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 hematologic 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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#945 PROGNOSTIC FACTORS BREAST CANCER AFTER PREGNANCY

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10.1136/ijgc-2023-ESGO.438

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 LEEP's 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 LEEP's 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 LAVRT on October 2022. Seventh patient was 39 year old nulliprous woman with a histoty 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

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

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10.1136/ijgc-2023-ESGO.439

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
Disclosures
No disclosures

#975
PHYSICAL AND SEXUAL DEVELOPMENT INDICATORS IN PUBERTAL GIRLS BORN WITH ASSISTED REPRODUCTIVE TECHNIQUES

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10.1136/ijgc-2023-ESGO.440

Introduction/Background
Methodology S. Pelkonen et al. According to (2015) studies, in children born as a result of frozen embryo transfer, the frequency of infectious and parasitic diseases of the central nervous system is 17.1%, the frequency of eye and ear diseases is 19.4%, respiratory system diseases is 23%, the frequency of birth defects and chromosomal anomalies is 9.5%.

Results The obtained results were compared with the physiological indicators of girls born from spontaneous pregnancy at this age.

Thus, in girls born from pregnancies that occurred through reproductive technologies, an increase in hair growth during puberty, premature development of II sexual characteristics (delayed premature sexual maturity), formation of II sexual characteristics to a noticeable degree that is not appropriate for their age was observed.

Conclusion According to the purpose of the study, 16 adolescent girls born through assisted reproductive technologies were examined.

As a result of the research, it was determined that the weight of girls born in pregnancies with reproductive technology was 2,260±242,1 (1800-3100 g).

The average age of girls fluctuates between 12.0±0.45 (10-13) years.

Clinical and functional studies were carried out in all examined girls, sexual characteristics II according to the J. Tanner scale were evaluated.

The development of mammary glands of girls with assisted reproductive technology started at the age of 6.9±0.79 years. Hair growth in the axilla and inguinal region has been noted since 6.0±1.12 years of age.

A statistically significant increase in hirsutism was observed during puberty in girls born from assisted reproductive technology pregnancies.

The obtained results were compared with the physiological indicators of the sexual maturity period of girls born from spontaneous pregnancy at the same age (Mustafayeva I.R., 2009).

Disclosures The aim of the study was to study the indicators of physical and sexual development of girls born through assisted reproductive technology.

#1066
FERTILITY SPARING TREATMENT WITH LEVONORGESTREL INTRAUTERINE DEVICE FOR IN ATYPICAL HYPERPLASIA OF THE ENDOMETRIUM IN YOUNG WOMEN

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10.1136/ijgc-2023-ESGO.442

Introduction/Background Cervical cancer is the third gynecological cancer around the world and the first in some low income countries where it is one of the first women killers. Fertility is highly threatened by the surgical treatments, chemotherapy and pelvic radiation. The aim of this study is to report fertility after cervical cancer in women ≤40 in Tunisia.

Methodology It is a retrospective study of a mono-centric database from January 2010 to January 2021. We evaluated the clinical history, treatment, follow-up, pregnancy and delivery of all women ≤40 diagnosed with cervical cancer, from a global cohort of 493 patients diagnosed in our center with cervical cancer during the same period.

Results We included 29 patients. The mean age was 34.7±4.7 years. Nineteen (82.6%) were married of whom 4 were nulliparous. The mean age of first sexual intercourse was 21.5 years [20–26]. The mean marriage duration was 12 years ±6.19. The mean age of the sexual partners was 40.3±5.29 years. According to the FIGO classification: 30.4% had non-invasive cancer and 18.6% had stage I. A fertility-sparing technique was proposed in 10 (43.4%) cases (9 conizations and a case of ovarian transposition prior to chemoradiation). After 5 years of follow up, 21.7% of women died of cervical cancer. Five patients (21.7%) expressed a desire for pregnancy after the treatment, one (4.3%) got pregnant spontaneously and had a cesarean section at 36 weeks of gestation. Five (21.7%) patients expressed that cervical cancer and its treatments had an impact on their sexuality and marital agreement.

Conclusion Fertility is a real issue of young women diagnosed with cervical cancer. Fertility sparing treatments are not a guarantee of parenthood in young cervical cancer survivors.

Disclosures Nothing to declare

#1030
FERTILITY AFTER CERVICAL CANCER IN YOUNG WOMEN

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10.1136/ijgc-2023-ESGO.441

Introduction/Background Cervical cancer is the third gynecological cancer around the world and the first in some low income countries where it is one of the first women killers. Fertility is highly threatened by the surgical treatments, chemotherapy and pelvic radiation. The aim of this study is to report fertility after cervical cancer in women ≤40 in Tunisia.

Methodology A prospective monocentric study was conducted from January 2016 to January 2023. Patients under 41 years old with AH were treated with LNG-IUD after complete macroscopic hysteroscopic resection. The histologic change of the endometrial tissue was assessed by both vaginal ultrasound and hysteroscopy with curettage every 3 months. The regression rate was calculated at 6 months of treatment.

Results The study recruited 29 patients. One withdrew because she was pregnant at the time of IUD insertion and 9 did not show during the follow up. Among the 19 patients with sufficient follow up to assess response, 9 had a documented complete response (CR), 5 no response, 4 progressed. Among the