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CONVERGING ROADS IN GYNAECOLOGICAL CANCERS

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ESGO 2025 – General Overview



- **Global Gathering of Experts:** The largest gynecological oncology meeting, featuring world-leading specialists sharing breakthroughs in research, clinical advancements, and innovative treatment strategies



- **Multidisciplinary Collaboration:** Integrating insights from surgery, medical oncology, radiotherapy, pathology, and molecular diagnostics to improve patient outcomes



- **Pioneering Clinical Trials & Personalized Medicine:** Presentation of landmark studies shaping future cancer management, with a focus on biomarkers, molecular classifications, and tailored therapies



- **Innovations in Surgery & Technology:** Advances in AI, robotic-assisted surgery, and minimally invasive techniques transforming gynecologic oncology care



- **Patient-Centered & Global Perspectives:** Addressing survivorship, fertility preservation, and disparities in cancer care to ensure equitable access to diagnosis and treatment worldwide



ESGO 2025– Conference Themes (1/2)



- **Cutting-Edge Research & Future Trends:** Presentation of groundbreaking studies on novel therapies, predictive biomarkers, and next-generation cancer management strategies shaping the future of gynecologic oncology
- **New Standards in Clinical Practice:** Discussions on evolving treatment guidelines, real-world data insights, and the integration of emerging evidence into routine oncology practice
- **Breakthroughs in Early Detection & Prevention:** Advancements in screening technologies, genetic risk assessment, and preventative strategies to reduce the global burden of gynecologic cancers
- **Data-Driven Decision-Making in Oncology:** The role of big data, machine learning, and digital health solutions in optimizing cancer diagnosis, treatment personalization, and patient outcomes



ESGO 2025– Conference Themes (2/2)



- **Fertility, Survivorship & Patient-Centered Care:** Focus on fertility preservation, conservative treatments, reproductive success, sexual health, psychological well-being, and long-term toxicity management to enhance patient quality of life
- **Immuno-Oncology & Emerging Therapies:** Breakthroughs in checkpoint inhibitors, bispecific antibodies, and tumor microenvironment modulation, along with new trials in rare tumors, uterine sarcomas, and gestational trophoblastic disease refining treatment strategies
- **Global Equity & Policy Advancements:** Strengthening screening programs, global training, and healthcare policies to ensure equitable access to diagnosis, treatment, and survivorship care worldwide

Noteworthy Scientific presentations at ESGO 2025





Key Topics From Notable Presentations (1/6)



- **Ovarian Cancer:** ESGO 2025 will highlight advances in ovarian cancer therapies, from novel targeted treatments to maintenance strategies, enhancing precision medicine and patient outcomes
- **Advances in Targeted Therapies & Radiotherapy:** The MIRASOL trial highlights MIRV as a new standard of care for FRα-positive platinum-resistant ovarian cancer. The MITO-RT3/RAD trial demonstrates that SBRT achieved 55.9% complete response in oligometastatic ovarian cancer. Data highlight Olaparib toxicity varied by BRCA mutation location, influencing dose adjustments
- **Genomic & Molecular Insights:** A Meta-analysis identified 894 differentially expressed genes in HGSOC linked to survival. POLMs exhibited TP53 and PTEN mutations, guiding potential targeted therapies. Surufatinib and toripalimab showed promising efficacy in recurrent Ovarian clear cell carcinoma
- **Maintenance Therapy & Long-Term Outcomes:** PRIMA trial data highlight stable HRQOL with niraparib maintenance. Data suggest that Bevacizumab and PARPi had similar Time to Second Progression in HRp-aHGOC (advanced high-grade ovarian cancer)





Key Topics From Notable Presentations (2/6)



- **Cervical Cancer:** Advancements in cervical cancer treatment, including immunotherapy, chemoradiation, and fertility-sparing techniques, while emphasizing HPV detection, vaccination impact, and microbiome research to refine prevention and care strategies will be discussed
- **Distant Metastases and Chemotherapy Response:** Findings suggest higher cumulative cisplatin doses (170–200 mg/m²) reduced distant metastasis risk in high-risk patients. The ARTISTRY trial explores combining immune checkpoint inhibitors with targeted therapies, showing promising results in treating recurrent cervical cancer
- **HPV Persistence and Self-Sampling Strategies:** Data show that 85 proteins were linked to HPV persistence, influencing genetic susceptibility. Qiagen-brush data show higher sensitivity (75.8%) in self-sampling hrHPV testing, while Evalyn-brush data show better specificity (71.8%), supporting recall strategies
- **Maintenance Therapy & Long-Term Outcomes:** KEYNOTE Trials showed Pembrolizumab plus chemotherapy achieved 71.1% 2-year PFS in locally advanced cervical cancer (LACC). Preoperative VMAT/IMRT followed by radical surgery showed 78% disease-free survival. Atezolizumab failed to improve PFS in CRT





Key Topics From Notable Presentations (3/6)



- **Endometrial Cancer:** Spotlight will be on advancements in endometrial cancer, focusing on immunotherapy, molecular classification, and risk-based prevention strategies to refine treatment and improve long-term patient outcomes
- **Advancements in Immunotherapy & Chemotherapy:** The RUBY trial suggests that dostarlimab plus chemotherapy improves survival in primary advanced or recurrent endometrial cancer (pA/rEC), with most TRAEs occurring within the first six months. Dostarlimab demonstrated a favorable long-term benefit-risk profile
- **Molecular Classification & Prognostic Insights:** The EUGENIE study highlighted distinct metastatic patterns across molecular subtypes, emphasizing the prognostic significance of p53-aberrant tumors. Isolated tumor cells (ITC) in sentinel lymph nodes were linked to poorer outcomes, particularly with lymphovascular space invasion (LVSI)
- **Risk Stratification & Treatment Optimization:** Data showed risk-reducing hysterectomy is cost-effective for women with a lifetime endometrial cancer risk $\geq 17\%$ at 40 years. Sentinel lymph node mapping failure was associated with increasing age and non-endometrioid histology, aiding surgical decision-making





Key Topics From Notable Presentations (4/6)



- **Gynecologic Oncology and General & Multiple Cancers:** Emphasis will be on personalized surgical and survivorship strategies, optimizing recovery, quality of life, and long-term well-being in gynecologic cancer patients
- **Fertility-Sparing Surgery & Long-Term Outcomes:** The ETERNITY registry highlighted that fertility-sparing techniques reduce morbidity without compromising survival in early-stage cervical cancer, with 19.7% achieving pregnancy and 17.9% requiring hysterectomy
- **Perioperative Strategies & Recovery Optimization:** Elderly patients undergoing gynecologic laparotomy show difference in ERAS compliance, with elderly patients receiving less preemptive analgesia but experiencing higher acute kidney injury rates (8.8% vs. 3.9%, $p=0.003$), demonstrating the need for tailored perioperative care
- **Psychosocial Impact & Survivorship Care:** Data is set to show that the LETSGO model improved empowerment and quality of life, supporting app-assisted, nurse-led follow-up. Risk-reducing salpingo-oophorectomy (RRSO) negatively impacted sexual function and body image, particularly in premenopausal women





Key Topics From Notable Presentations (5/6)



- **Uterine Sarcomas and Breast Cancer & Hormonal Therapy:** Novel diagnostic tools, targeted therapies, and hormonal strategies, advancing precision medicine in uterine sarcomas and hormone receptor-positive breast cancer will be showcased
- **Advancements in Uterine Sarcoma Diagnosis & Treatment:** The ROMUS study explores ultrasound-based radiomics for preoperative differentiation of uterine sarcomas, while **ROCSAN genomic profiling highlighted actionable mutations improving survival**. Gemcitabine-pazopanib data showed moderate efficacy in uterine carcinosarcoma
- **Breast Cancer Endocrine Therapy & Risk Assessment:** Meta-analysis suggests topical estrogen may increase recurrence risk with aromatase inhibitors but not tamoxifen. **Risk-adapted treatment for node-negative breast cancer remains effective, reinforcing adjuvant hormone therapy as a key prognostic factor**
- **Neoadjuvant & Preoperative Hormonal Strategies:** Preoperative hormone therapy reduced tumor size in 60.3% of cases, though response rates were lower than expected, **supporting further trials for optimized duration and effectiveness**



Key Topics From Notable Presentations (6/6)



- **Gestational Trophoblastic Tumors and HPV & Infection-Related Studies** : Discussions will set to present Breakthroughs in HPV clearance, microbiome research, and fertility-preserving treatments for trophoblastic tumors, advancing preventive and therapeutic strategies
- **Advances in Gestational Trophoblastic Tumors & HPV Management**: The TROPHAMET trial showed that **avelumab plus methotrexate achieved a 96.2% cure rate in low-risk GTT**, with 70.6% fertility preservation. The PALOMA 2 trial shows that intensive Papilocare regimens significantly enhance HR-HPV clearance
- **Microbiota, HPV, and Cervical Dysplasia**: Discussions are positioned to highlight that cervical cancer patients exhibit cervicovaginal dysbiosis, with Lactobacillus depletion linked to HPV persistence. **RECER study shows lower HPV 16/18 prevalence in vaccinated women, reinforcing vaccination's protective role**

Focus of Key Corporate Supported Symposia at ESGO 2025 (1/2)



• **AbbVie:**

- Focus Areas: Antibody-drug conjugates (ADCs) in Ovarian Cancer (OC) & Biomarker Testing
- Sessions will highlight the clinical impact of ADCs in platinum-resistant OC, strategies for integrating them into clinical practice, and the latest advancements in biomarker-driven treatment selection



• **MSD:**

- Focus Areas: Immunotherapy & First-Line (1L) Treatment in Endometrial and Cervical Cancer
- Discussions will explore immunotherapy options for locally advanced cervical cancer and optimal first-line treatment strategies for non-dMMR endometrial cancer patients



• **Pharma&:**

- Focus Areas: Maintenance Therapy & Advanced Ovarian Cancer Treatment Strategies
- Presentations will cover first-line maintenance approaches, evolving therapeutic landscapes, and translating scientific advancements into clinical decision-making for ovarian cancer patients

Focus of Key Corporate Supported Symposia at ESGO 2025 (2/2)



• **GSK:**

- Focus Areas: Personalized Patient Care & PARP Inhibitor (PARPi) Maintenance Therapy
- Sessions will examine the role of PARPi in long-term ovarian cancer management, decision-making for advanced disease, and strategies to enhance individualized patient care



• **AstraZeneca:**

- Focus Areas: Treatment Optimization in Endometrial Cancer & Patient Stratification
- Experts will discuss optimizing treatment for dMMR and pMMR endometrial cancer, addressing disease complexity, and refining therapeutic selection to improve outcomes



• **AstraZeneca/MSD:**

- Focus Areas: First-Line PARPi Trials & Data-Driven Decision-Making in Advanced Ovarian Cancer
- Talks will present long-term survival data from first-line PARPi trials and provide guidance on selecting the best treatment strategies for newly diagnosed advanced ovarian cancer



Notable Presentations at ESGO 2025

Notable Presentations at ESGO 2025

Ovarian Cancer (1/7)



Date	Title	Author	Summary
20 Feb 2025	Quality-Adjusted Time Without Symptoms Of Disease Progression Or Toxicity Analysis Of Mirvetuximab Soravtansine Versus Investigator's Choice Of Chemotherapy In Folate Receptor-Alpha Positive, Platinum-Resistant Ovarian Cancer	Felix Hilpert	<ul style="list-style-type: none"> • Introduction: The MIRASOL trial assessed Mirvetuximab soravtansine (MIRV) in FRα-positive platinum-resistant ovarian cancer (PROC), evaluating quality-adjusted survival (Q-TWiST) • Methodology: Overall survival was divided into time with toxicity (TOX), time without symptoms or toxicity (TWiST), and time after progression (REL). Q-TWiST was calculated using Kaplan-Meier estimates and utility scores • Results: MIRV increased TWiST by 2.41 months and Q-TWiST by 2.29 months ($p < 0.001$), with no significant difference in TOX duration • Conclusions: MIRV provided clinically meaningful quality-adjusted survival benefits, supporting its role as a new standard of care for FRα-positive PROC
21 Feb 2025	Association Between BRCA1 And BRCA2 Mutations With Toxicity From Olaparib In Platinum Sensitive Relapsed High Grade Ovarian Cancer	Giorgia Russo	<ul style="list-style-type: none"> • Introduction: High-grade serous ovarian cancer (HGSOC) is an aggressive malignancy with poor prognosis. This study conducted a meta-analysis to identify differentially expressed genes (DEGs) linked to survival and immune infiltration in HGSOC • Methodology: A systematic meta-analysis of 11 gene expression studies (291 HGSOC, 96 controls) was performed. DEGs were identified, functionally analyzed, and mapped to known oncogenes/tumor suppressors. A Cox regression-based risk model stratified patients into risk groups, with immune infiltration assessed via Cell deconvolution • Results: 894 DEGs were identified, including EZH2, PDK1, and ERBB2. High-risk patients exhibited poor survival and immunosuppressive profiles • Conclusions: The study provides a gene-based risk model for HGSOC prognosis, highlighting potential therapeutic targets

Notable Presentations at ESGO 2025

Ovarian Cancer (2/7)



Date	Title	Author	Summary
21 Feb 2025	Efficacy Of Secondary Cytoreductive Surgery In Recurrent Low-Grade Serous Ovarian Cancer: A Multicenter Retrospective Analysis	Thomas Gaillard	<ul style="list-style-type: none"> • Introduction: Primary pure ovarian leiomyosarcomas (POLMs) are rare, representing <0.1% of ovarian malignancies, with only 60 cases reported. This study provides the first comprehensive genomic profiling (GCP) of seven POLM cases to characterize their molecular landscape • Methodology: Tumors were pathologically reviewed, and genomic profiling was performed using the TruSight Oncology 500 High Throughput assay. Oncogenic mutations (Tier I-II classification), tumor mutational burden (TMB), and microsatellite instability (MSI) were assessed • Results: All cases were FIGO stage IA. TP53 (71%) and PTEN (43%) mutations were prevalent, with common copy number alterations affecting cell cycle and homologous recombination pathways. MSI was stable, and TMB was low • Conclusions: POLMs exhibit molecular features similar to uterine leiomyosarcomas. GCP offers insights into their biology and potential off-label therapeutic targets, warranting further research
21 Feb 2025	Updated Patient-Reported Outcomes In The PRIMA/ENGOT-OV26/GOG-3012 Trial Of Niraparib First-Line Maintenance Therapy In Patients With Newly Diagnosed Advanced Ovarian Cancer	Domenica Lorusso	<ul style="list-style-type: none"> • Introduction: Olaparib is used as maintenance therapy for BRCA-mutated HGSOC but often requires dose reductions due to toxicity. This study examines the correlation between BRCA mutation type/location and Olaparib-related toxicity • Methodology: A retrospective analysis (2016–2024) of 96 patients classified BRCA mutations by type and location. TEAEs leading to dose reductions were recorded • Results: TEAEs led to one-step (52.1%) or two-step (29.2%) dose reductions. Mutation location significantly correlated with severe toxicity in BRCA1 ($p=0.016$) and BRCA2 ($p=0.026$). BRCA1 DBD mutations caused no severe toxicity, while 14.3% of BRCA2 RAD51-BD mutations required a two-step reduction • Conclusions: BRCA mutation location influences Olaparib toxicity, warranting further investigation



Notable Presentations at ESGO 2025

Ovarian Cancer (3/7)



Date	Title	Author	Summary
21 Feb 2025	Stereotactic Ablative Radiotherapy for Oligometastatic Ovarian Cancer Parenchymal Disease: The MITO-RT3/RAD Phase II Trial	Gabriella Macchia	<ul style="list-style-type: none"> • Introduction: The MITO-RT3/RAD Phase II trial evaluated stereotactic body radiotherapy (SBRT) for parenchymal lesions in oligometastatic ovarian cancer (oligo-MPR-OC), aiming to improve complete response (CR) rates • Methodology: The study enrolled 88 patients (127 lesions) across 15 centers (2020–2024). Primary endpoint: CR rate; secondary endpoints: local control (LC), progression-free survival (PFS), overall survival (OS), treatment-free interval (TFI), and toxicity • Results: CR was achieved in 55.9% of lesions, with an overall response rate of 85%. LC at 12 months was 81.6% (CR lesions: 96.3%, $p < 0.001$). OS at 12 months was 91.5%, with no \geq Grade 3 toxicity • Conclusions: SBRT is effective in oligo-MPR-OC, providing high CR rates and minimal toxicity
21 Feb 2025	Effect Of Crossover-Surgery At The Subsequent Relapse On The Survival Of Patients With Platinum-Sensitive Relapsed Ovarian Cancer: Prespecified And Post-Hoc Analyses Of The SOC-1 Randomized Phase 3 Trial	Yulian Chen	<ul style="list-style-type: none"> • Introduction: The phase 3 PRIMA trial demonstrated that niraparib significantly improved progression-free survival in newly diagnosed advanced ovarian cancer (aOC) This study reports updated health-related quality of life (HRQOL) outcomes • Methodology: Patients (N=733) were randomized 2:1 to niraparib or placebo as first-line maintenance. HRQOL was assessed using EORTC QLQ-C30 and QLQ-OV28, with surveys conducted every 8–12 weeks. Median follow-up: 6.2 years • Results: HRQOL remained comparable between arms. Niraparib initially worsened appetite loss, nausea/vomiting, and constipation, but symptoms improved after 7–9 cycles. Other symptom scores showed no significant differences • Conclusions: Niraparib maintenance therapy does not compromise long-term HRQOL, supporting its role as a key treatment option for aOC



Notable Presentations at ESGO 2025

Ovarian Cancer (4/7)



Date	Title	Author	Summary
21 Feb 2025	Prospective Assessment Of The Association Between Perioperative Fluid Balance And Postoperative Complications After Surgery For Advanced Ovarian Cancer; Ancillary Data From A Randomised Controlled Trial	Sahar Salehi	<ul style="list-style-type: none"> • Introduction: Optimal perioperative fluid management in women undergoing cytoreductive surgery (CRS) for advanced ovarian cancer (aEOC) remains undefined. This study assesses the association between perioperative fluid balance and major postoperative complications • Methodology: A prospective observational study (2020–2023) in two Swedish tertiary centers analyzed 162 women undergoing CRS. Fluid balance thresholds were categorized, and their impact on complications within 30 days was evaluated using multivariable regression • Results: Fluid balance >1750 mL (excluding ascites) significantly increased complication risk (OR 3.40–3.91, $p \leq 0.04$). Including ascites, >2700 mL remained associated with complications (OR 2.59, $p = 0.047$) • Conclusions: A perioperative fluid balance target of <1750 mL (<2700 mL if including ascites) may reduce postoperative complications
22 Feb 2025	Efficacy And Safety Of Intravenous Administration Of High-Dose Selenium For Preventing Chemotherapy-Induced Peripheral Neuropathy In Platinum-Sensitive Recurrent Ovarian, Fallopian Or Primary Peritoneal Cancer: Study Protocol For A Phase III, Double-Blind, Randomized Study	Ga Won Yim	<ul style="list-style-type: none"> • Introduction: Chemotherapy-induced peripheral neuropathy (CIPN) impacts quality of life in platinum-sensitive recurrent ovarian cancer (PSROC). This trial evaluated high-dose intravenous selenium's efficacy in preventing CIPN • Methodology: A double-blinded, randomized, placebo-controlled trial assigned 68 PSROC patients (1:1) to selenium (2,000 μg) or placebo before chemotherapy (paclitaxel, carboplatin, bevacizumab). CIPN incidence at three months post-treatment was the primary endpoint; secondary endpoints included adverse events, QOL, and neuropathy medication use • Results: CIPN incidence was lower with selenium at cycles 3 (23.3% vs. 3.3%; $p = 0.023$) and 4 (20% vs. 3.3%; $p = 0.044$). Selenium improved QOL and liver function without increasing adverse effects • Conclusions: Selenium may reduce CIPN and enhance QOL, particularly in PSROC patients ≥ 60 years



Notable Presentations at ESGO 2025

Ovarian Cancer (5/7)



Date	Title	Author	Summary
20-23 Feb 2025	Relacorilant Plus Nab-Paclitaxel For Recurrent, Platinum-Resistant Ovarian Cancer: A Cost-Effectiveness Study	Zhen Niu	<ul style="list-style-type: none"> • Introduction: The phase II trial (NCT03776812) demonstrated that intermittent relacorilant plus nab-paclitaxel (IN) improves survival outcomes in platinum-resistant ovarian cancer with minimal additional toxicity. This study evaluates its cost-effectiveness over five years from a US payer's perspective • Methodology: A decision-analysis model calculated treatment costs and incremental cost-effectiveness ratios (ICERs) in quality-adjusted life years (QALYs). One-way and probabilistic sensitivity analyses assessed model stability • Results: IN (\$22,597.75) was cost-effective versus nab-paclitaxel monotherapy (N, \$4,606.05) with an ICER of \$21,418.69/QALY. Continuous relacorilant + nab-paclitaxel (CN, \$44,276.86) was less effective and more costly. Sensitivity analysis confirmed model robustness • Conclusions: IN is cost-effective, improves outcomes, and is better tolerated than CN, supporting its use in platinum-resistant ovarian cancer
20-23 Feb 2025	How To Improve The Aftercare Of Patients With Ovarian Cancer: Results Of The National NOGGO-Monitor Study	Jalid Sehoul	<ul style="list-style-type: none"> • Introduction: Advances in ovarian cancer therapies are reshaping follow-up care. This survey assesses current follow-up practices in Germany • Methodology: A nationwide, anonymous, multicentre online survey was conducted among clinicians from November 2023 to August 2024 using LimeSurvey • Results: Among 208 respondents, 69.7% worked in accredited cancer centres. Follow-up was symptom-oriented (91%), with tumour markers assessed primarily when symptoms arose (65.4%). Main objectives were prolonging overall survival (38.9%) and progression-free survival (28.2%). Most clinicians (68.5%) monitored symptoms during PARP inhibitor maintenance. A majority (73.4%) sought clearer follow-up guidelines, and 94.2% supported clinical research to enhance protocols • Conclusions: Standardised follow-up strategies, especially for maintenance therapy and long-term survivors, are needed

Notable Presentations at ESGO 2025

Ovarian Cancer (6/7)



Date	Title	Author	Summary
20-23 Feb 2025	Health-Related Quality Of Life And Symptom Burden In Patients With Newly Diagnosed Advanced Ovarian Cancer – Baseline Patient-Reported Outcome Results From The 3rd Interim Analysis Of The Non-Interventional SCOUT-1 Study (NOGGO Ov54, NCT04830709)	Matthias Rose	<ul style="list-style-type: none"> • Introduction: The SCOUT-1 study (NCT04830709) evaluates treatment patterns and outcomes in newly diagnosed advanced epithelial ovarian cancer (OC), integrating real-world patient-reported outcomes (PROs) to assess health-related quality of life (HRQoL), symptom burden, and patient needs • Methodology: This non-interventional study plans to enroll 750 patients eligible for platinum-based chemotherapy, monitored for up to 7 years. PROs are assessed via electronic standardized questionnaires (EQ-5D, FACT-O, MOSTv2, PGI-S). Interim analyses (IA) occur at 175, 250, and 375 patients • Results: The third IA (375 patients, data cut-off October 13, 2024) will report baseline characteristics, treatment safety, compliance, and PRO findings • Conclusions: Combining clinical outcomes with PROs enhances patient-centered treatment strategies and improves physician-patient interactions
20-23 Feb 2025	Surufatinib Combined With Toripalimab For The Treatment Of Recurrent Ovarian Clear Cell Carcinoma: Update Of A Prospective Single Center, Single-Arm Phase II Clinical Trial	Huijuan Yang	<ul style="list-style-type: none"> • Introduction: Ovarian clear cell carcinoma (OCCC) is aggressive with limited treatment options. This study evaluates surufatinib (VEGFR, FGFR, CSF-1R inhibitor) plus toripalimab (PD-1 inhibitor) in recurrent OCCC • Methodology: Twenty-three patients (aged 18–75) with recurrent OCCC received surufatinib (250 mg daily) and toripalimab (240 mg, q3w) until progression or toxicity. Primary endpoint: progression-free survival (PFS); secondary endpoints: objective response rate (ORR), overall survival (OS), and safety • Results: Among 10 evaluable patients, median PFS was 8.4 months, ORR 30%, and disease control rate 80%. Common toxicities were anemia (60%) and hypertension (50%), with no fatal events • Conclusions: The combination shows promising efficacy and tolerable toxicity in recurrent OCCC



Notable Presentations at ESGO 2025

Ovarian Cancer (7/7)



Date	Title	Author	Summary
20-23 Feb 2025	Real-World Risk Of MDS/AML And Other Secondary Primary Malignancies In Patients With Epithelial Ovarian Cancer Treated With Niraparib Maintenance Therapy: Final Results From A Regulatory Safety Study	Tirza Areli Calderón Boyle	<ul style="list-style-type: none"> • Introduction: Niraparib, a PARP inhibitor, is approved for maintenance therapy in platinum-sensitive ovarian cancer (OC). This study evaluates the long-term risk of myelodysplastic syndrome/acute myeloid leukemia (MDS/AML) and secondary primary malignancies (SPMs) in real-world clinical practice • Methodology: A noninterventional study followed 745 OC patients from Germany, Italy, the Netherlands, and Spain treated with niraparib in first-line (1LM) or later-line (2LM+) settings for up to five years. Incidence of MDS/AML/SPMs and treatment-emergent adverse events (TEAEs) were assessed • Results: MDS/AML (1.2%) and SPMs (0.8%) occurred exclusively in the 2LM+ cohort, except one SPM case in 1LM. TEAEs occurred in 52.2%, with 18.5% ≥Grade 3. • Conclusions: The safety profile aligns with previous clinical trial data, with no new safety concerns identified
20-23 Feb 2025	Time To Second Progression Of Bevacizumab Versus PARP Inhibitors As Maintenance Therapy After First-Line Platinum-Based Chemotherapy For Homologous Recombination Proficient, Advanced High-Grade Ovarian Cancer Patients: A Retrospective Study.	Alessandra Giustozzi	<ul style="list-style-type: none"> • Introduction: Half of advanced high-grade ovarian cancer (aHGOC) patients are homologous recombination proficient (HRp), a group with poor prognosis. Bevacizumab and PARP inhibitors (PARPi) are maintenance options, but no prospective data compare their efficacy • Methodology: A retrospective analysis at Fondazione Policlinico Universitario A. Gemelli, IRCCS, assessed Time to Second Progression (TTSP) in HRp/aHGOC patients receiving bevacizumab or PARPi after upfront therapy, stratified by platinum-based (pbCT) or non-platinum-based chemotherapy (non-pbCT) • Results: Among 76 patients, TTSP was similar between bevacizumab (4.9 months) and PARPi (7.1 months, HR 0.76, p=0.3). No significant differences were found between pbCT and non-pbCT groups • Conclusions: Maintenance choice did not impact subsequent chemotherapy efficacy, with pbCT and non-pbCT showing comparable outcomes



Notable Presentations at ESGO 2025

Cervical Cancer (1/6)



Date	Title	Author	Summary
20 Feb 2025	Patterns, Risk Factors And The Impact Of Concomitant Cisplatin On Distant Metastasis In Locally Advanced Cervical Cancer – An EMBRACE I Analysis	Johannes Knoth	<ul style="list-style-type: none"> • Introduction: This study evaluates patterns, risk factors, and the impact of cumulative cisplatin dose on distant metastasis (DM) in locally advanced cervical cancer within the EMBRACE I cohort • Methodology: Data from 1318 patients treated at 24 centers (2008–2015) were analyzed. Patients received external beam radiotherapy, MRI-based adaptive brachytherapy, and weekly cisplatin (0–40 mg/m²). DM was defined per FIGO2018 criteria. Statistical models assessed cisplatin dose and DM risk • Results: DM occurred in 14% of patients, primarily in the lungs (26%), mediastinal nodes (15%), and bones (10%). High cumulative cisplatin doses (170–200 mg/m²) were associated with reduced DM risk in high-risk patients • Conclusions: Non-squamous histology and nodal involvement are key DM risk factors. Higher cisplatin doses may improve outcomes in high-risk patients, informing future treatment strategies
20 Feb 2025	Predicting Lymph Node Metastasis In Operable Cervical Cancer Patients: Can We Identify Patients At Risk For Dual Surgical And Radiotherapeutic Treatments?	Nuria Agustí Garcia	<ul style="list-style-type: none"> • Introduction: While most HPV infections are transient, the factors driving persistence and progression to cervical cancer remain unclear. This study explores proteomic markers linked to persistent HPV infection and their mediation of genetic susceptibility • Methodology: Protein expression (N=1,132) and six GWAS-identified SNPs were analyzed in UK Biobank participants (784 cases, 25,264 controls). Stability LASSO identified key proteins, gene over-representation analysis (ORA) explored pathways, and logistic regression (LR) and XGBoost assessed predictive performance • Results: Eighty-five proteins were linked to HPV persistence, with 17 mediating SNP effects. Seven proteins provided the best predictive AUC (0.631). XGBoost did not outperform LR (AUC=0.604) • Conclusions: Identified proteins provide insights into HPV persistence and cancer progression, warranting further validation for potential therapeutic targets



Notable Presentations at ESGO 2025

Cervical Cancer (2/6)



Date	Title	Author	Summary
20 Feb 2025	Early-STage CERvical CaNcer Undergoing For FertilitY-Sparing Approach: Long-Term Outcomes From The ETERNITY Project	Giorgio Bogani	<ul style="list-style-type: none"> • Introduction: Fertility-sparing techniques are an alternative to radical surgery for early-stage cervical cancer. This study assesses their impact on morbidity and survival outcomes. • Methodology: The ETERNITY registry (NCT06351228) matched 390 fertility-sparing patients with 390 radical surgery patients. Outcomes included 90-day morbidity and survival • Results: Hysterectomy was required in 17.9% of fertility-sparing cases (28.9% for recurrence). Pregnancy occurred in 19.7%. Fertility-sparing patients had lower 90-day morbidity ($p < 0.001$), with no differences in progression-free ($p = 0.766$) or overall survival ($p = 0.865$) • Conclusions: Fertility-sparing treatment does not increase morbidity or compromise survival, supporting its feasibility for selected early-stage cervical cancer patients
22 Feb 2025	Comparison Of Hybrid Capture 2 Oncogenic HPV Test Performance On Evalyn- Vs Qiagen-Brush Self-Collected Specimens Among A South African Population Enriched For HIV-Positivity	Greta Dreyer	<ul style="list-style-type: none"> • Introduction: High-risk HPV (hrHPV) testing on self-collected specimens improves cervical cancer screening uptake. This study compares the test performance of self-collected Evalyn- vs Qiagen-brush specimens • Methodology: Women aged 25–65, unscreened for five years, were randomized to use either brush. The Hybrid Capture 2 (HC2) assay tested hrHPV presence. CIN3+ detection served as the reference, with multiple imputation adjusting for verification bias • Results: Among 907 women (43.1% HIV+), Qiagen-brush had higher sensitivity (75.8% vs. 59.7%) and PPV (35.5% vs. 22.1%), while Evalyn-brush showed better specificity (71.8% vs. 65.9%) and NPV (93.0% vs. 91.7%) • Conclusions: Qiagen-brush improves sensitivity, whereas Evalyn-brush provides higher specificity, supporting recall without further triage



Notable Presentations at ESGO 2025

Cervical Cancer (3/6)



Date	Title	Author	Summary
22 Feb 2025	Academic Randomized Phase II Trial Assessing The Inhibitor Of Programmed Cell Death Ligand 1 (PD-L1) Immune Checkpoint Atezolizumab In Combination With Chemoradiation In Locally Advanced Cervical Cancer (ATEZOLACC Trial)	Cyrus Chargari	<ul style="list-style-type: none"> • Introduction: This phase II trial evaluates the addition of atezolizumab to standard chemoradiation (CRT) in locally advanced cervical cancer (LACC) and its impact on progression-free survival (PFS) • Methodology: A total of 189 patients were randomized to receive either CRT alone or CRT plus atezolizumab (1200 mg IV every three weeks, up to 20 cycles). Primary endpoint: 2-year PFS; secondary endpoints: overall survival (OS), distant control (DC), and safety • Results: No significant difference in 2-year PFS (70% vs. 64%, $p=0.23$) or OS (83% vs. 82%, $p=0.95$). Adverse events (Grade ≥ 3) were more frequent in the atezolizumab arm (65% vs. 53%) • Conclusions: Atezolizumab did not improve PFS, highlighting the need for biomarker-driven trials
22 Feb 2025	A Single-Arm, Multicenter, Phase II Study On Carboplatin-Paclitaxel-Pembrolizumab In Neoadjuvant Treatment Of Locally Advanced Cervical Cancer: The MITO CERV3 Study	Domenica Lorusso	<ul style="list-style-type: none"> • Introduction: PD-1 inhibitors improve survival in cervical cancer (CC). This study evaluates pembrolizumab plus platinum-based chemotherapy (pbCT) as neoadjuvant therapy (NACT) in PD-L1+ locally advanced CC (LACC) • Methodology: A phase II trial enrolled FIGO IB2-IIB PD-L1+ CC patients. NACT (carboplatin, paclitaxel, pembrolizumab) was given for three cycles, followed by radical surgery. High-risk patients received adjuvant pbCT and pembrolizumab maintenance. The primary endpoint was 2-year progression-free survival (PFS) • Results: Among 45 patients, 2-year PFS was 71.1%. ORR to NACT was 73.3%, with 26.7% achieving complete response. Treatment was well tolerated • Conclusions: Pembrolizumab plus pbCT is a feasible alternative to CRT in low-risk LACC



Notable Presentations at ESGO 2025

Cervical Cancer (4/6)



Date	Title	Author	Summary
20-23 Feb 2025	Neoadjuvant Chemoradiotherapy Treatment With Intensity-Modulated Technique (VMAT/IMRT), Simultaneous Integrated Boost (SIB), And Image-Guided Radiotherapy (IGRT) Followed By Radical Surgery In Locally Advanced Cervical Cancer: Prospective Phase II Study (LARA 4.0)	Camilla Certelli	<ul style="list-style-type: none"> • Introduction: Exclusive chemoradiotherapy (CRT) is standard for locally advanced cervical cancer (LACC), but radical surgery (RS) after neoadjuvant CRT shows promise. This study evaluates image-guided radiotherapy with VMAT/IMRT plus chemotherapy in preoperative LACC treatment • Methodology: From March 2021 to April 2023, 109 LACC patients underwent neoadjuvant CRT across four centers. Treatment included 50 Gy (tumor/nodes) and 45 Gy (pelvis) using VMAT/IMRT • Results: Most patients (66.1%) had FIGO IIIC1. CRT completion rate was 100%, with 3 grade 3 toxicities. Complete response was 35.8%. Three-year disease-free survival was 78.0%, overall survival 92.0% • Conclusions: Preoperative VMAT/IMRT followed by RS shows strong survival outcomes and low toxicity
20-23 Feb 2025	Re-Treatment With The Immune Checkpoint Inhibitor Cadonilimab In Patients With Cervical Cancer Who Progressed After Anti-PD-1 Therapy: A Real-World Study	Dapeng Li	<ul style="list-style-type: none"> • Introduction: Immunotherapy plus chemotherapy is standard for metastatic/recurrent cervical cancer (R/M CC), but optimal regimens post-anti-PD-1 progression remain unclear. This study evaluates cadonilimab (PD-1/CTLA-4 bispecific antibody) as a rechallenge therapy • Methodology: A retrospective study at Shandong Cancer Hospital (Aug 2022–Apr 2024) included 17 R/M CC patients treated with cadonilimab alone or in combination after prior anti-PD-1 failure. Outcomes assessed: progression-free survival (PFS), overall survival (OS), objective response rate (ORR), disease control rate (DCR), and adverse events • Results: Median PFS and OS were 12 and 22 months, respectively. ORR was 52.9%, DCR 82.4%. Grade ≥3 TRAEs occurred in 76.5%, with one treatment discontinuation • Conclusions: Cadonilimab demonstrates promising efficacy and manageable toxicity, offering a potential strategy to overcome PD-1 resistance



Notable Presentations at ESGO 2025

Cervical Cancer (5/6)



Date	Title	Author	Summary
20-23 Feb 2025	Incidence Of Cervical Intraepithelial Neoplasia In Republic Of Korea: A Nation-Wide Cross-Sectional Study 2009-2020	minsun Kyung	<ul style="list-style-type: none"> • Introduction: This study assesses the incidence and risk factors of cervical intraepithelial neoplasia (CIN) in the Republic of Korea from 2009 to 2020 • Methodology: Data were sourced from the Korean Health Insurance Review and Assessment Service-National Inpatients Sample (HIRA-NIS) database. CIN cases were classified into CIN1, CIN2, CIN3, and cervical cancer in situ (CIS) • Results: Among 6,283,788 women, 35,368 had CIN, with a median age of 37 years. Incidence was 5.63 per 1000 women, peaking at ages 30–35. Incidence increased annually. Low socioeconomic status (SES) and older age were protective factors, while a high Charlson Comorbidity Index (CCI) increased risk • Conclusions: CIN incidence in Korea is twice that of US studies and rising annually. Age, SES, and CCI influence risk
20-23 Feb 2025	Should We Change Our Management Of Locally Advanced Cervical Cancer Based On The Results Of The INTERLACE Trial ?	Sabrine Tbessi	<ul style="list-style-type: none"> • Introduction: The INTERLACE trial demonstrated an overall survival benefit with induction chemotherapy (CT) using at least five cycles of carboplatin-paclitaxel in locally advanced cervical cancer (LACC). This case highlights its impact on LACC management • Methodology: A case of LACC treated at Farhat Hached Hospital, Tunisia, in 2024 following the INTERLACE protocol is reported, with a literature review • Results: A 42-year-old woman (stage IIIC2) received five cycles of carboplatin-paclitaxel. Post-treatment MRI showed complete tumor and nodal response, except for a single iliac lymph node. She underwent chemoradiotherapy and achieved complete remission at three months • Conclusions: While INTERLACE supports induction CT, uncertainties remain regarding radiation planning post-complete response, warranting further trials



Notable Presentations at ESGO 2025

Cervical Cancer (6/6)



Date	Title	Author	Summary
20-23 Feb 2025	Immunotherapy And Bevacizumab In Cervical Cancer: Insights From A Retrospective Cohort Study	Natalia Pérez Rodríguez	<ul style="list-style-type: none"> • Introduction: Cervical cancer remains a major global health challenge, particularly in low- and middle-income countries. Recent advances, including immunotherapy and bevacizumab, have improved outcomes. This study evaluates their real-world impact on stage IV cervical cancer survival • Methodology: A retrospective study (2010–2023) at University Hospital Nuestra Señora de Candelaria, Spain, analyzed 56 patients. Two cohorts were compared: an old group (without PD-L1 testing) and a new group (with PD-L1 testing). Primary endpoint: progression-free survival (PFS) with immunotherapy. Secondary endpoints: overall survival (OS) and bevacizumab impact • Results: Median PFS was longer in the new group (12 vs. 3 months, $p=0.001$). Immunotherapy improved PFS (8.5 vs. 6 months, $p=0.038$), while bevacizumab's impact was limited ($p=0.435$) • Conclusions: Immunotherapy significantly enhances PFS in metastatic cervical cancer, aligning with KEYNOTE-826. Bevacizumab's role may be patient-specific, requiring further investigation
20-23 Feb 2025	Evaluation Of OSNA In Cervical Cancer. Single-Center Study.	Myriam Gracia	<ul style="list-style-type: none"> • Introduction: Sentinel lymph node (SLN) biopsy is a promising alternative to lymphadenectomy in early-stage cervical cancer. One-step nucleic acid amplification (OSNA) detects cytokeratin 19 mRNA, enabling intraoperative detection of low-volume metastases • Methodology: A prospective study (June 2022–November 2024) included FIGO IA2-IB2 patients undergoing SLN biopsy with OSNA. Positive cases proceeded to lymphadenectomy • Results: Among 13 patients, OSNA detected metastases in 4 (30.7%). Sensitivity and negative predictive value were both 100%, with no false negatives. Most frequent metastatic sites were the left obturator and right external iliac fossae • Conclusions: OSNA effectively detects low-volume SLN metastases. Further studies are needed to confirm its accuracy and impact on survival



Notable Presentations at ESGO 2025

Endometrial Cancer (1/4)



Date	Title	Author	Summary
21 Feb 2025	Longer-Term Safety And Efficacy Of Selinexor Maintenance Therapy For Patients With TP53wt Advanced Or Recurrent Endometrial Cancer: Follow-Up Subgroup Analysis Of The ENGOT-EN5/GOG-3055/SIENDO Study	Giorgio Valabrega	<ul style="list-style-type: none"> • Introduction: The phase 3 RUBY trial (NCT03981796) demonstrated that dostarlimab (DOST) + carboplatin-paclitaxel (CP) significantly improves survival in primary advanced or recurrent endometrial cancer (pA/rEC). This analysis examines the timing of treatment-related adverse events (TRAEs) • Methodology: Patients (N=487) were randomized 1:1 to DOST+CP or placebo+CP for six cycles, followed by DOST or placebo monotherapy for up to three years. TRAEs were assessed quarterly per CTCAE v4.03 • Results: TRAEs occurred in 97.9% (DOST+CP) and 98.8% (placebo+CP) patients, mostly within the first 3–6 months, coinciding with chemotherapy. Few new TRAEs emerged after 12 months • Conclusions: The safety profile of DOST+CP is consistent with chemotherapy-related toxicity, supporting its favorable long-term benefit-risk profile in pA/rEC
21 Feb 2025	Time Course Of Adverse Events In Primary Advanced Or Recurrent Endometrial Cancer Treated With Dostarlimab Plus Chemotherapy In The ENGOT-EN-6-NSGO/GOG-3031/RUBY Trial	David Cibula	<ul style="list-style-type: none"> • Introduction: The phase 3 RUBY trial (NCT03981796) demonstrated that dostarlimab (DOST) + carboplatin-paclitaxel (CP) improves survival in primary advanced or recurrent endometrial cancer (pA/rEC). This analysis examines the timing of treatment-related adverse events (TRAEs) • Methodology: Patients (N=487) were randomized 1:1 to DOST+CP or placebo+CP for six cycles, followed by DOST or placebo monotherapy for up to three years. AEs were assessed quarterly per CTCAE v4.03 • Results: TRAEs occurred in 97.9% (DOST+CP) and 98.8% (placebo+CP) patients, mostly within the first 3–6 months, coinciding with chemotherapy. Few new TRAEs emerged after 12 months • Conclusions: The safety profile of DOST+CP aligns with chemotherapy-related toxicity, supporting its favorable long-term benefit-risk profile in pA/rEC



Notable Presentations at ESGO 2025

Endometrial Cancer (2/4)



Date	Title	Author	Summary
21 Feb 2025	Prognostic Significance Of Isolated Tumor Cells In Sentinel Lymph Nodes In Low- And Intermediate-Risk Endometrial Cancer Patients: Updated Results From An International Multi-Institutional Study.	Emilia Palmieri	<ul style="list-style-type: none"> • Introduction: This study updates the prognostic role of isolated tumor cells (ITC $\leq 0.2\text{mm}$) in sentinel lymph nodes (SLN) of low- and intermediate-risk endometrial cancer using an expanded cohort and extended follow-up • Methodology: ITC and node-negative patients from 24 centers (2012–2021) were analyzed. Kaplan-Meier survival curves compared recurrence-free survival (RFS) and overall survival (OS) between ITC and node-negative groups • Results: In low-risk patients without adjuvant therapy (N=888), ITC was an independent risk factor for recurrence ($p=0.006$) and worse OS ($p=0.02$). In intermediate-risk patients (N=277), ITC+LVSI correlated with worse non-vaginal RFS ($p=0.04$) • Conclusions: ITC predicts poorer prognosis, especially when combined with LVSI, warranting further risk-stratified management strategies
21 Feb 2025	Added Prognostic Value Of Sentinel Lymph Node Mapping In Endometrial Cancer To Molecular Subgroups	Franziska Siegenthaler	<ul style="list-style-type: none"> • Introduction: Molecular classification (MC) of endometrial cancer (EC) enhances prognostic accuracy and is integrated into the 2023 FIGO staging system. However, the patterns and prognostic significance of metastases within each molecular subgroup remain unclear • Methodology: The prospective EUGENIE study (2022–ongoing) aims to enroll 1000 EC patients undergoing sentinel lymph node (SNL) biopsy, lymphadenectomy, and peritoneal/omental biopsies. Staging data are analyzed against MC to identify metastatic patterns • Results: Among 553 patients, 25.3% had advanced disease (FIGO III–IV), highest in the p53-aberrant (49.4%) group. Peritoneal spread was most frequent in p53abn but absent in POLE. Unexpected peritoneal metastases were found in 0.5% of cases • Conclusions: Molecular subtypes show distinct metastatic patterns, guiding future surgical staging strategies in EC



Notable Presentations at ESGO 2025

Endometrial Cancer (3/4)



Date	Title	Author	Summary
22 Feb 2025	Defining The Lifetime Endometrial Cancer Risk Threshold At Which Risk-Reducing Hysterectomy And The Levonorgestrel-Releasing Intrauterine System Are Cost-Effective	Sam Oxley	<ul style="list-style-type: none"> • Introduction: Risk-reducing hysterectomy (RRH) is effective for Lynch Syndrome but its role in women at increased endometrial cancer (EC) risk remains unclear. This study defines the lifetime EC-risk thresholds at which RRH and the levonorgestrel intrauterine system (IUS) are cost-effective • Methodology: A Markov-model compared RRH and IUS against no prevention in women aged 40–50 years at varying EC-risk (3%–40%). Cost-effectiveness was evaluated using NICE thresholds (£20,000–£30,000/QALY). Sensitivity analyses included obesity impact • Results: RRH was cost-effective at $\geq 17\%$ lifetime EC-risk (40 years) and $\geq 14\%$ (50 years), with higher thresholds in obese women. IUS was cost-effective at $\geq 6\%$ (40 years) and $\geq 4\%$ (50 years) • Conclusions: This study establishes EC-risk thresholds for cost-effective RRH and IUS, informing risk-based prevention strategies.
20-23 Feb 2025	Comparison Of Clinical Characteristics And Survival Outcomes Of Adolescents And Young Adults Undergoing Hysterectomy For Endometrial Cancer To Their Older Counterparts – A Retrospective Cohort Study	Inge Peters	<ul style="list-style-type: none"> • Introduction: Adolescents and young adults (AYAs, 15–39 years) may have distinct genetic and tumor characteristics in endometrial cancer (EC). This study compares clinical features and survival outcomes of AYAs undergoing hysterectomy to older patients • Methodology: AYAs treated at Fondazione Policlinico Universitario Agostino Gemelli IRCCS (2018–2022) were matched 1:4 with older controls. Survival was analyzed using Kaplan-Meier plots and log-rank tests • Results: Among 49 AYAs and 196 controls, synchronous ovarian cancer was more frequent in AYAs (16.3% vs. 2.0%, $p < 0.001$). No significant differences were observed in FIGO stage, histotype, or survival outcomes ($p > 0.05$). • Conclusions: AYAs with EC have similar prognosis to older patients but are more likely to present with synchronous ovarian cancer



Notable Presentations at ESGO 2025

Endometrial Cancer (4/4)



Date	Title	Author	Summary
20-23 Feb 2025	Predictive Factors For Failed Sentinel Lymph Node Mapping In Endometrial Cancer: A Retrospective Multicenter Study	Cristina Taliento	<ul style="list-style-type: none"> • Introduction: Sentinel lymph node (SLN) mapping reduces morbidity in endometrial cancer but relies on accurate detection. This study identifies predictors of failed SLN mapping • Methodology: A retrospective analysis (2019–2024) across six oncology centers evaluated SLN mapping in 623 early-stage endometrial cancer patients using indocyanine green injection. Logistic regression identified predictors of mapping failure • Results: Bilateral mapping succeeded in 70.1%, while 29.9% failed. Increasing age ($p=0.03$) and non-endometrioid histology ($p=0.02$) were independent predictors of failure. Other factors, including BMI and FIGO stage, were not significant • Conclusions: Age and non-endometrioid histology predict SLN mapping failure, aiding patient selection and surgical planning
20-23 Feb 2025	Real-World Outcomes And Management Of Endometrial Cancer In France From 2016 To 2021 (MOONBEAM Study)	Florence Joly	<ul style="list-style-type: none"> • Introduction: Endometrial cancer (EC) is the fourth most common cancer in French women. This study examines real-world treatment patterns, overall survival (OS), and time to next treatment or death (TTNTD) in metastatic/recurrent (iM/R) EC in France (2016–2021). • Methodology: Using the SNDS database, iM/R EC patients were identified based on metastasis at diagnosis or recurrence post-treatment. Treatment sequences, OS, and TTNTD were analyzed • Results: Among 23,060 patients, median age was 71 years, with 1.2 years median follow-up. First-line treatment included chemotherapy (55%), radiotherapy (33%), and hormonal therapy (10%). OS in 1L was ~1 year longer than the overall population • Conclusions: Despite guideline-based treatment, low survival (~3 years) underscores the need for improved first-line therapies



Notable Presentations at ESGO 2025

Gynecologic Oncology and General & Multiple Cancers (1/2)



Date	Title	Author	Summary
20 Feb 2025	Impact Of An Enhanced Recovery After Surgery Program On Outcomes In Elderly Patients Undergoing Open Gynecologic Oncology Surgery	Maria Iniesta	<ul style="list-style-type: none"> • Introduction: Fertility-sparing techniques are an alternative for young women with early-stage cervical cancer seeking to preserve fertility. This study evaluates surgery-related morbidity and long-term oncologic outcomes. • Methodology: The ETERNITY registry (NCT06351228) retrospectively matched 390 patients undergoing fertility-sparing attempts with 390 undergoing radical surgery. Outcomes included 90-day morbidity and survival • Results: The fertility-sparing group had lower 90-day morbidity ($p < 0.001$), with no differences in survival ($p > 0.05$). Among fertility-sparing patients, 19.7% achieved pregnancy, and 17.9% eventually underwent hysterectomy • Conclusions: Fertility-sparing techniques do not increase morbidity or compromise survival, supporting their feasibility for selected early-stage cervical cancer patients
20 Feb 2025	Impact of Adjuvant Radiotherapy on Fatigue in Gynaecological Cancer Patients: A 20-Year Single Institutional Experience in 501 Patients	Paolo Bonome	<ul style="list-style-type: none"> • Introduction: Enhanced Recovery After Surgery (ERAS) protocols improve postoperative outcomes, but the impact of age on ERAS compliance and outcomes in gynecologic laparotomy remains unclear • Methodology: A retrospective analysis (2014–2020) of 1,690 patients undergoing laparotomy for gynecologic malignancies at a tertiary cancer center was conducted. Propensity score matching was performed for patients < 65 vs. ≥ 65 years • Results: Older patients had more comorbidities and malignancies but similar surgical complexity. ERAS compliance varied, with elderly patients receiving less preemptive analgesia but using less postoperative opioids. Acute kidney injury (AKI) was more common in elderly patients (8.8% vs. 3.9%, $p = 0.003$) • Conclusions: Age influences ERAS compliance and outcomes, highlighting the need for age-specific perioperative strategies



Notable Presentations at ESGO 2025

Gynecologic Oncology and General & Multiple Cancers (2/2)



Date	Title	Author	Summary
20 Feb 2025	The Impact Of The LETSGO Personalized Follow-Up Model On Empowerment And Quality Of Life In Gynaecological Cancer Survivors: A Multicenter Quasi-Experimental Study	Ingvild Vistad	<ul style="list-style-type: none"> • Introduction: Personalized follow-up is needed for gynecological cancer survivors due to increasing outpatient demands and unmet patient needs. This study evaluates the LETSGO model's impact on empowerment and quality of life (QoL) compared to standard follow-up • Methodology: A multicenter, quasi-experimental study in Norway enrolled 755 patients. LETSGO follow-up included nurse-led consultations, motivational interviews, a mobile app, and risk-stratified follow-up (1–3 years). Outcomes included empowerment (heiQ) and QoL (EORTC QLQ-C30) • Results: LETSGO significantly improved Health-Directed Activity ($p=0.04$), Emotional Wellbeing ($p=0.02$), social functioning ($p=0.01$), and physical functioning ($p=0.05$), though no difference was found in Self-monitoring and Insight • Conclusions: LETSGO enhances empowerment and QoL, supporting a nurse-led, app-assisted follow-up model
22 Feb 2025	Sexual Dysfunction And Body Image In BRCA Mutation Carriers Before And After Prophylactic Salpingo - Oophorectomy: A Cross-Sectional Study	Elisa Farsi	<ul style="list-style-type: none"> • Introduction: BRCA mutation carriers undergoing risk-reducing salpingo-oophorectomy (RRSO) face potential impacts on sexual function and body image, necessitating further evaluation • Methodology: A cross-sectional study of 220 BRCA-positive patients categorized by menopausal status and breast cancer history assessed body image, sexual function, and psychological well-being before and six months post-RRSO using validated surveys • Results: Sexual function and body image significantly declined post-RRSO ($p<0.01$, $p<0.02$), particularly in premenopausal women ($p<0.001$, $p<0.01$). Risk factors for sexual dysfunction included obesity, prior cancer, depression, and fatigue, while younger age and HRT were protective • Conclusions: RRSO significantly affects psychosexual well-being, necessitating individualized preoperative counseling and long-term follow-up to optimize quality of life





Uterine Sarcomas and Breast Cancer & Hormonal Therapy (1/3)

Date	Title	Author	Summary
22 Feb 2025	Radiomics-Based Ultrasound Model For Differentiating Uterine Sarcomas From Leiomyomas: The ROMUS Study In The MITO Group	Antonia Carla Testa	<ul style="list-style-type: none"> • Introduction: Uterine sarcomas are aggressive tumors often misclassified as benign leiomyomas due to a lack of validated diagnostic criteria. The ROMUS study explores ultrasound-based radiomics to improve preoperative differentiation • Methodology: A retrospective multicenter study analyzed 200 histologically confirmed cases (100 sarcomas, 100 leiomyomas) with preoperative ultrasound. Radiomic features were extracted and used to develop machine learning models (Logistic Regression, Random Forest, XG-Boost, SVM). Combined clinical-radiomics models included patient age. Performance was assessed via AUC, accuracy, sensitivity, and specificity • Results: Key radiomic features were identified, and models are under evaluation. Findings will be presented at an upcoming congress • Conclusions: Ultrasound-based radiomics, integrated with clinical factors, may enhance preoperative differentiation of uterine sarcomas, improving diagnosis and patient management
22 Feb 2025	Safety Of Topical Estrogen Therapy During Adjuvant Endocrine Treatment Among Patients With Breast Cancer: A Meta-Analysis Based Expert Panel Discussion	Stavroula Lila Kastora	<ul style="list-style-type: none"> • Introduction: Endocrine therapy for hormone receptor-positive breast cancer (BC), including tamoxifen (TAM) and aromatase inhibitors (AI), can cause menopausal symptoms, affecting compliance. The oncological safety of topical estrogen (TE) remains uncertain. This study systematically reviews and analyzes TE's impact on BC recurrence and mortality. • Methodology: A meta-analysis of six databases (up to January 2024) identified studies comparing TE use vs. non-use in BC survivors on TAM or AI. Subgroup and trial sequential analyses explored heterogeneity. An expert panel assessed findings and research gaps • Results: In 38,050 patients (1,805 TE users), TE use with AI may increase recurrence risk (RR 2.51, p=0.03) but not mortality. No increased risk was observed with TAM • Conclusions: In 38,050 patients (1,805 TE users), TE use with AI may increase recurrence risk (RR 2.51, p=0.03) but not mortality. No increased risk was observed with TAM





Uterine Sarcomas and Breast Cancer & Hormonal Therapy (2/3)

Date	Title	Author	Summary
22 Feb 2025	Genomic Characterization Of Gynaecological Carcinosarcoma: Analysis Of The Initial Cohorts From ROCSAN Phase II/III Trial From GINECO Group	Victor HEURTIER	<ul style="list-style-type: none"> • Introduction: Gynaecological carcinosarcoma (CS) is a rare, aggressive cancer with limited treatment options post-platinum therapy. The ROCSAN trial (GINECO) evaluates dostarlimab plus niraparib versus niraparib alone or chemotherapy. This genomic analysis explores CS alterations and their clinical impact • Methodology: Targeted sequencing of 571 genes, whole-genome shallow sequencing, and RNA sequencing were performed on 64 CS tumors to identify molecular alterations, MSI, TMB, and HRD status • Results: TP53 (86%) and PIK3CA (29%) were frequently altered. Actionable mutations (OncoKB levels 1–2) were linked to improved survival (OS 10.9 vs. 4.8 months). HRD was found in 9% of tumors, with some responses to niraparib ± dostarlimab • Conclusions: Genomic profiling may guide treatment in CS, supporting further ROCSAN trial recruitment
22 Feb 2025	Pazopanib Plus Gemcitabine In Patients With Relapsed Or Metastatic Uterine Carcinosarcomas: A Multi-Center, Phase II Clinical Trial Of The NOGGO And AGO	Alexander Mustea	<ul style="list-style-type: none"> • Introduction: Uterine carcinosarcomas (UCS) are aggressive tumors with poor prognosis, and no standard second-line therapy. This study evaluates the efficacy of gemcitabine (G) and pazopanib (P) in UCS patients • Methodology: A multicenter phase II trial enrolled 18 UCS patients (ECOG 0-1). Patients received pazopanib (800 mg daily) and gemcitabine (1000 mg/m² on days 1 and 8 of a 21-day cycle) until progression or 18 months. The primary endpoint was six-month progression-free survival (PFS) • Results: The six-month PFS rate was 16.7%, with a clinical benefit rate of 38.9%. Median PFS and overall survival were 4.4 and 7.7 months, respectively • Conclusions: The G/P combination showed moderate efficacy in UCS, warranting further investigation with molecular profiling





Uterine Sarcomas and Breast Cancer & Hormonal Therapy (3/3)

Date	Title	Author	Summary
20-23 Feb 2025	Predictive Value Of Classic Prognostic Factors For Survival In A North African Population With Node-Negative Breast Cancer: A Study Of 375 Cases	Imen Sassi	<ul style="list-style-type: none"> • Introduction: Lymph node-negative breast cancers generally have a good prognosis, but recurrence occurs in 10–30%. This study evaluates risk-adapted treatment using standard prognostic markers in resource-limited settings • Methodology: A retrospective study analyzed 375 patients with node-negative breast cancer over five years. Statistical analysis was performed using SPSS (version 23) • Results: Median follow-up was 70.9 months. Disease-free survival (DFS) was 170 months, and overall survival (OS) was 70 months. Univariate analysis identified several prognostic factors, but multivariate analysis found adjuvant hormone therapy as the only independent predictor of DFS ($p=0.008$) • Conclusions: Standard prognostic markers remain reliable in low-resource settings, though integrating novel markers could improve risk stratification
20-23 Feb 2025	Efficacy Of Preoperative Hormone Therapy In Operable Hormone Receptor-Positive Breast Cancer: A Prospective Study From The Salah Azaiz Institute	Selma KACEM	<ul style="list-style-type: none"> • Introduction: Neoadjuvant preoperative hormone therapy (POHT) is explored as a treatment option for operable hormone receptor-positive (HR+) breast cancer. This study evaluates POHT efficacy • Methodology: A prospective study at Salah Azaiz Institute (2014–2016) included 68 non-metastatic HR+ breast cancer patients. Tamoxifen or anastrozole was administered for ~6 weeks. Clinical and ultrasound responses were assessed • Results: Median tumor size was 27.18 mm. POHT led to clinical tumor reduction in 33.8% and ultrasound reduction in 62.2% of cases. A therapeutic effect was observed in 60.3%, with Ki67 decline in half of the patients • Conclusions: Response rates were lower than expected, suggesting longer POHT duration may improve outcomes. Further trials are needed





Gestational Trophoblastic Tumors and HPV & Infection-Related Studies (1/2)

Date	Title	Author	Summary
22 Feb 2025	Efficacy Of A Multi-Ingredient Coriolus Versicolor-Based Vaginal Gel On High-Risk HPV Clearance: Final Results From The PALOMA 2 Clinical Trial.	Damián Dexeus Carter	<ul style="list-style-type: none"> • Introduction: High-risk (HR)-HPV infection is a key precursor to cervical cancer. The PALOMA 2 trial evaluated the efficacy of a Coriolus versicolor-based vaginal gel (Papilocare®) in promoting HR-HPV clearance • Methodology: A randomized, multi-center, open-label trial enrolled unvaccinated HR-HPV-positive women (30–65 years) with ASCUS/LSIL cytology. Patients were assigned to three Papilocare® regimens or a watchful waiting control. HR-HPV clearance was assessed at six months • Results: Among 109 patients completing treatment, HR-HPV clearance was significantly higher in the intensive (88.5%, $p=0.0011$) and very intensive (75.9%, $p=0.0225$) Papilocare® groups vs. control (46.4%) • Conclusions: Intensive Papilocare® regimens significantly enhance HR-HPV clearance, suggesting a proactive management option for HR-HPV-positive women with low-grade cervical lesions
22 Feb 2025	Avelumab + Methotrexate In Low-Risk Gestational Trophoblastic Tumors In 1st-Line Setting: Updated Analysis Of TROPHAMET Trial On Efficacy And Subsequent Pregnancies	Pierre-Adrien Bolze	<ul style="list-style-type: none"> • Introduction: Gestational trophoblastic tumors (GTT) are rare malignancies in young women. The TROPHAMET trial previously demonstrated over 95% cure rates in low-risk GTT (FIGO score ≤ 6). This update presents extended efficacy, safety, and fertility impact data • Methodology: TROPHAMET (NCT04396223) was a multicenter trial evaluating avelumab (800 mg IV, day 1) plus an 8-day methotrexate (MTX) regimen. Treatment continued until hCG normalization plus three consolidation cycles. The primary endpoint was hCG normalization • Results: Among 27 treated patients, 96.2% achieved hCG normalization (median 3.32 months). No relapses occurred at 30-month follow-up. Among 17 patients eligible for childbearing, 12 (70.6%) conceived, with 7 delivering healthy newborns • Conclusions: Avelumab plus MTX significantly improves cure rates in low-risk GTT without compromising fertility





Gestational Trophoblastic Tumors and HPV & Infection-Related Studies (2/2)

Date	Title	Author	Summary
20-23 Feb 2025	Cervicovaginal Microbiota In Patients With Precancerous And Cancerous Lesions Of Cervix -A Case Control Study	SAJITHA SURENDRAN	<ul style="list-style-type: none"> • Introduction: The cervicovaginal microbiota is classified into community state types (CSTs). CST-I and CST-II, dominated by <i>Lactobacillus crispatus</i> and <i>L. gasseri</i>, are protective, whereas dysbiosis leads to HPV persistence and cervical carcinogenesis. This study evaluates microbiota diversity in precancerous and cancerous cervical lesions • Methodology: A prospective observational study (Aug 2021–July 2023) at a tertiary cancer center recruited cervical cancer/CIN patients and healthy controls. Cervicovaginal samples underwent microbial DNA isolation and metagenomic analysis • Results: Among 17 cases and 11 controls, <i>L. crispatus</i> dominated controls, while <i>L. iners</i>, <i>Gardnerella vaginalis</i>, <i>Parvimonas micra</i>, and <i>Peptostreptococcus anaerobius</i> were prevalent in cases. Increased microbial diversity correlated with treatment resistance • Conclusions: Cervical cancer/CIN patients exhibit CST-I & II depletion and dysbiosis. Understanding microbiota may improve prevention and treatment strategies
20-23 Feb 2025	Relationship Between HPV Genotype And Lesion Grade In Patients Undergoing Conservative Treatment For High-Grade Cervical Lesions: Preliminary Findings From The RECER (Regression Of Severe Cervical Precancerous Lesions And Associated Risk Factors) Study	Daniel Brynda	<ul style="list-style-type: none"> • Introduction: HPV 16/18 infection is linked to a higher risk of progression in cervical intraepithelial neoplasia (CIN), though its impact on dysplasia grade, age, and HPV vaccination history remains unclear. This analysis from the RECER study evaluates these associations in CIN2/3 patients undergoing conservative treatment • Methodology: Patients with confirmed CIN2/3 were enrolled and monitored for spontaneous regression under colposcopic surveillance. HPV genotypes were compared with dysplasia grade, age, and vaccination status using the chi-squared test • Results: Among 112 patients, 46 (41%) had HPV 16/18, with no significant association with dysplasia grade ($p=0.57$) or age ($p=0.22$). Vaccinated women had lower HPV 16/18 prevalence (21% vs. 50%, $p=0.03$) • Conclusions: HPV 16/18 was not associated with dysplasia severity or age, but vaccinated women had fewer HPV 16/18-related lesions. Other factors influencing lesion regression/progression should be explored





Key Corporate Supported Symposia Information

ESGO 2025 Corporate Supported Symposia Information (1/3)



Date	Sponsor	Title
20 Feb 2025	AbbVie	What could ADCs bring to PROC?
20 Feb 2025	AbbVie	Biomarker testing in advanced OC: What do we need to test for now?
20 Feb 2025	AbbVie	Introducing ADCs into clinical practice: What do we need to anticipate?
21 Feb 2025	MSD	Endometrial cancer: Exploring 1L options for non-dMMR patients
21 Feb 2025	MSD	Immunotherapy treatment approaches for locally advanced cervical cancer
21 Feb 2025	pharma&	Navigating the landscape in 1L maintenance treatment
21 Feb 2025	pharma&	How to select the best treatment for your patients: From science to clinical practice



ESGO 2025 Corporate Supported Symposia Information (2/3)

Date	Sponsor	Title
21 Feb 2025	pharma&	Therapeutic strategies for patients with ovarian cancer in advanced settings: An interactive discussion
21 Feb 2025	GSK	Comprehensive decision-making in the treatment of advanced ovarian cancer
21 Feb 2025	GSK	Appraising long-term outcomes with PARPi maintenance monotherapy in advanced ovarian cancer
21 Feb 2025	GSK	Enhancing clinical practice through personalized patient care
22 Feb 2025	AstraZeneca	Understanding the Complexity of Advanced & Recurrent Endometrial Cancer Disease and Treatment Landscape
22 Feb 2025	AstraZeneca	Optimizing Outcomes in dMMR disease: The Consolidated Evidence Today and Needs for the Future
22 Feb 2025	AstraZeneca	Improving Outcomes in pMMR disease: Addressing the disease complexity and Optimizing Treatment Selection



ESGO 2025 Corporate Supported Symposia Information (3/3)

Date	Sponsor	Title
22 Feb 2025	AstraZeneca	<u>Interactive Discussion: Optimizing Advanced & Recurrent Endometrial Cancer Management</u>
22 Feb 2025	AstraZeneca / MSD	<u>Overview of the latest long-term survival data from first-line PARPi trials</u>
22 Feb 2025	AstraZeneca / MSD	<u>Data to decision: Navigating treatment options and strategies to optimise treatment outcomes for patients with newly diagnosed advanced ovarian cancer</u>





Themes from key AI / ML presentations at ESGO 2025 (1/2)

- **ESGO 2025 will highlight how AI and machine learning are reshaping gynecologic oncology by enhancing cancer diagnostics, surgical precision, personalized treatment, and screening accessibility, yet real-world validation and seamless integration remain key to maximizing its clinical impact and advancing precision medicine**
- Check out the key AI / ML themes at ESGO 2025 below:
 - **AI in Diagnostics and Risk Prediction:**
 - AI-driven models improve accuracy in gynecologic cancer detection and risk assessment. Machine learning identified recurrence biomarkers in endometrial cancer ($p=0.006$, $p=0.02$), matched IOTA-ADNEX in ovarian tumor classification (AUC 0.89 vs. 0.91), and outperformed traditional models in predicting VTE (NPV 96%) and AKI (AUC 0.85). AI supports personalized treatment planning and early intervention
 - **AI in Surgery and Decision Support:**
 - AI enhances surgical precision, skill assessment, and lymph node detection. AI-assisted robotic surgery error detection achieved 71% accuracy, while AI-driven Fagotti Score prediction reached 100% accuracy in assessing ovarian cancer resectability. AI-based video assessment improved SLN mapping, reducing missed detections



Themes from key AI / ML presentations at ESGO 2025 (2/2)

- **AI for Personalized Treatment & Genomics:**

- AI refines prognostics and treatment decisions by analyzing tumor microenvironments and genomic profiles. [AI-driven tumor stroma analysis linked stroma-rich tumors to worse survival \(24 vs. 38 months\)](#). Digital PCR validated TP53 and KRAS mutations, aiding targeted therapies. [Machine learning predicted VSCC lymph node metastases with 87.5% accuracy](#)

- **AI in Clinical Guidelines & Decision Support:**

- AI models improve guideline interpretation and clinical decision-making. [A Small Language Model \(SLM\) achieved 86% concordance with tumor boards, while ChatGPT-4 provided 75% accurate recommendations](#). A physician survey found 85% support for AI in decision-making, highlighting its role in managing the growing medical knowledge burden

- **AI in Screening & Patient Access:**

- AI expands screening and risk assessment in underserved populations. [The TeleOTIVA app achieved 89.7% accuracy in cervical cancer screening](#). AI-assisted fertility counseling linked natural conception to better disease-free survival ($p < 0.005$). AI-driven BRCA counseling showed high reliability (87.4% in treatment queries)





Noteworthy AI / ML presentations at ESGO 2025 (Detailed Summaries)

Notable Presentations at ESGO 2025

AI / ML (1/12)



Date	Title	Author	Summary
21 Feb 2025	Interpretation Test Of Precancerous Cervical Lesions With Artificial Intelligence For Low-Resource Countries	Nicky Cahyani Hasyimzoem	<ul style="list-style-type: none"> • Introduction: Cervical cancer incidence and mortality in Indonesia remain high, with national screening coverage at only 7%—far below the WHO target of 70%. This is due to resource limitations and reliance on examiner expertise • Methodology: The study evaluates TeleOTIVA, an AI-based mobile application that captures and processes cervical images to assess visual inspection with acetic acid (VIA). It provides automated evaluations and telemedicine-supported treatment recommendations • Results: Among 1183 women screened, 62.3% of VIA-positive cases were correctly classified by TeleOTIVA, while 89.7% of VIA-negative cases matched oncologist assessments. Cohen's kappa coefficient (0.638, $p < 0.001$) indicated substantial agreement • Conclusions: TeleOTIVA demonstrates strong reliability in VIA-based cervical cancer screening, supporting its potential role in enhancing early detection in low-resource settings and bridging the screening gap in Indonesia
21 Feb 2025	Artificial Intelligence And Computer Vision For The Assessment Of Peritoneal Carcinosis At Laparoscopy For Advanced Ovarian Cancer: The PREDATOOR Project	Riccardo Oliva	<ul style="list-style-type: none"> • Introduction: Accurately assessing disease extent in advanced ovarian cancer (AOC) is critical for choosing between primary cytoreductive surgery (PCS) or neoadjuvant chemotherapy (NACT). Misjudgment can lead to unnecessary surgeries or delays. This study develops an AI-based computer vision model to objectively evaluate the Fagotti score (FS) during diagnostic laparoscopy • Methodology: A retrospective study was conducted on 30 laparoscopy videos from AOC patients at a single referral center. Organs were segmented, and peritoneal carcinomatosis (PC) was annotated. Deep learning models were trained and tested using 2,135 fully segmented frames in independent data splits • Results: The AI model achieved 100% accuracy in predicting $FS \geq 10$, the threshold for avoiding PCS. It also demonstrated high precision in organ segmentation (mean Dice score: 57.16, up to 79.56 across structures), effectively detecting PC lesions • Conclusions: This is the first AI model for PC assessment in AOC, capable of replicating expert FS evaluations. It offers real-time, objective decision support during laparoscopy, enhancing surgical planning and patient outcomes

Notable Presentations at ESGO 2025

AI / ML (2/12)



Date	Title	Author	Summary
21 Feb 2025	Artificial Intelligence-Based Models For Early Detection Of Endometrial Cancer And Atypical Hyperplasia From Transvaginal Ultrasound Images	Diletta Fumagalli	<ul style="list-style-type: none"> • Introduction: Transvaginal ultrasound (TVUS) is widely used to evaluate postmenopausal bleeding (PMB), a potential indicator of endometrial atypical hyperplasia (EAH) or endometrial cancer (EC). However, current TVUS assessment criteria may lead to misdiagnosis. This study aims to improve accuracy by developing machine- and deep-learning models to segment TVUS images and classify them as benign or malignant based on expanded, diverse patient data • Methodology: A retrospective study analyzed 811 PMB patients from three Mayo Clinic sites (2016–2023). Manually annotated TVUS images were used to train and test AI models. Patients were randomized into training (486) and testing (325) cohorts. Machine- and deep-learning models were validated using cross-validation and integrated with clinical variables (endometrial thickness, age, cystic endometrium) • Results: The segmentation model showed high agreement with manual segmentations (Dice score=0.73). The machine-learning classifier achieved 76% accuracy, increasing to 78% when clinical variables were added. A deep-learning model incorporating malignancy regions demonstrated 80% accuracy (AUC=0.80) in detecting EAH/EC • Conclusions: This study demonstrates that deep-learning models outperform traditional TVUS assessments in identifying EAH/EC in PMB patients. Ongoing prospective validation (NCT06365905) aims to confirm reliability in diverse populations, enhancing precision diagnostics for endometrial cancer
21 Feb 2025	Predicting HRD Results In Patient With Ovarian Cancer Using Deep Learning Models On 40x Whole Slide Images	Ji Hyun Lee	<ul style="list-style-type: none"> • Introduction: Prophylactic bilateral salpingo-oophorectomy (BSO) using vNOTES is evaluated as a risk-reduction strategy for ovarian and fallopian tube cancers. This is the first cohort study at the center since October 2023 • Methodology: A prospective study of 19 high-risk women undergoing vNOTES-assisted BSO recorded age, BMI, operative time, blood loss, and complications to assess feasibility and safety between October 2023–2024 • Results: All procedures were successfully completed without conversion or complications. Median operative time was 39 minutes, 89% were discharged the same day, and only one patient had >100 mL blood loss • Conclusions: vNOTES appears to be a safe, feasible, and minimally invasive option for prophylactic BSO. Larger studies are needed to confirm its role in cancer prevention strategies



Notable Presentations at ESGO 2025

AI / ML (3/12)



Date	Title	Author	Summary
21 Feb 2025	Impact Of Ascites And Peritoneal Metastatic Lesion Volumes, Measured By Newly Developed Deep Learning-Based Algorithm, In Advanced Epithelial Ovarian Cancer	Se Ik Kim Kim	<ul style="list-style-type: none"> Introduction: Primary pure ovarian leiomyosarcomas (POLMs) are extremely rare (<0.1% of ovarian malignancies), with only 60 reported cases. This study provides the first comprehensive genomic profiling (GCP) of seven POLM cases Methodology: Tumors were reviewed by a senior gynecologic pathologist. GCP was conducted using the TruSight Oncology 500 assay, assessing oncogenic mutations, tumor mutational burden (TMB), and microsatellite instability (MSI) Results: All cases were FIGO stage IA. TP53 (71%) and PTEN (43%) mutations were frequent. Missense mutations (60%) and copy number alterations (CNA) were common. MSI was stable, and TMB was low. The genomic profile closely resembled uterine LMS Conclusions: This is the first genomic study of POLMs, revealing similarities with uterine LMS. GCP may guide targeted therapy and future research on molecular-based treatments for these rare tumors
22 Feb 2025	Doctor Chat-Gpt: Accuracy Of Artificial Intelligence Language Models For The Education Of Brca Mutated Patients.	Giorgio Maria Baldini	<ul style="list-style-type: none"> Introduction: With growing patient reliance on AI for medical information, concerns arise regarding ChatGPT's accuracy and reliability in patient counseling. This study evaluates its effectiveness in answering BRCA mutation-related questions Methodology: A qualitative survey at the University of Bari assessed 15 BRCA-related AI-generated responses. 14 gynecologic oncology residents rated answers on a 5-point Likert scale (GQS), with interobserver agreement analyzed Results: Among 210 evaluations, ChatGPT scored 3.42 ± 0.71 on average. 33.3% of responses were excellent, 51.8% good, and 3.1% poor. Treatment-related responses were most accurate (87.4%), while diagnostic responses were slightly less reliable. Interobserver agreement was high (Cronbach $\alpha > 0.866$) Conclusions: ChatGPT shows good educational reliability, but further research is needed to assess long-term AI influence on healthcare outcomes and expand evaluation across larger expert cohorts

Notable Presentations at ESGO 2025



AI / ML (4/12)

Date	Title	Author	Summary
20-23 Feb 2025	Integrative Analysis Of DNA Methylation, RNA Sequencing, And Variant Dataset Via Machine Learning In Predicting Endometrial Cancer Recurrence	Jin Hwa Hong	<ul style="list-style-type: none"> Introduction: Endometrial cancer (EC) is classified into four molecular subtypes with distinct prognoses. This study uses omics datasets and machine learning to identify biomarkers predicting recurrence in these subtypes Methodology: A multi-omics analysis of 116 EC cases from TCGA examined DNA methylation, RNA sequencing, and genetic variants. Machine learning models identified differentially methylated regions (DMRs) and differentially expressed genes (DEGs) between recurrence and non-recurrence groups Results: In CN-H recurrence, PARD6G-AS1 hypomethylation, CSMD1 hypermethylation, and TESC overexpression were observed. CD44 overexpression in CN-L was also linked to recurrence ($p=0.006$, $p=0.02$). These markers correlated with advanced stage and lymph node metastasis Conclusions: PARD6G-AS1 and CD44 are potential recurrence biomarkers in CN-H and CN-L EC, respectively. Their association with tumor progression supports the need for biomarker-driven risk assessment in EC management
20-23 Feb 2025	Introducing The Critical View Of Safety Assessment In Sentinel Node Dissection For Uterine Malignancies: A Step Toward The Use Of Artificial Intelligence To Enhance Surgical Safety And Lymph Node Detection (LYSE).	Chiara Innocenzi	<ul style="list-style-type: none"> Introduction: Sentinel lymph node (SLN) dissection is replacing systematic lymphadenectomy in uterine cancers to reduce morbidity. However, perioperative complications and detection failures remain concerns, especially during the learning curve. This study evaluates adherence to Critical Views of Safety (CVS) during SLN dissection Methodology: A multi-center prospective study (April–September 2024) analyzed surgical videos from 71 patients undergoing laparoscopic/robotic SLN dissection. Three independent surgeons assessed the identification of three key anatomical landmarks (lateral pararectal space, lateral paravesical space, internal iliac artery) based on expert consensus Results: The lateral paravesical space was identified in 94% of cases, while the lateral pararectal space was visible in 62%. The internal iliac artery was identified in only 32%, raising concerns about missed SLNs in this region. Inter-rater agreement was high (Fleiss' Kappa: 0.90, 0.73) Conclusions: Low visualization of the internal iliac artery may lead to missed SLNs and incomplete staging. Standardized CVS assessment and AI-driven video analysis could improve SLN detection accuracy and surgical safety



Notable Presentations at ESGO 2025

AI / ML (5/12)



Date	Title	Author	Summary
20-23 Feb 2025	Laparoscopic Sentinel Lymph Node Resection In Endometrial Cancer Using ICG And NIR Technology. Presenting Our 7 Years Experience And The Oncological Outcome.	Dimitrios Zygouris	<ul style="list-style-type: none"> • Introduction: Endometrial cancer is the most common gynecologic malignancy in industrialized nations. Sentinel lymph node (SLN) mapping using indocyanine green (ICG) and near-infrared technology has become the preferred technique for staging, offering high diagnostic accuracy in determining recurrence risk • Methodology: Since 2017, SLN mapping with ICG dye has been used in endometrial cancer cases. In the first 40 cases (2017–2018), radical pelvic lymphadenectomy followed SLN mapping to validate the method. Data on SLN location, detection rates, and outcomes were documented • Results: SLN detection rates were 100% for low/intermediate-risk and 91% for high-risk patients. Bilateral mapping succeeded in 93.5% of cases. The external iliac region was the most common SLN location (34.9%). Seven patients (4.1%) had positive SLNs, requiring pelvic lymphadenectomy. Overall survival was 100% after a median 38-month follow-up • Conclusions: SLN mapping in high-grade endometrial cancer shows high accuracy and detection rates, similar to low-grade cases. It is a safe and reliable staging method, but further studies are needed for high-risk patients
20-23 Feb 2025	Deep Learning Prediction Of Surgical Skills And Technical Errors During Robotic-Assisted Gynaecological Surgery	Freweini Martha Tesfai	<ul style="list-style-type: none"> • Introduction: AI-based surgical video analysis is emerging as a tool for skill assessment and error detection. This study explores the use of AI models to evaluate robotic-assisted hysterectomy (RAH) by detecting surgical errors and predicting skill scores • Methodology: A prospective observational study (IRAS ID: 309024) analyzed 32 surgical videos (501 minutes) from eight surgeons. Five blinded raters assessed vaginal vault closure (VVS) errors using OCHRA and mGEARS, while AI models predicted OCHRA events and mGEARS scores • Results: The mean error rate was 26.06 per video, with an mGEARS score of 22.3/30. AI models demonstrated good reliability (ICC=0.788, p=0.013). The Asformer model performed best, with 62.28% AUC for OCHRA prediction. mGEARS AI models were 71% accurate • Conclusions: This first AI-driven surgical skills assessment study highlights challenges in real-time error detection but demonstrates promising AI potential in surgical education and performance evaluation



Notable Presentations at ESGO 2025

AI / ML (6/12)



Date	Title	Author	Summary
20-23 Feb 2025	Impact Of Obstetric Outcome And Assisted Reproductive Technology On Risk Recurrence In Patients Undergoing Fertility Sparing Treatment Of Atypical Hyperplasia And Endometrial Cancer	Inge Peters	<ul style="list-style-type: none"> • Introduction: Fertility-sparing treatment is an option for young women with endometrial atypical hyperplasia (EAH) or grade 1 endometrioid carcinoma (EEC). This study evaluates the impact of pregnancy and assisted reproductive technology (ART) on recurrence risk • Methodology: A retrospective study (2007–2019) at Fondazione Policlinico Gemelli followed 99 patients post-treatment. Kaplan-Meier analysis assessed recurrence based on histology, pregnancy status, and ART use • Results: Among 65 patients attempting pregnancy (39 natural, 26 ART), 22 conceived, 12 had miscarriages, and 31 failed to conceive. Recurrence was lower in full-term pregnancies (median 66 months) vs. no pregnancy/abortion (33 months, $p=0.008$). ART use was associated with earlier recurrence ($p<0.005$) • Conclusions: No difference in disease-free survival (DFS) between EAH and EEC. Natural conception had the best DFS, while ART and unsuccessful pregnancies correlated with higher recurrence risk
20-23 Feb 2025	The Role Of AI Language Models As A Clinical Decision Support System (CDSS) Or Consultation Service Platform (CSP) In Gynecologic Oncology: A Systematic Review Of The Literature.	Andrea Rosati	<ul style="list-style-type: none"> • Introduction: AI language models can function as Clinical Decision Support Systems (CDSS) for physicians or Consultation Service Platforms (CSP) for patient education in gynecologic oncology. This study evaluates their performance in both roles • Methodology: A systematic review was conducted using Ovid MEDLINE, EMBASE, and Web of Science, following PRISMA guidelines (PROSPERO: CRD42024519329). Retrospective and prospective studies on AI-based CDSS and CSP were analyzed • Results: As CDSS, ChatGPT-4 correctly recommended 75% of cases, with 70% NCCN and 60% ESGO concordance, performing better in ovarian than endometrial cancer. Watson for Oncology had 72.8% concordance for cervical cancer. As CSP, Chatbots provided longer but less accurate responses than physicians. ChatGPT-3.5 answered cervical cancer FAQs more accurately than guideline-based responses but underperformed in genetic counseling for specific syndromes • Conclusions: NLP-based models show promise for decision support and patient education but cannot replace expert panels in complex cases. Improved prompt engineering may enhance performance

Notable Presentations at ESGO 2025

AI / ML (7/12)



Date	Title	Author	Summary
20-23 Feb 2025	Developing And Validating Ultrasound-Based Machine Learning Models Incorporating Radiomics Features To Predict Risk Of Malignancy And Lymph Node Dissemination In Patients With Adnexal Masses	Stefano Di Berardino	<ul style="list-style-type: none"> • Introduction: Ultrasound-based radiomics models can classify adnexal masses, but their clinical role remains unclear. This study aims to develop and validate models for differentiating benign vs. malignant masses and predicting lymph node metastasis risk in early-stage ovarian cancer • Methodology: A retrospective study (2014–2024) analyzed patients from IOTA studies 5–7 at Fondazione Policlinico Gemelli, IRCCS. Ultrasound images, age, and CA125 levels were used to train and validate models, comparing performance to IOTA-ADNEX (AUC analysis) • Results: Among 2073 images, 14 radiomics features differentiated benign vs. malignant tumors (AUC 0.89 vs. 0.91, $p=0.15$), equaling IOTA-ADNEX. Four radiomics features distinguished high- vs. low-risk lymph node metastases (AUC 0.79) • Conclusions: Ultrasound-based radiomics models offer accurate tumor classification, supporting personalized surgical decisions for adnexal masses. Further validation is needed for routine clinical implementation
20-23 Feb 2025	Development And Validation Of A Deep Learning-Based Automated Segmentation Model Of Adnexal Lesions From Routinely Acquired Ultrasound Images	Luigi De Vitis	<ul style="list-style-type: none"> • Introduction: Ultrasound-based adnexal lesion classification is expert-dependent and requires precise segmentation. This study develops a deep learning (DL) model to automatically detect and segment adnexal lesions for improved ultrasound analysis • Methodology: A retrospective study (2017–2022) included 525 annotated ultrasound images from 230 patients (57.8% benign, 42.2% malignant). Using nnU-Net architecture, the dataset was stratified and trained with 5-fold cross-validation. Performance was measured using Dice score, Jaccard index, precision, and recall • Results: The DL model achieved high segmentation accuracy (Dice score 0.91, Jaccard index 0.83). Performance was better for benign lesions (Dice 0.93) vs. malignant (Dice 0.86). Precision (0.95) and recall (0.92) were high, confirming model reliability • Conclusions: This study confirms the feasibility of AI-driven ultrasound segmentation for adnexal lesions. Further dataset expansion is needed to improve model generalizability and optimize malignancy detection

Notable Presentations at ESGO 2025

AI / ML (8/12)



Date	Title	Author	Summary
20-23 Feb 2025	Incidence And Predictors Of Acute Kidney Injury Following Advanced Ovarian Cancer Cytoreduction At A Tertiary UK Centre: An Exploratory Analysis And Insights From Explainable Artificial Intelligence	Alexandros Laios	<ul style="list-style-type: none"> • Introduction: The incidence of acute kidney injury (AKI) after advanced epithelial ovarian cancer (EOC) surgery is understudied. This research identifies preoperative and intraoperative predictors of AKI using traditional statistics and AI modeling • Methodology: A retrospective analysis of 134 FIGO Stage III-IV EOC patients undergoing cytoreductive surgery (2021–2022) was conducted at a UK tertiary center. Twenty-two clinical variables were analyzed using multivariate regression and XGBoost modeling. ROC curves assessed prediction accuracy • Results: AKI incidence was 6.72% (n=9). Age (p=0.037), Charlson Comorbidity Index (p=0.015), Surgical Complexity Score (p=0.007), and operative time (p=0.019) predicted AKI. XGBoost outperformed regression (AUC 0.85 vs. 0.72). AKI doubled hospital stay but did not delay chemotherapy • Conclusions: AKI after EOC cytoreduction is uncommon but associated with high surgical complexity. AI-based models offer superior predictive accuracy, supporting personalized risk stratification and postoperative monitoring
20-23 Feb 2025	Enhancing Digital PCR Technology For The Discovery And Detection Of Key Gene Variants With Clinical Application Potential	Jiri Bouda	<ul style="list-style-type: none"> • Introduction: Digital PCR (dPCR) is a highly sensitive technique for detecting genetic variants, particularly in liquid biopsies. This study optimizes dPCR assays for detecting TP53 and KRAS mutations in epithelial ovarian carcinoma (EOC) • Methodology: Using the QIAcuity Digital PCR System, researchers optimized multiplex and singleplex dPCR assays for detecting TP53 (p.Tyr220Cys, p.Arg248Gln, p.Arg273His) and KRAS (p.Gly12Val, p.Gly12Ala, p.Gln61His) variants in tumor tissue (N=44), an independent cohort (N=125), and cfDNA plasma samples (N=10) • Results: Three multiplex assays and singleplex TP53 assays were successfully optimized. TP53 and KRAS variants detected in tumor DNA were confirmed in liquid biopsies, validating previous whole exome sequencing findings. These mutations were also identified in an independent EOC cohort • Conclusions: dPCR successfully validated TP53 and KRAS variants, supporting its use for future studies on genetic profiling and minimal residual disease detection in EOC patients

Notable Presentations at ESGO 2025

AI / ML (9/12)



Date	Title	Author	Summary
20-23 Feb 2025	Ensuring Fairness: Data Curation And Quality Control Strategies For Artificial Intelligence In Ultrasound	Luigi De Vitis	<ul style="list-style-type: none"> • Introduction: AI-driven auto-segmentation and classification in ultrasound imaging is rapidly evolving. This study explores deep learning applications for improving the segmentation of adnexal lesions while addressing technical challenges in ultrasound data processing • Methodology: Ultrasound images from 230 patients (2017–2022) were classified as benign (n=294) or malignant (n=227) based on pathology or follow-up. Factors affecting segmentation, including image quality, lesion coverage, artifacts, and metadata variations, were analyzed. Multi-Otsu thresholding was used for lesion segmentation, and B-QUIET grading assessed technical quality • Results: No significant differences were found in focal zone settings, depth, or gain between lesion types. However, malignant lesions had higher artifacts ($p<0.001$) and poorer segmentation accuracy (25% vs. 46% for benign, $p<0.001$). DICOM metadata showed malignant lesions had higher pixel-spacing but image quality remained consistent across ultrasound units • Conclusions: Quality assessment and confounder identification are essential for improving deep learning model accuracy in ultrasound imaging. Integrating qualitative scoring into AI training could enhance segmentation performance and diagnostic reliability
20-23 Feb 2025	Performance Of Machine Learning Models In The Classification Of Ultrasound Detected Adnexal Lesions	Timothy L. Kline	<ul style="list-style-type: none"> • Introduction: Ultrasound-based ovarian cancer detection is human-dependent and requires expert radiologists. This study develops a machine learning (ML) model to automatically classify benign vs. malignant adnexal lesions using ultrasound imaging • Methodology: A retrospective study (2017–2022) included 230 patients (525 ultrasound images). Lesions were manually segmented, and radiomic features were extracted using PyRadiomics. Seven classifiers were trained and validated, with support vector machines (SVM) and logistic regression performing best • Results: The best models (SVM and logistic regression) achieved 81% accuracy (AUC=0.81, sensitivity=0.81, specificity=0.82). The dataset was stratified for lesion size, histology, and patient demographics to optimize the classification • Conclusions: ML-based classification of adnexal lesions shows promising accuracy. Future research will expand datasets and integrate deep learning to further enhance performance in ovarian cancer detection

Notable Presentations at ESGO 2025

AI / ML (10/12)



Date	Title	Author	Summary
20-23 Feb 2025	Machine Learning Model For Prediction Of Venous Thromboembolism In Ovarian Cancer	Sonya Bar Adon	<ul style="list-style-type: none"> • Introduction: Ovarian cancer (OC) patients have a high incidence of venous thromboembolism (VTE), but identifying at-risk patients remains difficult due to limitations in clinical calculators. This study aims to develop a machine learning (ML) model to identify patients needing thromboprophylaxis • Methodology: A retrospective cohort study (1993–2023) at Sheba Medical Centre analyzed 728 OC patients using data mining and manual review. The model, trained using eXtreme Gradient Boosting (XGBoost), identified key predictive features and was evaluated with cross-validation • Results: Of 728 patients, 6.8% developed VTE. Key predictors were age, BMI, platelet-to-lymphocyte ratio, and neoadjuvant chemotherapy. Model performance: NPV=96%, PPV=14%, sensitivity=60%, specificity=73%. These results outperformed Khorana score in OC patients • Conclusions: The ML model, based on four key variables, provides a practical, automated tool for identifying OC patients at risk for VTE. Further validation in diverse datasets will enhance its accuracy and applicability
20-23 Feb 2025	Histopathological Analysis Of High Grade Serous Ovarian Cancer (HGSOC) Using Artificial Intelligence Quantified Tumour Stroma Proportion (TSP)	Jessica Lim	<ul style="list-style-type: none"> • Introduction: High-grade serous ovarian cancer (HGSOC) remains highly recurrent (>70% relapse rate) despite cytoreductive surgery and platinum-based chemotherapy. The tumor microenvironment (TME) is crucial in recurrence and treatment resistance. This study develops an AI-driven tumor-stroma quantification model for prognostic evaluation. • Methodology: The QuPath software was trained to automate tumor-stroma ratio analysis, a method used in colorectal cancer prognostication, and applied to HGSOC samples • Results: Stroma-rich tumors (TSP\geq0.5) had worse survival (24 vs. 38 months), higher residual disease post-surgery (88.7% vs. 78.3%, $p=0.0346$), and poor chemotherapy response. They were also associated with the C1 Mesenchymal subtype (TCGA classification) • Conclusions: TSP quantification could be integrated into ovarian cancer staging and support the development of targeted stromal therapies for improved patient outcomes

Notable Presentations at ESGO 2025

AI / ML (11/12)



Date	Title	Author	Summary
20-23 Feb 2025	Machine Learning Based Assessment Of Inguinal Lymph Node Metastasis In Patients With Squamous Cell Carcinoma Of The Vulva	Gilbert Georg Klamming	<ul style="list-style-type: none"> • Introduction: Current approaches to predicting inguinal lymph node metastasis in vulvar squamous cell carcinoma (VSCC) rely on imaging and histopathology. This study develops a machine learning (ML) model based on histomorphological features to improve metastasis prediction • Methodology: A retrospective analysis of 157 VSCC patients identified key histological predictors via Spearman correlation. A decision tree model was trained (n=141) and validated using 5-fold cross-validation and an external dataset (n=16) • Results: The ML model predicted metastasis with 84.4% accuracy (AUROC=0.76) internally and 87.5% accuracy on external validation, confirming robust performance without overfitting. • Conclusions: ML-based analysis of primary tumor histology offers a novel tool for lymph node assessment in VSCC, enhancing diagnostic accuracy and oncological safety in metastasis evaluation
20-23 Feb 2025	Using AI To Navigate Lengthy And Complex Oncological Guidelines – A Preclinical Proof-Of-Concept Study Of Small Language Model Adoption To The German Breast Cancer Guideline	Sebastian Griewing	<ul style="list-style-type: none"> • Introduction: Expanding breast cancer guidelines pose challenges for clinicians and guideline organizations. Artificial intelligence (AI) and Large Language Models (LLMs) offer potential solutions but face concerns regarding transparency and data security. Small Language Models (SLMs) are being explored as a more controlled alternative • Methodology: A proof-of-concept SLM (BC-SLM) was developed using the German breast cancer guideline to provide decision support. 100 binary treatment recommendations were compared against tumor board decisions (gold standard) and ChatGPT 3.5/4 • Results: The BC-SLM achieved 86% concordance with the gold standard, performing comparably to LLMs. Local hosting ensured data security and transparency, with the model limited to machine-readable breast cancer guidelines. • Conclusions: This study validates SLM adaptation for gynecologic oncology guidelines, offering a transparent, customizable, and secure AI tool for guideline organizations and clinical decision support

Notable Presentations at ESGO 2025

AI / ML (12/12)



Date	Title	Author	Summary
20-23 Feb 2025	Technology Acceptance Of Blockchain Technology And Artificial Intelligence In Gynecological Oncology	Sebastian Griewing	<ul style="list-style-type: none"> • Introduction: Blockchain (BC) and Artificial Intelligence (AI) improve safety and efficiency in healthcare, but healthcare professionals' (HCPs) acceptance remains underexplored. This study applies intention-to-use (ITU) models to assess BC/AI adoption in gynecologic oncology • Methodology: HCPs completed pre- and post-education surveys assessing eHealth literacy (GR-eHEALS) and technology acceptance (TUI instrument) after a 30-minute educational session. SPSS analysis evaluated correlations, distributions, and variability • Results: Usefulness ($p=+0.765$, $p<0.01$) was the strongest predictor of ITU, while skepticism ($p=-0.620$, $p<0.01$) showed the highest negative correlation. Ease-of-use and usefulness had the highest acceptance, while accessibility and fear of technology ranked lowest • Conclusions: The study underscores ease-of-use and usefulness as key for BC/AI adoption in gynecologic oncology. Findings guide future research to align technological innovations with user needs for successful clinical implementation
20-23 Feb 2025	Physicians' Perception Of The Utility Of Artificial Intelligence To Align Medical Decisions With Current Recommendations And Evidence	Sebastian Griewing	<ul style="list-style-type: none"> • Introduction: Precision oncology has revolutionized gynecologic cancer treatment through next-generation sequencing, liquid biopsies, and targeted therapies. However, the rapid expansion of medical knowledge surpasses human cognitive limits, making Artificial Intelligence (AI) a potential solution for data processing and clinical decision support • Methodology: A survey of 355 physicians was conducted during a DGIM conference presentation on AI in medical guidelines (June 10, 2024). Two key questions assessed their ability to stay updated and their perceptions of AI's role in clinical decision-making. Data was analyzed using SPSS • Results: Only 8% of physicians felt confident in keeping up with medical advancements, while 58% frequently struggled to stay updated. 85% believed AI could enhance clinical decision-making by improving alignment with current guidelines • Conclusions: Physicians face challenges in staying updated, impacting evidence-based decision-making. AI is widely recognized as a valuable tool to bridge knowledge gaps and optimize patient care in gynecologic oncology



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