

# 2026 ANNUAL MEETING



**Poster 13:** Oncofertility referrals and obstetric outcomes in women with rare ovarian malignancies.

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Topic  
Ovarian

## Objectives

For women of childbearing age with ovarian cancer, recommendations encourage the use of early oncofertility referral; this study evaluates the rate of such referral for women diagnosed with rare ovarian malignancies at MD Anderson Cancer Center (MDACC), with secondary outcomes of live births and the use of assisted reproductive technologies.

## Methods

We performed a retrospective cohort study of patients of childbearing age diagnosed with rare ovarian malignancies who received care at MDACC from 1991 to 2025. Patients were included if aged 18-45, presented to MDACC for management or second opinion for non-serous epithelial or non-epithelial ovarian cancer, and had fertility sparing management defined as retaining at least one ovary or the uterus at initial presentation. Exclusion criteria included disease progression on upfront therapy or incomplete records. We examined the rate of oncofertility referral within MDACC or to an external provider. A referral was considered external if either an MDACC provider specifically referred the patient to a non-MDACC fertility specialist, or if the patient already sought consultation with a non-MDACC specialist. We also abstracted obstetric data.

## Results

Of 246 patients screened, 97 met inclusion criteria. 36 (37%) had documented oncofertility referrals: 19 were made to internal MDACC specialists and 17 to external specialists. Of 51 patients with available post-treatment parity information, 20 (39%) had subsequent live births. There was no association between referral and live birth rate ( $p=0.54$ ). Age by decade did not affect live birth rate ( $p< 0.99$ ). Neither age by decade ( $p< 0.99$ ) nor histology ( $p=0.15$ ) affected the utilization of oncofertility referral. Higher stage at presentation was positively associated with oncofertility referral ( $p=0.044$ ). Referral was associated with increased use of assisted reproductive technologies ( $p< 0.0001$ ).

## Conclusions

In our cohort of women with rare ovarian cancers, 37% were referred to fertility specialists. Oncofertility referral did not appear to affect live birth rate; however, it was associated with increased utilization of assisted reproductive technologies. Higher stage at diagnosis may be associated with increased use of referral because of the need for adjuvant therapy. Oncofertility referral is underutilized in a population of patients who undergo fertility sparing management.

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Abstract Table or Graph

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