

Gyn Oncology

Colloquium



OncoAlert Colloquium 2026 Gynaecological Cancer Day

In partnership with the European Society of Gynaecological Oncology (ESGO)

February 5, 2026

Moderators: Dr. Gilberto Morgan | Dr. Aleksandra Strojna | Dr. Nicolò Bizzarri

This document presents the cleaned and organised chat transcript from the OncoAlert Colloquium 2026 Gynaecological Cancer Day, held in partnership with ESGO. The day comprised pre-recorded presentations by an international ESGO faculty covering surgical and medical management of endometrial cancer, ovarian cancer surgery and medical oncology, vulvar cancer, cervical cancer radiotherapy, and a patient advocate presentation from ENGAGe (European Network of Gynaecological Cancer Advocacy Groups). Interactive polling questions and case discussions conducted via the live chat are reproduced below alongside expert commentary.

Session 1: Endometrial Cancer – Surgical Management

Presenter: Dr. Aleksandra Strojna | Moderator: Dr. Aleksandra Strojna

1.1 Interactive Polling Questions

Question 1 — Sentinel Lymph Node Mapping in Early-Stage Endometrial Cancer

Question

Which statement best reflects the current evidence regarding sentinel lymph node (SLN) mapping in early-stage endometrial cancer?

- A. SLN mapping increases surgical morbidity compared to systematic lymphadenectomy
- B. SLN mapping is associated with inferior disease-free survival
- C. SLN mapping appears oncologically safe while reducing surgical morbidity, but prospective data on oncologic outcome are lacking
- D. SLN mapping should be restricted to high-risk histologies only

Correct Answer

C — SLN mapping appears oncologically safe while reducing surgical morbidity, but prospective data on oncologic outcome are still needed

Question 2 — Patient Selection for SLN Mapping

Gyn Oncology

Colloquium



Question

Which patient population is most likely to benefit from sentinel lymph node mapping instead of systematic lymphadenectomy?

- A. Patients with FIGO Stage IV endometrial cancer
- B. Patients with bulky nodal disease
- C. Patients with apparent early-stage endometrial cancer
- D. Patients with extra-abdominal metastases

Correct Answer

C — Patients with apparent early-stage endometrial cancer

1.2 Expert Commentary: SLN Mapping in Clinical Practice

Dr. Aleksandra Strojna [Moderator]

SLN mapping is appropriate in early-stage endometrial cancer and is now well-supported by the available evidence as an oncologically safe approach that significantly reduces surgical morbidity compared to systematic pelvic lymphadenectomy. In advanced-stage disease where surgery is indicated, bulky nodes should be dissected. These are distinct clinical scenarios and the staging approach must be adapted accordingly.

1.3 Clinical Case Discussion

The following case was posed to the faculty for interactive discussion:

Clinical Case

A 62-year-old woman with histologically confirmed endometrial cancer. Pathological evaluation revealed a mixed high-grade carcinoma of the uterine corpus, composed of 80% high-grade serous and 20% endometrioid components, with cervical stromal involvement. Immunohistochemistry: PR positive, p53 abnormal (null pattern), L1CAM negative, MMR proficient. Preoperative imaging suggested apparent FIGO Stage IA disease. Which surgical approach would you recommend?

Question

Which surgical approach would you recommend for this patient?

- A. Laparotomy: hysterectomy + bilateral salpingo-oophorectomy + bilateral SLN mapping + omentectomy + peritoneal biopsies
- B. Laparotomy: hysterectomy + bilateral salpingectomy + bilateral SLN mapping
- C. Total laparoscopic hysterectomy + bilateral salpingo-oophorectomy + bilateral SLN mapping + omentectomy + peritoneal biopsies
- D. Total laparoscopic hysterectomy + bilateral salpingectomy + bilateral SLN mapping

Correct Answer

C — Total laparoscopic hysterectomy + bilateral salpingo-oophorectomy + bilateral SLN mapping + omentectomy + peritoneal biopsies

Gyn Oncology

Colloquium



Rationale: This patient presents with a high-grade mixed serous/endometrioid tumour, p53 abnormal (null pattern), with cervical stromal involvement — features consistent with high-risk disease despite apparent early FIGO stage on imaging. The recommended approach includes minimally invasive surgery (laparoscopic), bilateral salpingo-oophorectomy (not salpingectomy alone), SLN mapping, and thorough staging with omentectomy and peritoneal biopsies to rule out occult extra-uterine spread consistent with the high-grade serous component.

Session 2: Endometrial Cancer – Medical Oncology and Adjuvant Therapy

Presenter: Dr. Annamaria Ferrero

2.1 Interactive Polling: ESGO-ESTRO-ESP Guidelines

Question In the ESGO-ESTRO-ESP guidelines for the management of patients with endometrial cancer, which statement is correct?	A. Endometrial receptors (ER) are included in the dMMR subgroup B. Immune checkpoint inhibitors are not an option in adjuvant therapy C. Endocrine therapy is indicated in high-grade / ER-positive tumours D. Immunotherapy is considered an option in recurrent disease	Correct Answer D — Immunotherapy is considered an option in recurrent disease
-----------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

2.2 Key Clinical Themes

Dr. Ferrero's presentation reviewed the current ESGO-ESTRO-ESP guideline framework for adjuvant therapy in endometrial cancer, with emphasis on molecular classification (POLE-mutated, MMR-deficient/MSI-H, p53-abnormal, and NSMP subtypes) as the foundation for treatment decision-making. Key points from the session included:

- Molecular classification now guides adjuvant therapy selection across all endometrial cancer risk groups, superseding purely clinicopathological risk stratification.
- Immune checkpoint inhibitors (ICIs) are established as an option in recurrent/metastatic endometrial cancer and are entering the adjuvant setting in selected molecular subgroups.
- dMMR/MSI-H tumours represent a particularly ICI-sensitive subgroup, with pembrolizumab-based combinations having demonstrated robust efficacy in the recurrent and now adjuvant settings.

Gyn Oncology

Colloquium



- Endocrine therapy is not routinely indicated in high-grade endometrial cancer regardless of ER status — a common misconception addressed directly by the guidelines.
- The p53-abnormal subgroup (including high-grade serous carcinoma) carries the worst prognosis and requires the most intensive adjuvant approach.

Session 3: Ovarian Cancer – Surgical Management

Presenter: Dr. Alejandra Martinez

3.1 Interactive Polling: TRUST Trial

Question

What was the primary endpoint of the TRUST trial?

- A. Progression-free survival
- B. Complete cytoreduction rate
- C. Overall survival
- D. Quality of life

Correct Answer

C — Overall survival

3.2 Key Clinical Themes

Dr. Martinez's presentation reviewed the surgical management of advanced ovarian cancer, with a focus on the ongoing debate between primary debulking surgery (PDS) and neoadjuvant chemotherapy followed by interval debulking surgery (NACT-IDS), the evidence base from the TRUST trial, and current ESGO surgical quality standards for ovarian cancer centres.

- The TRUST trial assessed whether complete cytoreduction — achievable only in expert centres — improves overall survival, with OS as the definitive primary endpoint.
- Surgical expertise and quality metrics (complete resection rates, perioperative outcomes) are now central to ESGO certification for ovarian cancer surgery centres.
- Patient selection for PDS versus NACT-IDS remains a critical individualised decision based on disease extent, performance status, and surgical centre expertise.

Session 4: Ovarian Cancer – Medical Oncology

Presenter: Dr. Isabelle Ray-Coquard

4.1 Key Clinical Themes

Gyn Oncology

Colloquium



Dr. Ray-Coquard presented the current medical oncology landscape for ovarian cancer, covering first-line platinum-based chemotherapy combinations, the role of PARP inhibitors in maintenance therapy, and biomarker-driven patient selection based on BRCA mutation status and homologous recombination deficiency (HRD).

- PARP inhibitor maintenance (olaparib, niraparib, rucaparib) has transformed first-line and recurrent ovarian cancer management, with the greatest benefit in BRCA-mutated and HRD-positive populations.
- Bevacizumab-based combinations remain part of the treatment landscape, particularly in platinum-sensitive recurrent disease and in patients without BRCA/HRD-driven options.
- The question of optimal sequencing after PARP inhibitor exposure is an evolving area, with antibody-drug conjugates (ADCs) and novel combinations under active investigation.
- Molecular subtyping and biomarker-guided treatment selection (BRCA1/2, HRD, CCNE1 amplification) are increasingly shaping clinical trial design and treatment decisions.

Session 5: Advanced Ovarian Cancer Surgery – Surgical Quality and Outcomes

Presenter: Dr. Christina Fotopoulou

5.1 Key Clinical Themes

Dr. Fotopoulou's presentation addressed the relationship between surgical quality, complete cytoreduction rates, and survival outcomes in advanced ovarian cancer, building on the TRUST trial evidence. The session emphasised ESGO's role in defining and certifying surgical quality benchmarks for ovarian cancer centres across Europe.

- Complete macroscopic cytoreduction (R0 resection) remains the strongest surgical predictor of improved survival in advanced ovarian cancer.
- Centralisation of complex ovarian cancer surgery to high-volume expert centres is associated with better complete resection rates and improved patient outcomes.
- ESGO quality metrics and certification programmes provide a framework for standardising surgical care and enabling meaningful cross-centre outcome comparisons.

Session 6: Vulvar Cancer

Presenter: Dr. Giorgia Garganese

Gyn Oncology

Colloquium



6.1 Key Clinical Themes

Dr. Garganese presented a comprehensive update on the management of vulvar cancer, a relatively rare gynaecological malignancy where significant evolution in surgical approach and sentinel node techniques has occurred in recent years, paralleling developments in endometrial cancer staging.

- Sentinel lymph node biopsy is now the standard of care for early-stage vulvar cancer (T1–T2, unifocal, clinically node-negative), replacing routine inguinofemoral lymphadenectomy in appropriately selected patients and substantially reducing lymphoedema and wound complication rates.
- De-escalation of surgical morbidity — minimising the extent of resection while maintaining oncological adequacy — is a central theme in modern vulvar cancer management.
- Multidisciplinary management integrating surgery, radiation oncology, and medical oncology is essential, particularly for locally advanced disease.
- Immunotherapy and targeted agents are entering clinical trials in vulvar squamous cell carcinoma, an area where systemic therapy options have historically been limited.

Session 7: Cervical Cancer – Radiotherapy

Presenter: Dr. Cyrus Chargari

7.1 Key Clinical Themes

Dr. Chargari delivered a presentation on radiotherapy approaches in cervical cancer, covering chemoradiotherapy (CRT) as the standard of care for locally advanced disease, the role of brachytherapy, and emerging data on immunotherapy integration with radiotherapy in cervical cancer.

- Concurrent cisplatin-based chemoradiotherapy followed by brachytherapy remains the standard of care for locally advanced cervical cancer (FIGO Stage IB3–IVA), delivering both curative intent and locoregional control.
- MRI-guided adaptive brachytherapy has significantly improved local control rates and reduced treatment-related morbidity compared to conventional brachytherapy techniques.
- The integration of pembrolizumab with concurrent chemoradiotherapy (KEYNOTE-A18 / ENGOT-cx11) has demonstrated improved PFS and represents an emerging new standard of care in locally advanced cervical cancer.
- Adjuvant immunotherapy following definitive CRT is an active area of investigation, with multiple ongoing trials exploring checkpoint inhibitor maintenance in high-risk locoregionally advanced disease.

Gyn Oncology

Colloquium



Session 8: The Patient Perspective

Presenter: Ms. Anne De Middelaer, ENGAGe (European Network of Gynaecological Cancer Advocacy Groups)

8.1 Key Themes

Ms. De Middelaer presented on behalf of ENGAGe, the patient advocacy network affiliated with ESGO, bringing the lived experience perspective to close the scientific programme. Her presentation addressed the importance of patient involvement in clinical research design, the unmet needs of gynaecological cancer patients across Europe, and the role of advocacy in driving access and quality-of-care improvements.

- The patient voice must be embedded in clinical trial design, guideline development, and treatment decision-making — not added as an afterthought.
- Access inequalities in gynaecological oncology care — including access to molecular testing, PARP inhibitors, and specialist surgical centres — remain significant across Europe.
- Quality of life, fertility preservation, and long-term survivorship are patient priorities that must be systematically captured and reported alongside oncological endpoints in clinical trials.
- ENGAGe works in close partnership with ESGO to ensure that patient advocates are represented in guideline development committees and at major scientific congresses.

Faculty

Moderators: Dr. Gilberto Morgan | Dr. Aleksandra Strojna | Dr. Nicolò Bizzarri

ESGO Presenters:

- Dr. Aleksandra Strojna — Endometrial Cancer Surgery
- Dr. Annamaria Ferrero — Endometrial Cancer Medical Oncology
- Dr. Alejandra Martinez — Ovarian Cancer Surgery
- Dr. Isabelle Ray-Coquard — Ovarian Cancer Medical Oncology
- Dr. Christina Fotopoulou — Advanced Ovarian Cancer Surgical Quality
- Dr. Giorgia Garganese — Vulvar Cancer
- Dr. Cyrus Chargari — Cervical Cancer Radiotherapy

Patient Advocate:

- Ms. Anne De Middelaer — ENGAGe (European Network of Gynaecological Cancer Advocacy Groups)

ESGO Colloquium Liaison: Dr. Monika McKinlay

Gyn Oncology

Colloquium



OncoAlert Colloquium 2026 · Gynaecological Cancer Day · February 5, 2026 | In partnership with ESGO