

Scientific Programme

Friday, 01 November 2019

14:00 - 18:45	<p>Patients' Advocacy Track, MC2 Hall (150 pax)</p> <p>Patient Advocacy Seminar 2019 - Day 1 (on invitations only)</p> <p>Preliminary Program, v 07, as of April 17th</p> <p>Chairs Murat Gultekin (TR) Esra Urkmez (US)</p>
14:00 - 14:10	<p>PAS Welcome word Esra Urkmez (US) Murat Gultekin (TR) Denis Querleu (FR) Elzbieta van der Steen-Banasik (NL)</p>
14:10 - 14:20	<p>ESGO guidelines adapted for patients</p> <p>Introduction Ekaterine Sanikidze (GE)</p>
14:20 - 14:30	<p>Endometrial cancer Maria Papageorgiou (GR)</p>
14:30 - 14:40	<p>Ovarian cancer Nicoletta Cerana (IT)</p>
14:40 - 14:50	<p>Cervical cancer Ekaterine Sanikidze (GE)</p>
14:50 - 15:00	<p>Vulvar cancer Linda Snoep (NL) Kim Hulscher (NL)</p>
15:00 - 15:40	<p>Coffee break + posters viewing</p> <p>Best poster presentations and discussion</p>
15:40 - 15:52	<p>Ricerca In-Acto: a multicentre, perspective survey about knowledge, attitudes and experience on randomized controlled trials Nicoletta Cerana (IT) Elisabetta Ricotti (IT)</p>
15:52 - 16:04	<p>Deciding together Kim Hulscher (NL) Linda Snoep (NL)</p>
16:04 - 16:15	<p>Wrap up Karina Stefenssen (DK)</p> <p>Improving Care Pilot programs Esra Urkmez (US)</p>

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16:15 - 16:19	Introduction - Survey 2017 Esra Urkmez (US)
16:19 - 16:32	Results of first ENGAGe pilot projects Veronika Cibulová (CZ)
16:32 - 16:45	Results of first ENGAGe pilot projects Kamil Zalewski (PL)
16:45 - 17:30	Psycho-oncology in GO Karina Stefenssen (DK)
	Round table discussion
17:30 - 17:45	Table 1: Ovarian cancer campaign Elisabetta Ricotti (IT)
17:45 - 18:00	Table 2: Campaign - lobbying Charo Hierro (ES)
18:00 - 18:15	Table 3: Campaign - HPV vaccination and GO Day Ic6 T6th (HU) Esra Urkmez (US)
18:15 - 18:30	Table 4: WHO cervical cancer elimination campaign Elena Fidarova (GR)
	End of meeting
15:00 - 19:00	Exams, MC3 Hall (180 pax) Exams

Scientific Programme

Saturday, 02 November 2019

07:30 - 08:30	Networking Event, Offsite Awareness Run
09:20 - 18:00	Patients' Advocacy Track, MC2 Hall (150 pax) Patient Advocacy Seminar 2019 - Day 2 (on invitations only) Chairs Maria Papageorgiou (GR) Karina Stefenssen (DK)
09:20 - 09:30	Opening Day 2 Karina Stefenssen (DK) Maria Papageorgiou (GR)
09:30 - 10:15	Metastatic cervical and endometrial carcinoma Zoltan Novak (HU)
10:15 - 10:30	Coffee break
10:30 - 11:15	Clinical Trials (cooperation with ENGOT) Birthe Lemley (DK) Antonio González Martín (ES) Quality of life - nutrition, fatigue and lifestyle Christos Papavagelis (GR) Ioanna Tsiaousi (GR)
11:15 - 11:30	Nutrition Christos Papavagelis (GR)
11:30 - 11:45	Sexual health care after Gynecologic cancer Ioanna Tsiaousi (GR)
11:45 - 12:30	Lunch + move to the square
12:30 - 14:30	Live happening at the square - filming
14:30 - 15:00	Move back to the congress centre Round table discussion
15:00 - 15:20	Table 1: Ovarian cancer Jonathan Ledermann (UK) Esra Urkmez (US)
15:20 - 15:40	Table 2: Cervical cancer David Cibula (CZ) Simona Ene (RO)

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15:40 - 16:00	Table 3: Endometrial cancer Mansoor R. Mirza (DK) Birthe Lemley (DK)
16:00 - 16:20	Table 4: Quality of life Jalid Sehouli (DE) Ic6 T6th (HU)
16:20 - 16:30	Coffee break
16:30 - 17:15	Immunotherapy in GYN Oncology Christian Marth (AT) ESGO ESMO Ovarian cancer guidelines
17:15 - 17:25	Quality Murat Gultekin (TR)
17:25 - 17:35	Advanced stage Denis Querleu (FR)
17:35 - 17:45	Recurrent Nicoletta Colombo (IT)
17:45 - 18:00	Discussion
09:30 - 10:30 TS 1	Plenary, Trianti Hall (850 pax) Plenary Session 1: Best oral communications - Cervical Cancer Chairs Denis Querleu (FR) Alexandros Rodolakis (GR)
09:30 - 09:40	SUCCOR study. An international European cohort observational study comparing minimally invasive surgery versus open abdominal radical hysterectomy in patients with stage IB1 (FIGO 2009, &LT; 4 cm) cervical cancer operated in 2013-2014 Luis Chiva (ES)
09:40 - 09:50	Surgical algorithm for sentinel lymph nodes detection in early-stage cervical cancer Fabrice L6curu (FR)
09:50 - 10:00	Frozen section examination of sentinel lymph nodes can be used as a decisional tool in the surgical management of early cervical cancer Agnieszka Rychlik (FR)
10:00 - 10:10	SENTIX - Sentinel lymph node in patients with cervical cancer: time to voiding recovery after surgery (CEEGOG-CX01; ENGOT-CX2; NCT02494063) Ignacio Zapardiel (ES)

Scientific Programme

10:10 - 10:25

Discussion

Christina Fotopoulou (UK)

10:25 - 10:30

Discussion and questions from audience

10:30 - 12:00

Scientific Session, Lambrakis Hall (1960 pax)

Parallel session 1: Stratifying patients for radical cytoreduction in advanced epithelial ovarian cancer

The session will address preclinical and clinical novel predictive and prognostic biomarkers of surgical outcome after cytoreductive surgery in advanced epithelial ovarian cancer; present and discuss possible algorithms stratifying surgical candidates into an optimal surgical pathway; and identify those patients who not only cannot be operated tumour-free but also, despite being tumour-free after surgery, will have an adverse or unfavourable overall outcome.

Chairs

Christina Fotopoulou (UK)

Felix Hilpert (DE)

10:30 - 10:50

Fragility scores stratifying patients to radical upfront versus interval debulking surgery: Results of the TRUST- FRAGILE study

Felix Hilpert (DE)

10:50 - 11:10

Surgery at relapse: How to select optimal surgical candidates?

Andreas Du Bois (DE)

11:10 - 11:30

How to incorporate tumour biology into tailoring surgical efforts

Christina Fotopoulou (UK)

11:30 - 11:50

Laparoscopic scores to predict operability: Are they sufficient to stratify patients safely into surgical pathways?

Giovanni Scambia (IT)

11:50 - 12:00

Discussion

Scientific Programme

10:30 - 12:00

State of the Art, Trianti Hall (850 pax)

State of the Art 1: Immunotherapy in gynaec-oncology: From the basics to clinical applications and future perspectives

This session on immunotherapy in gynaecologic cancers will first detail the basic science underlying immunotherapy in gynaec cancers (ovarian, endometrial, and cervical cancers) and how to manipulate the microenvironment of these malignant tumours. In addition, the mechanism of action of immune checkpoint inhibitors, new targets, and immunotherapeutic methods will be discussed. An update on immune checkpoint inhibitor therapy as a single agent in ovarian, endometrial, and cervical cancer will be presented. The reasons for their limitations of efficacy will be discussed. Guidelines for the use of immune checkpoint inhibitors will be discussed, including those developed by ASCO. The session will present the rationale and clinical trials exploring different immune checkpoint inhibitor combinations with chemotherapy, anti-angiogenics, PARP inhibitors, radiotherapy, and other immunotherapy agents in the different localisation and settings.

Chairs

Lana Kandalaft (CH)
Eric Pujade-Lauraine (FR)

10:30 - 10:50

Immunotherapy in gynaec-oncology: Why and how?

Lana Kandalaft (CH)

10:50 - 11:10

Checkpoint inhibitors in gynaecological cancers: What are the data?

Christian Marth (AT)

11:10 - 11:30

How to detect and manage immunotherapy toxicity

Domenica Lorusso (IT)

11:30 - 11:50

The development of checkpoint inhibitor combinations: Which future?

Eric Pujade-Lauraine (FR)

11:50 - 12:00

Discussion

10:30 - 12:00

Scientific Session, Banqueting Hall (650 pax)

Parallel session 2: Diagnostic approaches to suspicious ovarian mass

This session will focus on the current status of diagnostic approaches for suspicious adnexal masses. An update on the IOTA studies and the O-RADS Ultrasound scoring system will be presented, followed by a live US scanning demonstration. The results of the multicentre EURAD study in MR and the development of the O-RADS MRI score will be presented, including a description of the lexicon and risk-scoring system. A case-based review of sonographically indeterminate masses on MRI will be used to illustrate the O-RADS score.

Chairs

Dirk Timmerman (BE)
Andrea Rockall (UK)

Scientific Programme

10:30 - 10:50	Update on the IOTA studies on ovarian masses and O-RADS Ultrasound Dirk Timmerman (BE)
10:50 - 11:10	Live scanning (ovarian tumour diagnosis and staging) Daniela Fischerova (CZ)
11:10 - 11:30	Results of the EURAD study and development of O-RADS MRI Andrea Rockall (UK)
11:30 - 11:50	Case-based review of mass classification using O-RADS MRI Sanja Stojanovic (RS)
11:50 - 12:00	Discussion
Workshop, Skalkotas Hall (380 pax)	
10:30 - 12:30	Workshop 1: EFC-ESGO colposcopy workshop The EFC-ESGO Colposcopy workshop is designed for gynaecologists, gynaecological oncologists, and pathologists to provide an update on the latest advances in the field of colposcopy. It offers practical training through case presentations and discussion related to most challenging issues and diagnostic dilemmas in colposcopy. Learning objectives: <ul style="list-style-type: none"> • Updates on the latest advances in colposcopy • Improvement of skills in solving diagnostic dilemmas/problems and setting the best diagnosis • Debate on controversies and challenges in diagnostics and the treatment of cervical precancer
	Chairs Charles Redman (UK) Evangelos Paraskevaidis (GR)
	Colposcopy: Changing the scene
10:30 - 10:50	Cervical cancer prevention - a changing scene Maria Kyrgiou (UK)
10:50 - 11:10	The challenges facing colposcopy Charles Redman (UK)
11:10 - 11:30	New generation colposcopies Murat Gultekin (TR)
11:30 - 12:30	Interactive work: Can someone help me decide what to do? Mihaela Grigore (RO)
Break, Industry Exhibition	
10:30 - 11:00	Coffee break

Scientific Programme

12:30 - 14:00

Satellite Symposium, Trianti Hall (850 pax)

Satellite Symposium 1 - PARP Inhibitors for Newly Diagnosed Advanced Ovarian Cancer: Is it Time for a New Treatment Paradigm?

Supported by AstraZeneca

Chairs

Andreas Du Bois (DE)

12:30 - 12:35

Welcome and Introductions

Andreas Du Bois (DE)

12:35 - 12:55

Exploring the Rationale for Earlier Intervention with PARP Inhibitors

Charlie Gourley (UK)

12:55 - 13:35

PARP Inhibitors in the First-line Setting: A Review of the Evidence

Isabelle Ray-Coquard (FR)

Sandro Pignata (IT)

13:35 - 14:00

Interpretation, Panel Discussion and Audience Q&A

Andreas Du Bois (DE)

12:30 - 14:00

Satellite Symposium, Banqueting Hall (650 pax)

Satellite Symposium 2 - J&J Sponsored Debate Session. Relapse in Gynecological Oncology: Take the Challenge!

Supported by Johnson & Johnson Medical Devices companies

Chair: Prof. Philippe Morice

Moderators: Prof. Vito Chiantera, Dr. Santiago Domingo

Debate Faculty and Speakers: Prof. Jalid Sehouli, Prof. Anna Fagotti, Prof. Luis M. Chiva, Prof. Gwenael Ferron, Prof. Barbara Schmalfeldt

Chairs

Vito Chiantera (IT)

Santiago Domingo (ES)

Philippe Morice (FR)

12:30 - 12:45

Lecture: The Pelvic exenteration in the aortic node positive patients

Gwenael Ferron (FR)

12:45 - 13:00

Lecture: Surgery or Radiotherapy in the treatment of Pelvic sidewall relapse

Vito Chiantera (IT)

13:00 - 13:10

Debate: Reconstruction after Pelvic Exenteration: Just Standard or More Complex Reconstruction?

Luis Chiva (ES)

Scientific Programme

13:10 - 13:20	Debate: Reconstruction after Pelvic Exenteration: Just Standard or More Complex Reconstruction? Jalid Sehouli (DE)
13:20 - 13:30	Debate led by moderators
13:30 - 13:40	Debate: Ovarian cancer relapse after PARP therapy, Surgery or Chemotherapy Anna Fagotti (IT)
13:40 - 13:50	Debate: Ovarian cancer relapse after PARP therapy, Surgery or Chemotherapy Barbara Schmalfeldt (DE)
13:50 - 14:00	Debate led by moderators

12:30 - 14:00	<p>Young Doctors' Track, MC3 Hall (180 pax)</p> <p>ENYGO Hands-on workshop 1: Practical management of urological and intestinal complications</p> <p>This practical workshop for fellows in gynaecological oncology is dedicated to development of basic surgical skills. Participants, who have registered online in advance, will receive hands-on training on topics that include how to stitch the bladder, ureter, and intestine; how to deal with thermal damage; and the different approaches for bowel and ureteral anastomosis. There will be an opening video presentation showing techniques for basic bowel and urological procedures. Participants will work in pairs on fresh animal tissue under the supervision of a local team of experienced mentors comprised of surgeons and urologists and their fellows. After the course, the participants will be able to practice the following techniques, and understand their advantages and disadvantages:</p> <ul style="list-style-type: none"> • Techniques and suture types for hand intestine and bowel anastomosis • Techniques of stapler intestine and suture types for bowel anastomosis • Techniques and hand suture types for ureteral and bladder sutures and anastomosis; advantages and disadvantages
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Chairs

Dimitrios-Efthymios Vlachos (GR)
Andrei Pletnev (BY)

12:30 - 14:00

Presentations

Nikolaos Alexakis (GR)
Konstantinos Bramis (GR)
Theodoros Manousakas (GR)
Efthymios Trimmis (GR)

Scientific Programme

State of the Art, Lambrakis Hall (1960 pax)

14:00 - 15:00

State of the Art 2: ESMO-ESGO ovarian cancer consensus conference recommendations

The European Society for Medical Oncology (ESMO) and European Society of Gynaecological Oncology (ESGO) held a consensus conference on ovarian cancer on 12-14 April 2018 in Milan, Italy. Two consensus conference chairs (N. Colombo, D. Querleu) were appointed. A multidisciplinary panel made of 40 European experts in the management of ovarian cancer was nominated by both societies and by the European Network of Gynaecologic Oncology Trials (ENGOT), an ESGO network. Additional experts from Japan, Korea, and Singapore were invited. Each panel member was assigned to one of four working groups (WGs), with a WG chair and co-chair appointed for each group. Each WG was assigned a subject area as follows: pathology and molecular biology (Chair: G. McCluggage; Co-Chair: I. McNeish), early stage and borderline (Chair: P. Morice; Co-Chair: I. Ray-Coquard), advanced stage (Chair: S. Pignata; Co-Chair: I. Vergote), and recurrent disease (Chair: A. du Bois; Co-Chair: J. Ledermann). The conclusions of the conference will be presented and updated in a synthetic way, addressing separately pathology, surgery, and medical therapy perspectives.

Chairs

Nicoletta Colombo (IT)
Denis Querleu (FR)

14:00 - 14:15

Pathology and pathologic markers of extra-uterine high-grade serous carcinoma

Glenn McCluggage (UK)

14:15 - 14:30

Surgical management of early, advanced, and recurrent adnexal carcinomas

Denis Querleu (FR)

14:30 - 14:45

Update on chemotherapy and targeted therapy of high-grade serous carcinomas

Nicoletta Colombo (IT)

14:45 - 15:00

Discussion

Scientific Programme

14:00 - 15:00

Scientific Session, Trianti Hall (850 pax)

Parallel session 3: Quality assurance in surgical procedures and clinical trials

For some surgical techniques there is a learning curve with variations that can impact on outcome. With multiple centres and surgeons participating in clinical trials, there is a potential for disparity (bias) in the delivery of the surgical interventions. If not taken into account, this variability may represent a potential source of performance bias and could affect trial outcome validity.

The following methods can be employed to reduce bias:

1. Proof of proficiency
 - Surgeons prospectively submit a list of cases where the technique is being investigated and provide information on surgical volume.
 - Submission of key performance indicators for the surgical technique investigated: Patient age, BMI, ASA, estimated blood loss, length of surgery, complications.
 - Submission of one or more unedited video(s) for evaluation by a committee.
 - Live evaluation of the surgeon in the operating theatre.
2. Standardisation of surgical technique
 - Standardised surgical technique should be detailed in a protocol.
 - Surgeons can attend live demonstrations or provide training videos to trainee surgeons.
3. Monitoring of surgeons during a trial
 - Random audits of operations could be performed by an independent monitoring committee.
 - The DSMC can monitor individual surgeons/surgical units, rates of conversions or surgical outcomes.
 - Self-monitoring of routine surgical procedures and comparisons of outcomes with peers without revealing the surgeon's identity (outside clinical trials) is an option to ascertain that outcomes are within the expected range (surgicalperformance.com).

Chairs

Andreas Du Bois (DE)
Andreas Obermair (AU)

14:00 - 14:15

Quality assurance in cervical cancer surgery

Andreas Obermair (AU)

14:15 - 14:30

Quality assurance in endometrial cancer surgery

Jan Persson (SE)

Scientific Programme

14:30 - 14:45

Quality assurance in ovarian cancer surgery

Andreas Du Bois (DE)

14:45 - 15:00

Discussion

14:00 - 15:00

Scientific Session, Banqueting Hall (650 pax)

Parallel session 4: From prophylactic mastectomy to future perspectives in the management of breast cancer patients

In a rapidly evolving world, almost nothing in clinical practice can be considered as established beyond change. Computational technology replaces or integrates doctors' minds, experience, and skills. In breast surgery, "less" seems to be "more" with surgery on other areas of the body following the example of breast cancer surgery.

On the other hand, breast cancer can spread in young females; it can seriously damage sexuality, reproduction, and quality of life. Rapid development in genomics and proteomics provide us with cheap and accurate information assisting in the identification of women likely to develop breast cancer, early diagnosis, and identification of recurrent disease.

Is prophylactic mastectomy an option, especially in young females? How do we evaluate these new data in the clinic?

Medicine is more powerful than ever before, and new strategies promise to win the battle.

Chairs

Constantine Dimitrakakis (GR)

Heinz Koelbl (AT)

14:00 - 14:15

Breast cancer in young patients

Michael Seifert (AT)

14:15 - 14:30

Prophylactic mastectomy: Where are we?

Christine Solbach (DE)

14:30 - 14:45

Future perspectives in breast cancer, diagnosis, and treatment

Constantine Dimitrakakis (GR)

14:45 - 15:00

Discussion

Scientific Programme

14:00 - 15:00

Oral Communication, Skalkotas Hall (380 pax)

Oral Communication 1 - Gynaecological Cancer

Chair:

- Alexandra Leary

Panellists:

- Muhieddine Seoud
- Dimitrios Haidopoulos

Chairs

Alexandra Leary (FR)
Dimitrios Haidopoulos (GR)
Muhieddine Seoud (LB)

14:00 - 14:05

Maintenance olaparib after platinum-based chemotherapy in patients with newly diagnosed advanced ovarian cancer and a BRCA mutation: efficacy by the timing of surgery and residual tumour status following upfront or interval cytoreductive surgery in the Phase III SOLO1 trial

Nicoletta Colombo (IT)

14:05 - 14:12

discussion with panellists

14:12 - 14:17

Long-term safety assessment of niraparib in patients with recurrent ovarian cancer: results from the ENGOT-OV16/NOVA trial

Mansoor R. Mirza (DK)

14:17 - 14:24

discussion with panellists

14:24 - 14:29

Child development at 6 years after maternal cancer diagnosis and treatment during pregnancy

Frederic Amant (NL)

14:29 - 14:36

discussion with panellists

14:36 - 14:41

When to stop futile treatment towards end of life in gynaecological cancer patients: a population-based study in Oslo county, Norway

Kristina Lindemann (NO)

14:41 - 14:48

discussion with panellists

14:48 - 14:53

On the value of a prognostic tumour score in locally advanced cervical cancer

Jacob Christian Lindegaard (DK)

14:53 - 15:00

discussion with panellists

Scientific Programme

15:00 - 16:30

Young Doctors' Track, MC3 Hall (180 pax)

ENYGO Hands-on workshop 2: Practical management of urological and intestinal complications

This practical workshop for fellows in gynaecological oncology is dedicated to development of basic surgical skills. Participants, who have registered online in advance, will receive hands-on training on topics that include how to stitch the bladder, ureter, and intestine; how to deal with thermal damage; and the different approaches for bowel and ureteral anastomosis. There will be an opening video presentation showing techniques for basic bowel and urological procedures. Participants will work in pairs on fresh animal tissue under the supervision of a local team of experienced mentors comprised of surgeons and urologists and their fellows. After the course, the participants will be able to practice the following techniques, and understand their advantages and disadvantages:

- Techniques and suture types for hand intestine and bowel anastomosis
- Techniques of stapler intestine and suture types for bowel anastomosis
- Techniques and hand suture types for ureteral and bladder sutures and anastomosis; advantages and disadvantages

Chairs

Dimitrios-Efthymios Vlachos (GR)
Andrei Pletnev (BY)

15:00 - 16:30

Presentations

Nikolaos Alexakis (GR)
Konstantinos Bramis (GR)
Theodoros Manousakas (GR)
Efthymios Trimmis (GR)

15:00 - 16:30

Young Doctors' Track, ENYGO Lounge

Female experts in gynaecological oncology (ENYGO Session)

More women are choosing surgical specialties than in the past; however, most decision-making posts across the profession, in private practice, academia, and national health environments, are still dominated by men. These open, moderated discussions with women who are successful in the gynaecologic oncology field take place over coffee in the ENYGO lounge. The expert guests will share the cornerstones of their careers and will tackle hot topics, such as: career planning, the role of mentors and sponsorship in the development of female leaders, gender disparities in our field, how gender opportunities are treated, and the potentially pivotal role of ENYGO/ESGO in driving change to reduce the gender gap.

Chairs

Kamil Zalewski (PL)
Tanja Nikolova (DE)

Scientific Programme

15:00 - 16:30

Presentations

Michaela Bossart (DE)
Christina Fotopoulou (UK)
Nicole Concin (AT)
Cristiana Sessa (CH)
Elena Ulrikh (RU)
Susana Banerjee (UK)

15:30 - 16:30

Satellite Symposium, Trianti Hall (850 pax)

Satellite Symposium 3 - The Future is Here: The Latest Evidence and Technology to Approach Gynecologic Oncology Surgery

Supported by Medtronic

Chairs

Frédéric Kridelka (BE)

15:30 - 15:35

Introduction by Chairman

Frédéric Kridelka (BE)

15:35 - 15:50

LACC Trial - Interpreting of the Trial Results and Implications on Future Clinical Trial Design

Andreas Obermair (AU)

15:50 - 16:05

Developments in ICG Technology in Targeting Sentinel Node Biopsy

Karl Tamussino (AT)

16:05 - 16:20

Is the Future of Surgery in Gynecological Cancer Bright or Gloomy?

Frédéric Kridelka (BE)

16:20 - 16:30

Questions and Answers

Frédéric Kridelka (BE)
Karl Tamussino (AT)
Andreas Obermair (AU)

15:30 - 16:30

Satellite Symposium, Banqueting Hall (650 pax)

Satellite Symposium 4 - New study data: a change in gynaecological cancer treatment on the horizon

Supported by TESARO a GSK Company

Chairs

Andreas Du Bois (DE)
Nicoletta Colombo (IT)

15:30 - 15:35

Introduction

Andreas Du Bois (DE)

Scientific Programme

15:35 - 15:50	Latest data on PARPi maintenance in first-line ovarian cancer Antonio González Martín (ES)
15:50 - 16:05	How to treat newly diagnosed ovarian cancer patients: considering all the options Andreas Du Bois (DE)
16:05 - 16:20	Efficacy of anti-PD-1 in endometrial cancer: what's the news? Ana Oaknin (ES)
16:20 - 16:30	Conclusion Nicoletta Colombo (IT)
16:30 - 17:30	<p>Debate, Lambrakis Hall (1960 pax)</p> <p>Debate 1: Radical hysterectomy in early cervical cancer: Is a minimally invasive approach no longer a standard?</p> <p>The standard surgical management when performing radical hysterectomy in patients with early-stage cervical cancer had been either an open or minimally invasive approach. A recently published prospectively randomised phase III trial (LACC Trial) evaluating oncological outcomes showed that patients undergoing either laparoscopic or robotic radical hysterectomy had a higher rate of recurrences, worse progression-free survival and overall survival compared to the open approach. Another study, evaluating large national registry databases, also evaluated oncological outcomes of patients undergoing radical hysterectomy and compared those who had the procedure done by open versus minimally invasive surgery. In that study, the results also showed that a minimally invasive approach was associated with worse survival.</p> <p>Subsequently, data were presented about the adverse events in both groups in the LACC Trial. These showed the length of surgery was longer and the estimated blood loss was lower in the minimally invasive group. However, there were no differences in intraoperative or postoperative rates of adverse events. Also, an analysis of the Quality of Life (QoL) in the open versus minimally invasive approach showed that all parameters of QoL were similar for both groups, except mobility and self-care, which were decreased in the open surgery group at one week; however, this difference resolved by six weeks postoperatively.</p> <p>This session will provide attendees an opportunity to learn from a thorough analysis and critique of these important trials by experts in the field of minimally invasive gynaecological surgery.</p> <p>Chairs Pedro Ramirez (US) Eric Leblanc (FR)</p>
16:30 - 16:35	Introduction
16:35 - 16:55	PRO: Minimally invasive radical hysterectomy should remain the standard approach Henrik Falconer (SE)
16:55 - 17:15	CON: open radical hysterectomy should be the new standard of care Pedro Ramirez (US)
17:15 - 17:30	Discussion

Scientific Programme

	Oral Communication, Trianti Hall (850 pax)
16:30 - 17:30	Best Oral Communications / Late-Breaking Abstracts 2 - Endometrial Cancer
	Chairs Uzi Beller (IL) Ana Oaknin (ES)
16:30 - 16:40	Conservative treatment of atypical endometrial hyperplasia and early endometrial cancer: a prospective single institution study of 418 patients Olga Novikova (RU)
16:40 - 16:50	Lympho-vascular space invasion is strongly associated with lymph node metastases and decreased survival in endometrioid endometrial cancer: a Swedish Gynecologic Cancer Group (SweGCG) study Karin Ståhlberg (SE)
16:50 - 17:00	Development and validation of an endometrial carcinoma preoperative Bayesian network using molecular and clinical biomarkers (ENDORISK): an ENITEC collaboration study Casper Reijnen (NL)
17:00 - 17:10	Prognostic relevance of the molecular classification in high-risk endometrial cancer: analysis of the PORTEC-3 trial Alicia Leon-Castillo (NL)
17:10 - 17:25	Discussion Nadeem Abu Rustum (US)
17:25 - 17:30	discussion and questions from audience

	Scientific Session, Banqueting Hall (650 pax)
16:30 - 17:30	Parallel session 5: Management of cervical cancer with para-aortic spread The diagnosis of nodal para-aortic (PA) involvement in locally advanced cervical cancer (LACC) and the optimal management of these patients are greatly debated. PA nodal spread is one of the strongest adverse prognostic factors in LACC, with a higher risk of metastatic recurrence. We know also that the survival of patients with PA involvement is related to the size and number of nodes involved. But the therapeutic impact of surgical staging (via a laparoscopic approach) versus radiologic staging (MR or PET-CT) remains matter of discussion. Furthermore, the optimal management of these patients - with pelvic and PA chemoradiation and nodal boost, initial chemotherapy followed by definitive (chemo)radiation therapy and use of new drugs - are frequently debated and remain controversial.
	Chairs Jacob Christian Lindegaard (DK) Philippe Morice (FR)
16:30 - 16:45	How to select patients for a curative treatment: Radiological and surgical staging? Philippe Morice (FR)

Scientific Programme

16:45 - 17:00	Definitive (chemo) radiotherapy with nodal boost Jacob Christian Lindegaard (DK)
17:00 - 17:15	Can we improve survival by combining treatment after or before chemoradiation therapy? Cyrus Chhargari (FR)
17:15 - 17:30	Discussion
17:30 - 18:30	Plenary, Lambrakis Hall (1960 pax) Opening Ceremony Chairs Denis Querleu (FR) Alexandros Rodolakis (GR)
17:30 - 17:35	Welcome Alexandros Rodolakis (GR)
17:35 - 17:40	Welcome Denis Querleu (FR)
17:40 - 17:45	Welcome
17:45 - 17:55	Entertainment Odysseus Dream
17:55 - 18:10	Lifetime award for Ignace Vergote Nicole Concin (AT)
18:10 - 18:25	Lifetime award for Ali Ayhan Cagatay Taskiran (TR)

Scientific Programme

20:00 - 22:00

Offsite Session, Offsite

Psycho-oncology workshop: Fertility preservation and sexuality in patients with gynaecological cancer

**Cycladic Museum
Main Building (Permanent collections)
Neophytou Douka 4, Athens**

Due to improved survival rates and delayed motherhood, fertility and quality of life of young cancer patients are becoming increasingly important subjects to address. The majority of patients with a cancer diagnosis during a fertile age wish to give birth to children, and concerns about fertility and biological parenthood are substantial for many survivors.

Sexual activity and function are also important factors influencing quality of life, which can be impaired by cancer treatment.

In this workshop, healthcare providers will receive information about how to counsel their patients on fertility issues and the treatment of sexual dysfunction, and will learn how psychosocial care may help patients cope with these lives after cancer treatment.

There will be an opportunity for clinicians to talk about their own issues while having to make complex medical decisions.

Case vignettes and an interactive discussion with the audience will guarantee a lively session in a very special location.

Chairs

Annette Hasenburg (DE)

20:00 - 20:30

English guided museum tour

20:30 - 20:50

Presentation of the EORTC-ESGO fertility questionnaire

Joachim Weis (DE)

20:50 - 21:10

Sex with cancer - go for it

Annette Hasenburg (DE)

21:10 - 21:30

Presentation of case vignettes

Roxana Schwab (DE)

21:30 - 21:50

And what about clinicians who are making decisions?

Snezana Mijalkovic (RS)

21:50 - 22:00

Questions and answers

Scientific Programme

Sunday, 03 November 2019

07:30 - 08:30

Scientific Session, Trianti Hall (850 pax)

Highlights of Gynaecological Cancer Trials presented at Scientific meetings in 2019

In this 'Highlights' session key clinical trials that were presented at ASCO, ASTRO and ESMO 2019 will be chosen. In the session three discussants will present the key findings of these selected important studies, summarise the results, and provide a critical appraisal of the data. The session will focus on three key areas: the results of PARP combination trials; other first-line trials in ovarian cancer; lessons learned from gynaecological cancer trials. The results of this research will be set in context of other trials, and how the results can influence future treatment approaches gynaecological cancers.

Chairs

Jonathan Ledermann (UK)
Mansoor R. Mirza (DK)

07:30 - 07:50

PARP combination studies: PRIMA/PAOLO-1/ANVANOVA2

Jonathan Ledermann (UK)

07:50 - 08:05

First line ovarian cancer trials: VELIA/Forward1

Mansoor R. Mirza (DK)

08:05 - 08:25

Lessons learned: EWOC-1/EORTC55944/ PORTEC-3*

Nicoletta Colombo (IT)

08:25 - 08:30

Chair sum up / Questions

Scientific Programme

Video Session, Banqueting Hall (650 pax)

07:30 - 08:30

Video Session 1: Lymphadenectomy. Step-by-step procedures and new approaches

Lymph node staging is central to the management of all gynaecological tumours. Throughout history, all aspects of these surgical procedures have been debated and attitudes have changed: less radicality, minimally invasive approaches, and very selected sentinel lymph node dissection. In this session, the indications that motivate lymphadenectomy will be discussed, and step-by-step dissection techniques of each lymph node territory (pelvic, aortic, and inguino-femoral) will also be described using didactic videos. The session will also demonstrate how through a multitude of technological advances, innovative techniques have consolidated approaches to surgery - a true surgical evolution of our century. In addition to presenting pelvic and abdominal anatomy during these procedures, this session will also provide important tips and tricks for resolving emerging surgical complications. Lymphadenectomy is one of the major surgical techniques in gynaecological oncology that can be performed very precisely. The aim of this session is to help set up lymphadenectomy in gynaecological oncology as a tailored procedure.

Chairs

Jordi Ponce (ES)
Pawel Knapp (PL)

07:30 - 07:40

Pelvic lymphadenectomy

Pawel Knapp (PL)

07:40 - 07:48

The technique of sentinel lymph node and afferent lymphatic channel detection in radicality reducing early stage cervical cancer surgery

Martin Hrudá (CZ)

07:48 - 07:50

Discussion

07:50 - 08:00

Aortic lymphadenectomy

Jordi Ponce (ES)

08:00 - 08:08

SENTOV (SENTinel lymph node technique in OVarian cancer): video technique

Víctor Lago (ES)

08:08 - 08:10

Discussion

08:10 - 08:20

Inguino-femoral lymphadenectomy

Ate van der Zee (NL)

08:20 - 08:28

Robotic assisted inguino-femoral lymphadenectomy for vulval carcinoma

Yogesh Kulkarni (IN)

08:28 - 08:30

Discussion

Scientific Programme

07:30 - 08:30

Workshop, Skalkotas Hall (380 pax)

Workshop 2: Bowel issues in advanced ovarian cancer surgery

Several papers have shown that, in experienced hands, the morbidity associated with a rectosigmoid colectomy as part of primary cytoreduction for ovarian cancer is acceptably low and that optimal cytoreduction can be achieved in the majority of patients. Nevertheless, the rates of cytoreduction to no visible residual disease continue to be lower than 50% in many Institutions. There are many possible underlying reasons for this, including poor knowledge of surgical procedures needed, or how to manage difficult scenarios (e.g., involvement of a large part of the left colon, concurrent diverticulitis, anatomical abnormalities) and how to deal with postoperative complications. A diverting stoma is still perceived as a frequent part of the procedure, whereas in many specialised centres it is limited to highly selected cases. All these aspects will be stressed by the faculty, and interaction with the audience encouraged, so as to fully cover the fundamentals of bowel surgery.

Chairs

Roberto Biffi (IT)
Per Nilsson (SE)

07:30 - 07:45

Successful recto-sigmoid resection and anastomosis

Roberto Biffi (IT)

07:45 - 08:00

Diverting stomas following bowel resection: When, why, and how

Per Nilsson (SE)

08:00 - 08:15

Postoperative bowel complications in advanced ovarian cancer surgery: How to manage properly?

Andreas Du Bois (DE)

08:15 - 08:30

Discussion

07:30 - 08:00

Young Doctors' Track, ENYGO Lounge

ENYGO Morning Lounge Series with IJGC

The morning ENYGO Lounge Series will allow you to meet experts from the Editorial Board of the International Journal of Gynecological Cancer (IJGC) to discuss the issues related to the publishing process in an informal atmosphere with a cup of fresh coffee. This opportunity may not happen again! So if you are interested in publishing your work in a journal, if you would like to know what mistakes to avoid when planning a study to increase the chances of its publication or how to record a movie during the operation so that it is published as an original work we invite you to come to ENYGO Lounge! These and many other questions will be answered by Pedro Ramirez (IJGC Editor-in-Chief), Lindsey Struckmeyer (IJGC Managing Editor) and Luis Chiva (IJGC Video Editor). Also at this point, you'll also be able to meet ENYGO fellows participating in the first edition of the ENYGO-IJGC Editorial Fellowships and ask them about their impressions on this project. See you there!

Chairs

Louise Wan (UK)
Gabrielle van Ramshorst (NL)

Scientific Programme

07:30 - 07:50	Video editing and production Luis Chiva (ES)
07:50 - 08:00	Discussion
08:00 - 13:00	<p>Patients' Advocacy Track, MC2 Hall (150 pax)</p> <p>Patient Advocacy Seminar 2019 - Day 3 (on invitations only)</p> <p>Chairs Esra Urkmez (US) Birthe Lemley (DK)</p>
08:00 - 10:00	ENGAGe General Assembly
10:00 - 10:15	Coffee break
10:15 - 10:50	<p>HYPE or HIPEC in ovarian cancer? Giovanni Scambia (IT) Andreas Du Bois (DE)</p>
10:50 - 11:05	Move to the congress hall Banquet
11:05 - 11:25	<p>Lymphedema from patient's perspective -> at Banqueting Hall in the framework of ESGO congress Maria Papageorgiou (GR)</p>
11:25 - 11:35	<p>Closing remark Murat Gultekin (TR) Esra Urkmez (US)</p>
11:35 - 12:00	Lunch

Scientific Programme

08:30 - 09:30

State of the Art, Trianti Hall (850 pax)

State of the Art 3: Quality indicators in cervical cancer surgery

The European Society of Gynaecological Oncology (ESGO) recently published guidelines for the clinical management of cervical cancer that were developed by a multidisciplinary team (ESGO/ESTRO/ESP). It is available as an open-access publication in the International Journal of Gynecological Cancer¹; the full report and pocket guidelines can be downloaded from ESGO web site (<https://guidelines.esgo.org/cervical-cancer/knowledge-resources/documentation/>), and the ESGO Algorithms Application for Android and iOS mobile devices is available from the appropriate app store.

The final results of a follow-up project on quality indicators (QI) for surgical treatment of cervical cancer will be presented in this session. An ESGO working group of international experts has developed a set of QIs for surgical treatment of cervical cancer. After a comprehensive literature search for the identification of potential QIs, the experts have evaluated the relevance and feasibility in clinical practice of each potential QI. Candidate QIs were retained after a large consensus among experts was obtained. Each QI has been described and categorised as a structural indicator, process indicator or outcome indicator²; the measurability specifications have been detailed, and a target indicated. Prior to publication, the retained quality indicators were reviewed by a large international panel that included physicians and patient representatives (external validation).

Chairs

David Cibula (CZ)
Karl Tamussino (AT)

08:30 - 08:50

How to develop and how to use QI

David Cibula (CZ)

08:50 - 09:10

QI related to patients' management

Francesco Raspagliesi (IT)

09:10 - 09:30

Surgical performance

Karl Tamussino (AT)

Scientific Programme

Scientific Session, Banqueting Hall (650 pax)

08:30 - 09:30

Parallel session 6: Neovaginal reconstructive techniques after exenterative procedures for gynaecologic malignancies

Pelvic exenteration is a potentially curative procedure for patients with some recurrent gynaecologic malignancies but is associated with a considerable morbidity. Vaginal function after pelvic exenteration is usually poor if vaginal reconstruction has not been performed.

With the introduction of abdominal pedicled flaps for vaginal reconstruction, the possibility of creating a neovagina and filling the pelvic dead space after pelvic exenteration has improved remarkably.

Neovaginal reconstruction with Deep Inferior Epigastric Perforator Flap (DIEP) and vulvovaginal reconstruction with regional pedicled myocutaneous flaps are procedures offering the possibility of a better aesthetic outcome with an improved impact on patients' quality of life.

Body image and sexual function are known to be significantly affected in patients who undergo exenterative procedures. Preoperative patient selection and counselling are important considerations in relation to quality of life, physical health, and psychosocial and sexual function. Sexual function scores of neovaginal reconstruction are used to evaluate vaginal capacity as well as satisfaction with postoperative sexual function.

Chairs

Christina Fotopoulou (UK)
Alexandros Rodolakis (GR)

08:30 - 08:45

Neovaginal reconstruction with Deep Inferior Epigastric Perforator Flap (DIEP)

Gwenael Ferron (FR)

08:45 - 09:00

Vulvovaginal reconstruction with regional pedicled myocutaneous flaps

Alexandros Rodolakis (GR)

09:00 - 09:15

Preoperative patient selection, counselling, and sexual function scores of neovaginal reconstruction

Christina Fotopoulou (UK)

09:15 - 09:30

Discussion

Scientific Programme

Scientific Session, Skalkotas Hall (380 pax)

08:30 - 09:30

Parallel session 7: Surgical staging of advanced cervical cancer

Cervical cancer remains the second most frequent female cancer worldwide. At least 50% of these tumours are locally advanced cervical carcinomas (FIGO stage IB2-IVA).

The usual management of such tumours is based on chemoradiation therapy in combination with brachytherapy.

The efficacy of this treatment is well-known, as is the toxicity, especially the involvement of the GI tract when extended field irradiation is used. This toxicity which may be long-lasting affects quality of life and survival. In order to reduce treatment toxicity and possibly improve survival, an adequate pre-therapeutic assessment is desirable to tailor the radiation fields. Pre-treatment surgical staging has been shown to have a major impact on treatment decision-making but it has never been shown to have a significant effect on outcome.

This question was addressed in a randomised trial comparing clinical (CT scan) and surgical staging (open or MIS). An interim analysis of the trial reported detrimental results when using surgical staging, leading to early closure (Lai CH et al. Gynecol Oncol 2003). However, there may have been a critical bias affecting the results and consequently a new international randomised trial has been developed to investigate the value of surgical staging followed by tailored chemo radiation therapy, and how this may impact on the quality of life and duration of survival in patients with LACC.

Chairs

Eric Leblanc (FR)

Simone Marnitz-Schulze (DE)

08:30 - 08:45

Stakes of therapeutic management of locally advanced cervical cancer (LACC) and the need for adequate staging

Simone Marnitz-Schulze (DE)

08:45 - 09:00

Surgical staging of LACC: Techniques and morbidity

Eric Leblanc (FR)

09:00 - 09:15

Impacts of surgical staging on further management morbidity and survival: Lessons from Uterus -11 randomised study

Christhardt Köhler (DE)

09:15 - 09:30

Discussion

Scientific Programme

08:30 - 09:30

Scientific Session, MC3 Hall (180 pax)

Parallel session 8: How accessible are interventions for gynaecological cancer across Europe?

New developments have made impressive inroads to our clinical practice. New systemic therapies, advances in surgical devices, robotic surgery, and radiotherapy techniques and equipment are clear examples of this unstoppable evolution. However, to what extent has the introduction of these developments been proven to be effective? Or even more importantly, how have they improved the cost-benefit of treatment? Can we, or should we really adopt all these advances into standard practice? Resources vary across Europe—how does this affect adoption of new technologies across the region?

To discuss this important area, we have designed a session to focus our panel on three pillars of gynaecological oncology: systemic therapy, radiotherapy, and surgical approaches.

Chairs

Jordi Ponce (ES)
Alexander Eniu (RO)

08:30 - 08:45

Essential and novel systemic therapies: East meets West?

Alexander Eniu (RO)

08:45 - 09:00

Tailoring guidelines to available resources: The case of radiotherapy

Tihana Boraska Jelavic (HR)

09:00 - 09:15

New surgical devices: What should we have and what can we avoid?

Jordi Ponce (ES)

09:15 - 09:30

Discussion

09:30 - 10:30

Plenary, Lambrakis Hall (1960 pax)

Plenary Session 2: Presidential session

Chairs

Alexandros Rodolakis (GR)
Denis Querleu (FR)

09:30 - 09:40

Introduction

Nadeem Abu Rustum (US)

09:40 - 10:30

Presidential lecture

Denis Querleu (FR)

10:30 - 11:00

Break, Industry Exhibition

Coffee break

Scientific Programme

11:00 - 12:30

State of the Art, Lambrakis Hall (1960 pax)

State of the Art 4: Early-stage high-risk endometrial cancer

The session will address the state of the art of adjuvant treatment in high-risk early stage endometrial cancer. The role of chemotherapy (if any) will be discussed by Dr Mirza, PI of an ongoing trial addressing this issue. The role of radiation treatment (and what type of RT - external field or only brachytherapy) will be discussed by Dr Creutzberg.

The potential impact of novel treatments with PARP inhibitors, immunotherapy and antiangiogenic agents will be discussed by Dr Lorusso. The concept of using molecular characteristics of endometrial cancer to divide the disease into at least four distinct categories will be discussed by Dr Bosse, who will suggest this information should be part of future clinical trial designs.

Chairs

Domenica Lorusso (IT)
Mansoor R. Mirza (DK)

11:00 - 11:20

Endometrial cancer: A single disease?

Tjalling Bosse (NL)

11:20 - 11:40

Is there a role for chemotherapy in high-risk early-stage disease?

Mansoor R. Mirza (DK)

11:40 - 12:00

Is there a role for radiotherapy in high-risk early-stage disease?

Carlen Creutzberg (NL)

12:00 - 12:20

Perspectives in novel treatments

Domenica Lorusso (IT)

12:20 - 12:30

Discussion

Scientific Programme

Scientific Session, Trianti Hall (850 pax)

11:00 - 12:30

Parallel session 9: Strategies to improve perioperative management in gynaecological oncology surgery

This educational session will present information about perioperative quality of care standards and strategies to improve them. Improvement in surgical techniques, concentration of care in tertiary specialised centres, and, more importantly, recent advances in critical care allow women to undergo complex gynaecologic oncology surgery successfully. Major efforts have been made in the optimisation of anaesthesia-resuscitation, homeostasis, and fluid balance therapy. Preoperative fasting and carbohydrate loading, as well as early postoperative feeding have been advocated to achieve a metabolically fed state and decrease the risk of complications.

Preoperative immunonutrition has been proved to have an impact on the immunologic, inflammatory and nutritional response, decreasing the risk of postoperative complications and the length of hospital stay in patients with different tumours, including ovarian cancer, undergoing surgery. Recommendations of Enhanced Recovery After Surgery (ERAS), a multimodal perioperative care pathway, have been implemented in gynaecological oncology surgery.

Chairs

Nikolaos Thomakos (GR)
Annamaria Ferrero (IT)

11:00 - 11:20

The role of the Intensive Care Unit (ICU) in postoperative management

Nikolaos Thomakos (GR)

11:20 - 11:40

Perioperative anaesthetic management

Carolyn Weiniger (IL)

11:40 - 12:00

Pre- and postoperative care: Focussing on nutrition and immunonutrition

Annamaria Ferrero (IT)

12:00 - 12:20

Enhanced Recovery Hospital Implementation Process (ERAS): A holistic approach

Pedro Ramirez (US)

12:20 - 12:30

Discussion

Scientific Programme

11:00 - 12:30

Scientific Session, Banqueting Hall (650 pax)

Parallel session 10: The past and the future of lymphedema in gynecologic oncology

Lower Limb Lymphoedema (LLL) is one of the most common postoperative complications following gynaecological cancer surgery. Although it is a chronic condition with a substantial impact on health-related quality of life (HQoL), it has been very poorly studied. This is compounded by a lack of a generally accepted standardisation of terminology in the assessment of lymphoedema, its diagnosis and follow-up. Indeed, the reported prevalence of LLL in the literature varies significantly between 0% and 50%. Preventive strategies have been recently adopted by using the SLN technique in vulvar, endometrial, and cervical cancer. However, indications for systematic pelvic, para-aortic and inguinal lymphadenectomy still exist for advanced/recurrent disease. Prophylactic or therapeutic strategies should be considered in these situations. Simple cases can benefit from the widely available conservative treatments, such as low-level laser therapy, manual lymphatic drainage and compression bandaging. Other integrative therapies have been explored but there is insufficient evidence to lead to clinical recommendations.

In this session the relevance of lymphoedema will be introduced from a patient's perspective, endorsed by ENGAGE. Pathophysiology, diagnosis, prevention, and conservative versus surgical treatment will be discussed. The advantages of SLN will be also presented.

Chairs

Anna Fagotti (IT)
Michael Halaska (CZ)

11:00 - 11:20

Lymphoedema from the patient's perspective

Maria Papageorgiou (GR)

11:20 - 11:40

Aetiology and pathophysiology of lymphoedema

Anna Fagotti (IT)

11:40 - 12:00

How to diagnose and prevent lymphoedema

Michael Halaska (CZ)

12:00 - 12:20

Prophylactic and therapeutic surgery of lymphedema

Stefano Gentileschi (IT)

12:20 - 12:30

Discussion

Oral Communication, Skalkotas Hall (380 pax)

11:00 - 12:00

Best Oral Communications / Late-Breaking Abstracts 3 - Ovarian Cancer

Chairs

Giovanni Scambia (IT)
Nicole Concin (AT)

11:00 - 11:10

Niraparib therapy in patients with newly diagnosed advanced ovarian cancer after chemotherapy: PRIMA/ENGOT-OV26/GOG-3012 study

Antonio González Martín (ES)

Scientific Programme

11:10 - 11:20	<p>Phase III PAOLA-1/ENGOT-ov25 trial: olaparib plus bevacizumab as maintenance therapy in patients with newly diagnosed, advanced ovarian cancer treated with platinum-based chemotherapy plus bevacizumab</p> <p>Philipp Harter (DE)</p>
11:20 - 11:30	<p>TP53 mutations in cell-free DNA as early markers of therapeutic response in platinum-resistant relapsed ovarian cancer (PROC): a prospective translational analysis of the phase II GANNET53 clinical trial</p> <p>Adriaan Vanderstichele (BE)</p>
11:30 - 11:40	<p>Ovarian cancer detection combining an innovative catheter for uterine and tubal lavage with ultra-sensitive TP53 sequencing</p> <p>Paul Speiser (AT)</p>
11:40 - 11:55	<p>Discussion</p> <p>Susana Banerjee (UK)</p>
11:55 - 12:00	<p>discussion and questions from audience</p>
12:30 - 14:00	<p>Young Doctors' Track, ENYGO Lounge</p> <p>Young gynae-oncologists and excellence in research: The basics of translational research and molecular biology for gynaecological oncologists (ENYGO Session)</p> <p>A gap exists in the formal education of medical professionals who are involved in translational research activities in gynaecological cancer. This session introduces fellows to translational research and highlights its basic methods, tools, and stages. Furthermore, the session will show how and why translational research is a multidisciplinary team effort. The lecture portion of the session is followed by an open discussion on how to be involved in research as a busy practicing surgeon.</p> <p>Chairs</p> <p>Kamil Zalewski (PL) David Lindquist (SE)</p>
12:30 - 12:50	<p>Methods and tools in translational research</p> <p>Tjalling Bosse (NL)</p>
12:50 - 13:10	<p>Major stages of innovation: from the clinical/preclinical idea to the establishment of a project and its development based on the ENITEC experience</p> <p>Johanna Pijnenborg (NL)</p>
13:10 - 13:30	<p>The balance between being a clinician and a translational researcher, how to succeed with both</p> <p>David Lindquist (SE)</p>

Scientific Programme

E-Poster Talks, ePosters

12:45 - 13:45

ePoster Talks: cervical cancer

Chairs

Fabrice Lécuru (FR)
Elena Ulrikh (RU)

12:45 - 12:48

Comparison of survival between abdominal versus laparoscopic radical hysterectomy in cervical cancer: 10 year experience in a single UK cancer centre

Nana Gomes (UK)

12:48 - 12:50

Discussion

12:50 - 12:53

The next generation sequencing of cancer-related genes in small cell neuroendocrine carcinoma of the cervix

Xuan Pei (CN)

12:53 - 12:55

Discussion

12:55 - 12:58

Postoperative radiotherapy does not benefit stage IB-IIA cervical squamous cell carcinoma with intermediate risk according to Sedlis criteria

Xiaohua Wu (CN)

12:58 - 13:00

Discussion

13:00 - 13:03

What are the real-world outcomes of locally advanced cervical cancer patients who receive neo-adjuvant chemotherapy?

Kelly Baillie (UK)

13:03 - 13:05

Discussion

13:05 - 13:08

Surgical staging prior to chemoradiation is beneficial for survival in patients with high stage cervical cancer

Gemma Kenter (NL)

13:08 - 13:10

Discussion

13:10 - 13:13

Outcome in 186 patients with cervical cancer stage IB1 treated with radical hysterectomy without adjuvant radiochemotherapy, unless presenting with metastatic lymph nodes

Jolien Haesen (BE)

13:13 - 13:15

Discussion

13:15 - 13:18

Added value of para-aortic surgical staging compared to F18 FDG PET/CT on the external beam radiation field of patients with locally advanced cervical cancer: an ONCO-GF study

Marjolein De Cuyper (BE)

13:18 - 13:20

Discussion

13:20 - 13:23

Comparison of laparoscopic versus open radical hysterectomy in early cervical cancer after completing learning curve and reducing intraperitoneal tumour exposure

Jeong-Yeol Park (KR)

Scientific Programme

13:23 - 13:25	Discussion
13:25 - 13:28	Wide variation in self-management skills in gynaecological cancer survivors from the Netherlands, Denmark and Norway - first results from the InCHARGE study Belle H de Rooij (NL)
13:28 - 13:30	Discussion
13:30 - 13:33	FIGO 2018 stage IB2 (≥ 2 to < 4 cm) cervical cancer treated with neoadjuvant chemotherapy followed by fertility sparing surgery (CoNteSSa)/Neoadjuvant chemotherapy and conservative surgery in cervical cancer to preserve fertility (NeoCon-F) Frederic Amant (NL)
13:33 - 13:35	Discussion
13:00 - 14:30	Satellite Symposium, Trianti Hall (850 pax) Satellite Symposium 5 - Evolving treatments for recurrent/metastatic cervical cancer: looking beyond the current standard of care Supported by Genmab and Seattle Genetics
	Chairs Mansoor R. Mirza (DK)
13:00 - 13:05	Introduction Mansoor R. Mirza (DK)
13:05 - 13:20	Current treatment landscape and unmet needs in recurrent/metastatic cervical cancer Mansoor R. Mirza (DK)
13:20 - 13:35	Surgical Intervention in Recurrent Cervical Cancer David Cibula (CZ)
13:35 - 13:50	Patient Perspectives on Treatment David Cibula (CZ)
13:50 - 14:05	New treatments in development for recurrent/metastatic cervical cancer: Immuno-Oncology Mansoor R. Mirza (DK)
14:05 - 14:20	New Treatments in Development for Recurrent/Metastatic Cervical Cancer: Antibody Drug Conjugates Ana Oaknin (ES)

Scientific Programme

14:20 - 14:30

Panel Q&A

Ana Oaknin (ES)
Mansoor R. Mirza (DK)
David Cibula (CZ)

13:00 - 14:30

Satellite Symposium, Banqueting Hall (650 pax)

Satellite Symposium 6 - The Past, Present and Future of PARP Inhibitors in Recurrent Ovarian Cancer

Supported by Clovis Oncology, Inc.

Chairs

Domenica Lorusso (IT)

13:00 - 13:05

Welcome and Introduction

Domenica Lorusso (IT)

13:05 - 13:25

All Eyes on PARPi: Advances in Maintenance Therapy for Recurrent Ovarian Cancer

Andreas Du Bois (DE)

13:25 - 13:45

Case Studies: Informed Decision Making for the Treatment of Patients with Recurrent Ovarian Cancer

Domenica Lorusso (IT)

13:45 - 14:05

Is Active Surveillance Active Enough for Patients with Recurrent Ovarian Cancer?

Domenica Lorusso (IT)
Andreas Du Bois (DE)
Eric Pujade-Lauraine (FR)

14:05 - 14:20

Looking to the Future of PARP Inhibitors in Ovarian Cancer Treatment

Eric Pujade-Lauraine (FR)

14:20 - 14:30

Panel Q&A and Close

Domenica Lorusso (IT)

Scientific Programme

14:30 - 15:30

State of the Art, Lambrakis Hall (1960 pax)

State of the Art 5: ESGO-EFC new recommendations on prevention

Despite progress in treatment, cervical cancer remains a worldwide public health problem with approximately 500,000 new cases and 250,000 deaths each year. As the umbrella society of gynaecological oncology across all of Europe, the ESGO Council recognises the importance of making ESGO members aware of developments in the recent scientific advances on HPV prevention and cervical cancer screening. This has led to a collaboration between the ESGO Council and EFC (European Federation For Colposcopy) that has reviewed the available literature and developed a task force on cervical cancer prevention. The task force focussed on a statement paper on HPV vaccination and cervical cancer screening, a meta-analysis of triage of HPV positive cases and a new guideline on treatment of pre-invasive diseases of the vulva, vagina, and cervix. This session gives the attendees an update of the literature and new ESGO-EFC products on prevention.

Chairs

Murat Gultekin (TR)

14:30 - 14:45

State of the art in HPV vaccination: ESGO-EFC joint statement

Elmar Joura (AT)

14:45 - 15:00

Up-to-date in cervical cancer screening: ESGO-EFC joint statement

Jack Cuzick (UK)

15:00 - 15:15

ESGO meta-analysis for triage of HPV-positive cases

Marc Arbyn (BE)

15:15 - 15:30

ESGO-EFC guidelines for management and quality assurance of preinvasive diseases

Esther Moss (UK)

14:30 - 15:30

Scientific Session, Trianti Hall (850 pax)

Parallel session 11: Micrometastases in gynecological cancers

In the past, lymph node micrometastasis was a rare finding. Recently, using more intensive protocols for pathological evaluation of SLN, it is more frequently reported. SLN ultrastaging demonstrates micrometastases, isolated tumour cells, or small macrometastases in an additional 15% of patients. This new phenomenon raises questions about the impact of these findings on prognosis and, consequently, management.

In this session, a pathologist will discuss criteria for SLN ultrastaging, including its limitations. Clinicians will summarise recent data on the prognostic significance of micrometastases and isolated tumour cells in cervical, endometrial, and vulvar cancer.

Chairs

David Cibula (CZ)

Nadeem Abu Rustum (US)

Scientific Programme

14:30 - 14:45	SLN ultrastaging Glenn McCluggage (UK)
14:45 - 15:00	Cervical cancer David Cibula (CZ)
15:00 - 15:15	Endometrial cancer Nadeem Abu Rustum (US)
15:15 - 15:30	Vulvar cancer Ate van der Zee (NL)

14:30 - 15:30	Scientific Session, Banqueting Hall (650 pax) Parallel session 12: Nutrition, lifestyle, and further modifiable factors in gynaecological cancers
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Speakers in this session will present an update of recent epidemiological findings linking modifiable risk factors to cancers of the breast, endometrium and ovary. This overview will include nutrition (adiposity), exogenous hormone use and parity in relation to alterations in endogenous hormone metabolism and inflammation factors, as well as findings from intervention studies on the effects of (anti-)hormonal treatments and metformin in gynaecologic cancer prevention and treatment. For ovarian cancer, recent findings will be presented from large-scale, international cohort consortia on the identification of modifiable risk factors specifically for histologic sub-types, ranging from reproductive history to the use of analgesic and anti-inflammatory drugs, and sexually transmitted bacterial infections.

Chairs

Andrea DeCensi (IT)
Rudolf Kaaks (DE)

14:30 - 14:45	Nutrition, endogenous hormone metabolism, and cancers of the breast, endometrium, and ovary Rudolf Kaaks (DE)
14:45 - 15:00	(Anti-)hormonal treatments and metformin for gynecologic cancer prevention and treatment Andrea DeCensi (IT)
15:00 - 15:15	Novel insights regarding reproductive, inflammatory, and infectious pathways in ovarian cancer development Renée Fortner (DE)
15:15 - 15:30	Discussion

15:30 - 16:00	Break, Industry Exhibition Coffee break
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Scientific Programme

16:00 - 17:00

Satellite Symposium, Trianti Hall (850 pax)

Satellite Symposium 7 - Can da Vinci robotic-assisted surgery support Enhanced Recovery programs?

Supported by Intuitive Surgical

Chairs

Pedro Ramirez (US)

16:00 - 16:30

The place of da Vinci robotic-assisted surgery in an Enhanced Recovery Program

Eric Lambaudie (FR)

16:30 - 17:00

A Look at da Vinci robotic-assisted surgery postoperative results

Celine Lönnfors (SE)

16:00 - 17:00

Satellite Symposium, Banqueting Hall (650 pax)

Satellite Symposium 8 - Integrating the novel concepts of recurrent ovarian cancer into our daily clinical practice

Supported by PharmaMar

Chairs

Sandro Pignata (IT)

16:00 - 16:15

Introduction: What has changed?

Sandro Pignata (IT)

16:15 - 16:30

When platinum re-challenge might be justified

Domenica Lorusso (IT)

16:30 - 16:45

What if the symptomatic response is a priority?

Antonio González Martín (ES)

16:45 - 17:00

Facing an early symptomatic relapse

Isabelle Ray-Coquard (FR)

16:00 - 17:00

Young Doctors' Track, ENYGO Lounge

Young gynae-oncologists and excellence in research: Understanding clinical trial design (ENYGO Session)

Most of our clinical decisions are based on data from randomised clinical trials, but how much knowledge do we really have about them? This session explains how clinical trials should be designed, describes the pitfalls that exist, and offers tips and tricks for planning your own trial.

Chairs

Maximilian Lanner (AT)

David Lindquist (SE)

Scientific Programme

16:00 - 17:00

Presentations

Cristiana Sessa (CH)
Mansoor R. Mirza (DK)

17:00 - 18:30

State of the Art, Lambrakis Hall (1960 pax)

State of Art 6: Lymphadenectomy in ovarian, cervical, and endometrial cancer

This session deals with the indication and importance of pelvic and paraaortic lymphadenectomy (LND) in gynaecological cancer patients as a component of surgical staging. Complete LND poses significant risks to patients and is associated with high rates of morbidity. Sentinel lymph node mapping (SLN) has emerged as an alternative to comprehensive LND in the surgical assessment of lymph nodes in endometrial cancer and in early stage cervical cancer. Furthermore, recent evidence from the LION trial has changed the standard of care for LND in advanced ovarian cancer patients with clinical negative lymph nodes. This session gives an overview on the current status for the evidence for systematic LND and SLN in endometrial and cervical cancers, and will review the indications for systematic LND in respect of different histological subtypes of ovarian cancer.

Chairs

Nadeem Abu Rustum (US)
Nicole Concin (AT)

17:00 - 17:20

Current role of pelvic and aortic lymphadenopathy in endometrial cancer

Nadeem Abu Rustum (US)

17:20 - 17:40

Evidence for lymphadenectomy in presumed early stage ovarian cancer

Nicole Concin (AT)

17:40 - 18:00

Optimal management of lymph nodes in patients with advanced ovarian cancer

Philipp Harter (DE)

18:00 - 18:20

Relevance of lymphadenectomy in cervical cancer in the SLN era

Fabrice Lécuru (FR)

18:20 - 18:30

Discussion

Scientific Programme

Scientific Session, Trianti Hall (850 pax)

17:00 - 18:30

Parallel session 13: Genetic testing and counselling in gynaecological cancers: Which patients, how, and by whom?

We are now in an era where the results of genetic testing have significant implications for the treatment of gynaecological cancers as well as providing valuable information on the risk of other cancers, opportunities for risk reduction, and cancer risks of family members. BRCA testing (BRCA1 and BRCA2) is recommended for women with ovarian cancer. Over recent years testing for microsatellite instability genes (MLH1, MSH2, MSH6, PMS2) and Lynch syndrome has increased due to the options for new specific therapies (e.g., PARP inhibitors, immunotherapy) and the genetic consequences.

This session will address how gene testing for BRCA mutations and assessment of microsatellite instability genes guide cancer treatment decisions in ovarian and endometrial cancers. In addition, the genetic implications of the results for individual patients and subsequent testing of family members will be discussed. This session will also include a section dedicated to genetic counselling for Lynch syndrome and BRCA testing and the patients' perspectives. The aim is for participants attending this session to gain a comprehensive overview of the current field of genetic testing in gynaecological cancers relevant to clinical practice.

Chairs

Emmanouil Saloustros (GR)
Susana Banerjee (UK)

17:00 - 17:20

BRCA and microsatellite instability genes testing: Implications for therapy

Susana Banerjee (UK)

17:20 - 17:40

BRCA mutations: Implications for the patient and family

Emmanouil Saloustros (GR)

17:40 - 18:00

Genetic counselling for Lynch syndrome in gynaecological cancers

Pawel Blecharz (PL)

18:00 - 18:20

Genetic testing: The patient's perspective (patient rep from ENGAGE)

Birthe Lemley (DK)

18:20 - 18:30

Discussion

Scientific Programme

Scientific Session, Banqueting Hall (650 pax)

17:00 - 18:00

Parallel session 14: Management of bleeding during gynaecologic oncology procedures, including obstetrical haemorrhage

During major gynaecological oncological procedures, surgeons will inevitably be faced with managing bleeding. Moreover, in centres with joint Obstetrics and Gynaecology departments, there is an increased need for the assistance of the gynaecologic oncologist during severe obstetrical bleeding.

This session will focus on damage control of the bleeding that the gynaecologic oncologist will encounter during major oncological procedures and also the contribution of the gynaecological oncologist in the management of severe obstetric haemorrhage.

The three lectures will cover the spectrum of urgent surgical management of major obstetric bleeding and the role of the gynaecological oncologist in the treatment of invasive placenta praevia; the “tools” that the surgeon can use, based on the thorough knowledge of the anatomy, during severe bleeding; and finally, the role of the anaesthesiologist and the pharmacological manoeuvres that can be performed to control bleeding.

Chairs

Dimitrios Haidopoulos (GR)

Luis Chiva (ES)

17:00 - 17:15

The role of the gynaecologic oncologist in obstetrical haemorrhage

Dimitrios Haidopoulos (GR)

17:15 - 17:30

Surgical anatomy, strategies, and tools for managing severe surgical bleeding

Luis Chiva (ES)

17:30 - 17:45

Pharmacologic maneuvers to control bleeding in surgery

Jeremy Campbell (UK)

17:45 - 18:00

Discussion

Scientific Programme

17:00 - 18:30

Young Doctors' Track, Skalkotas Hall (380 pax)

Young Investigators Oral Presentations (ENYGO Session)

Chair:

- Dr. Ilker Selcuk
- David Lindquist

Expert / Commentator:

- Prof. Giovanni Scambia
- Jalid Sehouli

The Young Investigators Session is a unique opportunity for young professionals who have exceptional research to present their work at the Congress. The top young investigators selected from those who submitted work for review will present their research to their peers. Presenters are eligible and may be nominated for the Best Oral and Best Poster awards.

Chairs

Ilker Selcuk (TR)
David Lindquist (SE)
Giovanni Scambia (IT)
Jalid Sehouli (DE)

17:00 - 17:04

Impact of different adjuvant treatment strategies on survival in stage III endometrial cancer: a population-based study

Willem Jan van Weelden (NL)

17:04 - 17:09

Discussion

17:09 - 17:13

Preoperative staging of advanced ovarian cancer: comparison between ultrasound, computed tomography (CT) and whole-body MRI with diffusion-weighted sequence (WB-DWI/MRI)

Patricia Pinto (PT)

17:13 - 17:18

Discussion

17:18 - 17:22

Comparison of survival outcomes in optimally or maximally cytoreduced stage IIIC ovarian high-grade serous carcinoma: women with only peritoneal tumour burden versus women with both peritoneal and lymphogenous dissemination

Ilker Selcuk (TR)

17:22 - 17:27

Discussion

17:27 - 17:31

Detection of mRNA of CDKN2A, MKI67 and TOP2A in liquid-based cytology as biomarker of high grade lesions of uterine cervix

Núria Carreras Diéguez (ES)

17:31 - 17:36

Discussion

17:36 - 17:40

The role of the vaginal microbiota in the regression of untreated CIN2 lesions

Anita Mitra (UK)

Scientific Programme

17:40 - 17:45	Discussion
17:45 - 17:49	Application of precision medicine: can molecular risk stratification provide new management options for low stage endometrioid ovarian carcinoma? Pauline Krämer (DE)
17:49 - 17:54	Discussion
17:54 - 17:58	The efficacy of an algorithm using sentinel lymph node biopsy and frozen section in the avoidance of a combined treatment in early-stage cervical cancer management Lukas Dostalek (CZ)
17:58 - 18:03	Discussion
18:03 - 18:07	99mTc-NC+ICG versus 99mTc-NC+MB technique for sentinel lymph node biopsy in early-stage endometrial cancer Vicente Bebia (ES)
18:07 - 18:12	Discussion
18:12 - 18:16	Validation of an ERAS protocol in gynecological surgery: interim analysis of an italian randomized controlled trial Federico Ferrari (IT)
18:16 - 18:21	Discussion
18:21 - 18:25	Comparaison of laparoscopic and abdominal radical hysterectomy in cervical cancer : a French multicentric study Yohann Dabi (FR)
18:25 - 18:30	Discussion

20:00 - 22:00

Networking Event, Offsite

Networking Event

Acropolis Museum: Dionysiou Areopagitou 15, Athina 117 42

ESGO 2019 provides all delegates with the opportunity to join the Networking-Get-Together on Sunday, Nov 3, 2019, starting at 20:00h. Connect meaningfully with professionals and trainees around the world and establish longer-term ties of mutual support and learning. Enjoy the relaxed atmosphere at a stunning location to get to know your peers and the experts during dinner.

This event needs to be booked additionally.
Please book your ticket online!

Price: EUR 75.00

Scientific Programme

Monday, 04 November 2019

07:30 - 08:30

Scientific Session, Banqueting Hall (650 pax)

Parallel session 18: Gynaecological cancer in the elderly

There is an increasing elderly population with gynaecological cancers, in whom under-diagnosis and under-treatment have been reported. A higher incidence of comorbidities in elderly patients increases the risk of treatment-related toxicities; however, the assumption of frailty based on age alone may lead to inadequate and inappropriate treatment.

This session will provide an update on the management of elderly patients with gynaecological malignancies.

Concerning surgery, major efforts have been made in the optimisation of pre- and post-operative evaluation, with advances in minimally invasive surgery and anaesthesia-resuscitation.

The optimal medical treatment of elderly people is uncertain given their low enrolment in clinical trials, but several strategies have been described to reduce toxicity while maintaining efficacy. The challenges lie in dealing with the heterogeneity of this patient population and in the identification of risk factors other than chronologic age to guide treatment decisions.

The application of new technologies, such as fractionated radiotherapy and brachytherapy with fewer side effects, is meaningful in the treatment of elderly patients.

Chairs

Annamaria Ferrero (IT)
Dina Kurdiani (GE)

07:30 - 07:45

Pre-and postoperative evaluation, morbidity and postoperative outcome of elderly cancer patients

Dina Kurdiani (GE)

07:45 - 08:00

Medical treatment of elderly women with gynaecological cancers: Strategies for a heterogeneous population

Annamaria Ferrero (IT)

08:00 - 08:15

Radiotherapy in the elderly

Elzbieta van der Steen-Banasik (NL)

08:15 - 08:30

Discussion

Scientific Programme

07:30 - 08:30

Video Session, Skalkotas Hall (380 pax)

Video Session 2: Surgical approach in bulky disease in gynaecological tumours

In this session, we will present videos that demonstrate how to remove surgically bulky disease from gynaecological tumours.

The video presentations will demonstrate how to approach a frozen pelvis, large retroperitoneal lymph nodes, and diaphragmatic disease infiltrating the parietal pleura or pericardiophrenic disease.

Three speakers will be selected from the participants who previously submitted video abstracts in order to offer an educational and interactive programme.

Chairs

Cagatay Taskiran (TR)

Luis Chiva (ES)

07:30 - 07:40

Approaching the frozen pelvis

Luis Chiva (ES)

07:40 - 07:50

Dealing with bulky nodes on the retroperitoneum

Cagatay Taskiran (TR)

07:50 - 08:00

Managing thoracic disease as part of debulking

Philipp Harter (DE)

Best 3 submitted videos

08:00 - 08:08

Laparoscopic - laterally extended pelvic resection

Mariano Catello Di Donna (IT)

08:08 - 08:10

Discussion

08:10 - 08:18

Anterior infra levator exenteration plus colpectomy and intraoperative radiation for recurrent cervical cancer

Daniel Vázquez Vicente (ES)

08:18 - 08:20

Discussion

08:20 - 08:28

Minimally-invasive cytoreduction in recurrent endometrial cancer: laparoscopic and uniportal video-assisted thoracoscopic surgery (VATS) combined approach

Nicolò Bizzarri (IT)

08:28 - 08:30

Discussion

Scientific Programme

07:30 - 08:00

Young Doctors' Track, ENYGO Lounge

ENYGO Morning Lounge Series with IJGC

The morning ENYGO Lounge Series will allow you to meet experts from the Editorial Board of the International Journal of Gynecological Cancer (IJGC) to discuss the issues related to the publishing process in an informal atmosphere with a cup of fresh coffee. This opportunity may not happen again! So if you are interested in publishing your work in a journal, if you would like to know what mistakes to avoid when planning a study to increase the chances of its publication or how to record a movie during the operation so that it is published as an original work we invite you to come to ENYGO Lounge! These and many other questions will be answered by Pedro Ramirez (IJGC Editor-in-Chief), Lindsey Struckmeyer (IJGC Managing Editor) and Luis Chiva (IJGC Video Editor). Also at this point, you'll also be able to meet ENYGO fellows participating in the first edition of the ENYGO-IJGC Editorial Fellowships and ask them about their impressions on this project. See you there!

Chairs

Aleksandra Strojna (PL)
Martina Aida Angeles (FR)

07:30 - 07:50

How to analyze a study and be critical of a paper

Pedro Ramirez (US)

07:50 - 08:00

Discussion

08:00 - 09:30

State of the Art, Trianti Hall (850 pax)

State of the Art 7: ESGO-GCIG Rare Tumours Guidelines

The new Rare Tumour Guidelines project is a joint ESGO-GCIG initiative in which we would like to create a treatment algorithm for rare tumours. These have been previously elaborated in the initial project and published in the Int J Gyn Cancer in 2014. ESGO has developed the technology to transfer treatment algorithms into a freely available App and with the support of the French National Group who have initiated algorithms for rare tumours. The current program works to translate these into an ESGO-GCIG approved format.

These 10 first guidelines included Leiomyosarcomas, Carcinosarcoma, Sex Cord Tumours, Germ cell tumours, Cancerized teratoma, trophoblastic disease, ovarian clear cell carcinoma, ovarian mucinous carcinoma, ovarian low grade serous carcinoma and small cell ovarian carcinoma hypercalcaemic. For each of the initial 10 tumour types, we have invited two chairs from different national cooperative groups to co-ordinate the activity. We also included at least 8 members from the GCIG groups would be assigned to each of the 10 Tumour Groups and also a pathologist for each group. A first draft was presented at the GCIG meeting in Chicago in June 2019 for comments and revision. After that, both GCIG and ESGO societies have made circulated the different guidelines for definitive validation. They will be officially presented at the ESGO 2019 Congress in Athens in a short time session by the coordinator or the coordinator of each topic. Then, the smartphone application will be proposed end of 2019.

Chairs

Jonathan Ledermann (UK)
Isabelle Ray-Coquard (FR)

Scientific Programme

08:00 - 08:09	Sex cord tumour Isabelle Ray-Coquard (FR)
08:09 - 08:18	Germ Cell tumour Nicoletta Colombo (IT)
08:18 - 08:27	Ovarian small cell carcinoma Clare Scott (AU)
08:27 - 08:36	Uterine Carcinosarcoma Domenica Lorusso (IT)
08:36 - 08:45	Cancerized teratoma Ros Glasspool (UK)
08:45 - 08:54	Uterine LMS Jae Weon Kim (KR)
08:54 - 09:03	Mucinous carcinoma Jonathan Ledermann (UK)
09:03 - 09:12	Ovarian clear cell carcinoma Antonio González Martín (ES)
09:12 - 09:21	Trophoblastic diseases Michael Seckl (UK)
09:21 - 09:30	Low grade serous carcinoma Charlie Gourley (UK)

Scientific Session, Banqueting Hall (650 pax)

08:30 - 09:30 **Parallel session 16: Advanced stage endometrial cancer. Time for change?**

The treatment of advanced endometrial cancer therapy remains a significant clinical challenge. The results of current therapy for first-line or recurrent disease remains poor. New insights into the biological characteristics of endometrial cancer can be used to define a more tailored therapy. Also, new treatments based on this new biological knowledge are going to be tested in this setting. Of note, several trials with immunotherapy agents are ongoing and could bring promising innovations into this field.

Chairs

Sandro Pignata (IT)
Aris Bamias (GR)

08:30 - 08:45	Chemotherapy in advanced endometrial cancer Aris Bamias (GR)
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08:45 - 09:00	Is cytoreduction an option in advanced endometrial cancer Elena Ulrikh (RU)
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Scientific Programme

09:00 - 09:15

Is there a role for immunotherapy in endometrial cancer?

Sandro Pignata (IT)

09:15 - 09:30

Is the new endometrial cancer classification ready for prime time?

Carien Creutzberg (NL)

08:30 - 09:30

Workshop, Skalkotas Hall (380 pax)

Workshop 3: Management of complications in surgery treatments

Surgery is a main treatment modality in gynaecologic oncology. Despite improvements in techniques and indications, we still have to face the complications of surgical therapy. The typical complications in cervical, ovarian and vulvar cancer surgery will be discussed.

The workshop will focus on the management of potential complications in:

Cervical cancer: ureteral complications, fistula, bladder dysfunction: how to avoid, how to manage?

Ovarian cancer, bowel resection: indications, techniques, stoma placement, management of symptoms, management of anastomotic leaks

Vulvar cancer: rates of secondary wound healing and management, complications after inguino-femoral lymphadenectomy

As there is currently no clear standard for minimising the rate of complications, the speakers want to share their experience and their clinical standard management practices that minimise and manage complications.

Chairs

Philipp Harter (DE)

Alexandros Rodolakis (GR)

08:30 - 08:50

Cervical Cancer: Complications after Wertheim surgery

Alexandros Rodolakis (GR)

08:50 - 09:10

Ovarian Cancer: Complications after bowel resection

Philipp Harter (DE)

09:10 - 09:30

Vulvar cancer: Local and inguinal complications

Maaïke Oonk (NL)

Scientific Programme

08:30 - 09:30

Oral Communication, MC3 Hall (180 pax)

Oral Communication 2 - Cervical Cancer

Chair:

- Prof. Dr. Karl Tamussino

Panellists:

- Henrik Falconer
- Andreas Obermair

Chairs

Karl Tamussino (AT)
Henrik Falconer (SE)
Andreas Obermair (AU)

08:30 - 08:35

Diagnostic performance of ultrasound in the assessment of parametrial involvement before surgery in cervical cancer patients (diagnostic accuracy study)

Daniela Fischerova (CZ)

08:35 - 08:42

discussion with panellists

08:42 - 08:47

European perspective on surgical approach in early cervical cancer after LACC trial. An international ESGO survey

Luis Chiva (ES)

08:47 - 08:54

discussion with panellists

08:54 - 08:59

The role of robotic assisted laparoscopy in early stage cervical cancer, the Danish experience

Tine Henriksen Schnack (DK)

08:59 - 09:06

discussion with panellists

09:06 - 09:11

Bevacizumab combined with first-line carboplatin and paclitaxel for metastatic/recurrent/persistent cervical cancer: primary results from the global single-arm phase II CECILIA study

Nicoletta Colombo (IT)

09:11 - 09:18

discussion with panellists

09:18 - 09:23

Patient-reported sexual frequency and vaginal functioning in patients with locally advanced cervical cancer following definitive radiochemotherapy and image-guided adaptive brachytherapy (EMBRACE study)

Jacob Christian Lindegaard (DK)

09:23 - 09:30

discussion with panellists

Scientific Programme

09:30 - 10:30

Plenary, Trianti Hall (850 pax)

Plenary session 3: Keynote, Helga Salvesen Award and IJGC Awards

Chairs

Alexandros Rodolakis (GR)
Denis Querleu (FR)

09:30 - 09:35

Introduction Keynote

Alexandros Rodolakis (GR)

09:35 - 10:00

The role of immunotherapy in the management of gynecological cancers

Meletios Dimopoulos (GR)

10:00 - 10:05

Introduction Helga Salvesen award

Cristiana Sessa (CH)

10:05 - 10:15

Best translational research - Helga Salvesen Award

George Coukos (CH)

10:15 - 10:30

IJGC Awards

Pedro Ramirez (US)

10:30 - 11:00

Break, Industry Exhibition

Coffee break

Scientific Programme

11:00 - 12:30

State of the Art, Trianti Hall (850 pax)

State of the Art 8: Learning from two decades of cervical cancer treatment: Achievements and challenges

Over the past 20 years, there have been many important achievements for the treatment of cervical cancer. During this session, the speakers will focus on the collected evidence and then look ahead to focus on potential future challenges.

Vaccination, which is the most efficient way to fight this disease, is widely available in developed countries, but uptake is not universal and is variable in many countries.

In the era of robotic surgery, one would expect this approach will soon become the gold standard for the treatment of locally limited disease, but existing clinical data are conflicting.

Magnetic Resonance Image Guided Brachytherapy, which has been developed over the last 20 years, has significantly improved clinical outcome for locally advanced disease. The EMBRACE study delivered the essential body of evidence for this approach to become the gold standard for these patients. It is very likely that future technologies will help us face existing challenges to improve this method further in the future.

Chemotherapy has been a key element of systemic treatment, either concomitantly with radiation or to treat patients with metastatic or recurrent disease. Better therapies are needed, and molecularly targeted drugs and immunotherapy are the key strategies being evaluated to improve the results of treatment.

Chairs

Jonathan Ledermann (UK)
Johannes Dimopoulos (GR)

11:00 - 11:20

Vaccination: Achievements and challenges

Elmar Joura (AT)

11:20 - 11:40

Technological developments in surgery and the contribution of robotic surgery

Rainer Kimmig (DE)

11:40 - 12:00

MRI Guided Brachytherapy: Evolution and challenges

Johannes Dimopoulos (GR)

12:00 - 12:20

Systemic molecular targeted therapies: Achievements and prospects

Jonathan Ledermann (UK)

12:20 - 12:30

Discussion

Scientific Programme

11:00 - 12:30

Scientific Session, Banqueting Hall (650 pax)

Parallel session 17: Emerging pathways and targeted treatments in gyne cancer

Increasing knowledge of the genetic basis of gynaecological malignancies has led to the development of new drugs that are tailored to specific cancer pathways. These approaches specifically target the hallmarks of cancers while sparing normal cells and reducing the toxic adverse effects of classical chemotherapy. Over the past decade, there has been an explosion in the number of new drugs designed to target critical aspects of cancer growth, apoptosis, DNA repair, angiogenesis, and more. This session highlights current evidence for targeted treatments in ovarian, cervical, and endometrial cancer and promising future strategies.

Chairs

Nicole Concin (AT)
Mansoor R. Mirza (DK)

11:00 - 11:20

DNA repair interfering therapies beyond PARPi

Nicole Concin (AT)

11:20 - 11:40

Emerging targeted therapies in cervical cancer

Ana Oaknin (ES)

11:40 - 12:00

Novel targeted drugs in endometrial cancer

Mansoor R. Mirza (DK)

12:00 - 12:20

Novel combinations in ovarian cancer

Johanna Maenpaa (FI)

12:20 - 12:30

Discussion

Scientific Programme

11:00 - 12:00

Debate, Skalkotas Hall (380 pax)

Debate 2: HIPEC in ovarian cancer: Should it become a standard now or does it need further evaluation?

The peritoneal spread of ovarian cancer is a potential target for hyperthermic intraperitoneal chemotherapy (HIPEC) delivered at the time of cytoreductive surgery. Higher concentrations of cytotoxic drugs, less systemic exposure and toxicity, and theoretical enhancement of a platinum-induced cytotoxic effect with hyperthermia all support its use. Recent publications, including a first randomised trial, have shown a benefit in favour of HIPEC. Conversely, a recent prospective study from Korea did not find any benefit. A higher rate of complications with this approach has been noted by opponents of HIPEC, yet most serious adverse events are likely related to the surgery itself and are comparable to the rates reported in studies evaluating cytoreductive surgery alone without HIPEC. The objective of this debate is to highlight the strengths and weakness of recent data from the literature, to understand whether it is time to consider HIPEC as a complementary treatment at the time of cytoreductive surgery and whether it is able to improve the outcome for selected women with advanced ovarian cancer.

Chairs

Anna Fagotti (IT)
Ignace Vergote (BE)

11:00 - 11:05

Introduction by chairs

11:05 - 11:25

Pro HIPEC

Willemien Van Driel (NL)

11:25 - 11:45

Anti HIPEC

Ignace Vergote (BE)

11:45 - 12:00

Discussion

11:00 - 12:00

Scientific Session, MC3 Hall (180 pax)

Parallel Session 15: Uterine sarcoma: anything new?

This session will first discuss women undergoing surgery for a presumed leiomyoma that turns out to be uterine sarcoma. A brief summary of the literature concerning an incidental diagnosis of uterine sarcoma will be given, and the algorithm to manage this condition will be shown.

The principles of the current surgical management of uterine sarcoma will be presented as well as the current molecular classification of endometrial stromal tumours. The pros and cons of the feasibility of safe morcellation will be discussed. First-line systemic treatment for women with metastatic disease at diagnosis will also be addressed. The most recent clinical trial results will be presented, including treatment with new systemic therapies. Finally, adjuvant treatment of uterine sarcoma will be discussed in light of the current literature.

Chairs

Isabelle Ray-Coquard (FR)
Mehmet Meydanli (TR)

11:00 - 11:15

What you considered a leiomyoma appeared to be a sarcoma: What to do and how to prevent it?

Mehmet Meydanli (TR)

Scientific Programme

11:15 - 11:30	Diagnosis and surgical treatment of uterine sarcoma Frederic Amant (NL)
11:30 - 11:45	Primary treatment of metastatic disease and adjuvant treatment of uterine sarcoma Isabelle Ray-Coquard (FR)
11:45 - 12:00	Discussion
12:30 - 13:30	E-Poster Talks, ePosters ePoster Talks: Ovarian + Endometria Chairs Maria Kyrgiou (UK) Igor Berlev (RU)
12:30 - 12:33	Is conservative surgery appropriate in ovarian granulosa cell tumours with tumor rupture? Patricia Pautier (FR)
12:33 - 12:35	Discussion
12:35 - 12:38	Fertility-sparing surgery in patients with borderline ovarian tumours and reproductive outcomes Plett Helmut (DE)
12:38 - 12:40	Discussion
12:40 - 12:43	Predictors and clinical outcome of pancreatic fistula in patients receiving splenectomy for advanced or recurrent ovarian cancer: a large multicentric experience Carla Cicero (IT)
12:43 - 12:45	Discussion
12:45 - 12:48	How the conformity of surgical practice with the national guidelines improved the quality of management of ovarian Granulosa Cell Tumours (GCT)? A TMRG and GINECO group study Céline Lenck (FR)
12:48 - 12:50	Discussion
12:50 - 12:53	Molecular and phenotypic characterisation of intra-tumoural heterogeneity in high grade serous ovarian cancer Paula Cunnea (UK)
12:53 - 12:55	Discussion
12:55 - 12:58	Nutritional interventions to improve clinical outcomes in ovarian cancer: a systematic review of randomized controlled trials Claudia Marchetti (IT)
12:58 - 13:00	Discussion

Scientific Programme

13:00 - 13:03	LIBUSE trial - Algorithm for cervical cancer screening in the Czech Republic with usage of HPV DNA testing with HPV 16/18 genotyping and p16/Ki-67 dual-stained cytology Jiri Slama (CZ)
13:03 - 13:05	Discussion
13:05 - 13:08	Preventing Ovarian Cancer through early Excision of Tubes and late Ovarian Removal (PROTECTOR) Study Faiza Gaba (UK)
13:08 - 13:10	Discussion
13:10 - 13:13	Development of a pragmatic assay to assess homologous recombination competency in endometrial cancer Claire Johanna Hermina Kramer (NL)
13:13 - 13:15	Discussion
13:15 - 13:18	Impact of population genetic testing and ovarian cancer risk stratification on the emotional well-being and health of unselected women in a general population Faiza Gaba (UK)
13:18 - 13:20	Discussion
13:00 - 14:00	Meeting, MC3 Hall (180 pax) ESGO General Assembly

Scientific Programme

State of the Art, Trianti Hall (850 pax)

14:30 - 15:30

State of Art 9: Non epithelial ovarian cancer in adolescents (SIOPE)

This session focusses on adolescents with non-epithelial ovarian cancer (NEOC) and reports on the recently developed consensus recommendations for the interdisciplinary management of these rare tumours. Topics covered will include germ cell tumours, the most frequent ovarian cancer in children, mature cystic teratomas (so-called dermoid cysts), biologically distinct tumours arising from postmeiotic germ cells, and immature teratomas. For the dysgerminomas and non-dysgerminomas, there will be a review of histology, tumour markers, surgery and staging as well as surveillance programmes and chemotherapy management. Sertoli-Leydig cell tumours in the context of the DICER1 syndrome will be discussed, and how this affects management. The session will also cover the biology and management of small-cell carcinoma of hypercalcemic type, an extremely aggressive tumour. In summary, optimal therapy of NEOC in adolescents depends on a good understanding of the histological and genetic diagnosis as well as a thorough clinical and surgical staging

Chairs

Cristiana Sessa (CH)
Gabriele Calaminus (DE)

14:30 - 14:35

Introduction

14:35 - 14:50

Specificities of treating cancers in adolescents

Gabriele Calaminus (DE)

14:50 - 15:05

Germ cell tumours in adolescents

Philippe Morice (FR)

15:05 - 15:20

Sex cord stromal tumours in adolescents

Dominik Schneider (DE)

15:20 - 15:30

Discussion

Scientific Programme

14:30 - 15:30

Scientific Session, Banqueting Hall (650 pax)

Parallel session 19: Gestational trophoblastic disease (GTD)

Gestational trophoblastic disease (GTD) comprises a spectrum of disorders from the pre-malignant complete and partial hydatidiform moles through to the malignant invasive mole, choriocarcinoma, placental site, and epithelioid trophoblastic tumours (PSTT/ETT). The malignant forms are collectively referred to as gestational trophoblastic neoplasia (GTN). Recently, we have recognised a new member of the GTD family, placental site trophoblastic nodules that were previously considered to be benign but are now recognised to be associated with or develop into PSTT/ETT in a subset of cases. In this session, we will explore how successful GTD centres can achieve very high cure rates for GTN and explore some of the latest developments in our understanding of the GTD spectrum and how to save the lives of women with multi-agent resistant disease using immunotherapy. Interactive case discussions will be used to facilitate learning.

Chairs

Michael Seckl (UK)
Ulrika Joneborg (SE)

14:30 - 14:45

The key ingredients for a successful GTD centre

Christianne A.R. Lok (NL)

14:45 - 15:00

How to manage placental site nodules, PSTT, and ETT

Michael Seckl (UK)

15:00 - 15:15

The role of immunotherapy in GTN

Ulrika Joneborg (SE)

15:15 - 15:30

Discussion

14:30 - 15:30

Scientific Session, Skalkotas Hall (380 pax)

Parallel session 20: Out-of-the-box procedures

The achievement of free surgical margins is the ultimate goal and the most significant prognostic factor for the oncological outcome of pelvic exenterative procedures in gynaecological tumours. A more precise description of pelvic disease with modern imaging allows for better selection of surgical candidates. More importantly, better imaging can exclude surgery for those with distant spread. However, many situations that were considered unresectable in the past now are technically amenable to surgery, due to improved surgical techniques. Better surgical clearance of seemingly central pelvic disease which extends to the pelvic side wall is now possible. The aim of the session is to discuss the rationale for extended pelvic procedures, demonstrate surgical techniques used for resection and the reconstruction of pelvic side wall structures such as muscles, large vessels, nerves, and bones, and critically review the outcome of these procedures.

Chairs

David Cibula (CZ)
Gwenael Ferron (FR)

14:30 - 14:45

Rationale for extended pelvic resections in gynecological tumours

David Cibula (CZ)

Scientific Programme

14:45 - 15:00

Lateral pelvic extension (LEER, vascular resection)

Gwenael Ferron (FR)

15:00 - 15:15

Even more lateral extension (bones, nerves)

David Cibula (CZ)

15:15 - 15:30

Dorsal extension (sacral bone)

Quentin Denost (FR)

14:30 - 15:30

Oral Communication, MC3 Hall (180 pax)

Oral Communication 3 - Ovarian Cancer

Chair:

- Nicoletta Colombo

Panellists:

- Ros Glasspool
- Felix Hilpert

Chairs

Nicoletta Colombo (IT)

Ros Glasspool (UK)

Felix Hilpert (DE)

14:30 - 14:35

Whole genome sequencing of ovarian granulosa cell tumours show heterogeneity, genomic instability and tumour evolution

Joline F Roze (NL)

14:35 - 14:42

discussion with panellists

14:42 - 14:47

Effect of Progression-Free Interval (PFI) following penultimate platinum-based regimen on the efficacy of rucaparib maintenance treatment in patients with platinum-sensitive, recurrent ovarian carcinoma: an analysis from the Phase 3 study ARIEL3

Andrew Clamp (UK)

14:47 - 14:54

discussion with panellists

14:54 - 14:59

Patient-centred outcomes in the Phase 3 study ARIEL3 of rucaparib maintenance treatment in patients with platinum-sensitive, recurrent ovarian carcinoma: post hoc exploratory analyses by BRCA mutation status and patient age

Nicoletta Colombo (IT)

14:59 - 15:06

discussion with panellists

Scientific Programme

15:06 - 15:11	<p>Dilution of molecular-pathologic gene signatures (MPG) by parameter unrelated to tumour biology (UTB) may prevent prediction of the resection status after debulking surgery in patients with advanced ovarian cancer</p> <p>Florian Heitz (DE)</p>
15:11 - 15:18	discussion with panellists
15:18 - 15:23	<p>Long-term survival in women with high-grade serous ovarian cancer: interplay between RB1 and BRCA1/2</p> <p>Flurina Annacarina Maria Saner (AU)</p>
15:23 - 15:30	discussion with panellists
15:30 - 16:30	<p>Young Doctors' Track, ENYGO Lounge</p> <p>Young gynae-oncologists and excellence in research: Scientific writing & publishing (ENYGO Session)</p> <p>Being accepted for publication in a journal does more than just improve the author's CV. It also makes it possible to share ideas and experience, educate others, and establish a reputation as an expert. But getting research published isn't easy. The usual rejection rate for journals varies between 70 and 90 percent. In addition to the harsh reality of high rejection rates, fellows often struggle with unhelpful advisors. In this workshop, journal editors will answer common questions, including how authors can increase their chances of being published and how to effectively 'revise and resubmit' an article. They will also share tips for early career researchers who aspire to become reviewers.</p> <p>Chairs</p> <p>Tanja Nikolova (DE) Andrei Pletnev (BY)</p>
15:30 - 16:30	<p>Presentations</p> <p>Pedro Ramirez (US) Kristina Lindemann (NO) Rene Pareja (CO)</p>
15:30 - 16:00	<p>Break, Industry Exhibition</p> <p>Coffee break</p>

Scientific Programme

Scientific Session, Trianti Hall (850 pax)

16:00 - 17:00

Parallel session 21: Platinum-resistant ovarian cancer: A new definition and novel approaches in a changing landscape

Resistance to platinum chemotherapy remains a major challenge in the treatment of advanced ovarian cancer. Primary platinum resistance carries a very poor prognosis and all recurrent disease ultimately becomes resistant. However, there is still a lack of predictive markers and an unmet need for effective therapies. The landscape of ovarian cancer is changing rapidly with the introduction of PARP inhibitors. In this session, the definition of platinum resistance and recent recommendations from the ESGO/ESMO consensus conference will be reviewed. The impact of the changing landscape on the management of platinum resistant disease will be explored, as well as the relevant endpoints for clinical trials in this population, including quality of life and patients' reported outcomes. In addition, the molecular basis for potential therapeutic opportunities in platinum and multi-agent resistance will be discussed and recent and ongoing trials of novel therapies will be reviewed.

Chairs

Ros Glasspool (UK)
Antonio González Martín (ES)

16:00 - 16:15

A new definition and changing landscape in platinum-resistant disease

Antonio González Martín (ES)

16:15 - 16:30

Novel targets: A molecular perspective

Viola Heinzelmann (CH)

16:30 - 16:45

The way forward: Novel agents in development

Ros Glasspool (UK)

16:45 - 17:00

Discussion

Scientific Programme

Scientific Session, Banqueting Hall (650 pax)

16:00 - 17:00

Society Session: ESTRO: Advances in radiotherapy

Advances in definitive radiotherapy for locally advanced cervical cancer
Shortly after the discovery of radium in 1898, the first cervical cancer treatment was described. The pioneering work was empirical and experimental. However, it formed the basis for the development of definitive radiotherapy in cervical cancer with combined external beam radiotherapy and brachytherapy, such as the Paris, Stockholm, and Manchester systems, which have provided major scientific and technological milestones for modern radiotherapy. The pivotal philosophy is and has always been to deliver as high as possible tumoricidal dose while minimising the dose to healthy tissues.

With the introduction of three-dimensional imaging combined with modern treatment equipment for use with both external beam radiotherapy and brachytherapy, this goal is more than ever within our reach. The use of repetitive imaging, and especially magnetic resonance imaging, for definition of the target both before external beam radiotherapy and later at brachytherapy in cervical cancer, has led to the concept of image-guided adaptive radiotherapy (IGART), where discrete doses are individualised according to patient anatomy and the regression of the primary tumour during the 6-8 weeks of treatment. Recently, large multicentre studies (mainly from the EMBRACE study group) have provided new evidence showing high levels of local control and low levels of morbidity using IGART.

This session will highlight the historical development of radiotherapy and provide insight into the recent biological, technical, and clinical developments that now allow us to recommend specific methods for the complete workflow, including target definition, technique, planning aims, dose volume constraints, and reporting.

Chairs

Elzbieta van der Steen-Banasik (NL)
Jacob Christian Lindegaard (DK)

16:00 - 16:20

Radiotherapy in cervical cancer, where do we come from? Where are we now? Where are we going?

Elzbieta van der Steen-Banasik (NL)

16:20 - 16:40

Achieving better local control with less toxicity through evidence-based planning aims and dose volume constraints

Christian Kirisits (AT)

16:40 - 17:00

Advances in techniques for external beam radiotherapy and brachytherapy in cervical cancer

Jacob Christian Lindegaard (DK)

Scientific Programme

16:00 - 17:00

Tumour Board, Skalkotas Hall (380 pax)

Tumour Board 1: Fertility sparing should be considered in young patients with gynaecological cancers

In this session, we will review three hot topics about the management of patients treated for cervical or ovarian cancers who wish to preserve their fertility. In the first talk, we will detail the current options for fertility preservation in cervical cancer cases, other than the radical trachelectomy procedure. The second talk will detail the treatment strategy in a young patient with a stage IC granulosa juvenile tumour. In the last talk, we will study the current data about the “minimal” delay (oncologically safe) before planning a pregnancy after the treatment of an ovarian borderline tumour or cancer.

Chairs

Philippe Morice (FR)
Ignace Vergote (BE)

16:00 - 16:20

What are the alternatives for trachelectomy in young patients with cervical cancer?

Ignace Vergote (BE)

16:20 - 16:40

Fertility-sparing surgery in ovarian sex cord tumours

Patricia Pautier (FR)

16:40 - 17:00

What is the optimal time to pregnancy after conservative treatment of ovarian borderline tumours and invasive cancer?

Philippe Morice (FR)

16:00 - 17:00

Oral Communication, MC3 Hall (180 pax)

Oral Communication 4 - Gynaecological Cancer

Chair:

- Elena Ulrikh

Panellists:

- Nikolaos Thomakos
- Artem Stepanyan

Chairs

Elena Ulrikh (RU)
Nikolaos Thomakos (GR)
Artem Stepanyan (AM)

16:00 - 16:05

Should we offer multi-gene testing to all patients with breast cancer: a cost-effectiveness analysis

Ranjit Manchanda (UK)

16:05 - 16:12

discussion with panellists

Scientific Programme

16:12 - 16:17	<p>Incidence and clinical presentation of lymphoedema in legs after endometrial cancer surgery - The LASEC (Lymphoedema After Surgery of Endometrial Cancer) trial Madelene Wedin (SE)</p>
16:17 - 16:24	discussion with panellists
16:24 - 16:29	<p>Enhanced recovery after surgery in advanced ovarian cancer: a prospective randomized trial Natalia R Gómez-Hidalgo (ES)</p>
16:29 - 16:36	discussion with panellists
16:36 - 16:41	<p>Trial of intraoperative cell salvage versus transfusion in ovarian cancer (TIC TOC): a multi-centre randomised controlled feasibility study Khadra Galaal (UK)</p>
16:41 - 16:48	discussion with panellists
16:48 - 16:53	<p>What is life like after pelvic exenteration? The longitudinal assessment of quality of life after pelvic exenteration for recurrent / persistent gynaecological cancer Andreia Fernandes (UK)</p>
16:53 - 17:00	discussion with panellists
16:00 - 17:00	<p>Glass with the Expert, MC2 Hall (150 pax)</p> <p>Glass with the Expert I</p> <p>All we need to know and to explore for sex cord stromal tumours Isabelle Ray-Coquard (FR)</p> <p>Clinical implications of molecule endometrial cancer classification Sandro Pignata (IT)</p> <p>Combination of PARP inhibitors with antiangiogenic and immunotherapies Mansoor R. Mirza (DK)</p> <p>Surgical staging of endometrial cancer Nadeem Abu Rustum (US)</p> <p>New surgical paradigms in cervical cancer Rainer Kimmig (DE)</p> <p>Clinical consequences and limitation of tumour profiling in gynaecological oncology Ioana Braicu (DE)</p> <p>What is the best approach and schedule for ovarian cancer surgery Jalid Sehouli (DE)</p>

Scientific Programme

What is Platinum-resistant ovarian cancer? - time to redefine the terminology

Jonathan Ledermann (UK)

The role of ultrasound in primary diagnostic work-up in gynecological cancers

Daniela Fischerova (CZ)

Immunotherapy in ovarian cancer

George Coukos (CH)

Scientific Session, Trianti Hall (850 pax)

17:00 - 18:00

Parallel session 22: ENGOT future trials: What should we do next?

The European Network for Gynaecological Cancer Trials (ENGOT) needs to design and prioritise studies with a large number of new agents that becoming available to treat gynaecologic malignancies. One of the challenges that ENGOT has confronted is the development of several competitive trials at the same time without jeopardising the potential recruitment. This has been achieved through harmonisation process. The other important challenge for new clinical trial designs is the incorporation of better biological knowledge of the diseases in order to be more efficient in biomarker research.

Chairs

Antonio González Martín (ES)
Sandro Pignata (IT)

17:00 - 17:15

Innovation in ovarian cancer

Isabelle Ray-Coquard (FR)

17:15 - 17:30

Innovation in endometrial cancer and cervical cancer

Antonio González Martín (ES)

17:30 - 17:45

Adding translational research in Gyn Cancer trials

Sandro Pignata (IT)

17:45 - 18:00

Discussion

Scientific Programme

17:00 - 18:00

Tumour Board, Banqueting Hall (650 pax)

Tumour Board 2: Cancer in pregnancy (INCIP Session)

During this session, the presenters will provide an update on the challenging situation when cancer is diagnosed during pregnancy. Presenters are active members of the International Network of Cancer, Infertility and Pregnancy (INCIP), an ESGO-supported initiative. The focus of the session is on clinical guidelines regarding diagnosis/staging, surgery, and chemotherapy during pregnancy. Breast cancer is the most common cancer and deserves sufficient attention in a separate session. Recent data from INCIP show that chemotherapy is possible, though associated with babies who are small for their gestational age. Therefore, the third lecture addresses the role of perinatologists who should be actively present during treatment planning. Sufficient expertise, such as that found in large referral centres, is advocated in these cases.

Chairs

Frederic Amant (NL)
Michael Halaska (CZ)

17:00 - 17:20

Case presentation of breast cancer during pregnancy

Michael Halaska (CZ)

17:20 - 17:40

Case presentation of cervical cancer during pregnancy

Frederic Amant (NL)

17:40 - 18:00

Case presentation of foetal and neonatal follow-up during and after chemo during pregnancy

Monica Fumagalli (IT)

17:00 - 18:00

Scientific Session, Skalkotas Hall (380 pax)

Parallel session 23: Do guidelines and recommendations impact or modify the management of endometrial cancer patient?

Chairs

Carien Creutzberg (NL)
Nicoletta Colombo (IT)

17:00 - 17:05

Introduction

Cristiana Sessa (CH)

17:05 - 17:30

First Case

Carien Creutzberg (NL)

17:30 - 17:55

Second Case

Nicoletta Colombo (IT)

17:55 - 18:00

Summary and conclusions

Cristiana Sessa (CH)

Scientific Programme

17:00 - 18:00

Scientific Session, MC3 Hall (180 pax)

Parallel session 24: Designing appropriate follow-up strategies for gynaecological cancer patients

The relapse rate following initial radical treatment for gynaecological cancers ranges from > 80% for those with advanced ovarian cancer to < 10% for low-risk endometrial cancer. There is a wide variation in follow-up practices after treatment of gynaecological cancers. This session will examine the rationale for follow-up, the types of follow-up procedures utilised, and the evidence for their value. The options of follow-up being performed in specialist clinics, general practice by nurses, or by telephone will be discussed. Data will be presented of how patient education and preferences can impact on follow-up. The speakers will demonstrate how more appropriate follow-up strategies can be developed and tested for gynaecological cancers. They will also emphasise the need for more resources to be made available for clinical trials to provide the data so follow-up guidelines are based on evidence and not emotion. This should lead to better patient quality of life, satisfaction, and outcome, with financial savings for both patients and the health care system.

Chairs

Paolo Zola (IT)
Gordon Rustin (UK)

17:00 - 17:15

Lessons learnt from the largest ovarian cancer follow-up trial

Gordon Rustin (UK)

17:15 - 17:30

How to use data from clinical trials to design better follow-up for endometrial and cervical cancer

Paolo Zola (IT)

17:30 - 17:45

How to use patients' preferences and the involvement of GPs and nurses in gynaecological cancer follow-up

Ingvild Vistad (NO)

17:45 - 18:00

Discussion

17:30 - 18:30

Glass with the Expert, MC2 Hall (150 pax)

Glass with the Expert II

Molecular biology and treatment of rare epithelial ovarian cancer subtypes: low grade serous, endometrioid and clear cell

Charlie Gourley (UK)

Surgical approach to radical hysterectomy in patients with early cervical cancer

Pedro Ramirez (US)

Is it time for PARP inhibitor treatment in first-line for every patient with advanced ovarian cancer?

Eric Pujade-Lauraine (FR)

Immunotherapy in endometrial and cervical cancer

Christian Marth (AT)

Scientific Programme

The "Pelvic nodes issue" in endometrial cancer

Uzi Beller (IL)

Sentinel node evaluation in endometrial and ovarian cancer

Giovanni Scambia (IT)

Role of radiation therapy in intermediate and high risk endometrial cancer

Anuja Jhingran (US)

Hormonal therapies in gynaecological cancers - current status and future directions

Michael Friedlander (AU)

Indications for and imaging prior to neoadjuvant chemotherapy in advanced ovarian cancer

Ignace Vergote (BE)

International differences in practice, surgical philosophy and training and impact on evolution of gynecological oncology

Christina Fotopoulou (UK)

Molecular endometrial cancer classification

Tjalling Bosse (NL)

20:00 - 22:00

Offsite Session, ENYGO Lounge

ENYGO Event

at SKYFALL Cocktail & Food Bar
Mark. Mousourou 1, Athina 116 36, Griechenland

Scientific Programme

20:00 - 22:00

Offsite Session, Offsite

Offsite: Big Data

Benaki Museum
1 Koumbari St. & Vas. Sofias Ave., Athens

Twenty years ago, the U.S. National Institutes of Health proposed a definition of a biomarker as “a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention”. This served its purpose for many years. It evolved from single biomarkers such as HER2 in breast cancer and c-kit in GIST tumours while also covering the transition to OncotypeDx and similar multiplex markers, of which only a few have entered widespread clinical practice.

RNA profiling suffered from stability issues. DNA-based technologies, however, including next-generation sequencing, have had more success, particularly in lung cancer, where liquid biopsies are making progress in accuracy to avoid the risk and discomfort of open biopsies in determining second-line interventions. Advances in computing and data handling have also contributed to simplifying the analysis and presentation of this data, and the term ‘P4 medicine’ (personalised, predictive, preventive, and participatory) is proposed, although ‘personalised’ and ‘precision’ are the current front-runners in terminology.

This session will review the advances in this area of gynaecological cancers, with particular emphasis on endometrial and ovarian cancers. Specific examples will be given where large datasets have been used to identify interesting leads in determining prognosis (molecular staging) and prediction. While the cost has come down, the volume of data has increased. The presenters will give their vision of how the field will develop over the next 10 years.

Chairs

John Green (UK)
Erica Werner (NL)

20:00 - 20:30

English guided museum tour

20:30 - 20:55

The changing nature of biomarkers in gynaecological cancer - from oestrogen receptor (ER) to P4 medicine

John Green (UK)

20:55 - 21:20

Combining clinical and molecular data in cervical and endometrial cancer

Erica Werner (NL)

21:20 - 21:45

The route to precision medicine: Preliminary data in ovarian cancer

Charlie Gourley (UK)

21:45 - 22:00

Questions and answers

Scientific Programme

Tuesday, 05 November 2019

07:30 - 08:30

Scientific Session, Trianti Hall (850 pax)

Parallel Session 25: Microbiome in gynaecological cancer and beyond

The anatomical location and function of the vagina make it potentially affected by many internal and external factors. Even with known limitations in molecular methodologies, numerous studies have described the detection of several hundred bacterial types in the vagina of healthy and non-healthy subjects in countries around the world. These microbiome studies, and others performed with samples from multiple human sites, have dramatically changed the way the human body is perceived. One of the most popular recent topics is the relation between the vaginal microbiome and gynaecological cancers, particularly the role of vaginal flora on the persistence and progression of HPV infections.

This session highlights the latest advances in the science of vaginal microbiome and its relation to gynaecological cancers.

Chairs

Murat Gultekin (TR)
Maria Kyrgiou (UK)

07:30 - 07:45

Carcinogenesis and prognosis in gynaecological cancers: Is this microbiome-related?

Maria Kyrgiou (UK)

07:45 - 08:00

The vaginal microbiome, HPV infection, and progression of cervical disease

Murat Gultekin (TR)

08:00 - 08:15

The microbiome, carcinogenesis, and prognosis: Driver or passenger?

Julien Marchesi (UK)

08:15 - 08:30

Discussion

Scientific Programme

Workshop, Banqueting Hall (650 pax)

07:30 - 08:30

Workshop 4: Upper abdominal debulking procedures

Upper abdominal debulking is a crucial part of both initial cytoreduction of ovarian cancer, and surgery for recurrent disease. In this session, first, the assessment of resectability will be evaluated, and then the surgical procedures will be presented, including tips and tricks via corresponding videos. Liver mobilisation is a key element in upper abdominal surgery. Splenectomy and distal pancreatectomy can be done as a part of total omentectomy, or separately. The lesser sac is at the heart of upper abdomen, and resection at the porta hepatis and coeliac nodes is a very important part of maximal cytoreductive surgery. Different methods to access these important structures and resection techniques will be addressed by experienced surgeons.

Chairs

Cagatay Taskiran (TR)
Pawel Knapp (PL)

07:30 - 07:41

Assessment of resectability: Imaging and/or laparoscopy

Anna Fagotti (IT)

07:41 - 07:54

Liver mobilisation, diaphragmatic stripping, resection, and repair, including cardiophrenic lymph node excision

Beyhan Ataseven (DE)

07:54 - 08:07

Splenectomy, distal pancreatectomy, and partial gastrectomy

Pawel Knapp (PL)

08:07 - 08:20

Lesser sack, porta hepatis, and celiac trunk

Cagatay Taskiran (TR)

08:20 - 08:30

Questions

Oral Communication, Skalkotas Hall (380 pax)

07:30 - 08:30

Best Oral / Late-Breaking Abstracts 4 - Miscellaneous

Chairs

Ignace Vergote (BE)
Mansoor R. Mirza (DK)

07:30 - 07:40

Randomised trial of unselected BRCA testing in Ashkenazi Jews: Long term outcomes and factors affecting uptake of testing

Ranjit Manchanda (UK)

07:40 - 07:50

Radiotherapy instead of inguinofemoral lymphadenectomy in vulvar cancer patients with a metastatic sentinel node: results of GROINSS-V II

Maaïke Oonk (NL)

07:50 - 08:00

Results from neoadjuvant chemotherapy followed by surgery compared to chemoradiation for Stage IB2-IIB cervical cancer: EORTC55994

Stefano Greggi (IT)

Scientific Programme

08:00 - 08:10 **Dose-dense neoadjuvant chemotherapy followed by sentinel node mapping and laparoscopic pelvic lymphadenectomy and simple trachelectomy in cervical cancer: update results**
Helena Robova (CZ)

08:10 - 08:25 **discussion**
Mansoor R. Mirza (DK)

08:25 - 08:30 **discussion and questions from audience**

07:30 - 08:00 **Young Doctors' Track, ENYGO Lounge**
ENYGO Morning Lounge Series with IJGC
The morning ENYGO Lounge Series will allow you to meet experts from the Editorial Board of the International Journal of Gynecological Cancer (IJGC) to discuss the issues related to the publishing process in an informal atmosphere with a cup of fresh coffee. This opportunity may not happen again! So if you are interested in publishing your work in a journal, if you would like to know what mistakes to avoid when planning a study to increase the chances of its publication or how to record a movie during the operation so that it is published as an original work we invite you to come to ENYGO Lounge! These and many other questions will be answered by Pedro Ramirez (IJGC Editor-in-Chief), Lindsey Struckmeyer (IJGC Managing Editor) and Luis Chiva (IJGC Video Editor). Also at this point, you'll also be able to meet ENYGO fellows participating in the first edition of the ENYGO-IJGC Editorial Fellowships and ask them about their impressions on this project. See you there!

Chairs
Zoia Razumova (SE)
Joanna Kacperczyk-Bartnik (PL)

07:30 - 07:50 **The manuscript submission process**
Lindsey Struckmeyer (US)

07:50 - 08:00 **Discussion**

Scientific Programme

Scientific Session, Trianti Hall (850 pax)

08:30 - 09:30

Parallel session 26: Risk-reducing strategies in gynaecologic cancers

Risk-reducing strategies are clinically meaningful not only for women carrying a BRCA mutation or other high-risk patients, but also for patients that have previously had unilateral early breast cancer. Detailed recent data concerning the impact of risk-reducing management will be presented.

Another important topic is the question of whether patients with fertility-sparing surgery after early low-risk ovarian or endometrial cancers, and after early cervical cancer should have completion surgery recommended to reduce their risk for recurrence, after completing their families. In addition, medical risk-reducing strategies will be discussed following the diagnosis of a gynaecologic malignancy.

Chairs

Pauline Wimberger (DE)
Shani Paluch-Shimon (IL)

08:30 - 08:45

Surgical risk-reducing strategies in BRCA mutation carriers

Pauline Wimberger (DE)

08:45 - 09:00

Medicamentous risk-reducing management in BRCA mutation carriers

Shani Paluch-Shimon (IL)

09:00 - 09:15

Medicamentous risk-reducing strategies after sporadic gynaecological malignancies

Cristiana Sessa (CH)

09:15 - 09:30

Discussion

Scientific Programme

08:30 - 09:30

Scientific Session, Banqueting Hall (650 pax)

Parallel session 27: Management of locally advanced vulvar cancer

Vulvar cancer is a rare gynaecological malignancy but its incidence has been slowly rising over the past decade. Patients who present with early-stage disease can be treated with surgery; however, when a patient presents with local advanced disease or disease close to major organs such as the urethra or anus, treatment can be challenging. The treatment may consist of surgery, surgery with some combination of chemotherapy and radiation, or chemotherapy and radiation alone.

In this session, treatment options and recommendations for patients with locally advanced vulvar cancer will be discussed, including surgery, chemotherapy, and radiation therapy. However, patients with locally advanced vulvar cancer have a poor prognosis despite treatment. Improved survival has been seen with the use of systemic chemotherapy as well as biological therapies. The speakers will go over the data on the use of chemotherapy in vulvar cancer, and, more importantly, will give an overview on molecular prognostic factors that may help guide the medical team to other types of therapies, including biological therapies. By the end of the session, physicians will have a guide on how to treat patients with locally advanced vulvar cancer.

Chairs

Anuja Jhingran (US)
Fuat Demirkiran (TR)

08:30 - 08:50

Surgery in the treatment of locally advanced vulvar cancer

Fuat Demirkiran (TR)

08:50 - 09:10

Radiation therapy in the treatment of locally advanced vulvar cancer

Anuja Jhingran (US)

09:10 - 09:30

Chemotherapy and molecular prognostic significance in locally advanced vulvar cancer

Muhieddine Seoud (LB)

08:30 - 09:30

Tumour Board, Skalkotas Hall (380 pax)

Tumour Board 3: Molecular tumour board

The session will include presentation of three clinico-pathologic cases (ovarian and endometrial tumours and uterine sarcoma), with discussion on the importance of integrating molecular data in the setting of pathologic interpretation of the tumours. Special emphasis will be paid to consequences in clinical management.

Chairs

Dina Tiniakos (GL)
Xavier Matias-Guiu Guia (ES)

08:30 - 08:50

Molecular stratification of endometrial carcinoma patients

Xavier Matias-Guiu Guia (ES)

Scientific Programme

08:50 - 09:10

Molecular approaches in ovarian cancer patients

Ben Davidson (NO)

09:10 - 09:30

Molecular tumour board in uterine sarcomas

Sigurd Lax (AT)

08:30 - 11:00

Young Doctors' Track, MC3 Hall (180 pax)

Workshop/Seminar - Fellow: 1. Tips and tricks in gynaecological surgery

In this workshop, speakers will demonstrate step-by-step their surgical approaches to laparoscopic lymphadenectomy and laparoscopic hysterectomy using short video presentations followed by discussion. All videos follow the same format so session attendees of the session can clearly see and compare the different surgical approaches from each team.

Chairs

Maxmilian Lanner (AT)

Kamil Zalewski (PL)

08:30 - 09:30

Laparoscopic pelvic lymphadenectomy

Athanasios Protopapas (GR)

Michael Halaska (CZ)

Eric Leblanc (FR)

Rene Laky (AT)

Virginia García Pineda (ES)

09:30 - 11:00

Laparoscopic hysterectomy

Artem Stepanyan (AM)

Cagatay Taskiran (TR)

Anna Fagotti (IT)

Christhardt Köhler (DE)

Igor Berlev (RU)

Scientific Programme

09:30 - 10:30

Debate, Trianti Hall (850 pax)

Debate 3: Imaging is essential in the preoperative workup of endometrial cancer

Although endometrial cancer is surgico-pathologically staged, preoperative imaging is recommended for diagnostic workup to tailor surgery and adjuvant treatment. For preoperative staging, imaging by transvaginal ultrasound (TVU) and/or magnetic resonance imaging (MRI) is valuable to assess local tumour extent, and positron emission tomography-CT (PET-CT) and/or computed tomography (CT) to assess lymph node metastases and distant spread. Preoperative imaging may identify deep myometrial invasion, cervical stromal involvement, pelvic and/or paraaortic lymph node metastases, and distant spread; however, there are reported limitations in the accuracy and reproducibility of these modalities. Novel structural and functional imaging techniques offer visualisation of microstructural and functional tumour characteristics, reportedly linked to clinical phenotype, thus with a potential for improving risk stratification. The debate will focus on the value of preoperative imaging.

Chairs

Christian Marth (AT)
Mete Gungor (TR)

09:30 - 09:35

Introduction

09:35 - 09:55

PRO

Ingfrid Haldorsen (NO)

09:55 - 10:15

CON

Mete Gungor (TR)

10:15 - 10:30

Discussion

Scientific Programme

Scientific Session, Banqueting Hall (650 pax)

09:30 - 10:30

Parallel session 28: Mucinous ovarian cancer

Mucinous carcinoma (mOC) belongs to the category of “rare ovarian tumours” with a still undefined pathogenesis, problems in the histological diagnosis between primary and metastatic tumours and new approaches in the clinical management. In this session, the pathologist’s view will be discussed, focussing on the two distinct patterns of growth, the expansile and infiltrating types. Moreover, the gross and pathologic criteria for distinguishing between a primary ovarian mucinous carcinoma and a mucinous carcinoma metastatic to the ovary will be evaluated.

The impact of the 2014 WHO classification on surgical approach to manage mucinous ovarian cancer and the place of fertility-sparing surgery as well as peritoneal and lymph node staging according to the expansile and infiltrating types will be considered.

Finally, there will be an update on medical management and controversies surrounding the molecular landscape. These include: Who needs adjuvant chemotherapy after completely resected mOC, or, if adjuvant chemotherapy is proposed, what is the optimal protocol? Concerning targeted therapies, mucinous ovarian cancer lacks BRCA mutations or HRD so it represents the OC subtype least likely to benefit from PARP inhibitors. How are molecular studies starting to elucidate the genomic profile of mOC and do these rare tumours frequently display potentially actionable alterations or not?

Chairs

Kitty Pavlakis (GR)
Alexandra Leary (FR)

09:30 - 09:45

Restrictions in the histopathological diagnosis of mucinous ovarian carcinoma

Kitty Pavlakis (GR)

09:45 - 10:00

New insights into surgical management of mucinous ovarian cancer

Philippe Morice (FR)

10:00 - 10:15

Medical treatment and update on recent molecular studies

Alexandra Leary (FR)

10:15 - 10:30

Discussion

Scientific Programme

Scientific Session, Skalkotas Hall (380 pax)

09:30 - 10:30

Parallel session 29: FIGO classification: Flaws and advances

Clarity and precision about the anatomical extent of disease in cancer is essential for prognostication, clinical trials, cancer control, guidelines, and tailored management.

Over the last decades, the increasing but still not universal availability worldwide of modern imaging and new surgical staging techniques allow a better assessment and a more comprehensive documentation of the tumour burden before multidisciplinary decision-making. In addition, predictive markers, and molecular and genomic profiling, add new parameters to prognostic classification.

The obvious limitations of clinically-based classifications result in heterogeneity of prognosis and management with examples being stage IB cervical cancer and stage IIIC ovarian cancer. This adversely impacts the comparability of patient cohorts at the individual level or in clinical population series and prospective studies. There is a widely recognised need for trying to reconcile two essential needs: collecting universally available necessary data elements for cancer registries throughout the world while developing tools to combine all prognostic factors relevant to personalised patient care.

This session is designed to inform the participants about ongoing efforts to update and adapt the classification of gynaecologic cancer. The potential input of biopathology data will be critically assessed.

Chairs

Denis Querleu (FR)

Sean Kehoe (UK)

09:30 - 09:45

Revised classification of cervical cancer

Denis Querleu (FR)

09:45 - 10:00

Need for a revision of the classification of ovarian cancer

Sean Kehoe (UK)

10:00 - 10:15

The potential impact of molecular biology on future revisions of classifications of gynecologic cancers

Xavier Matias-Guiu Guia (ES)

10:15 - 10:30

Discussion

10:30 - 11:00

Break, Industry Exhibition

Coffee Break

10:30 - 11:00

Break, Industry Exhibition

Coffee Break & Industry Exhibition

10:30 - 11:00

Break, Industry Exhibition

Coffee Break & Industry Exhibition

Scientific Programme

11:00 - 12:30

State of the Art, Trianti Hall (850 pax)

State of the Art 10: ESO-Ovarian cancer observatory: Innovation and care in the next 12 months

ESO Observatories are high level sessions organised during major international congresses with the aim of providing the audience with updated and unbiased information on a given topic. An ESO Observatory lasts about one hour and concentrates on a forecast given by panel of experts of what is expected to happen in their own field in the coming 12 months. The Panel includes distinguished clinicians and/or scientists and a patient or patient advocate. For each topic, the forecast by each Panel Member is given in the form of take-home concise message with 8-minute slide presentation followed by 2 minutes of discussion with the Panel.

Chairs

Cristiana Sessa (CH)

11:00 - 11:05

Introduction

Cristiana Sessa (CH)

11:05 - 11:15

The pathologist's perspective

Matias-Guiu Guia (ES)

11:15 - 11:25

The clinical scientist's perspective

Charlie Gourley (UK)

11:25 - 11:35

The clinical geneticist's perspective

Emmanouil Saloustros (GR)

11:35 - 11:45

The gynaeco-oncologist's perspective

Denis Querleu (FR)

11:45 - 11:55

The medical oncologist's perspective

Jonathan Ledermann (UK)

11:55 - 12:05

The patient's perspective

Charo Hierro (ES)

12:05 - 12:30

Discussion and take-home messages

Scientific Programme

11:00 - 12:30

Scientific Session, Banqueting Hall (650 pax)

Parallel session 30: Time to include routine quality of life assessment in treatment decision-making for patients with ovarian cancer

Maintenance or improvement in Quality of life is a key goal for the therapy of gynaecological cancer patients. Despite its importance, the topic of QoL in everyday clinical practice is under-represented. This session will discuss several aspects of QoL from the patient's and physician's perspective and as part of the communication and treatment decision-making process.

Chairs

Jalid Sehouli (DE)
Florence Joly (FR)

11:00 - 11:20

How to assess PROs and quality of life?

Florence Joly (FR)

11:20 - 11:40

What is the role of PROs for the treatment decision-making process?

Michael Friedlander (AU)

11:40 - 12:00

What do patients need to improve their QoL?

Esra Urkmez (US)

12:00 - 12:20

Breaking bad news: What, as doctors, can we do better?

Jalid Sehouli (DE)

12:20 - 12:30

Discussion

11:00 - 12:00

Scientific Session, Skalkotas Hall (380 pax)

Parallel session 31: Ovarian cancer in relation to endometriosis and infertility

Infertility and endometriosis are known risk factors for ovarian cancer. In addition, we have data that patients with infertility have a somewhat higher risk for endometriosis. We will provide an overview of clinically meaningful data showing the increased ovarian cancer risk with endometriosis and infertility. The question is, should we change our follow-up for patients with atypical endometriosis? Should we be more careful concerning infertility treatment in patients with high risk for ovarian cancer? Is infertility treatment safe after fertility-sparing surgery in low-risk ovarian cancer patients?

Chairs

Pauline Wimberger (DE)
Dimitrios Loutradis (GR)

11:00 - 11:15

Endometriosis and ovarian cancer

Pauline Wimberger (DE)

11:15 - 11:30

Association of infertility with ovarian cancer

Dimitrios Loutradis (GR)

Scientific Programme

11:30 - 11:45

Impact of infertility treatment in ovarian cancer

Alastair Sutcliffe (UK)

11:45 - 12:00

Discussion

11:00 - 12:30

Young Doctors' Track, MC3 Hall (180 pax)

Workshop/Seminar - Fellow: 2. Tips and tricks in gynaecologic oncology ultrasound

Ultrasound is a powerful tool when examining gynaecological patients. In expert hands, it can differentiate a benign tumour from a malignant one, assess the extent of the disease, and help plan the appropriate treatment. This session is dedicated to the use of ultrasound in gynaecological oncology. Participants will be introduced to the basic principles of conducting ultrasound scans on patients with different gynaecological malignancies. At the end of the presentation, speakers will give a short quiz to participants

Chairs

Ilker Selcuk (TR)

Dimitrios-Efthymios Vlachos (GR)

11:00 - 11:30

How to evaluate stage and local spread in women with cervical cancer

Daniela Fischerova (CZ)

11:30 - 12:00

How to evaluate cervical and myometrial extension in women with endometrial cancer; introduction to International Endometrial Tumour Analysis (IETA) terminology

Dorella Franchi (IT)

12:00 - 12:30

How to evaluate ovarian cancer risk using the IOTA ADNEX model

Ekaterini Domali (GR)

12:30 - 13:00

Plenary, Trianti Hall (850 pax)

Plenary Session 4: Closing Session and Awards

Chairs

Alexandros Rodolakis (GR)

Denis Querleu (FR)

12:30 - 12:37

Best Oral Presentation & Best Late Breaker Presentation Award

12:37 - 12:44

Young Investigator Award

12:44 - 12:51

Awareness Run Award

12:51 - 12:55

Announcement ESGO SoA 2020 in Copenhagen

David Cibula (CZ)

12:55 - 12:58

Announcement ESGO 2021 in Prague

David Cibula (CZ)

Scientific Programme

12:58 - 13:00

Closing Speech

Denis Querleu (FR)