

CONTROLLED OVARIAN STIMULATION IN PATIENTS WITH GYNAECOLOGIC MALIGNANT CONDITIONS FOR FERTILITY PRESERVATION PURPOSES: SHARING EXPERIENCE FROM ONE OF THE LARGEST FERTILITY PRESERVATION SERVICES ACROSS THE UK

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Abstract Body

Fertility preservation (FP) is widely used for malignant gynaecologic pathology, however current clinical practice focuses mainly on fertility-sparing surgical techniques. To the best of our knowledge, the available evidence on the effect and efficacy of controlled ovarian stimulation (COS) in this group of patients remains poorly reported. Concerns related to the impact of stimulation to cancer progression and recurrence as well as, the risk of disease dissemination during egg collection, might explain the aforementioned trend. Overall, our FP Service received 192 referrals, between 2005 and 2021, regarding gynaecologic conditions mainly cancer-related, though limited number of patients with benign conditions such as endometriosis, dermoid cysts etc. were also included. A total of 69 (35,9%) patients underwent COS. These patients were diagnosed with the following gynaecologic pathologies: 33 cases (47,8%) of cervical cancer were noted (stage 1b1-2b), 18 ovarian cancer cases (26%) , 9 cases (69%) of endometrial cancer, 7 cases (10.1%) of benign gynaecologic conditions , and a single case of vaginal cancer (1.4%). The mean age of the patients was 31,6 (+/- 10,1) years of age, who at the initial appointment presented with a mean Antral Follicle Count (AFC) of 14 (+/- 10.7). The overall stimulation required on average 11.58 days (+/- 2.2) and the majority of cases received a short antagonist cycle with gonadotrophin dose of 283 IU (+/- 187.3). During egg collection, 12.3 (+/- 8.6) oocytes were collected, which showed 76% of success in cryopreserving an average of 9.35 (+/- 7) eggs per stimulation. The complication rate was reported less than 2%. So far, one in five women of this FP group (15/69, 21.7% of the overall group) returned to our service to claim their cryopreserved eggs/embryos and successful livebirths were reported in 80% of this small sample (12/15 cases). Undoubtedly, the sample size is not sufficient to draw accurate conclusions, however our results are reassuring and highlight the efficacy of COS for the purpose of FP based on data coming from the largest Assisted Conception Unit of the South East London.