

potential in survivorship. We report our experience in fertility sparing management in ovarian tumours.

Methods Over a period of 30 months, 69 young women with suspicious ovarian masses were reviewed at the oncofertility clinic. Patients were jointly counselled by gynaecological oncologists and fertility specialists, elaborating fertility-sparing staging surgery (FSS) and fertility preservation (FP) options. FP was offered prior to completion surgery or adjuvant chemotherapy, and when the ovarian reserve was deemed diminished and at risk. Dedicated counselling and psychosocial support was provided by a specialty nurse.

Results The median age was 28 years. 88.4% of patients were nulliparous. Of 64 patients who underwent surgery, there were 23 borderline, 32 malignant, 1 Krukenberg and 9 benign ovarian tumours. FSS was performed in 90.6% of ovarian cancer (OC) cases. Among patients with borderline ovarian tumours (BOT), ovarian cystectomies and unilateral salpingo-oophorectomies were performed in 77.3% and 22.7% of cases respectively. The median stage was IC1 for OC and IB for BOT. 50% of patients had adjuvant chemotherapy. There were 6 suspected recurrences, 5 of whom underwent surgery with benign histology. Twenty-two patients were offered FP and 4 patients underwent oocyte or embryo cryopreservation. There were 4 spontaneous pregnancies with 2 livebirths, and 3 patients currently undergoing assisted reproductive therapy.

Conclusion/Implications Through multidisciplinary oncofertility care, young females with ovarian tumours can achieve favourable oncologic and reproductive outcomes with FSS and early FP counselling.

EP185/#904

KNOWLEDGE OF YOUNG WOMEN REGARDING THEIR REPRODUCTIVE HEALTH AT THE TIME OF BREAST CANCER SURGERY

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Introduction We aim to identify patients' knowledge about their future fertility and reproductive health at the time of breast cancer surgery in order to adapt the preoperative patients' counselling.

Methods This is a single-institution cross-sectional observational study based on in person interview with an Arabic questionnaire to collect quantitative and qualitative data from a cohort of young women diagnosed with breast cancer before the age of 40 between January 2022 and February 2023. All interviews took place within a month prior to the breast cancer surgery in patients that had no neoadjuvant treatment.

Results A total of 48 women took part in the study. The mean age of the patients was 35 [24–40]. Of the 18 married participants, 10 were childless. Fertility was not a spontaneous concern reported by women when asked about their greatest fears before breast surgery. Among the single participants, 80% think that their cancer will be an obstacle to and/or delay their marital project. Among the participants, 31.2% fear a negative impact on their fertility due to a delay to conceive related to the prescription of contraception. 20.8% were aware of the possibility of fertility preservation but had no information about the availability of such options for them. The main concerns raised by the possibility of fertility preservation were the delay of cancer treatment (93.7%), the safety

regarding the recurrence and/or flare up of their cancer (95.8%).

Conclusion/Implications Before breast cancer surgery, reproductive health and potential fertility issues are not spontaneously expressed by patients but are present in their minds.

EP187/#658

CHEMOTHERAPY-INDUCED AMENORRHEA IN PATIENTS WITH OVARIAN CANCER

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Introduction For young cancer patients, the possible impact on their fertility after treatment is important concern. If ovarian function is expected to decrease after chemotherapy, fertility preservation may be an option prior to treatment. We aimed to clarify the proportion of amenorrhea after platinum- and taxane-based chemotherapy.

Methods Twenty-eight patients who underwent fertility-sparing surgery for ovarian malignancies from 2000–2022 were included. Clinical information were collected retrospectively from medical records.

Results The median follow-up duration was 81 (6–252) months. Median age was 27 (range: 19–38) years. 15 patients had epithelial ovarian tumors, and 13 had germ cell tumors. Treatment details: no chemotherapy in 9 patients, BEP (bleomycin, etoposide, cisplatin) in 10, TC (Paclitaxel, carboplatin) in 7, DC (Docetaxel, carboplatin) in 1, PVB (Cisplatin, Vinblastine, Bleomycin) in 1. The median time to the resumption of regular menstrual cycle was 1 (1–4) M in the no-chemotherapy group, 4.1 (3–4) M in the BEP group, and 2.7 (1–5) M in the TC/DC group. While the proportion of amenorrhea at 3 months was 20% in the no-chemotherapy group, it was 68% in the chemotherapy group (80% in the BEP group and 50% in the TC/DC group). The amenorrhea at 6 months was found in only 1 patient in the PVB group.

Conclusion/Implications After TC/DC therapy, amenorrhea at 3 months was found in about half of the patients, but regular menstruation had resumed by 6 months. The impact on ovarian function after platinum- and taxane-based chemotherapy is considered to remain short-term.

AS06. Genetics and epidemiology

EP190/#845

IMPACT OF OBESITY AND MENOPAUSAL STATUS ON DEVELOPMENT OF GYNECOLOGIC CANCERS IN KOREAN WOMEN

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Introduction To investigate the risk of gynecologic cancers according to obesity and menopausal status using a nationwide cohort in Korea.

Methods We identified 2,708,938 women from the National Health Insurance Service cohort, and obtained baseline body