

Scientific Programme

Saturday, 02 November 2019

07:30 - 08:30	Networking Event, Offsite Awareness Run
09:30 - 10:30 TS 1	Plenary, Alexandra Trianti (850 pax) Plenary Session 1: Best oral communications
10:00 - 17:00	Patients' Programme, MC2 (150 pax) Patient Seminar 1
10:30 - 12:00	Scientific Session, Lambrakis (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, Alexandra Trianti (850 pax)

State of the Art 1: Immunotherapy in gynae-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 gynae 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 Kandalajt (CH)
Eric Pujade-Lauraine (FR)

10:30 - 10:50

Immunotherapy in gynae-oncology: Why and how?

Lana Kandalajt (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, Banquet (650 pax)

Parallel session 2: Diagnostic approaches to suspicious ovarian mass

Chairs

Dirk Timmermann (DE)
Andrea Rockall (UK)

10:30 - 10:50

IOTA update? - tbd

10:50 - 11:10

O-RADS-update? - tbd

11:10 - 11:30

Results of the EURAD study and development of O-RADS MRI

11:30 - 11:50

Case-based review of mass classification using O-RADS MRI

11:50 - 12:00

Discussion

Scientific Programme

10:30 - 12:30

Workshop, Nikos Skalkotas (380 pax)

Workshop 1: EFC-ESGO colposcopy workshop

The ESGO-ESP 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:

- 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

Murat Gultekin (TR)
Vesna Kesic (RS)
Charles Redman (UK)

Colposcopy: Changing the scene

10:30 - 10:50

European quality criteria for colposcopy

Pekka Nieminen (FI)

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?

Vesna Kesic (RS)

12:30 - 14:00

Satellite Symposium, Alexandra Trianti (850 pax)

Satellite Symposium 1 - Ethicon (J&J)

12:30 - 14:00

Satellite Symposium, Banquet (650 pax)

Satellite Symposium 2 - Pfizer

12:30 - 14:00

ENYGO Session, ENYGO Lounge

ENYGO Session 1

Scientific Programme

14:00 - 15:00

State of the Art, Lambrakis (1960 pax)

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 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. 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: Iain 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, Alexandra Trianti (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 of the 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.

Scientific Programme

- 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)
- 14:30 - 14:45** **Quality assurance in ovarian cancer surgery**
Andreas Du Bois (DE)
- 14:45 - 15:00** **Discussion**

Scientific Session, Banquet (650 pax)

14:00 - 15:00 **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 the young female**
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**

Oral Communication, Nikos Skalkotas (380 pax)

14:00 - 15:00 **Oral Communication 1**

Scientific Programme

15:00 - 16:30

ENYGO Session, ENYGO Lounge

ENYGO Session 2

15:30 - 16:30

Satellite Symposium, Alexandra Trianti (850 pax)

Satellite Symposium 3 - Tesarobio

15:30 - 16:30

Satellite Symposium, Banquet (650 pax)

Satellite Symposium 4

16:30 - 17:30

Debate, Lambrakis (1960 pax)

Debate 1: Radical hysterectomy in early cervical cancer: Is a minimally invasive approach no longer a standard?

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.

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.

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.

Chairs

Pedro Ramirez (US)
Eric Leblanc (FR)

16:30 - 16:35

Introduction

16:35 - 16:55

PRO: Minimally ivasive 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)

Scientific Programme

17:15 - 17:30

Discussion

16:30 - 17:30

Oral Communication, Alexandra Trianti (850 pax)

Best Oral Communications

16:30 - 17:30

Scientific Session, Banquet (650 pax)

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

Jakob Lindegaard (DK)
Philippe Morice (FR)

16:30 - 16:45

How to select patients for a curative treatment: Radiological and surgical staging?

Philippe Morice (FR)

16:45 - 17:00

Definitive (chemo) radiotherapy with nodal boost

Jakob Lindegaard (DK)

17:00 - 17:15

Can we improve survival by combining treatment after or before chemoradiation therapy?

Cyrus Chargarı (FR)

17:15 - 17:30

Discussion

17:30 - 18:30

Plenary, Lambrakis (1960 pax)

Opening Session

18:30 - 20:30

Networking Event, Lambrakis (1960 pax)

Welcome Reception

Scientific Programme

20:00 - 22:00

Offsite Session, Offsite

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

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 - 20:10

Presentation of the EORTC-ESGO fertility questionnaire

20:10 - 20:20

Sex with cancer - go for it

Annette Hasenburg (DE)

20:20 - 20:30

Presentation of case vignettes

Vesna Kesic (RS)

20:30 - 20:40

And what about clinicians who are making decisions?

Snezana Mijalkovic (RS)

Scientific Programme

Sunday, 03 November 2019

07:30 - 08:30 Satellite Symposium, Alexandra Trianti (850 pax)
Sponsored Innovation Session

07:30 - 08:30 Video Session, Banquet (650 pax)
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 - 07:50 **Aortic lymphadenectomy**
Jordi Ponce (ES)

07:50 - 08:00 **Inguino-femoral lymphadenectomy**
Ate van der Zee (NL)

08:00 - 08:30 **3 best videos on the topic of lymph node dissection**

Scientific Programme

07:30 - 08:30

Workshop, Nikos Skalkotas (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 - 08:30

Satellite Symposium, MC3 (180 pax)

Sponsored Meet the Expert 1

08:30 - 09:30

State of the Art, Alexandra Trianti (850 pax)

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

Chairs

David Cibula (CZ)

Scientific Programme

	Scientific Session, Banquet (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

08:30 - 09:30

Scientific Session, Nikos Skalkotas (380 pax)

Parallel session 7: Surgical staging of advanced cervical cancer

ESGO session: locally advanced cervix cancer (LACC): pretherapeutic surgical staging or not?

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 pretherapeutic 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 affect 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 chemoradiation 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 Koehler (DE)

09:15 - 09:30

Discussion

Scientific Programme

08:30 - 09:30

Scientific Session, MC3 (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

09:00 - 09:15

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

Jordi Ponce (ES)

09:15 - 09:30

Discussion

08:30 - 14:00

Patients' Programme, MC2 (150 pax)

Patient Seminar 2

09:30 - 10:30

Plenary, Alexandra Trianti (850 pax)

Plenary Session 2: Presidential session

09:30 - 09:40

Presentation about the president

09:40 - 10:15

Presidential session

10:15 - 10:30

Life-time achievement award

Scientific Programme

11:00 - 12:30

State of the Art, Lambrakis (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

Mansoor Raza Mirza (DK)
Domenica Lorusso (IT)

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 Raza Mirza (DK)

11:40 - 12:00

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

Carien Creutzberg (NL)

12:00 - 12:20

Perspectives in novel treatments

Domenica Lorusso (IT)

12:20 - 12:30

Discussion

Scientific Programme

11:00 - 12:30

Scientific Session, Alexandra Trianti (850 pax)

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, Banquet (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

11:00 - 12:00

Oral Communication, Nikos Skalkotas (380 pax)

Late-Breaking Abstracts

12:30 - 14:00

ENYGO Session, ENYGO Lounge

ENYGO Session 3

Scientific Programme

12:40 - 13:30	E-Poster Talks, ePosters ePoster Talks
13:00 - 14:30	Satellite Symposium, Alexandra Trianti (850 pax) Satellite Symposium 5 - GenMap
13:00 - 14:30	Satellite Symposium, Banquet (650 pax) Satellite Symposium 6 - Clovis
14:30 - 15:30	State of the Art, Lambrakis (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) Vesna Kesic (RS)
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 Pekka Nieminen (FI)

Scientific Programme

14:30 - 15:30

Scientific Session, Alexandra Trianti (850 pax)

Parallel session 11: Micrometastases in gynecological cancers

In the past, lymphnode 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)

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, Banquet (650 pax)

Parallel session 12: Nutrition, lifestyle, and further modifiable factors in gynaecological cancers

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)

Scientific Programme

- 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**
- 16:00 - 17:00** Satellite Symposium, Alexandra Trianti (850 pax)
Satellite Symposium 7 - Pharma Mar
- 16:00 - 17:00** Satellite Symposium, Banquet (650 pax)
Satellite Symposium 8
- 16:00 - 17:00** ENYGO Session, ENYGO Lounge
ENYGO Session 4
- 17:00 - 18:30** State of the Art, Lambrakis (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 (LNC) 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 LNC in advanced ovarian cancer patients with clinical negative lymph nodes. This session gives an overview on the current status for the evidence for systematic LNC and SLN in endometrial and cervical cancers, and will review the indications for systematic LNC in respect of different histological subtypes of ovarian cancer.
- Chairs**
Nadeem Abu Rustum (US)
Nicole Concin (AT)

Scientific Programme

17:00 - 17:20	Current role of pelvic and aortic lymphadenopathy in endometrial cancer Nadeem Abu Rustum (US)
17:20 - 17:40	Remaining indications for lymphadenectomy in ovarian cancer Nicole Concin (AT)
17:40 - 18:00	Relevance of lymphadenectomy in cervical cancer in the SLN era Fabrice Lecuru (FR)
18:00 - 18:10	Discussion

Scientific Session, Alexandra Trianti (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

17:00 - 18:00

Scientific Session, Banquet (650 pax)

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

17:00 - 18:30

Oral Communication, Nikos Skalkotas (380 pax)

Young Investigators Oral Presentations

Scientific Programme

Monday, 04 November 2019

07:30 - 08:30	Satellite Symposium, Alexandra Trianti (850 pax) Sponsored Innovation Session
07:30 - 08:30	Scientific Session, Banquet (650 pax) Parallel Session 15: Uterine sarcoma: anything new? <p>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.</p> <p>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.</p> <p>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.</p> Chairs Isabelle Ray-Coquard (FR) Mehmet Meydanli (TR)
07:30 - 07:45	What you considered a leiomyoma appeared to be a sarcoma: What to do and how to prevent it? Mehmet Meydanli (TR)
07:45 - 08:00	Diagnosis and surgical treatment of uterine sarcoma Frederic Amant (NL)
08:00 - 08:15	Primary treatment of metastatic disease and adjuvant treatment of uterine sarcoma Isabelle Ray-Coquard (FR)
08:15 - 08:30	Discussion

Scientific Programme

07:30 - 08:30

Video Session, Nikos Skalkotas (380 pax)

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

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)

08:00 - 08:30

Best 3 submitted videos

07:30 - 08:30

Satellite Symposium, MC3 (180 pax)

Sponsored Meet the Expert 2

08:30 - 09:30

State of the Art, Alexandra Trianti (850 pax)

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

Chairs

Jonathan Ledermann (UK)

Isabelle Ray-Coquard (FR)

Scientific Programme

08:30 - 09:30

Scientific Session, Banquet (650 pax)

Parallel session 16: Advanced stage endometrial cancer. Time for change?

Advanced endometrial cancer therapy is still an unmet need. Poor efficacy of the current therapy has been documented both in first and second line. New insights in the biological characteristics of endometrial cancer will likely allow the construction of 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 on the way and might deliver a significant innovation in this field very soon.

Chairs

Sandro Pignata (IT)
Aris Bamias (GR)

08:30 - 08:45

Chemotherapy in advanced endometrial cancer

Aris Bamias (GR)

08:45 - 09:00

Is cytoreduction an option in advanced endometrial cancer

Elena Ulrikh (RU)

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?

08:30 - 09:30

Workshop, Nikos Skalkotas (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)

Scientific Programme

08:30 - 08:40

Cervical Cancer: Complications after Wertheim surgery

Alexandros Rodolakis (GR)

08:40 - 08:50

Ovarian Cancer: Complications after bowel resection

Philipp Harter (DE)

08:50 - 09:00

Vulvar cancer: Local and inguinal complications

Ate van der Zee (NL)

08:30 - 09:30

Oral Communication, MC3 (180 pax)

Oral Communication 2

09:30 - 10:30

Plenary, Alexandra Trianti (850 pax)

Plenary session 3: Keynote and Helga Salvesen and Lifetime achievement Awards

Scientific Programme

11:00 - 12:30

State of the Art, Alexandra Trianti (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, Banquet (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 Raza Mirza (DK)

11:00 - 11:20

DNA repair interfering therapies

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 Raza Mirza (DK)

12:00 - 12:20

Novel combinations in ovarian cancer

Johanna Maenpaa (FI)

12:20 - 12:30

Discussion

11:00 - 12:00

Debate, Nikos Skalkotas (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)

Scientific Programme

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 **Parallel session 18: Gynaecological cancer in the elderly**

Scientific Session, MC3 (180 pax)

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)

11:00 - 11:15 **Pre-and postoperative evaluation, morbidity, and postoperative outcome of elderly cancer patients**
Dina Kurdiani (GE)

11:15 - 11:30 **Medical treatment of elderly women with gynaecological cancers: Strategies for a heterogeneous population**
Annamaria Ferrero (IT)

11:30 - 11:45 **Radiotherapy in the elderly**
Elzbieta van der Steen-Banasik (NL)

11:45 - 12:00 **Discussion**

Scientific Programme

12:40 - 13:35	E-Poster Talks, ePosters ePoster Talks
13:00 - 14:30	Satellite Symposium, Alexandra Trianti (850 pax) Satellite Symposium 9
13:00 - 14:30	Satellite Symposium, Banquet (650 pax) Satellite Symposium 10
13:00 - 14:30	Meeting, MC3 (180 pax) ESGO Business Meeting
14:30 - 15:30	State of the Art, Alexandra Trianti (850 pax) State of Art 9: Non epithelial ovarian cancer in adolescents (SIOPE) 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, Banquet (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

Leon Massuger (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, Nikos Skalkotas (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 tumors

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 (180 pax)
Oral Communication 3

15:30 - 16:30 ENYGO Session, ENYGO Lounge
ENYGO Session 5

16:00 - 17:00 Scientific Session, Alexandra Trianti (850 pax)
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 Heinzlmann (CH)

16:30 - 16:45 **The way forward: Novel agents in development**
Ros Glasspool (UK)

Scientific Programme

16:45 - 17:00

Discussion

16:00 - 17:00

Meeting, Banquet (650 pax)

Society Session: ESTRO: Advances in radiotherapy

Chairs

Elzbieta van der Steen-Banasik (NL)

16:00 - 17:00

Tumour Board, Nikos Skalkotas (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

Sebastien Gouy (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 (180 pax)

Oral Communication 4

Scientific Programme

17:00 - 18:00

Scientific Session, Alexandra Trianti (850 pax)

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

The ENGOT (European Network for Gynaecological Cancer Trials) is facing the incorporation of the new drugs that are approaching the therapeutic scenario for Gynaecologic malignancies, by leading new clinical trials. One of the challenges that ENGOT has managed is the development of several competitive trials at the same time without jeopardising the potential recruitment of the trials through a Harmonization process. The other important challenge for the new clinical trials designs is the incooperation of the better biological knowledge of the diseases in order to be more efficient in the 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

17:00 - 18:00

Tumour Board, Banquet (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)

Scientific Programme

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, MC3 (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 trials

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 GPs and nurses in gynaecological cancer follow-up

Ingvild Vistad (NO)

17:45 - 18:00

Discussion

17:00 - 18:00

Glass with an Expert, MC2 (150 pax)

Glass with an Expert

20:00 - 22:00

Offsite Session, ENYGO Lounge

ENYGO Event

at SKYFALL Cocktail & Food Bar

Scientific Programme

20:00 - 22:00

Offsite Session, Offsite

Offsite: Big Data

20 years ago the NIH 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 and evolved from single biomarkers such as HER2 in breast cancer and c-kit in GIST tumours but also covered the transition to OncotypeDx and similar multiplex markers, of which only a few have entered widespread clinical practice.

RNA profiling suffered from stability issues, but DNA based technologies 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) proposed, although personalised and precision are the current front runners in terminology.

This session will review the advances in this area in 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 (NO)

20:00 - 20:10

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

John Green (UK)

20:10 - 20:20

Combining clinical and molecular data in cervical and endometrial cancer

Erica Werner (NO)

20:20 - 20:30

The route to precision medicine: Preliminary data in ovarian cancer

Charlie Gourley (UK)

Scientific Programme

Tuesday, 05 November 2019

07:30 - 08:30

Scientific Session, Alexandra Trianti (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?

08:15 - 08:30

Discussion

07:30 - 08:30

Workshop, Banquet (650 pax)

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)

Scientific Programme

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
07:30 - 08:30	Oral Communication, Nikos Skalkotas (380 pax) Oral Communication: Late Breaker
08:30 - 09:30	Scientific Session, Alexandra Trianti (850 pax) 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 gynecologic malignancies
09:15 - 09:30	Discussion

Scientific Programme

- 08:30 - 09:30** Scientific Session, Banquet (650 pax)
Parallel session 27: Advanced stage of vulvar cancer
- Chairs**
Anuja Jhingran (US)
Fuat Demirkiran (TR)
- 08:30 - 08:45** **Surgery in the treatment of locally advanced vulvar cancer**
Fuat Demirkiran (TR)
- 08:45 - 09:00** **Radiation therapy in the treatment of locally advanced vulvar cancer**
Anuja Jhingran (US)
- 09:00 - 09:15** **Chemotherapy and molecular prognostic significance in locally advanced vulvar cancer**
- 08:30 - 09:30** Tumour Board, Nikos Skalkotas (380 pax)
Tumour Board 3: Molecular tumour board (ESP Session)
- Chairs**
Maria Rosaria Raspollini (IT)
Xavier Matias-Guiu (ES)
- 08:30 - 12:00** Workshop, MC3 (180 pax)
Workshop/Seminar - Fellow
- 09:30 - 10:30** Debate, Alexandra Trianti (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)
Fatih Gucer (TR)
- 09:30 - 09:35** **Introduction**

Scientific Programme

09:35 - 09:55

PRO

Ingfrid Haldorsen (NO)

09:55 - 10:15

CON

Fatih Gucer (TR)

10:15 - 10:30

Discussion

Scientific Session, Banquet (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

Sebastien Gouy (FR)

10:00 - 10:15

Medical treatment and update on recent molecular studies

Alexandra Leary (FR)

10:15 - 10:30

Discussion

Scientific Programme

09:30 - 10:30

Scientific Session, Nikos Skalkotas (380 pax)

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 (ES)

10:15 - 10:30

Discussion

11:00 - 12:30

State of the Art, Alexandra Trianti (850 pax)

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

The aim of the ESO observatory in ovarian cancer is to engage a panel of experts to forecast changes that they think will appear in their area of expertise over the next 12 months.

Chairs

Cristiana Sessa (CH)

11:00 - 11:15

The pathologist's perspective

11:15 - 11:30

The clinical scientist's perspective

Scientific Programme

11:30 - 11:45	The geneticist's perspective
11:45 - 12:00	The gynaeco-oncologist's perspective
12:00 - 12:15	The medical oncologist's perspective
12:15 - 12:30	The patient's perspective

11:00 - 12:30	<p>Scientific Session, Banquet (650 pax)</p> <p>Parallel session 30: Time to include in routine quality of life in decision making among patients with ovarian cancer</p> <p>Quality of life is one of the most relative goals for the therapy of gynaecological cancer patients. Despite its importance the topic of QoL in the clinical day and scientific community is underrepresented. This session will discuss several aspects of QoL from the patient's and physician perspective as well as part of the communication and treatment decision-making process.</p> <p>Chairs Jalid Sehouli (DE) Florence Joly (FR)</p>
11:00 - 11:20	<p>How to assess PRO's and quality of life? Florence Joly (FR)</p>
11:20 - 11:40	<p>What is the role of PRO's for the treatment decision-making process? Michael Friedlander (AU)</p>
11:40 - 12:00	<p>What do patients need to improve their QoL? Esra Urkmez (US)</p>
12:00 - 12:20	<p>Breaking bad news: What, as doctors, can we do better? Jalid Sehouli (DE)</p>
12:20 - 12:30	<p>Discussion</p>

Scientific Programme

11:00 - 12:00

Scientific Session, Nikos Skalkotas (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)

11:30 - 11:45

Impact of infertility treatment in ovarian cancer

Alastair Sutcliffe (UK)

11:45 - 12:00

Discussion

12:30 - 13:00

Plenary, Alexandra Trianti (850 pax)

Plenary Session 4: Closing Session and Awards