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Background

- Fertility Sparing Surgery (FSS) is safe when used to treat early-stage ovarian cancer.
- There is insufficient evidence to aid in counselling women about the likelihood of a live birth and the difficulties they may face.

Aim

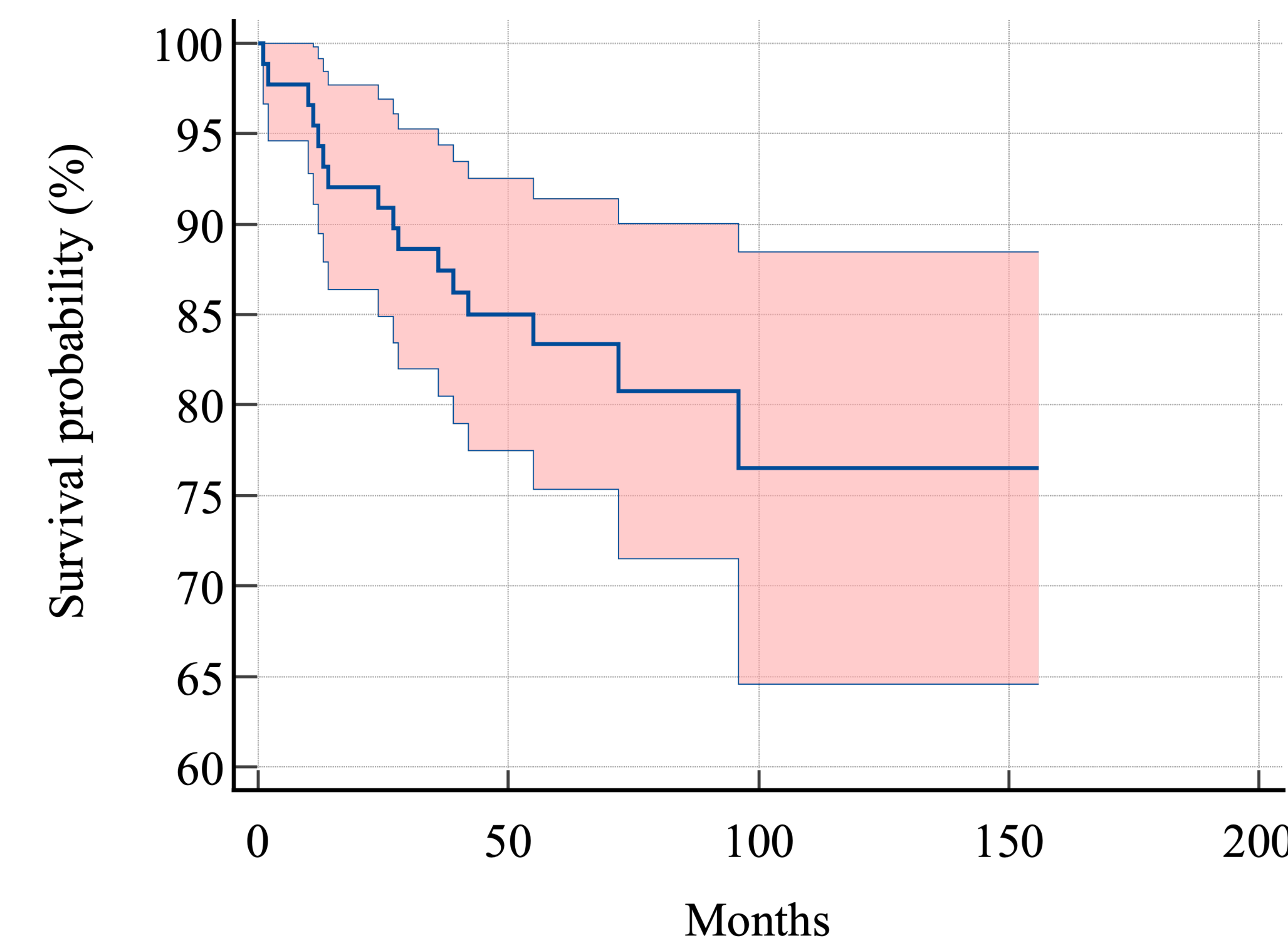
- To assess the reproductive outcomes of women who have undergone FSS for ovarian malignancy including Borderline Ovarian Tumours (BOTs).

Methods

- A retrospective review of a clinical database of all patients who underwent FSS between 1/6/2008 and 1/6/2018.
- All identified patients were asked to complete a questionnaire.
- Mean values were calculated for age, number attempting to conceive & mean number of pregnancies and children born.
- Kaplan Meier Survival analysis was performed.
- Chi squared analysis for correlation between cancer grade, stage, treatment type and risk of recurrence and death.

Results

- 110 women underwent FSS, 88 were included (5 deceased).
- The mean age was 31.4 years (95%CI: 29.9-32.9).
- BOTs accounted for 53/88 (60%).
- 44/83 (53%) attempted to conceive.
- The live birth rate was 24/44 (59%)
- The mean progression free survival was 129.3 months (95% CI: 117.3-141.2 months)
- The following factors were positively associated with risk of recurrence:
 - ✓ Cancer grade (p=0.01)
 - ✓ Tumour stage >1A (p=0.0006)
 - ✓ Treatment by ovarian cystectomy rather than oophorectomy (p=0.017).



Conclusion

- A large proportion of women will not attempt to conceive following FSS.
- The likelihood of achieving a live birth is high.
- Careful counselling about the risk of recurrence and death associated with high grade cancer, disease Stage >1A and/or those who undergo ovarian cystectomy is essential before contemplating FFS.