

From Cure to Conception: The Role of Fertility-Preserving Surgery in a Tertiary Care Oncological Centre in Khyber Pakhtunkhwa

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Introduction

- Fertility-preserving surgery (FPS) has emerged as a viable option for selected women with early-stage gynecologic malignancies, allowing for oncologic safety while maintaining reproductive potential.
- FPS provides a crucial balance between potential curative treatment and reproductive capacity, addressing both patients' medical needs and family planning goals.
- For young patients, loss of reproductive ability in light of radical treatment of oncological disease can be devastating.
- Data from low- and middle-income countries, particularly Pakistan, remain scarce, and awareness, access, and acceptance of fertility-preserving options are still evolving.

Objective

- To evaluate the oncologic and reproductive outcomes of fertility-preserving surgery in patients with early-stage gynecologic cancers treated at a tertiary care cancer centre in Khyber Pakhtunkhwa (KP).

Methodology

- Study Design: Retrospective cohort study
- Study Period: January 2023 – December 2024
- Setting: Shaukat Khanum Memorial Cancer Hospital and Research Centre, Peshawar
- Inclusion Criteria:
 - Women aged ≤ 45 years

- Diagnosed with:
 - Early-stage ovarian cancer
 - Early-stage endometrial cancer
 - Early-stage cervical cancer
 - Borderline ovarian tumors

Data Collected:

- Demographics
- Tumor histology
- Surgical details
- Adjuvant therapy
- Recurrence
- Survival

Reproductive Outcomes Assessed:

- Postoperative conception attempts
- Pregnancy rates
- Live births

Analysis

- Sample size: 39 patients.

Age at diagnosis:

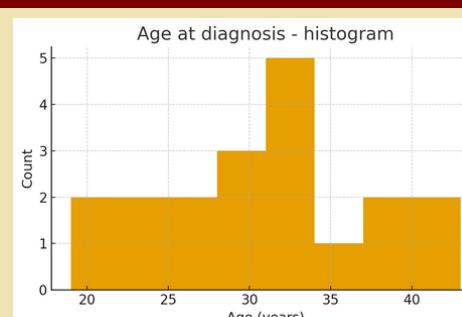
- Mean 30.16 years, SD 6.65, range 19–43.

Mean Hospital Stay

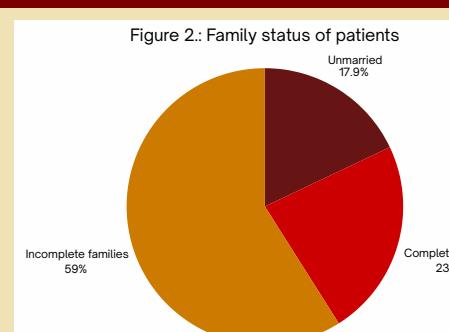
- 3.05 days

The most common diagnosis was endometrioid ovarian carcinoma, followed by borderline ovarian tumors, specifically mucinous then serous.

2 metastatic cases were noted intraoperatively.



- 7 patients were unmarried, 9 had complete families, and 23 were trying to conceive.
- 2 patients were undergoing IVF treatments.



- Among patients attempting conception post-surgery, 7% achieved pregnancy, with 0 resulting in live births currently.

- The pregnancies were spontaneous, with no need for required assisted reproductive techniques. No significant compromise in oncologic outcomes was observed in women who conceived.
- One death was noted amongst our sample.

Conclusion

- Fertility-preserving surgery in carefully selected patients with early-stage gynecologic malignancies is both safe and feasible in a tertiary cancer center setting in KP.
- Our findings highlight the importance of integrating reproductive counseling into oncologic care and provide a foundation for establishing

- fertility-preservation protocols in resource limited regions

