Introduction/Background To prove the effectivity of fertility sparing procedures in young patients with ovarian cancer at early stage by assessing the pregnancy rates and obstetrical outcomes.

Methodology We performed a retrospective multicenter study among 55 Spanish hospitals, collecting patients aged from 18 to 45 years old with diagnosis of early stage (FIGO I-II) ovarian cancer, from January 2010 to December 2019. Both epithelial and non-epithelial histologies were included. Patients met inclusion criteria for undergoing conservative management and the decision was approved on a multidisciplinary committee, after explanation of potential risks to the patient. Data on attainment of pregnancy and outcomes were collected, as were need for fertility assisted techniques and way of delivery.

Results

161 patients met inclusion criteria, 77 (47.8%) were epithelial tumors and 84 (52.2%) non-epithelial tumors. 42 (26%) patients achieved term pregnancy, which were 25 with epithelial histology and 17 with non-epithelial; of them, 30 (71.4%) patients with term pregnancy underwent surgery alone and 12 (28.6%) had additional postoperative chemotherapy. Spontaneous pregnancies were possible in 32 (76.1%) patients and 10 (23.9%) patients required in vitro fertilization.

Complications were reported in only one pregnancy, which was gestational diabetes. Delivery was vaginal in 29 patients and by cesarean section in 5 patients; the type of birth was and not reported in 8 cases. Miscarriages were present in 4 patients. 9 patients had unsuccessful attempt of pregnancy, being miscarriages or inability of getting pregnant.

Conclusion Fertility sparing management for ovarian cancer seems to be an option with proven good pregnancy rates and low complication profiles. While non-epithelial tumors can be offered conservative procedures even in advanced stages with the addition of neoadjuvant chemotherapy, the selection of epithelial tumors must be under strict criteria in order to maintain good prognosis.

Disclosures None