor, progesterone receptor, p53, and histologic grade. p53 positive is more frequent in patients with more than one IVF cycles.