ESGO 2026 Clinical and AI / ML Preview

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# ESGO 2026 Preview – Table of Contents

# ESGO 2026 – General Overview

- **Conference Scope:** ESGO 2026 will focus on advancements in gynecologic oncology, highlighting novel therapies, diagnostic tools, and patient care strategies

- **Global Collaboration:** Researchers, clinicians, and pharmaceutical companies will collaborate to discuss emerging treatments and global treatment trends in gynecologic malignancies

- **Clinical Trials Focus:** Key results from pivotal clinical trials in ovarian, cervical, endometrial, and uterine cancers will be presented, with attention on phase II/III trials

- **Technological Innovations:** The integration of AI, precision medicine, and personalized therapies in gynecologic oncology will be explored through data-driven presentations

- **Multidisciplinary Approach:** Experts across gynecology, radiology, pathology, and surgery will discuss innovative treatment paradigms and integrated care models for gynecologic cancer patients

- **Global Health Equity:** ESGO 2026 will address challenges in healthcare access, focusing on disparities in the diagnosis, treatment, and outcomes of gynecologic cancers worldwide.

# ESGO 2026– Conference Themes

- **Advances in Immunotherapy:** Immunotherapies, including checkpoint inhibitors and vaccine therapies, will be discussed for ovarian and cervical cancers, showcasing promising early data

- **AI and Digital Pathology:** AI-driven diagnostic tools will be explored for early detection and treatment monitoring in gynecologic cancers

- **Minimally Invasive Surgery:** Robotic and laparoscopic surgeries will be examined for improved patient outcomes and recovery times

- **Personalized and Targeted Therapies:** Novel molecular-targeted therapies, including PARP inhibitors and ADC, will be explored for their role in precision treatment strategies for ovarian cancer

- **Advances in Early Detection:** New biomarkers and liquid biopsy techniques for early-stage ovarian and uterine cancer detection will be key topics, promising earlier intervention and better survival rates

- **Global Health Disparities in Cancer Care:** A focus on improving access to care in underserved regions will aim to address healthcare inequities in the diagnosis and treatment of gynecologic cancers

# Noteworthy Scientific presentations at ESGO 2026

# Key Topics From Notable Presentations (1/6)

- **Cervical Cancer:** Innovative approaches, such as immunotherapy rechallenge and sentinel lymph node biopsy, are improving cervical cancer treatment outcomes while minimizing complications and enhancing patient quality of life

- Immunotherapy Rechallenge and SLN Mapping: ICIs (Immune checkpoint inhibitors)rechallenge demonstrates feasibility and efficacy in metastatic cervical cancer, with a 77% ORR initially and 54% upon rechallenge. Sentinel lymph node (SLN) biopsy preserves quality of life, reducing lower-limb lymphedema compared to pelvic lymphadenectomy, supporting its use for early cervical cancer staging

- Advances in Surgical Approaches and Fertility Preservation: Nerve-sparing techniques, such as the Muallem approach, provide rapid and durable preservation of bladder function after radical hysterectomy. Fertility-preserving conization in stage IB1 cervical cancer shows oncologic safety and high pregnancy rates, offering a promising option for premenopausal women

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- **Endometrial Cancer:** Molecular profiling and sentinel lymph node staging are pivotal for refining prognostic accuracy and treatment strategies in endometrial cancer, improving patient outcomes through more personalized approaches

- Molecular Subtypes and SLN Positivity: Sentinel lymph node (SLN) positivity, along with TP53 mutations, plays a critical role in prognostication for uterine-confined endometrial cancer. These factors help identify high-risk patients who may require more aggressive treatment strategies, underscoring the importance of integrated molecular and nodal risk stratification

- LVSI in Molecularly Integrated Adjuvant Therapy: Substantial lymphovascular space invasion (LVSI) is a strong predictor of recurrence in endometrial cancer. The PORTEC-4a trial highlighted that molecular-guided adjuvant therapy, specifically incorporating external beam radiotherapy (EBRT) for patients with significant LVSI, improves recurrence-free survival (RFS) compared to conventional vaginal brachytherapy (VBT), offering better disease control for high-risk patients

- **Ovarian Cancer:** Robotic ultrasound for SLN mapping, LY4170156, and dual-tracer SLN mapping are advancing ovarian cancer management, offering more personalized, effective, and less invasive treatment and staging options for patients
  - Innovative Approaches in SLN Mapping and Surgery: The R-LYNUS study shows robotic ultrasound's feasibility for SLN mapping in ovarian cancer, with 71% sensitivity for detecting metastases. The MELISA study highlights dual-tracer SLN mapping with 100% sensitivity and NPV, supporting de-escalated nodal staging. Additionally, SCS in platinum-sensitive recurrent ovarian cancer shows significant survival benefits, particularly in BRCA-mutant and wild-type patients
  - Advancements in Targeted Therapies and Immunotherapy: LY4170156, demonstrates 63.6% response in platinum-resistant ovarian cancer patients previously treated with ADCs. Immune checkpoint inhibitors (ICIs) show meaningful activity in clear cell ovarian cancer with a pooled response rate of 27%, supporting further biomarker-driven treatment strategies in this chemoresistant subtype. Fuzuloparib and bevacizumab as maintenance therapy post-platinum re-induction achieved a 48.9% confirmed response rate, advancing treatment options for recurrent ovarian cancer

- **Uterine Cancer:** Innovative approaches like hybrid SLN mapping, effective training for US-CNB, and progestin-based therapies for endometrial hyperplasia are enhancing uterine cancer management, offering improved outcomes and reduced treatment risks

- Advances in SLN Mapping and US-CNB Training: Hybrid radioactive-fluorescent tracers improve sentinel lymph node (SLN) mapping accuracy in vulvar cancer, with better drainage and fewer complications. Additionally, ultrasound-guided core needle biopsy (US-CNB) training using gelatin phantoms enhances competency in both transvaginal and percutaneous approaches

- Therapies in Uterine Carcinosarcoma and Endometrial Hyperplasia: Pembrolizumab-lenvatinib treatment in metastatic uterine carcinosarcoma shows modest efficacy with manageable toxicity. In endometrial hyperplasia, progestin-based therapies like LNG-IUS demonstrate high regression rates, providing an alternative to hysterectomy with minimal progression

- **Gynecologic Malignancies:** Advancements in diagnostic accuracy, risk reduction strategies, and sustainable practices are shaping the future of gynecologic malignancy care, with a focus on improving treatment protocols and engaging healthcare professionals in sustainability initiatives

  - Diagnostic and Risk Reduction Strategies: The ROMA algorithm slightly outperforms CA125 in sensitivity for diagnosing ovarian and uterine cancers, while OCP use significantly reduces ovarian and breast cancer risk in BRCA1/2 carriers. LNG-IUD showed no significant impact on cancer risk

  - Therapy Sequencing and Environmental Sustainability: Conventional chemotherapy and radiotherapy remain central in the treatment of oligometastatic cervical cancer, while ESGO members expressed interest in sustainability but faced knowledge gaps about the environmental impact of clinical work

- **Miscellaneous Gynecological Studies:** Implementing frailty screening, structured prehabilitation, and refining surgical approaches for tubal preneoplastic lesions can significantly improve patient outcomes in gynecologic oncology, though further validation and long-term studies are required

  - Frailty and Postoperative Morbidity in Vulvar Cancer: Frailty independently increases the likelihood of surgical-site complications in vulvar cancer, particularly late events like dehiscence and lymphocele. Preoperative frailty screening could help tailor interventions to reduce morbidity

  - Prehabilitation and Surveillance in Gynecologic Oncology: Structured prehabilitation and rehabilitation improve recovery in gynecologic cancer patients, with better outcomes in anxiety, pain, and sexual function. Conservative surveillance for tubal preneoplastic lesions shows promise, but long-term prospective validation is needed

# Focus of Key Industry-Sponsored Sessions at ESGO 2026 (1/3)

- **AbbVie:**

  - Focus Areas: Antibody-Drug Conjugates (ADCs) & Platinum-Resistant Ovarian Cancer (OC)

  - Sessions will explore the clinical impact of ADCs in platinum-resistant OC, integrating biomarker testing, and advancing treatment strategies for patient selection and personalized care

- **MSD:**

  - Focus Areas: Immunotherapy & First-Line Treatment in Endometrial and Cervical Cancer

  - Discussions will highlight immunotherapy options for locally advanced cervical cancer and optimal first-line strategies for non-dMMR endometrial cancer, focusing on evolving treatment paradigms

- **Pharma&:**

  - Focus Areas: Maintenance Therapy & Advanced Ovarian Cancer

  - Presentations will cover first-line maintenance therapies, the evolving landscape of ovarian cancer treatments, and translating recent scientific findings into clinical decision-making for patients

- **GSK:**

  - Focus Areas: Advanced Ovarian Cancer Maintenance Therapy with Biomarkers

  - Sessions will focus on using current and emerging biomarkers in guiding maintenance therapy for advanced ovarian cancer, optimizing treatment outcomes and monitoring

- **Corcept:**

  - Focus Areas: Platinum-Resistant Ovarian Cancer

  - Presentations will discuss evolving treatment strategies for platinum-resistant ovarian cancer, with a focus on bridging clinical evidence, regulatory considerations, and patient care strategies

- **AstraZeneca:**

  - Focus Areas: Endometrial Cancer Management

  - The company will present strategies for managing endometrial cancer from diagnosis through to treatment decisions, emphasizing clinical insights and patient management in clinical settings

# Notable Presentations And Late-breaking Sessions At ESGO 2026

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| Date | Title | Author | Summary |
|------|-------|--------|---------|
| 26 Feb 2026 | Interim analysis of ultrasound-guided sentinel lymph node assessment in robotic surgery for uterine cancer: the R-LYNUS prospective study | TEODORICO, ELENA | • **Introduction:** Sentinel lymph node (SLN) mapping is standard in uterine carcinoma staging but is limited by frozen section inaccuracy and "empty packet" retrieval. This R-LYNUS study evaluates robotic real-time ultrasound (US) for intraoperative SLN assessment.<br>• **Methodology:** Prospective evaluation (NCT06621823) using a drop-in robotic US probe during SLN dissection. Nodes assessed in vivo/ex vivo per VITA criteria; histopathology reference standard.<br>• **Results:** 129 nodes from 66 patients (89% endometrial). Seven metastatic nodes identified histologically. US detected 5/7 metastases (sensitivity 0.71) and correctly identified both empty packets (1.6%).<br>• **Conclusions:** Robotic US is feasible, accurately detects macrometastasis and empty packets, but limited for low-volume disease. |
| 27 Feb 2026 | Results from the first-in-human phase 1 study of LY4170156, a folate receptor alpha-targeting antibody drug conjugate, in ovarian cancer patients previously exposed to antibody drug conjugate therapy | MADARIAGA, AINHOA | • **Introduction:** FRα is an established ovarian cancer target. LY4170156, an FRα-directed TOPO-1 ADC, showed activity across FRα levels with favorable tolerability, potentially overcoming limitations of mirvetuximab in platinum-resistant ovarian cancer (PROC).<br>• **Methodology:** Phase 1, multicenter, open-label trial in advanced solid tumors. Prior ADC exposure permitted except TOPO-1 FRα ADCs. Subgroup analysis evaluated efficacy in ADC-exposed PROC patients.<br>• **Results:** Among 105 PROC patients (median 5 prior lines), 18 had prior MIRV and 11 other ADCs. cORR: 55.6% (MIRV) and 63.6% (other ADCs), consistent with overall cohort. Safety comparable; no febrile neutropenia, minimal grade 1 pneumonitis/neuropathy.<br>• **Conclusions:** LY4170156 retains robust activity post-ADC, supporting broad applicability in heavily pretreated PROC. |

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| 27 Feb 2026 | Efficacy and safety of immune checkpoint inhibitors in clear cell ovarian cancer: A systematic review and meta-analysis of phase II clinical trials | NORONHA, MARIANA MACAMBIRA | • **Introduction:** Clear cell ovarian cancer is rare, with poor prognosis and resistance to platinum-based chemotherapy. Given its distinct molecular profile, it may respond better to immunotherapy, though existing data on immune checkpoint inhibitors (ICIs) are limited and heterogeneous. This review assesses ICI efficacy and safety in this setting.<br>• **Methodology:** A systematic review and meta-analysis were conducted on clinical trials up to July 2025, evaluating ICIs in clear cell ovarian cancer. Primary efficacy outcomes were Objective Response Rate (ORR), Progression-Free Survival (PFS), and Overall Survival (OS). Safety was assessed by adverse events.<br>• **Results:** Eleven phase II trials (279 patients) showed a 27% ORR, median PFS of 3.8 months, and median OS of 18.8 months. Severe treatment-related adverse events occurred in 22.11%.<br>• **Conclusions:** ICIs show promising activity in clear cell ovarian cancer with manageable toxicity, highlighting the need for better biomarkers and combination strategies. |
| 27 Feb 2026 | Efficacy and safety of fuzuloparib combined with bevacizumab as maintenance treatment for PARP inhibitor-pretreated platinum-sensitive recurrent ovarian cancer: a phase II study | ZOU, DONGLING ZOU | • **Introduction:** This study evaluates the combination of fuzuloparib and bevacizumab as maintenance therapy after platinum-based chemotherapy in these patients.<br>• **Methodology:** A phase II, multicenter, single-arm study included PSROC patients who had received prior platinum chemotherapy and PARPi. After induction with platinum-based chemotherapy and bevacizumab, patients with CR/PR received fuzuloparib and bevacizumab maintenance.<br>• **Results:** Among 57 patients, the confirmed objective response rate was 48.9%, with 93.3% disease control. Grade ≥3 treatment-related adverse events occurred in 45.6% of patients.<br>• **Conclusions:** Fuzuloparib and bevacizumab as maintenance therapy showed promising efficacy and tolerability in PARPi-pretreated PSROC patients, with updated results forthcoming. |

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| 27 Feb 2026 | RECOVER (recurrence ovarian cancer real life): A MITO (multicenter italian trials in ovarian cancer) real-world study comparing cytoreductive surgery and chemotherapy in platinum-sensitive recurrent ovarian cancer with known BRCA status | ROSATI, ANDREA | • **Introduction:** The survival impact of secondary cytoreductive surgery (SCS) in platinum-sensitive recurrent ovarian cancer (PSROC) requires reassessment in the era of BRCA stratification and maintenance PARP inhibitors/bevacizumab. <br> • **Methodology:** Multicentre retrospective MITO analysis (2017–2023; n=1,065) with known BRCA status. SCS+chemotherapy versus chemotherapy alone. IPTW-adjusted Kaplan–Meier and Cox models evaluated PFS/OS. <br> • **Results:** 42% underwent SCS; complete resection 93.5%, 6.3% severe morbidity. Median PFS (months): 11 CHT/BRCAwt, 15 CHT/BRCAmut, 20 SCS/BRCAwt, 29 SCS/BRCAmut. Median OS: 34, 48, 75, 74. SCS independently improved PFS/OS (HR 0.48; p<0.001). Benefit persisted despite prior PARPi/bevacizumab. <br> • **Conclusions:** Carefully selected SCS confers substantial survival advantage across molecular subgroups, reinforcing surgery's role in modern PSROC management. |
| All days | Real-world comparative outcomes of neoadjuvant chemotherapy with interval cytoreductive surgery versus primary cytoreductive surgery in epithelial ovarian cancer: insights from the australian ovarian cancer study (AOCS) | Tibor A Zwimpfer | • **Introduction:** Optimal sequencing in advanced epithelial ovarian cancer (EOC) remains debated. Neoadjuvant chemotherapy with interval cytoreductive surgery (NACT-ICS) is increasingly used, yet survival comparisons with primary surgery (PCS-ACT) remain conflicting. <br> • **Methodology:** Multicentre Australian cohort (2000–2021; n=1,614). Multivariable Cox and interaction analyses evaluated PFS/OS by treatment sequence, BRCA status, and residual disease. <br> • **Results:** NACT-ICS increased to 45% by 2016–2021. Shorter median PFS (13.4 vs 19.2 months) and OS (31.8 vs 45.7 months). Adjusted analysis: inferior PFS (HR 1.45). In advanced HGSC, worse OS (HR 1.57) and PFS (HR 1.52). PCS benefit greatest in BRCA-wildtype and residual disease. <br> • **Conclusions:** NACT-ICS associates with inferior outcomes, underscoring careful surgical selection and molecular stratification. |

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| All days | Mocertatug rezetecan (a B7-H4 targeted antibody drug conjugate) in patients with heavily pre-treated platinum-sensitive ovarian cancer (PSOC): results of an open label, phase 2 study | Guangwen Yuan | • **Introduction:** B7-H4 is expressed in >90% of ovarian cancers and represents a compelling therapeutic target. Mocertatug rezetecan (Mo-Rez; HS-20089) is a novel B7-H4–directed topoisomerase I ADC evaluated in platinum-sensitive ovarian cancer (PSOC).<br>• **Methodology:** In this open-label phase II trial (NCT06014190), 33 heavily pretreated PSOC patients received Mo-Rez 4.8 mg/kg Q3W. Primary endpoint: investigator-assessed ORR.<br>• **Results:** All had high-grade serous histology; median 3 prior lines; 63.6% prior PARPi/bevacizumab. cORR 60.6%; mDOR 13.7 months; mPFS 15.1 months. Grade ≥3 cytopenias were most common; no treatment-related deaths.<br>• **Conclusions:** Mo-Rez demonstrates robust activity and manageable toxicity, supporting B7-H4–targeted ADCs in refractory PSOC. |
| All days | GEICO 114-O: A randomised phase 2a evaluation of the ATR inhibitor alnodesertib (ART0380) combined with gemcitabine for platinum-resistant high-grade serous ovarian cancer (HGSOC) | Antonio González Martín | • **Introduction:** Alnodesertib is a selective oral ATR inhibitor targeting replication stress. This trial evaluated its addition to standard-dose gemcitabine in unselected platinum-resistant high-grade serous ovarian cancer (HGSOC).<br>• **Methodology:** Phase 1/2a (NCT04657068) randomized 64 Spanish patients (≤1 prior platinum-resistant line) to gemcitabine ± alnodesertib. Primary endpoint: PFS; stratified by platinum-free interval.<br>• **Results:** PFS HR 0.71 (p=0.09) met predefined significance; median PFS <3 months both arms. ORRs low (3.1% vs 9.4%); none if PFI ≤3 months. Higher grade 3/4 cytopenias and dose reductions with combination; no treatment-related deaths.<br>• **Conclusions:** ATR inhibition modestly delayed progression without median PFS gain, highlighting need for biomarker-driven selection. |

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| All days | Sentinel lymph node detection in early-stage ovarian cancer: results from the MELISA study. | TEIXEIRA, NATALIA | • **Introduction:** The MELISA study evaluates sentinel lymph node (SLN) mapping in ovarian cancer, addressing feasibility and diagnostic performance during surgical staging.<br><br>• **Methodology:** Prospective single-arm trial (n=64). Dual-tracer mapping with technetium-99m nanocolloid and indocyanine green (ICG) injected into ovarian ligaments. SLNs identified via gamma probe and near-infrared imaging, followed by systematic lymphadenectomy. Ultrastaging assessed sensitivity and NPV.<br><br>• **Results:** Overall detection 89.1% (Tc 79.7%, ICG 65.6%). Para-aortic SLNs predominated (81.3%). Concordance ranged 59–75%. Fourteen patients (21.8%) had positive SLNs. Median 3 SLNs/patient. Sensitivity and NPV 100%; no false negatives.<br><br>• **Conclusions:** Dual-tracer SLN mapping demonstrates high accuracy, supporting de-escalated nodal staging in ovarian cancer. |

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| 28 Feb 2026 | Efficacy and safety of immune checkpoint inhibitor rechallenge in cervical and endometrial cancer: A multi-center retrospective study - RICE study | KABIRIAN, RAYAN | • **Introduction:** Immune checkpoint inhibitors (ICIs) have improved outcomes in cervical and endometrial cancers, but the benefit of ICI rechallenge is unclear. This study evaluates the efficacy and safety of ICI rechallenge in recurrent or metastatic cervical and endometrial cancers.<br>• **Methodology:** A national retrospective study across 10 French centers identified women rechallenged with ICIs. The primary endpoint was objective response rate (ORR), with secondary endpoints including progression-free survival (PFS) and safety.<br>• **Results:** 39 women were identified, with an ORR of 54% to ICI rechallenge. Median PFS was 9.8 months for initial ICI and 3.3 months for rechallenge. ICI rechallenge was well-tolerated, with 13% experiencing immune-related adverse events (irAEs).<br>• **Conclusions:** ICI rechallenge in cervical and endometrial cancers is feasible and demonstrates anti-tumor activity with a manageable safety profile. A prolonged initial treatment duration may correlate with better outcomes. |
| 28 Feb 2026 | Quality of life and lower-limb lymphoedema after sentinel lymph node biopsy versus pelvic lymphadenectomy in early-stage cervical cancer: results from the prospective multicentre SENTIX study (CEEGOG-CX01; ENGOT-CX2; NCT02494063) | KOCIAN, ROMAN | • **Introduction:** Pelvic lymphadenectomy (PLND) has been standard for cervical cancer staging, but the SENTIX study showed oncologic non-inferiority of sentinel lymph node (SLN) biopsy alone. This analysis evaluates the impact of omitting PLND on quality of life (QoL) and lower-limb lymphoedema (LLL).<br>• **Methodology:** Women with stage IA1-IB2 cervical cancer were enrolled. The SLN-only cohort had no PLND, while the control cohort underwent PLND. QoL was assessed with EORTC QLQ-C30 at multiple time points. LLL was measured objectively and subjectively.<br>• **Results:** The SLN group maintained stable QoL, while the control group showed incomplete recovery. Subjective LLL was lower in the SLN group (7% vs 16%, p=0.018). Early complications were less frequent in the SLN group (12.5% vs 21.5%, p=0.01).<br>• **Conclusions:** SLN biopsy preserves QoL, reduces subjective LLL, and lowers early morbidity compared to PLND, supporting its use in early-stage cervical cancer. |

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| All days | Long-term lymphedema and quality of life following lymph node staging in early cervical cancer: 3 years follow-up in the prospective multicenter SENTIREC CERVIX study | OSTENFELD, EVA BJERRE | • **Introduction:** Pelvic lymphadenectomy (PL) is standard in cervical cancer staging but carries a risk of leg lymphedema (LL). Sentinel lymph node (SLN) mapping is less invasive but equally effective in detecting nodal metastases. Understanding long-term LL and quality of life (QOL) impacts following PL and SLN mapping is vital for treatment strategies.<br>• **Methodology:** This prospective cohort study included early-stage cervical cancer patients who underwent SLN mapping (2017-2021). LL and QOL were assessed at baseline and 3, 12, and 36 months post-surgery.<br>• **Results:** LL scores worsened over time, particularly in patients who underwent SLN mapping + PL. BMI and chemoradiotherapy were predictors of LL.<br>• **Conclusions:** Cervical cancer patients experience significant long-term LL, especially after SLN mapping + PL, affecting multiple QOL aspects. These findings advocate for less invasive approaches and support shared decision-making in survivorship care. |
| All days | Systemic therapy and radiotherapy utilisation in sequential progressions in oligo-recurrent or oligometastatic cervix cancer in pre-immunotherapy era: first results from the retroCOSMOS study | NOUT, REMI | • **Introduction:** The patterns of systemic therapy and radiotherapy use in oligometastatic and oligo-recurrent cervical cancer are unclear, underlining the need to characterize these patterns for future immunotherapy-integrated trials.<br>• **Methodology:** RetroCOSMOS (NCT 06150222) is an international multicenter study that recorded systemic and radiotherapy use in 287 cervical cancer patients from 2007-2021, classifying them into synchronous oligometastatic (Class-A), metachronous oligometastatic (Class-B), and oligo-recurrent (Class-C) groups.<br>• **Results:** Chemotherapy and radiotherapy were commonly used across all progressions. Pembrolizumab and bevacizumab were utilized in a minority of patients. Post-progression survival (PPS) was similar across classes, with Class-A having 30.2 months.<br>• **Conclusions:** Systemic therapy and radiotherapy were crucial in managing oligometastatic and oligo-recurrent cervical cancer, with promising PPS outcomes, providing a baseline for future immunotherapy-based studies. |

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| All days | Phase-1 trial of neoadjuvant durvalumab immunotherapy (DURVIT) delivered peritumorally in early-stage cervical cancer: safety and immune efficacy data | Marije Strikwerda | • **Introduction:** Effective PD-(L)1 blockade depends on T-cell priming within tumour-draining lymph nodes (TDLNs). Peritumoral low-dose delivery may enhance local immune activation while limiting systemic toxicity. This phase I study evaluated neoadjuvant peritumoral durvalumab in early-stage cervical cancer.<br>• **Methodology:** FIGO 2009 IB–IIA patients received single peritumoral durvalumab (5–20 mg) two weeks pre-surgery in a 3+3 design. Primary endpoints: safety/toxicity; secondary: immunologic effects via flow cytometry and immunohistochemistry.<br>• **Results:** No grade ≥3 AEs; one grade 2 hypothyroidism. Increased intratumoral CD8+ T cells and Tregs observed. CD8+ activation and reduced exhaustion occurred, especially in squamous histology and PD-L1–positive tumours; adenocarcinoma showed Treg expansion.<br>• **Conclusions:** Peritumoral durvalumab is safe and immunologically active; combination Treg-modulating strategies warrant exploration. |
| All days | Fertility-sparing conization versus radical hysterectomy in stage IB1 cervical cancer: oncologic safety and reproductive potential of a propensity-matched comparative study | Stefano Di Berardino | • **Introduction:** Fertility-preserving conization is increasingly used in selected stage IB1 cervical cancer, yet robust long-term oncologic and reproductive data remain limited.<br>• **Methodology:** Retrospective analysis (2008–2023; n=165). Thirty-two underwent conization with nodal assessment; 133 radical hysterectomy. Propensity score matching (1:2) yielded 108 patients. Primary endpoint: DFS; secondary: OS, pregnancy, live birth rates.<br>• **Results:** After 52 months' median follow-up, recurrence: 3.6% (conization) vs 6.3% (hysterectomy; p=0.415). OS 100% both groups. Among 11 attempting conception, 54.5% achieved pregnancy, yielding seven live births.<br>• **Conclusions:** Conization with nodal assessment offers oncologic safety and meaningful fertility outcomes in carefully selected IB1 patients. |

| Date | Title | Author | Summary |
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| All days | Final para-aortic nodal status strongly predicts outcome in locally advanced cervical cancer: results from a monocentric retrospective study | Anne-Sophie Navarro | • **Introduction:** Para-aortic lymph node (PALN) involvement critically influences prognosis in locally advanced cervical cancer, yet the value of combined metabolic and surgical staging remains debated.<br>• **Methodology:** Retrospective single-centre cohort (2016–2021; n=628) with tumours ≥3 cm undergoing FDG-PET/CT, chemoradiation, and brachytherapy. Outcomes stratified by final nodal status (none, pelvic only, PALN). DFS/OS analysed with multivariable models.<br>• **Results:** PALN involvement occurred in 33%. Occult PALN disease upstaged 7.6% (PET-negative) and 28% (pelvic-positive). Three-year DFS: 75.7%, 61.6%, 48.4%; OS: 81.9%, 75.8%, 57.1%. PALN independently predicted worse DFS (HR 2.37) and OS (HR 2.59).<br>• **Conclusions:** Final PALN status is a dominant prognostic factor; surgical staging refines risk stratification despite PET imaging. |
| All days | The journey of patients with locally advanced or persistent, recurrent/metastatic cervical cancer in portugal – the TRACCER real-word study | Joana Rodrigues | • **Introduction:** Cervical cancer remains a major global burden. Portuguese real-world data on locally advanced (LA) and recurrent/metastatic (R/M) disease are scarce. TRACCER characterised patient profiles and care pathways.<br>• **Methodology:** Observational cross-sectional study (11 hospitals, 2023–2025). Adults with LA (FIGO IB3–IVA; n=131) or persistent/RM disease (FIGO IVB; n=39). Demographics, staging, referral, and timelines analysed.<br>• **Results:** Predominantly <65 years, squamous histology (>75%), HPV-positive (64–82%). Screening low (~26%). Median symptom-to-diagnosis: 76–85 days; symptom-to-treatment: 173–205 days. Most presented symptomatically and via primary care referral.<br>• **Conclusions:** Delays and low screening highlight systemic gaps, reinforcing need for strengthened HPV prevention and earlier diagnosis pathways. |

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| All days | Bladder function after nerve-sparing radical hysterectomy (muallem technique) a five-year prospective single-cohort study | MIRANDA, ANDREA | • **Introduction:** Radical hysterectomy for early high-risk cervical cancer carries significant bladder morbidity. Nerve-sparing techniques, including the anatomically tailored Muallem approach, aim to preserve autonomic function without compromising oncologic safety.<br>• **Methodology:** Prospective cohort (2020–2025; n=87) undergoing nerve-sparing radical hysterectomy/trachelectomy. Bladder function assessed via ultrasound-measured post-void residual volume (PVRV) and first desire-to-void volume preoperatively and up to 6 months. Defined parasympathetic and sympathetic recovery endpoints.<br>• **Results:** Normal bladder function restored in 85% within one week. Fifteen percent required temporary recatheterization. All patients met predefined functional recovery criteria within two weeks.<br>• **Conclusions:** The Muallem nerve-sparing technique enables individualized radical resection with rapid, durable preservation of bladder function. |
| All days | Beyond the cervix: does peritoneal HPV-DNA predict outcomes in locally advanced cervical cancer? PIONEER II study | BRUNO, MATTEO | • **Introduction:** Peritoneal HPV-DNA (PH) is detectable in ~29% of locally advanced cervical cancer (LACC), but its prognostic relevance remains uncertain.<br>• **Methodology:** Prospective single-center cohort (FIGO IB3–IVA). Paired cervical/peritoneal HPV genotyping at staging laparoscopy. Survival analyzed with Kaplan–Meier and multivariable Cox models in patients receiving exclusive chemoradiotherapy.<br>• **Results:** Among 73 evaluable patients (median follow-up 64 months), PH status was not associated with DFS (HR 0.99; p=0.904) or OS (HR 0.46; p=0.373). Peritoneal and pelvic relapse rates were comparable between PH-positive and PH-negative groups.<br>• **Conclusions:** Baseline peritoneal HPV detection lacks prognostic significance in LACC treated with definitive chemoradiotherapy. |

| Date | Title | Author | Summary |
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| 27 Feb 2026 | The PROMISE-EC study. prognostic impact of molecular classification in the sentinel nodE era in endometrial cancer. | FANFANI, FRANCESCO | • **Introduction:** The 2025 ESGO–ESTRO–ESP guidelines endorse molecular classification in endometrial cancer. The prognostic impact of sentinel lymph node (SLN) low-volume metastases across molecular subtypes in uterine-confined disease remains unclear.<br>• **Methodology:** Multicenter European cohort (2014–2023; n=1564) with complete molecular profiling. Included surgically staged endometrioid cancers with SLN mapping. Survival analyzed by SLN status and molecular subtype.<br>• **Results:** SLN positivity associated with age >50, deep invasion, LVSI. Three-year OS: 97.5% (SLN-negative) vs 87.7% (ITC/MM) vs 87.6% (MAC) (p=0.001). TP53 mutation predicted poorer outcomes; MSI-H and POLE did not. Only TP53 and high grade independently prognostic.<br>• **Conclusions:** SLN positivity and TP53 mutation define higher-risk uterine-confined endometrial cancer, underscoring integrated molecular–nodal risk stratification. |
| 28 Feb 2026 | Prognostic role of LVSI quantification assessed prospectively; results from the PORTEC-4a trial | VAN DEN HEERIK, ANNE-SOPHIE V.M. | • **Introduction:** LVSI is a recognized recurrence risk factor in endometrial cancer (EC). PORTEC-4a prospectively quantified LVSI within a molecular-integrated adjuvant strategy.<br>• **Methodology:** Phase III trial (n=564) randomizing (2:1) to molecular-profile–guided therapy versus standard VBT. Substantial LVSI (≥4 vessels) triggered EBRT in the molecular arm. Outcomes: recurrence patterns and survival.<br>• **Results:** Substantial LVSI (8.4%) predicted higher locoregional (HR 2.88) and distant recurrence (HR 3.09). Five-year RFS: 84.1% (none/focal) vs 68.3% (substantial; p<0.01). In standard arm, substantial LVSI had markedly worse RFS (50.3%), mitigated in molecular arm.<br>• **Conclusions:** Substantial LVSI is prognostic; molecular-guided EBRT improves disease control versus VBT alone. |

| Date | Title | Author | Summary |
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| All days | Ovary-sparing surgery and menopausal hormone therapy after endometrial cancer: safe options for premenopausal women? – A nationwide premenca study | IOANNOU , CHRYSANTHOS | • **Introduction:** Premenopausal endometrial cancer (EC) management often induces surgical menopause. Ovary-sparing surgery (OSS) and menopausal hormone therapy (MHT) remain controversial due to recurrence concerns.<br>• **Methodology:** Nationwide Swedish cohort (2010–2021; ≤50 years; n=731). Registry-linked prescription data identified MHT use within five years. DFS and OS analyzed via Kaplan–Meier and log-rank testing.<br>• **Results:** OSS in 5.9%, MHT in 20.9%, highest among 18–39 years. Five-year DFS: 89.7% (MHT), 82.2% (OSS), 87.2% (non-exposed; p=0.49). Ten-year OS comparable (p=0.88). No survival detriment observed.<br>• **Conclusions:** OSS and MHT appear oncologically safe in selected premenopausal EC patients, supporting individualized menopausal management. |
| All days | Distribution of molecular subgroups in advanced-stage endometrial cancer: A unicentric retrospective cohort study | GAILLARD, THOMAS | • **Introduction:** Molecular classification of endometrial cancer (EC) has improved prognostic stratification and therapy, but the distribution of molecular subgroups in advanced-stage disease, particularly with nodal involvement or peritoneal carcinomatosis, remains underexplored.<br>• **Methodology:** A retrospective study of women with advanced-stage EC (stage ≥ III) treated between 2018 and 2025 was conducted . Centralized molecular profiling identified the prevalence of key molecular alterations (POLE mutations, MSI status, and TP53 mutations), focusing on subgroups with nodal metastases and/or peritoneal carcinomatosis.<br>• **Results:** Among 248 node-positive patients, NSMP was most common (55%), followed by MSI-H (24%), TP53mut (17%), and POLEmut (4.8%). In 176 patients with peritoneal carcinomatosis, NSMP (63%) and TP53mut (24%) were predominant.<br>• **Conclusions:** This study reveals a heterogeneous distribution of molecular alterations, with overrepresentation of TP53 mutations in carcinomatosis and MSI-H in node-positive disease. Further analysis will assess the prognostic impact of these subtypes. |

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| All days | National implementation of sentinel lymph node staging in endometrioid endometrial cancer - a swedish gynecologic cancer group (sweGCG) study | STÅLBERG, KARIN | • **Introduction:** The ESGO-ESTRO-ESP guidelines recommend sentinel lymph node (SLN) staging for all women with uterus-confined endometrial cancer (EC). This study evaluates the impact of nationwide implementation of SLN staging in Sweden, particularly for endometrioid endometrial cancer (EEC).<br>• **Methodology:** A population-based cohort study used data from the Swedish Quality Registry for Gynecologic Cancer, comparing cohorts treated before (2015-2018) and after (2021-2024) SLN staging was implemented.<br>• **Results:** Of 9,206 women with EEC, 71.2% underwent SLN staging after the guideline implementation. Detection of stage IIIC increased from 5.0% to 6.9%, and adjuvant treatment decreased from 16.3% to 13.0%.<br>• **Conclusions:** SLN staging implementation led to higher stage IIIC detection and reduced adjuvant treatment use, demonstrating high compliance and potential impact on treatment strategies. |
| All days | Lymph node metastases in POLE-mutated endometrial cancer: evidence from a multicentre study | SZATKOWSKI, WIKTOR | • **Introduction:** POLE-mutated endometrial cancers (POLEmut ECs) typically confer excellent prognosis, supporting adjuvant de-escalation. However, nodal metastases have been observed, and their true incidence is uncertain.<br>• **Methodology:** Retrospective multicentre Polish cohort (n=1,315; 2022–2025). Molecular profiling included POLE sequencing, MMR IHC, and p53 assessment. Associations with stage and nodal status analyzed statistically.<br>• **Results:** POLEmut identified in 4.9%. Despite favorable features, 10.8% had nodal metastases and 20% stage III–IV disease, comparable to non-POLE cases (p=0.65). POLEmut–p53abn variants showed higher grade and stage.<br>• **Conclusions:** POLEmut EC can metastasize; nodal staging remains essential before therapeutic de-escalation, especially in multiple-classifier tumors. |

| Date | Title | Author | Summary |
|---|---|---|---|
| 26 Feb 2026 | Hybrid versus technetium-99m tracers for sentinel lymph node mapping in early-stage vulvar cancer: a retrospective single-centre cohort study | CELADA CASTRO, CRISTINA | • **Introduction:** Hybrid radioactive-fluorescent tracers may improve sentinel lymph node (SLN) mapping in early-stage vulvar cancer. This study compares hybrid and technetium-based SLN mapping for detection performance, pathological findings, and perioperative outcomes.<br>• **Methodology:** A retrospective study of women with early-stage vulvar cancer at Hospital Clínic Barcelona compared hybrid 99mTc-nanocolloid + indocyanine green (ICG) vs technetium-99m alone.<br>• **Results:** Hybrid mapping achieved 100% SLN detection, higher drainage success, fewer complications, and shorter hospital stays, with comparable oncologic safety.<br>• **Conclusions:** Hybrid SLN mapping improves accuracy and reduces complications, making it a reliable alternative for vulvar cancer staging. |
| All days | Levonorgestrel-releasing intrauterine device alone for managing early-stage endometrial cancer and endometrial hyperplasia with atypia in patients unfit for surgery: the endoiud study | Maria Nikou | • **Introduction:** Endometrial cancer and atypical endometrial hyperplasia (EIN/EAH) are often diagnosed in elderly, obese, and comorbid women unfit for surgery. The ENDOIUD study assessed the long-term efficacy and safety of LNG-IUD alone in this population.<br>• **Methodology:** A retrospective study of 78 inoperable patients treated with LNG-IUD alone from 2012–2022, evaluating cause-specific survival (CSS), disease-free survival (DFS), and bleeding control.<br>• **Results:** Hemoglobin improved (p=0.003), with 49.2% achieving complete histologic response. Median DFS and survival were 43 and 45 months, respectively.<br>• **Conclusions:** LNG-IUD is a safe, effective non-surgical option for early-stage EC and EIN/EAH in unfit patients. |

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| All days | Simulation model for training in ultrasound-guided core needle biopsy in gynaecology: a pilot study | ZANCHI, LUCIA | • **Introduction:** Ultrasound-guided core needle biopsy (US-CNB) is expanding in gynaecologic oncology, yet structured training is limited. Simulation may enhance skill acquisition safely.<br>• **Methodology:** Pilot study (n=16; 4 experts, 12 trainees) using low-cost gelatin phantoms with embedded targets. Transvaginal and percutaneous approaches assessed. Outcomes: sampling adequacy, success per attempt, and confidence; pre/post surveys analyzed statistically.<br>• **Results:** Transvaginal adequacy reached 100% across participants. Percutaneous adequacy higher in experts (100% vs 33%; p=0.02). Success per attempt improved; perceived difficulty decreased (p=0.007). High satisfaction; cost ≈7 EUR/phantom.<br>• **Conclusions:** Gelatin phantom simulation is feasible, affordable, and effective, supporting competency-based US-CNB training. |
| All days | Pembrolizumab lenvatinib in metastatic uterine carcinosarcoma cohort : safety and efficacy from the french multicenter early access program subgroup (LARENA study) | ALLIROL-BINET, CLÉMENCE | • **Introduction:** Metastatic uterine carcinosarcoma (mUCS) is aggressive and underrepresented in KEYNOTE-775. Pembrolizumab–lenvatinib (P/L) is accessible in France via Early Access; robust real-world data are limited.<br>• **Methodology:** LARENA retrospective multicenter cohort (25 centers; 2022–2023). Among 351 metastatic EC patients, 31 had mUCS treated with P/L. Outcomes included PFS, OS, response, and toxicity.<br>• **Results:** Median PFS 3.3 months; 6-month OS 100%. ORR 25.8%; clinical benefit 38.9%. Two CRs observed. Grade ≥3 AEs mainly hypertension (9.7%). Discontinuations frequent due to toxicity.<br>• **Conclusions:** P/L shows modest efficacy in mUCS with manageable safety; benefit limited to a subset, supporting exploration of alternative combinations. |

# Notable Presentations At ESGO 2026
# Miscellaneous Gynecological Studies (1/2)

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| 26 Feb 2026 | The RECOVER study: preoperative frailty as a predictor of surgical-site complications after vulvectomy — A retrospective cohort of 761 patients | FRAGOMENI, SIMONA MARIA | • **Introduction:** Vulvar cancer surgery carries high wound morbidity. Frailty may capture physiological vulnerability beyond age, but its predictive value for short-term surgical-site complications (SSC) in vulvar cancer is not well defined.<br>• **Methodology:** Retrospective single-centre cohort of 761 consecutive women undergoing vulvectomy ± inguinofemoral lymphadenectomy (2007–2024). Frailty defined as mFI-5 ≥2 (23.5%). Multivariable logistic regression tested frailty vs 30-day SSC adjusting for age ≥65, BMI ≥30, smoking; 12-month OS assessed by Kaplan–Meier/Cox.<br>• **Results:** SSC rate 39.8%, largely late (>5 days) dehiscence/infection or inguinal lymphocele (78.6%). Frailty independently increased SSC odds (OR 2.56; 95% CI 1.24–4.70; p=0.011), mainly late events. Age/BMI/smoking were non-significant; discrimination modest (AUC 0.59). Frailty did not affect 12-month OS; age increased mortality 3%/year (HR 1.03; p=0.007).<br>• **Conclusions:** Frailty is common and a key driver of postoperative wound morbidity; routine preop frailty screening could enable tailored perioperative mitigation and inform RECOVER predictive modeling. |
| 27 Feb 2026 | Study of the state of prehabilitation-rehabilitation in oncogynecology in georgia | SANIKIDZE, EKA | • **Introduction:** Prehabilitation and rehabilitation are largely neglected in gynecologic oncology, contributing to delayed treatment and poorer physical and psychosocial outcomes.<br>• **Methodology:** Mixed-methods assessment using patient (n=100) and oncologist (n=11) surveys and records from a discounted rehabilitation pilot (n=19), compared with a matched non-rehab group (n=21).<br>• **Results:** No national prehabilitation protocol existed; rehabilitologists were absent from tumor boards. Only 4% received physical therapy advice and 26% psycho-oncology referral. Pilot participants showed greater improvements in anxiety/depression (68% vs 32%), pain/edema (76% vs 24%), and sexual function (36% vs 9%).<br>• **Conclusions:** Structured prehabilitation/rehabilitation may enhance recovery and quality of life. Broader implementation and funded prospective studies are needed. |

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| 28 Feb 2026 | KORE-INNOVATION: main results of a prospective trial of prehabilitation and enhanced recovery after surgery in ovarian cancer patients across two ESGO centers of excellence for surgery in advanced ovarian cancer | SEHOULI, JALID | • **Introduction:** Postoperative morbidity remains high after ovarian cancer surgery. ERAS improves perioperative outcomes; adding individualized prehabilitation could further enhance recovery, but evidence in gynecologic oncology is limited.<br>• **Methodology:** KORE-INNOVATION: prospective, controlled, non-randomized, multicenter mixed-methods trial comparing ERAS plus personalized trimodal prehabilitation (nutrition, physical, mental health) versus routine care (pooled historic/prospective controls). Primary endpoint: 30-day severe complications (Clavien–Dindo ≥III) via adjusted logistic regression.<br>• **Results:** 605 patients (mean 57.8 years). Severe complications: 42.1% intervention vs 35% control (aOR 1.35; 95% CI 0.95–1.91; p=0.09). Functional recovery favored intervention: faster Timed-Up-and-Go (−2.78 s), higher handgrip (+3.03 kg) at day 5, and shorter length of stay (−4.36 days). QoL at day 30 was numerically lower (−5.91 points).<br>• **Conclusions:** ERAS+prehabilitation was feasible/accepted and improved early function and hospitalization duration, but did not reduce severe complications; transient QoL decrement may reflect intensified recovery demands, supporting refinement and randomized evaluation. |
| All days | Frequency and clinical management of preneoplastic tubal lesions: a retrospective study. | GIACALONE, ASIA | • **Introduction:** Tubal preneoplastic lesions (p53 signature, STIL, STIC) are key precursors of HGSOC, but low incidence and limited outcome data leave management unstandardized. This study quantified real-world frequency and described practice patterns after incidental detection.<br>• **Methodology:** Retrospective single-centre review of 755 patients undergoing uni/bilateral salpingectomy (Jan 2022–May 2025) for benign/malignant indications or risk reduction (incl. hereditary risk). Frequencies of p53 signature/STIL/STIC were calculated; postoperative and follow-up strategies summarized.<br>• **Results:** Preneoplastic lesions in 41/755 (5.4%): p53 signature 2.4%, STIL 1.4%, STIC 1.6%, most often after surgery for benign ovarian disease. All were offered BRCA testing. p53 signature/STIL: 6-monthly CA125+ultrasound surveillance. STIC: 42% restaged surgically; 25% declined. One patient with positive peritoneal washing received platinum chemotherapy. No malignant progression at median 18 months.<br>• **Conclusions:** Early outcomes support conservative surveillance for p53 signature/STIL and selected STIC, but short follow-up and small numbers mandate multicentre, long-term prospective validation. |

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| 27 Feb 2026 | Transforming ovarian cancer diagnostic pathways (SONATA): ROMA versus CA125 in community setting for diagnosis of ovarian and uterine cancer, real-world prospective diagnostic test accuracy study: preliminary analysis of secondary outcome | SUNDAR, SUDHA | • **Introduction:** This study examines the diagnostic accuracy of the Risk of Malignancy Algorithm (ROMA) compared to CA125 in diagnosing ovarian and uterine cancers in symptomatic women from community settings, with a focus on early detection. ROMA combines CA125 and HE4, adjusting for menopausal status.<br>• **Methodology:** A prospective diagnostic accuracy cohort study linked blood samples and patient outcomes using NHS records. The study aimed to detect a 30-percentage point difference in sensitivity between ROMA and CA125.<br>• **Results:** 34456 patients were analyzed. ROMA's sensitivity (65.1%) was slightly higher than CA125 (63.0%), but ROMA was significantly less specific (86.5% vs 92.7%).<br>• **Conclusions:** ROMA showed no superiority over CA125 in sensitivity and lower specificity. Further studies with extended follow-up are planned to assess long-term diagnostic performance. |
| 27 Feb 2026 | Cancer risk associated with hormonal contraceptive use in BRCA1/2 pathogenic variant carriers: A big data study | NAHSHON, CHEN | • **Introduction:** BRCA1/2 pathogenic variants increase ovarian cancer risk, with few non-surgical risk reduction strategies. While oral contraceptive pills (OCP) reduce ovarian cancer risk, the role of levonorgestrel-releasing intrauterine devices (LNG-IUD) in BRCA carriers remains unclear.<br>• **Methodology:** A retrospective cohort study of 4,922 BRCA1/2 carriers in Israel assessed the cancer risk related to OCP and LNG-IUD use. Participants were categorized by contraceptive use, and cancer incidence was analyzed with Cox proportional hazards models.<br>• **Results:** Long-term OCP use reduced ovarian cancer risk (HR=0.43, p=0.032). OCP use also reduced breast cancer risk in BRCA2 carriers (HR=0.73, p=0.024). LNG-IUD use showed no significant effect on cancer risks.<br>• **Conclusions:** OCP use reduces ovarian and breast cancer risk in BRCA1/2 carriers. LNG-IUD use did not significantly alter cancer risk, requiring further research to clarify its role. |

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| 27 Feb 2026 | An international collaborative study evaluating brachytherapy techniques in gynecologic malignancies: toward standardizing treatment approaches | RABIN, TATIANA | • **Introduction:** This study addresses limited real-world evidence on sequencing systemic therapy and radiotherapy in oligometastatic and oligo-recurrent cervical cancer, informing future immunotherapy-based trials.<br>• **Methodology:** RetroCOSMOS (NCT06150222) retrospectively analyzed 287 patients from 18 centers (2007–2021), categorized into synchronous, metachronous, and oligo-recurrent disease. Treatments across up to five progressions were classified, and post-progression survival (PPS) estimated.<br>• **Results:** Chemotherapy and radiotherapy predominated across classes, while chemoradiotherapy declined with progression. Pembrolizumab and bevacizumab were infrequently used. Median PPS ranged from 27.6 to 32.0 months.<br>• **Conclusions:** Conventional systemic therapy and radiotherapy remained central in the pre-immunotherapy era, yielding encouraging PPS and establishing benchmarks for future integrated strategies. |
| 27 Feb 2026 | The ESGO survey on environmental sustainability - preliminary results showing the attitudes, expectations and commitment of ESGO members | KACPERCZYK-BARTNIK, JOANNA | • **Introduction:** Environmental sustainability is a growing concern in healthcare. ESGO aims to reduce its carbon footprint and raise awareness among members about sustainable practices. A survey was developed to assess members' attitudes, awareness, and commitment to sustainability in clinical settings.<br>• **Methodology:** A cross-sectional, multinational online survey was launched in September 2025, targeting ESGO members. The survey included 29 questions on demographics, sustainability attitudes, barriers, and expectations. Data were analyzed with statistical summaries, non-parametric tests, and regression models.<br>• **Results:** Preliminary data from 110 respondents showed 79% implemented sustainable practices in their personal lives, but only 34% felt informed about the carbon footprint of their clinical work. Key barriers included lack of awareness (63%) and institutional policies (49%).<br>• **Conclusions:** ESGO members are interested in sustainability but have knowledge gaps and seek greater engagement from ESGO. These findings will guide ESGO's strategic planning for integrating sustainability into clinical practice. |

# Key Industry Sponsored Sessions Information

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# ESGO 2026 Key Industry Sponsored Sessions Information

| Date | Sponsor | Title |
|---|---|---|
| 26 Feb 2026 | GSK | Navigating the Course of Advanced Ovarian Cancer Maintenance Therapy with Current and Emerging Biomarkers |
| 26 Feb 2026 | AbbVie | Optimizing Management in Platinum-Resistant Ovarian Cancer: From Early Diagnosis to Strategic and Targeted Treatment Sequencing |
| 27 Feb 2026 | MSD | Shaping the Future of Endometrial Cancer Management: Clinical Strategies and Study Updates |
| 27 Feb 2026 | pharma& | PARP Inhibitors in advanced Ovarian Cancer. Expanding Horizons: Transforming Outcomes and Supporting Patients to Move Forward |
| 27 Feb 2026 | Corcept | Evolving Strategies in Platinum-Resistant Ovarian Cancer: Bridging Evidence, Regulation, and Clinical Care |
| 28 Feb 2026 | AstraZeneca | Endometrial Cancer Through the Clinical Lens: From Diagnosis to Decision |

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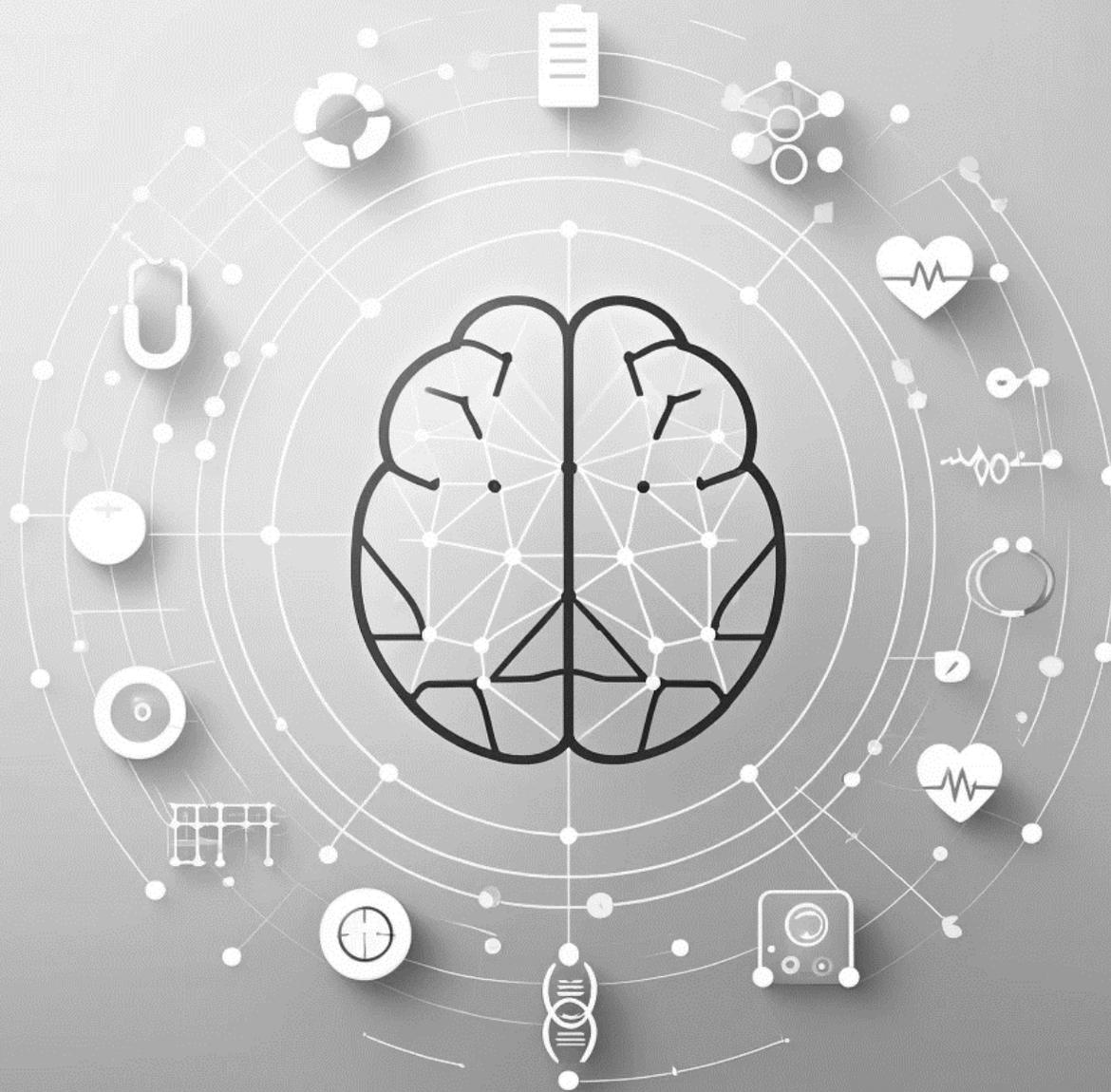
- **AI-driven models and technologies, such as POLARIX for endometrial cancer screening and AI-enhanced PROMs, will significantly improve diagnostic accuracy, treatment decision-making, and patient care in gynecologic oncology, reducing reliance on costly methods and optimizing clinical outcomes**

- Check out the key AI / ML themes at ESGO 2026 below:

- **AI-based Screening for Endometrial Cancer:**

  - POLARIX, developed using 3,746 samples, predicts POLE-mutation status in endometrial cancer. Achieving an AUC of 0.969 and 97.4% sensitivity, this AI-based model reduces the need for expensive DNA sequencing

- **AI-driven Patient-Reported Outcomes (PROMs) Low Health Literacy & PROM Usability:**

  - AI analytics in assessing Patient-Reported Outcome Measures (PROMs) will improve accessibility for low health literacy patients, particularly in gynecologic cancer, enhancing accuracy and clinical outcomes

- **AI in HPV Vaccine Uptake (Predictive AI Models for Vaccine Acceptance):**

  - AI will assist in identifying barriers to HPV vaccine uptake in regions like Georgia, using demographic data and public health analytics to improve vaccine coverage and awareness strategies

- **OSNA Assay for Sentinel Lymph Node (SLN) Identification (AI-enhanced SLN Detection Accuracy):**

  - AI algorithms will optimize the one-step nucleic acid amplification (OSNA) assay, improving diagnostic accuracy in sentinel lymph node biopsies, offering an alternative to conventional histopathological ultrastaging

- **AI for Robotic Sentinel Lymph Node Biopsy (Robotic SLN Biopsy Using AI & ICG Mapping):**

  - AI-driven robotic systems will enhance sentinel lymph node biopsy in endometrial cancer, utilizing indocyanine green (ICG) fluorescence to improve dissection accuracy and visualization during surgery

- **AI in Lymphatic Pathway Mapping (Improved Accuracy with AI Tracking of Lymphatic Drainage):**

  - AI will track atypical lymphatic drainage patterns during endometrial cancer staging, reducing false-negative results by mapping all lymphatic channels and ensuring reliable SLN identification

# Noteworthy AI / ML presentations at ESGO 2026

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| 27 Feb 2026 | NAPISTAR 1-01: A Phase 1 dose escalation study of TUB-040, a novel NaPi2b-targeting exatecan antibody-drug conjugate in patients with platinum-resistant high grade serous ovarian carcinoma. | SEHOULI, JALID | • **Introduction**: TUB-040 is a homogenous DAR8 ADC targeting NaPi2b, overexpressed in high-grade serous ovarian cancer (HGSOC) and non-small cell lung cancer (NSCLC). It consists of a humanized Fc-silenced IgG1 mAb conjugated to exatecan, demonstrating potent antigen-specific cytotoxicity and bystander activity.<br>• **Methodology:** The NAPISTAR 1-01 study, a Phase I/IIa trial, administered TUB-040 to biomarker-unselected patients with platinum-resistant ovarian cancer (PROC) and NSCLC, with dose escalation ranging from 0.5-5.3 mg/kg.<br>• **Results:** 67 PROC patients were treated, showing a median overall response rate (uORR) of 59% and clinical benefit (cORR) of 50%. Common adverse events included nausea, fatigue, and neutropenia. The most common dose-limiting toxicity was hematologic. The clinical disease control rate (cDCR) was 96%.<br>• **Conclusions:** TUB-040 demonstrated promising efficacy with favorable tolerability at low doses, offering a potentially new treatment option for PROC with a strong benefit-risk profile. |
| 27 Feb 2026 | Artificial intelligence enabled visual guidance for speculum-free cervical cancer screening | MCDONALD-BOWYER, AOIFE | • **Introduction**: This study examines the use of Patient-Reported Outcome Measures (PROMs) in gynaecological cancer patients, particularly focusing on those with low health literacy (HL). The research aims to assess the prevalence of low HL and identify factors that impact PROM comprehensibility and use in this group.<br>• **Methodology:** 136 gynaecological cancer patients completed a waiting room questionnaire to assess self-perceived HL. Those with low HL were interviewed to provide cognitive debriefing on a subset of PROMs, including EORTC and PROMIS items. Data were analyzed using descriptive statistics and reflexive thematic analysis.<br>• **Results:** 23.5% of patients reported low HL. Interviews revealed issues with PROM comprehensibility, especially related to recall periods, response options, and emotionally charged terms. Patients also faced digital access issues and expressed confusion about the purpose of PROMs and the lack of feedback during consultations.<br>• **Conclusions:** Low HL patients face significant challenges in understanding and using PROMs, affecting health status reflection and clinical outcomes. To improve accuracy and accessibility, PROMs should be developed and validated specifically for low HL populations. |

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| 28 Feb 2026 | POLARIX: POLE-mutation analysis by rapid image-based screening in endometrial cancer | VAN DEN BERG, NIKKI | • **Introduction**: Molecular classification of endometrial cancer (EC) requires POLE testing, which is limited by cost and access. To address this, POLARIX, an AI-based screening model, was developed to predict POLE-mutation (POLEmut) status from digitized hysterectomy whole-slide images, facilitating patient prioritization for molecular testing.<br>• **Methodology:** POLARIX was developed using 3,746 EC samples, with 69.33% being MMR-proficient (MMRp). The model was trained on features extracted from WSIs using H-optimus-1 and attention-based learning. Performance was evaluated in the PORTEC-3 trial with DNA-seq as a reference<br>• **Results:** In PORTEC-3, POLARIX achieved an AUC of 0.969, with a sensitivity of 0.974 and 75.4% test reduction at the LOW threshold. Kaplan-Meier analysis showed that POLARIX-based risk groups had significantly different survival outcomes.<br>• **Conclusions:** POLARIX offers a low-cost solution for reducing the need for POLE DNA-sequencing in EC. Three thresholds (LOW, MID, HIGH) allow optimization for different resource settings, balancing sensitivity and test reduction. |
| 28 Feb 2026 | A multicenter retrospective study comparing one step nucleid amplification (OSNA) and conventional ultrastaging for sentinel lymph node assessment in early-stage endometrial cancer | VALLÉS NÚÑEZ, ELVIRA | • **Introduction**: The one-step nucleic acid amplification (OSNA) assay is a promising alternative to conventional histopathological ultrastaging with immunohistochemistry (IHC) for sentinel lymph node (SLN) assessment in endometrial cancer. This study compares the diagnostic accuracy and oncological outcomes of OSNA and conventional ultrastaging in routine clinical practice.<br>• **Methodology:** This multicentre retrospective study analyzed two cohorts: one using conventional IHC and the other OSNA for SLN biopsy in uterine-confined endometrial cancer patients. Only patients with a minimum of two years of follow-up were included.<br>• **Results:** The study included 945 patients (IHC: 653, OSNA: 292). Both methods showed similar diagnostic accuracy and low false-negative rates (IHC 1.6%, OSNA 2.8%). Three-year overall survival was comparable (IHC 92.8%, OSNA 90.9%, p = 0.929).<br>• **Conclusions:** OSNA and IHC ultrastaging demonstrated comparable accuracy in detecting nodal metastases and similar oncological outcomes. These findings suggest that either method is reliable for SLN assessment in endometrial cancer staging without affecting long-term outcomes. |

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| Date | Title | Author | Summary |
|---|---|---|---|
| All days | Robotic-assisted bilateral sentinel lymph node biopsy: surgical technique and pelvic anatomy | FIRAT CUYLAN, ZELIHA | • **Introduction**: This study demonstrates the robotic sentinel lymph node (SLN) biopsy technique in endometrial cancer, focusing on pelvic anatomy to enhance identification and dissection accuracy.<br>• **Methodology:** A 47-year-old patient with endometrial intraepithelial neoplasia (EIN) underwent robotic hysterectomy, bilateral salpingo-oophorectomy, and SLN biopsy. 2 ml of indocyanine green (ICG) dye was injected into the cervical stroma for SLN mapping.<br>• **Results:** Using the Da Vinci Xi system and Firefly mode, ICG-stained lymph nodes were visualized in the obturator region and external iliac vessels. Both right and left SLNs were successfully identified, dissected, and sent for pathological examination.<br>• **Conclusions:** Robotic SLN biopsy with ICG mapping effectively identifies sentinel lymph nodes, requiring thorough dissection in the obturator area. A comprehensive understanding of pelvic anatomy is crucial for safe and accurate dissection. |
| All days | Unusual lymphatic drainage patterns in sentinel lymph node mapping: the importance of complete pathway tracking in endometrial cancer | Martins, Luisa Marcella | • **Introduction**: Accurate sentinel lymph node (SLN) identification is critical for staging endometrial cancer, with false-negative results leading to incorrect treatment decisions. Indocyanine green (ICG) fluorescence is the most effective detection method, but attention to lymphatic pathways is crucial for accuracy.<br>• **Methodology:** This video presents two early-stage endometrial cancer cases where ICG mapping revealed atypical lymphatic drainage patterns. ICG was injected into the cervical stroma at the 3- and 9-o'clock positions, and SLN identification was performed using robotic and laparoscopic techniques.<br>• **Results:** In both cases, atypical drainage patterns were identified, including dual lymphatic drainage in one hemipelvis and independent drainage pathways in another. All lymphatic channels were traced, leading to the successful identification of sentinel and parasentinel nodes, all negative for metastasis.<br>• **Conclusions:** ICG fluorescence is effective, but careful tracking of all lymphatic pathways is essential to improve SLN detection accuracy and prevent false-negative results, ensuring reliable staging in early-stage endometrial cancer. |

| Date | Title | Author | Summary |
|------|-------|--------|---------|
| All days | From knowledge to action: HPV vaccine awareness and acceptance in georgia | APRIAMASHVILI , GVANTSA | • **Introduction**: HPV is a leading cause of cervical cancer, and despite the availability of effective vaccines like Gardasil 9, vaccine uptake is influenced by various factors. In Georgia, data on awareness, attitudes, and HPV vaccine acceptance is limited, necessitating this study.<br>• **Methodology:** A cross-sectional descriptive study was conducted using an online questionnaire to assess Georgians' knowledge of HPV, its link to cervical cancer, and vaccination attitudes. The survey also collected sociodemographic data and vaccination status. Data were analyzed with SPSS.<br>**Results:** Among 201 participants (mean age 31), most were urban and highly educated. Knowledge about HPV and its vaccine was generally good, but vaccination rates were low: 19.4% fully vaccinated, 5.0% partially vaccinated. Barriers to vaccination included insufficient information (40.3%) and fear of side effects (12.9%).<br>• **Conclusions:** Despite good knowledge, HPV vaccine uptake remains low in Georgia. Efforts to improve vaccine coverage should focus on addressing informational gaps, alleviating concerns about side effects, and promoting education through physicians, who are key information sources. |

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