

# 2026 ANNUAL MEETING



**Poster 17:** Fertility Preservation after Endometrial Cancer Diagnoses: Outcomes from a Tertiary Referral Center

**Presenting Author:** Odera O. Okafor, MD, MPP, University of California San Francisco

Topic  
Endometrial

## Objectives

Most commonly diagnosed after postmenopause, endometrial cancer (EC), presents during reproductive age 2-5% of the time. In early stage EC, future fertility can still be preserved in a subset of low risk patients. This study describes the fertility outcomes of reproductive aged people with endometrial cancer who choose fertility-sparing treatment.

## Methods

We performed a retrospective chart review of patients diagnosed with endometrial cancer or pre-cancers that were seen at a single tertiary center for reproductive health from 2009 to 2025.

## Results

Out of a total of 47 patients referred, 35 (74.5%) were evaluated by an oncofertility specialist. The cohort was racially diverse, with a mean age at the time of diagnosis of 33 (18-44), a mean BMI of 37.8 (18-67). The majority were nulliparous without a history of infertility, polycystic ovarian syndrome, or a familial cancer syndrome. Although the majority of patients did not pursue additional fertility care (n=36, 77%), 12 patients had resolution of their pathology through primary progestin therapy, and 11 patients proceeded with ovarian stimulation (23%). 4 patients underwent both oocyte (OC) and embryo (EC) cryopreservation, 4 only OC, 2 only EC, and 1 with ovulation induction. 2 of 11 patients achieved pregnancy (1 spontaneously twice and 1 via IVF), with 2 live births.

## Conclusions

While the majority of reproductive-age individuals diagnosed with endometrial cancer receive options counseling regarding fertility preservation, few proceed with treatment and even fewer achieve live birth. Future research should focus on multicenter data to achieve the power necessary in assessing risk factors that influence patient outcomes.

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