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 hematology 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.

#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 2 cm 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 LAVRT on October 2022. Seventh patient was 39 year old nulliparous 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: None.

#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<0.05), 17 (1.8%) were negative nodes and 880 (98.1%) were positive nodes (p<0.05). 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 (22.20%) 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<0.05), progesterone receptor positive 18 (2.85%) versus 613 (78.28%) patients (p<0.05), HER2 positive 9 (7.5%) versus 110 (92.43%) patients (p<0.05).

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

Disclosures: None.

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

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Introduction/Background: The ovulation 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 were 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 ovulation 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.

Disclosures: None.

#812