

IS THERE AN INFLUENCE OF LYMPHOMA CHARACTERISTICS ON THE OOCYTE COHORT AFTER COH FOR FERTILITY PRESERVATION? ABOUT 79 CYCLES IN YOUNG HL WOMEN.

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Abstract Body

Hodgkin lymphoma (HL) is the most frequent lymphoma in the young population. Chemotherapy regimen for HL often include alkylating agents which are well-known to adversely affect the ovarian follicular content and further fertility. Oocyte cryopreservation is one of the standard Fertility Preservation (FP) techniques. We aimed to investigate the impact of Hodgkin lymphoma according to extensiveness and stage of disease on the oocyte cohort after controlled ovarian hyperstimulation (COH) for FP.

Retrospective analysis of prospective collected data. 78 women, mean age 23 years old, with newly diagnosed were prospectively enrolled in the Observatory and Fertility Preservation center of the Lille University Hospital between 2012 and 2021. 79 cycles were performed for FP. We compared oocyte cohort characteristics between two groups: early and intermediate stage (GHSg I+II) versus advanced stage (GHSg III). We further analyzed, among GHSg III patients, if the Hasenclever score may have an impact on preservation fertility outcomes.

The two groups (GHSg I-II and GHSg III) were comparable regarding hematological and gynecological characteristics, except for BMI. There was slightly but non-significant lower AMH levels in the most advanced stages. Mean retrieved matured oocytes after COH was 7 (4-11). Before and after adjustment on BMI, age, AMH level and total dose of gonadotropin, GHSg score did not significantly impact the number of matured oocytes or other ovarian stimulation outcomes. However, among GHSg III patients, Hasenclever score, was significantly and negatively associated with estradiol level and number of follicles > 15 mm at triggering day.

Despite lower estradiol levels and number of mature follicles at triggering day in the most advanced stages, we did not find significant influence of tumour aggressiveness on the number of Meta II oocytes. These results suggest that FP may be proposed systematically whatever the stage of Hodgkin disease in young women.