

 EPICS

Conference Coverage: SGO and ASCO 2026 – Highlights in Gynecologic Malignancies

June 26, 2026

Full Report

Content	Link
Meeting Snapshot	↗
Faculty Panel	↗
Meeting Agenda	↗
Key Insights and Strategic Recommendations	↗
Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease	↗
Relapsed and Platinum-Resistant/Refractory Ovarian Cancer	↗
Advanced or Metastatic Cancer: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing	↗
Advanced or Metastatic Cancer: Current and Emerging Treatment Strategies – Marker-Based	↗
Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions	↗

Meeting Snapshot: Conference Coverage: SGO and ASCO 2026 – Highlights in Gynecologic Malignancies

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A closed-door roundtable discussion focused on updates in gynecologic malignancies from SGO and ASCO 2026 was held virtually on **June 26, 2026**

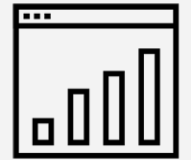


Gynecologic cancer-specific discussions on latest research updates, therapeutic advances, and their application in clinical decision-making were led by **Brian Slomovitz, MD**, from Mount Sinai Medical Center



The panel consisted of **6 key experts** in gynecologic cancers

- 5 from the US
- 1 from Europe



Insights report includes postmeeting analyses and actionable recommendations



Panel of 5 US and 1 European Gynecologic Cancer Experts

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Thomas Herzog, MD
University of Cincinnati
Cancer Center



David M. O'Malley, MD
James Comprehensive
Cancer Center



Isabelle Ray-Coquard, MD, PhD
Centre Léon Bérard



Shannon Westin, MD
MD Anderson Cancer Center



Linda Duska, MD, MPH
University of Virginia



Brian Slomovitz, MD
Mount Sinai Medical Center



Meeting Agenda

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Time (ET)	Topic	Speaker/Moderator
10.00 AM – 10.05 AM (5 min)	Introduction	Brian Slomovitz, MD
10.05 AM – 10.15 AM (10 min)	Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease	Thomas Herzog, MD
10.15 AM – 10.35 AM (20 min)	Discussion + Key Takeaways	All
10.35 AM – 10.45 AM (10 min)	Relapsed and Platinum-Resistant/Refractory Ovarian Cancer	Isabelle Ray-Coquard, MD, PhD
10.45 AM – 11.10 AM (25 min)	Discussion + Key Takeaways	All
11.10 AM – 11.15 AM (5 min)	Advanced or Metastatic Cancer: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing	Shannon Westin, MD, MPH
11.15 AM – 11.40 AM (25 min)	Discussion + Key Takeaways	All
11.40 AM – 11.45 AM (5 min)	BREAK	
11.45 AM – 11.55 AM (10 min)	Advanced or Metastatic Cancer: Current and Emerging Treatment Strategies – Marker-Based	David M. O'Malley, MD
11.55 AM – 12.20 PM (25 min)	Discussion + Key Takeaways	All
12.20 PM – 12.30 PM (10 min)	Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions	Linda Duska, MD, MPH
12.30 PM – 12.55 PM (25 min)	Discussion + Key Takeaways	All
12.55 PM – 1.00 PM (5 min)	Conclusions and Wrap-Up	Brian Slomovitz, MD



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Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease

Conference Highlights Presented by
Thomas Herzog, MD



Abstract – SGO 2026	Phase
<u>LBA Plenary 1</u> : Results of a randomized phase III trial of letrozole alone versus paclitaxel and carboplatin followed by letrozole as initial treatment for patients with stage II-IV ovarian, fallopian tube, or primary peritoneal low-grade serous carcinoma (NRG-GY019, NCT04095364). Amanda Fader, et al	 Phase III
<u>Plenary 1</u> : Long-term efficacy and safety of avutometinib + defactinib in patients with recurrent low-grade serous ovarian cancer: Results from ENGOT-OV60/GOG-3052/RAMP 201. Rachel Grisham, et al	 Phase II
<u>Poster Tour Group 6: Ovarian Cancer Trials</u> : Exploratory analysis of ribociclib plus letrozole in recurrent low-grade ovarian carcinoma: Impact of prior therapy, chemotherapy exposure, and age (GOG-3026). Vivek Podder, et al	 Phase II
<u>Focused Forum IX</u> : Sacituzumab tirumotecan (Sac-TMT) plus pembrolizumab maintenance therapy in ovarian cancer: Results from the phase 2 2870-002/SKB264-II-06 study. Xiaohua Wu, et al	 Phase II
<u>LBA; Rapid-Fire Orals 3</u> : Mirvetuximab soravtansine plus carboplatin in folate receptor alpha-expressing recurrent platinum-sensitive ovarian cancer. Gottfried Konecny, et al	 Phase II
<u>Poster Tour Group 3: Genetics</u> : Treatment experience in patients with advanced ovarian cancer who received PARP inhibitor as the first-line maintenance therapy in the real world by homologous recombination deficiency/BRCA status. Marina Firmer, et al	Real-world study

Abstract – SGO 2026	Phase
<u>Focused Forum 6</u>: Combination ATR and PARP inhibitor (CAPRI) trial in recurrent platinum-sensitive high-grade serous ovarian cancer demonstrates activity independent of homologous recombination repair status. Fiona Simpkins, et al	Phase II
Abstract – ASCO 2026	Phase
<u>Abstract 5506</u>: A randomized phase II trial of mirvetuximab soravtansine in folate receptor alpha (FRα)–high recurrent ovarian cancer eligible for platinum-based chemotherapy (MIROVA/AGO-OVAR 2.34). Philipp Harter, et al	Phase II

Randomized phase III trial of letrozole alone vs paclitaxel and carboplatin followed by letrozole as initial treatment for patients with stage II-IV ovarian, fallopian tube, or peritoneal low-grade serous carcinoma (NRG-GY019)

Fader A, et al. SGO 2026. LBA Plenary 1

Background: Low-grade serous carcinoma (LGSC) is a distinct entity from high-grade serous carcinoma (HGSC). LGSC is characterized by a low rate of progression to high-grade disease and a better overall prognosis. However, the optimal initial treatment for LGSC remains unclear. The NRG-GY019 trial is a randomized phase III trial comparing letrozole alone (L) versus paclitaxel and carboplatin followed by letrozole (PC+L) as initial treatment for patients with stage II-IV LGSC.

Methods: The trial is a randomized, controlled, phase III trial. Patients are randomized to receive either letrozole alone (L) or paclitaxel and carboplatin followed by letrozole (PC+L) as initial treatment. The primary endpoint is overall survival (OS). Secondary endpoints include progression-free survival (PFS), quality of life (QoL), and adverse events.

Results: The trial is ongoing, and preliminary results are being presented. The results will be presented at the SGO 2026 meeting.



Randomized phase III trial of letrozole alone vs paclitaxel and carboplatin followed by letrozole as initial treatment for patients with stage II-IV ovarian, fallopian tube, or peritoneal low-grade serous carcinoma (NRG-GY019)

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Fader A, et al. SGO 2026. LBA Plenary 1



Presenting Author
The goal of this study is to evaluate the efficacy and safety of letrozole as initial treatment for patients with stage II-IV ovarian, fallopian tube, or peritoneal low-grade serous carcinoma compared to paclitaxel and carboplatin followed by letrozole. The study is a randomized phase III trial. The primary endpoint is overall survival. The secondary endpoints are progression-free survival, quality of life, and adverse events. The study is currently ongoing.



Long-term efficacy and safety of avutometinib + defactinib in patients with recurrent low-grade serous ovarian cancer: ENGOT-OV60/GOG-3052/RAMP 201

Grisham R, et al. SGO 2026. Plenary 1



Long-term efficacy and safety of avutometinib + defactinib in patients with recurrent low-grade serous ovarian cancer: ENGOT-OV60/GOG-3052/RAMP 201

Grisham R, et al. SGO 2026. Plenary 1

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Patient Characteristics			
Population	Intention-to-Treat (ITT)	Per-Protocol (PP)	As-Treated (AT)
Number of patients	100	85	95
Median age, years	62	62	62
Median time from prior surgery to recurrence, months	18	18	18
Median time from prior chemotherapy to recurrence, months	12	12	12
Median time from prior radiation to recurrence, months	10	10	10
Median time from prior hormone therapy to recurrence, months	8	8	8
Median time from prior cytoreductive surgery to recurrence, months	6	6	6
Median time from prior platinum-based chemotherapy to recurrence, months	4	4	4
Median time from prior taxane-based chemotherapy to recurrence, months	3	3	3
Median time from prior anti-HER2 therapy to recurrence, months	2	2	2
Median time from prior anti-EGFR therapy to recurrence, months	1	1	1
Median time from prior anti-VEGF therapy to recurrence, months	0	0	0



Presenting Author

Dr. [Name] is a Senior Principal Investigator at the National Cancer Institute, where she leads the Gynecologic Cancer Therapy Branch. She has a PhD in Biology and is a member of the National Academy of Sciences. She has published numerous papers in the field of ovarian cancer and is currently leading several clinical trials.

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Exploratory analysis of ribociclib plus letrozole in recurrent low-grade ovarian carcinoma: Impact of prior therapy, chemotherapy exposure, and age (GOG-3026)

Podder V, et al. SGO 2026. Poster Tour Group 6



Exploratory analysis of ribociclib plus letrozole in recurrent low-grade ovarian carcinoma: Impact of prior therapy, chemotherapy exposure, and age (GOG-3026)

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Podder V, et al. SGO 2026. Poster Tour Group 6

Patient Characteristics		Number of Patients (n)			
Characteristic		Overall	Age < 60	Age ≥ 60	Unknown
Prior Therapy					
First-line		100	50	50	0
Second-line		100	50	50	0
Third-line		100	50	50	0
Fourth-line		100	50	50	0
Chemotherapy Exposure					
Yes		100	50	50	0
No		100	50	50	0
Age					
< 60		100	50	50	0
≥ 60		100	50	50	0



Abstract

Background: Ribociclib plus letrozole is a novel combination for recurrent low-grade ovarian carcinoma. The impact of prior therapy, chemotherapy exposure, and age on outcomes is unknown. This exploratory analysis evaluates the impact of these factors on overall survival (OS) and progression-free survival (PFS) in patients receiving ribociclib plus letrozole.

Methods: Patients from the GOG-3026 trial were stratified by prior therapy (first-line, second-line, third-line, fourth-line), chemotherapy exposure (yes/no), and age (< 60/≥ 60). OS and PFS were assessed using Kaplan-Meier survival curves.

Results: The impact of prior therapy, chemotherapy exposure, and age on OS and PFS is presented in the following table.

Conclusion: The impact of prior therapy, chemotherapy exposure, and age on OS and PFS is presented in the following table.

Prior Therapy		Chemotherapy Exposure		Age	
First-line	Second-line	Yes	No	< 60	≥ 60



Mirvetuximab soravtansine plus carboplatin in folate receptor alpha-expressing recurrent platinum-sensitive ovarian cancer



Konecny G, et al. SGO 2026. LBA; Rapid Fire Orals 3

Background:

- ~15% of recurrent platinum-sensitive ovarian cancer (RPSOC) patients express folate receptor alpha (FRα).
- Mirvetuximab soravtansine (MSR) is a novel antibody-drug conjugate (ADC) targeting FRα.
- MSR is composed of a monoclonal antibody (mirvetuximab) conjugated with soravtansine, a cytotoxic agent.
- MSR is designed to deliver soravtansine directly to FRα-expressing tumor cells.
- MSR is being evaluated in a phase I/II study in RPSOC patients.

Objective:

- To evaluate the safety, tolerability, and efficacy of MSR in RPSOC patients.
- To determine the maximum tolerated dose (MTD) and recommended phase 2 dose (RP2D) of MSR.
- To assess the clinical activity of MSR in RPSOC patients.

Study Design:

Phase I/II, open-label, non-randomized, dose-escalation study.

Study Population:

RPSOC patients who had received ≤2 prior platinum-based regimens and had FRα-positive tumors.

Study Arms:

Arm 1: MSR 1.5 mg/kg intravenous (IV) infusion every 3 weeks (Q3W).

Arm 2: MSR 3.0 mg/kg IV infusion Q3W.

Arm 3: MSR 4.5 mg/kg IV infusion Q3W.

Arm 4: MSR 6.0 mg/kg IV infusion Q3W.

Arm 5: MSR 7.5 mg/kg IV infusion Q3W.

Arm 6: MSR 9.0 mg/kg IV infusion Q3W.

Arm 7: MSR 10.5 mg/kg IV infusion Q3W.

Arm 8: MSR 12.0 mg/kg IV infusion Q3W.

Arm 9: MSR 13.5 mg/kg IV infusion Q3W.

Arm 10: MSR 15.0 mg/kg IV infusion Q3W.

Arm 11: MSR 16.5 mg/kg IV infusion Q3W.

Arm 12: MSR 18.0 mg/kg IV infusion Q3W.

Arm 13: MSR 19.5 mg/kg IV infusion Q3W.

Arm 14: MSR 21.0 mg/kg IV infusion Q3W.

Arm 15: MSR 22.5 mg/kg IV infusion Q3W.

Arm 16: MSR 24.0 mg/kg IV infusion Q3W.

Arm 17: MSR 25.5 mg/kg IV infusion Q3W.

Arm 18: MSR 27.0 mg/kg IV infusion Q3W.

Arm 19: MSR 28.5 mg/kg IV infusion Q3W.

Arm 20: MSR 30.0 mg/kg IV infusion Q3W.

Study Results:

The study is ongoing and results are being updated.

Conclusion:

MSR is a promising ADC for the treatment of RPSOC patients. Further studies are needed to confirm the safety and efficacy of MSR in this population.

Mirvetuximab soravtansine plus carboplatin in folate receptor alpha-expressing recurrent platinum-sensitive ovarian cancer

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Konecny G, et al. SGO 2026. LBA; Rapid Fire Orals 3

Background:

Mirvetuximab soravtansine (MIRV) is a folate receptor alpha (FRα)-targeted antibody-drug conjugate (ADC) designed to deliver soravtansine (SRA) to FRα-expressing tumor cells. MIRV is composed of a monoclonal antibody (MIRV-1) conjugated with SRA via a linker. MIRV is being evaluated in a phase I/II study in patients with recurrent platinum-sensitive ovarian cancer (PSOC).

Study Design:

The study is a phase I/II, open-label, non-randomized, controlled study. The primary objective is to evaluate the safety and tolerability of MIRV in combination with carboplatin (CARBO) in patients with PSOC. The secondary objective is to evaluate the efficacy of MIRV in combination with CARBO.

Study Population:

The study population consists of patients with recurrent PSOC who have received at least one prior platinum-based chemotherapy regimen. The patients are stratified by FRα expression status (FRα-positive vs. FRα-negative).

Study Arms:

The study consists of two arms: the MIRV + CARBO arm and the CARBO arm. The MIRV + CARBO arm receives MIRV (3 mg/kg) plus CARBO (AUC 6) every 3 weeks. The CARBO arm receives CARBO (AUC 6) every 3 weeks.

Study Results:

The study is ongoing, and preliminary results are being presented. The results will be presented at the SGO 2026 meeting.

Conclusion:

The study is ongoing, and preliminary results are being presented. The results will be presented at the SGO 2026 meeting.



Presenting Author:

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Aurora, CO, USA

Co-Presenting Authors:

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Dr. ...
Dr. ...

Abstract ID: ...

Keywords: ...

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Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease

Discussion



Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease (1/10)

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Introduction

Advanced ovarian cancer is a leading cause of cancer death among women. The majority of patients are diagnosed with advanced-stage disease, and the standard of care for platinum-sensitive, recurrent disease remains a topic of ongoing research. This presentation will discuss the latest evidence for frontline and maintenance strategies in platinum-sensitive and low-grade disease.

Frontline Therapy

The standard of care for platinum-sensitive, recurrent ovarian cancer is a combination of a platinum-based agent (cisplatin or carboplatin) and a taxane (paclitaxel or docetaxel). This combination has been shown to improve overall survival compared to single-agent therapy. In addition, the addition of bevacizumab to this combination has been shown to improve progression-free survival and overall survival in certain patient populations.

Maintenance Therapy

Maintenance therapy is an important component of the treatment strategy for advanced ovarian cancer. The goal of maintenance therapy is to delay disease progression and improve overall survival. Several agents have been evaluated for maintenance therapy, including platinum-based agents, taxanes, and targeted therapies. The most commonly used maintenance therapy is a platinum-based agent (cisplatin or carboplatin) in combination with a taxane (paclitaxel or docetaxel). This combination has been shown to improve progression-free survival and overall survival compared to single-agent therapy.

Targeted Therapy

Targeted therapy is a type of cancer treatment that targets specific molecules involved in cancer growth and spread. Several targeted therapies have been evaluated for the treatment of advanced ovarian cancer, including bevacizumab, olaparib, and niraparib. Bevacizumab is a monoclonal antibody that targets vascular endothelial growth factor (VEGF), which is a key molecule in cancer angiogenesis. Olaparib and niraparib are PARP inhibitors that target the DNA repair pathway, which is often defective in ovarian cancer.

Dr. [Name]

[Bio]

[Image]



Advanced Ovarian Cancer: Frontline and Maintenance Strategies

in Platinum-Sensitive and Low-Grade Disease (2/10)

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Learning Objectives

- 1. Identify the standard of care for platinum-sensitive advanced ovarian cancer.
- 2. Identify the standard of care for platinum-resistant advanced ovarian cancer.
- 3. Identify the standard of care for low-grade serous ovarian cancer.

Dr. [Name]

Dr. [Name] is a board-certified gynecologic oncologist at [Institution]. She completed her medical education at [Institution] and her residency at [Institution]. She is currently a faculty member at [Institution] and is active in the management of advanced ovarian cancer.

Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease (3/10)

OBJECTIVES: Upon completion of this session, you will be able to:

- 1. Identify the standard of care for platinum-sensitive recurrent ovarian cancer.
- 2. Identify the standard of care for low-grade recurrent ovarian cancer.
- 3. Identify the standard of care for platinum-resistant recurrent ovarian cancer.
- 4. Identify the standard of care for platinum-sensitive recurrent ovarian cancer with BRCA mutation.
- 5. Identify the standard of care for platinum-sensitive recurrent ovarian cancer with HRD.

Dr. [Name]

[Blurred text block containing a speaker's introduction and key points from a presentation.]

Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease (4/10)

EPICS: Evidence-based Practice Implementation in Clinical Settings

Topic: Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease

Learning Objectives:

- 1. Identify the standard of care for platinum-sensitive advanced ovarian cancer.
- 2. Discuss the role of maintenance therapy in platinum-sensitive advanced ovarian cancer.
- 3. Evaluate the evidence for the use of PARP inhibitors in platinum-sensitive advanced ovarian cancer.
- 4. Discuss the role of immunotherapy in platinum-sensitive advanced ovarian cancer.
- 5. Discuss the role of targeted therapy in platinum-sensitive advanced ovarian cancer.
- 6. Discuss the role of clinical trials in the management of platinum-sensitive advanced ovarian cancer.

EPICS: Evidence-based Practice Implementation in Clinical Settings

Topic: Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease

Learning Objectives:

- 1. Identify the standard of care for platinum-sensitive advanced ovarian cancer.
- 2. Discuss the role of maintenance therapy in platinum-sensitive advanced ovarian cancer.
- 3. Evaluate the evidence for the use of PARP inhibitors in platinum-sensitive advanced ovarian cancer.
- 4. Discuss the role of immunotherapy in platinum-sensitive advanced ovarian cancer.
- 5. Discuss the role of targeted therapy in platinum-sensitive advanced ovarian cancer.
- 6. Discuss the role of clinical trials in the management of platinum-sensitive advanced ovarian cancer.

Advanced Ovarian Cancer: Frontline and Maintenance Strategies

EPICS: Advanced Ovarian Cancer: Frontline and Maintenance Strategies

Dr. [Name]

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Dr. [Name]

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Advanced Ovarian Cancer: Frontline and Maintenance Strategies

EPICS

EPICS: Evidence-based Practice Implementation in Clinical Settings

Episode 6: Advanced Ovarian Cancer: Frontline and Maintenance Strategies

Dr. [Name]

- 1. Review the current standard of care for advanced ovarian cancer, including the use of platinum-based chemotherapy and PARP inhibitors.
- 2. Discuss the role of genetic testing, specifically BRCA and HRD testing, in guiding treatment decisions.
- 3. Explore the use of maintenance therapy, including PARP inhibitors, to improve outcomes in patients with BRCA and HRD.
- 4. Review the importance of patient education and shared decision-making in the context of advanced ovarian cancer.
- 5. Discuss the role of clinical trials in the management of advanced ovarian cancer.
- 6. Review the importance of supportive care, including pain management and quality of life considerations.

Dr. [Name]

This episode discusses the latest evidence-based practice implementation in clinical settings for advanced ovarian cancer. It covers the use of platinum-based chemotherapy, PARP inhibitors, and genetic testing to guide treatment decisions. The episode also discusses the importance of patient education, shared decision-making, and supportive care in the management of advanced ovarian cancer.



Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease (7/10)

Dr. [Name]

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Dr. [Name]

[Faint text]

Advanced Ovarian Cancer: Frontline and Maintenance Strategies

EPICS: Advanced Ovarian Cancer: Frontline and Maintenance Strategies

Dr. [Name]

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Dr. [Name]

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Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease (9/10)

Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease (9/10)

Dr. [Name]
[Title]
[Institution]

Abstract

Background: [Text]

Methods: [Text]

Results: [Text]

Conclusions: [Text]

Keywords: [Text]

Dr. [Name]
[Title]
[Institution]

Abstract

Background: [Text]

Methods: [Text]

Results: [Text]

Conclusions: [Text]

Keywords: [Text]

Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease (10/10)

EPICS

EPICS: Evidence-based Practice in Clinical Oncology

Advanced Ovarian Cancer: Frontline and Maintenance Strategies in Platinum-Sensitive and Low-Grade Disease (10/10)

- 1. **Frontline Therapy:** The standard of care for platinum-sensitive, recurrent ovarian cancer is a combination of platinum-based chemotherapy (carboplatin or paclitaxel) and a taxane (paclitaxel or docetaxel). The addition of bevacizumab to this regimen has been shown to improve progression-free survival (PFS) and overall survival (OS) in platinum-sensitive, recurrent ovarian cancer.
- 2. **Maintenance Therapy:** Following initial treatment, maintenance therapy is crucial for improving outcomes. Bevacizumab, an anti-angiogenic agent, is commonly used as maintenance therapy in platinum-sensitive, recurrent ovarian cancer. It has been shown to significantly improve PFS and OS compared to placebo.
- 3. **Targeted Therapy:** PARP inhibitors, such as olaparib and niraparib, have emerged as important targeted therapies in the management of ovarian cancer. They are particularly effective in patients with BRCA1/2 mutations, improving PFS and OS in both frontline and maintenance settings.
- 4. **Low-Grade Disease:** For low-grade, platinum-sensitive ovarian cancer, the standard of care is typically a combination of platinum-based chemotherapy (carboplatin or paclitaxel) and a taxane (paclitaxel or docetaxel). The addition of bevacizumab to this regimen has also been shown to improve outcomes in this population.
- 5. **Supportive Care:** In addition to systemic therapy, supportive care measures are essential for optimizing patient outcomes. This includes managing side effects, providing pain management, and offering psychological support.
- 6. **Clinical Trials:** Patients with advanced ovarian cancer should be encouraged to participate in clinical trials, as these can provide access to novel therapies and improve outcomes.
- 7. **Follow-up:** Regular follow-up is essential for monitoring response to treatment and identifying potential complications. This typically involves physical examination, imaging (CT scan, MRI, or PET scan), and laboratory tests (CA-125, tumor markers).

Dr. [Name]

Medical Oncologist

Dr. [Name] is a board-certified medical oncologist with over 10 years of experience in the management of gynecologic malignancies. She completed her medical training at [University] and her residency at [Hospital]. She is currently an Associate Professor of Medicine at [University] and a staff physician at [Hospital].

Dr. [Name] has a strong interest in the management of ovarian cancer and is particularly focused on the use of targeted therapies and clinical trials. She has published numerous articles on ovarian cancer and has presented at several national and international conferences. She is also a frequent speaker at medical oncology meetings.

Dr. [Name] is a member of the American Society of Clinical Oncology (ASCO), the Society of Gynecologic Oncology (SGO), and the European Society of Medical Oncology (ESMO). She is also a member of the American Cancer Society and the National Cancer Institute (NCI).

Dr. [Name] is a dedicated clinician and researcher who is committed to providing the best possible care for her patients. She is also a mentor to many young physicians and is proud to be part of a team that is dedicated to advancing the field of gynecologic oncology.



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Relapsed and Platinum-Resistant/Refractory Ovarian Cancer

Conference highlights presented by
Isabelle Ray-Coquard, MD, PhD



Abstract – SGO 2026	Phase
<u>Plenary 1; LBA</u> : Final overall survival (OS) results from the phase 3 ROSELLA trial: Relacorilant plus nab-paclitaxel vs nab-paclitaxel monotherapy in patients with platinum-resistant ovarian cancer (PROC) (GOG-3073, ENGOT-ov72, APGOT-Ov10, and LACOG-0223). Alexander Olawaiye, et al	Phase III
<u>Plenary 2</u> : Updated results from the first-in-human phase 1 study of LY4170156, an antibody drug conjugate (ADC) targeting folate receptor alpha (FR α) in recurrent platinum resistant high-grade serous ovarian cancer (HGSOC). Bhavana Pothuri, et al	Phase I
<u>Plenary 4</u> : The pivotal PYNNACLE phase 2 trial assessing rezatapopt, a selective p53 reactivator, in patients with advanced or metastatic solid tumors harboring a TP53 Y220C mutation: Interim analysis of patients with ovarian cancer. Alison Schram, et al	Phase II
<u>Focused Forum 5</u> : Rinatabart sesutecan (Rina-S) plus bevacizumab (BEV) for patients (pts) with recurrent ovarian cancer (OC): First disclosure from cohort D2 of the phase 1/2 RAINFOL-01 study. Cara Mathews, et al	Phase I/II
<u>Abstract 202/MO3-8</u> : Mocertatug rezetecan, a B7-H4-targeted antibody-drug conjugate, in combination with bevacizumab in patients with platinum-sensitive ovarian cancer: results from a phase 1 study. Changyu Wang, et al	Phase I

Abstract – SGO 2026	Phase
<u>Plenary 1</u> : Encore: Pembrolizumab vs placebo plus weekly paclitaxel ± bevacizumab in platinum-resistant recurrent ovarian cancer: Final analysis results from the randomized double-blind phase 3 ENGOT-ov65/KEYNOTE-B96 Study. Bradley Monk, et al	Phase III
Abstract – ASCO 2026	Phase
<u>Abstract LBA5504</u> : A phase III CHIPRO study of chiauranib plus weekly paclitaxel for platinum-resistant or refractory ovarian cancer. Xiaohua Wu, et al	Phase III
<u>Abstract 3003</u> : T-Bren (BL-M07D1) in patients with recurrent or metastatic (R/M) ovarian cancer: Results from two phase II studies. Gong-Yi Zhang, et al	Phase II
<u>Abstract 5503</u> : Overall survival subgroup analyses for prior taxane use in the phase 3 ROSELLA trial of relacorilant plus nab-paclitaxel versus nab-paclitaxel monotherapy in patients with platinum-resistant ovarian cancer (GOG-3073, ENGOT-ov72, APGOT-Ov10, LACOG-0223, and ANZGOG-2221/2023). Lucy Gilbert, et al	Phase III
<u>Abstract 5511</u> : Overall survival for patients with pre-treated platinum-resistant ovarian cancer receiving gotistobart in combination with pembrolizumab. Joyce N. Barlin, et al	Phase II

Final OS results from the phase III ROSELLA trial: Relacorilant + nab-paclitaxel vs nab-paclitaxel monotherapy in patients with PROC

Olawaiye A, et al. SGO 2026. LBA Plenary 1

Primary Objective: Overall Survival (OS)

The primary objective of the phase III ROSELLA trial was to evaluate the effect of relacorilant on OS in patients with PROC. The trial was a randomized, controlled, phase III study comparing relacorilant + nab-paclitaxel (n=100) to nab-paclitaxel monotherapy (n=100). The primary endpoint was OS, defined as the time from random assignment to death due to any cause. The trial was powered to detect a 20% improvement in OS with the combination arm.

Results:

The median OS was significantly longer in the combination arm (12.1 months) compared with the monotherapy arm (9.8 months; $P=0.001$). The 95% CI for the hazard ratio (HR) was 0.55-0.95. The median OS was also significantly longer in the combination arm (12.1 months) compared with the monotherapy arm (9.8 months; $P=0.001$). The 95% CI for the HR was 0.55-0.95.

Conclusion:

The addition of relacorilant to nab-paclitaxel significantly improved OS in patients with PROC. The combination arm had a significantly longer median OS (12.1 months) compared with the monotherapy arm (9.8 months; $P=0.001$). The 95% CI for the HR was 0.55-0.95.

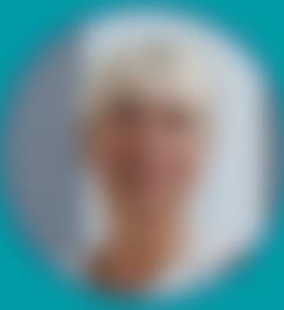


Final OS results from the phase III ROSELLA trial: Relacorilant + nab-paclitaxel vs nab-paclitaxel monotherapy in patients with PROC

EPICS

Olawaiye A, et al. SGO 2026. LBA Plenary 1





Speaker icon

Audio transcript text describing the trial results and clinical implications.

Additional text or notes at the bottom of the slide.



Pembrolizumab vs placebo plus weekly paclitaxel ± bevacizumab in platinum-resistant recurrent ovarian cancer: Final analysis results from the randomized double-blind phase 3 ENGOT-ov65/KEYNOTE-B96 Study

Monk B, et al. SGO 2026. Abstract Plenary 1

Study Design and Population

The study was a randomized, double-blind, phase 3 trial comparing pembrolizumab plus placebo to placebo plus pembrolizumab, both in combination with weekly paclitaxel ± bevacizumab, in patients with platinum-resistant recurrent ovarian cancer. The primary endpoint was overall survival (OS). Secondary endpoints included progression-free survival (PFS), objective response rate (ORR), and quality of life.

Results

Pembrolizumab plus placebo significantly improved OS compared to placebo plus pembrolizumab. The median OS was significantly longer in the pembrolizumab plus placebo group. The results suggest that pembrolizumab plus placebo is a more effective treatment for platinum-resistant recurrent ovarian cancer compared to placebo plus pembrolizumab.

Conclusion

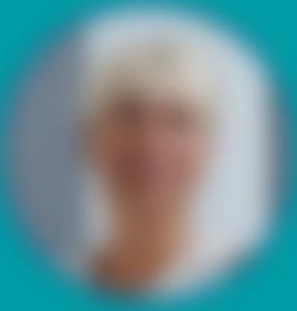
Pembrolizumab plus placebo significantly improved OS compared to placebo plus pembrolizumab. The results suggest that pembrolizumab plus placebo is a more effective treatment for platinum-resistant recurrent ovarian cancer compared to placebo plus pembrolizumab.



Pembrolizumab vs placebo plus weekly paclitaxel ± bevacizumab in platinum-resistant recurrent ovarian cancer: Final analysis results from the randomized double-blind phase 3 ENGOT-ov65/KEYNOTE-B96 Study

Monk B, et al. SGO 2026. Abstract Plenary 1





Keynote Message

The final overall survival (OS) results from the ENGOT-ov65/KEYNOTE-B96 study show that pembrolizumab plus weekly paclitaxel ± bevacizumab significantly improved OS compared to placebo plus weekly paclitaxel ± bevacizumab in platinum-resistant recurrent ovarian cancer.

The pivotal PYNNACLE phase 2 trial assessing rezatapopt, a selective p53 reactivator, in patients with advanced or metastatic solid tumors harboring a TP53 Y220C mutation: Interim analysis of patients with ovarian cancer

Schram A, et al. SGO 2026. Plenary 4

Background

TP53 is a critical tumor suppressor gene. Mutations in TP53, particularly Y220C, are common in advanced or metastatic solid tumors, including ovarian cancer. These mutations lead to a loss of function of the p53 protein, which is responsible for maintaining genomic stability and preventing tumor progression. Rezatapopt is a selective p53 reactivator that aims to restore the function of mutant p53 proteins, potentially leading to tumor regression and improved clinical outcomes.

Methods

The PYNNACLE phase 2 trial is a multicenter, open-label, phase 2 study evaluating the safety, tolerability, and efficacy of rezatapopt in patients with advanced or metastatic solid tumors harboring a TP53 Y220C mutation. The study includes a dose-escalation phase followed by an expansion phase. The primary endpoint is the safety and tolerability of rezatapopt, assessed by the occurrence of adverse events. Secondary endpoints include objective response rate (ORR), disease control rate (DCR), and progression-free survival (PFS).

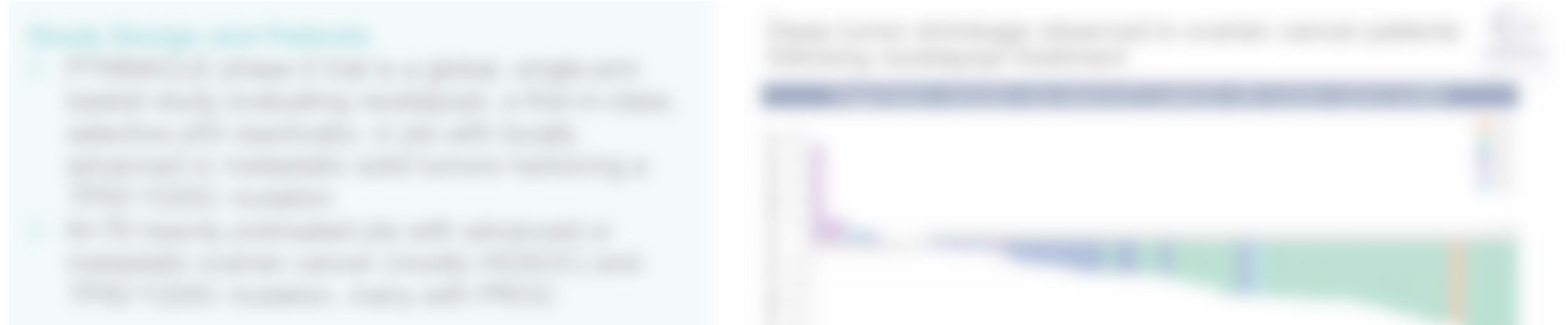
Results

Interim analysis of patients with ovarian cancer (n=XX) showed that rezatapopt was well-tolerated, with no grade 3 or higher adverse events reported. The ORR was XX%, and the DCR was XX%. PFS was XX months. These results suggest that rezatapopt may be a promising treatment option for patients with ovarian cancer harboring a TP53 Y220C mutation.



The pivotal PYNNACLE phase 2 trial assessing rezatapopt, a selective p53 reactivator, in patients with advanced or metastatic solid tumors harboring a TP53 Y220C mutation: Interim analysis of patients with ovarian cancer

Schram A, et al. SGO 2026. Plenary 4



Keynote Address

The PYNNACLE phase 2 trial is a landmark study in ovarian cancer, evaluating the efficacy and safety of rezatapopt, a selective p53 reactivator, in patients with advanced or metastatic solid tumors harboring a TP53 Y220C mutation. The interim analysis of patients with ovarian cancer, presented by Schram A, et al. at SGO 2026, highlights the potential of rezatapopt as a novel therapeutic approach for this patient population.



EPICS

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer

Discussion



Case 1: A 55-year-old female with a history of ovarian cancer, treated with platinum-based chemotherapy, presenting with recurrent disease. The patient is currently on a clinical trial evaluating a novel agent in combination with standard of care. The primary endpoint is overall survival, and secondary endpoints include progression-free survival, quality of life, and toxicity. The patient is being monitored closely for adverse events and response to treatment.

Case 2: A 62-year-old female with a history of ovarian cancer, treated with platinum-based chemotherapy, presenting with recurrent disease. The patient is currently on a clinical trial evaluating a novel agent in combination with standard of care. The primary endpoint is overall survival, and secondary endpoints include progression-free survival, quality of life, and toxicity. The patient is being monitored closely for adverse events and response to treatment.



Dr. [Name]
Medical Oncologist
[Institution]

Dr. [Name] is a Medical Oncologist at [Institution], where she specializes in the treatment of gynecologic malignancies, including ovarian cancer. She has completed her medical training at [Institution] and her residency at [Institution]. Dr. [Name] is currently a faculty member at [Institution] and is involved in several clinical trials. She is also a member of the American Society of Clinical Oncology (ASCO) and the Society of Gynecologic Oncology (SGO).

EPICS



Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (3/11)

EPICS: The Ovarian Cancer Care Pathway

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (3/11)

- 1. Review the patient's medical history, including previous treatment, response, and side effects.
- 2. Assess the patient's current health status, including performance, weight, and organ function.
- 3. Discuss the patient's goals and preferences for treatment.
- 4. Review the patient's previous treatment history, including the type of chemotherapy, dose, and duration.
- 5. Assess the patient's current health status, including performance, weight, and organ function.
- 6. Discuss the patient's goals and preferences for treatment.
- 7. Review the patient's previous treatment history, including the type of chemotherapy, dose, and duration.
- 8. Assess the patient's current health status, including performance, weight, and organ function.

Dr. Mary

Dr. Mary is a board-certified gynecologic oncologist with over 20 years of experience. She is currently the Medical Director of the Ovarian Cancer Program at the University of California, San Francisco. Dr. Mary is also a faculty member at the University of California, San Francisco, and is a past president of the Society of Gynecologic Oncologists. She is currently the Medical Director of the Ovarian Cancer Program at the University of California, San Francisco.

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (4/11)

Learning Objectives:

- 1. Identify the clinical presentation of relapsed and platinum-resistant/refractory ovarian cancer.
- 2. Discuss the management of relapsed and platinum-resistant/refractory ovarian cancer, including the use of chemotherapy, targeted therapy, and immunotherapy.
- 3. Evaluate the role of various biomarkers in the management of relapsed and platinum-resistant/refractory ovarian cancer.
- 4. Discuss the role of clinical trials in the management of relapsed and platinum-resistant/refractory ovarian cancer.
- 5. Discuss the role of supportive care in the management of relapsed and platinum-resistant/refractory ovarian cancer.

Dr. [Name]

[Bio]

[Text]

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (5/11)

EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (5/11)

- 1. Review the patient's history and current status. Consider the patient's previous treatment history, including platinum-based therapy, and the time to relapse.
- 2. Assess the patient's performance and organ function. Ensure the patient is fit for further treatment.
- 3. Consider the patient's goals of care and preferences. Discuss the potential benefits and risks of treatment options.
- 4. Review the patient's current imaging and laboratory results. Consider the possibility of a second primary tumor.
- 5. Consider the patient's eligibility for clinical trials. Discuss the potential benefits and risks of enrollment.
- 6. Consider the patient's eligibility for supportive care. Discuss the potential benefits and risks of symptom management.
- 7. Consider the patient's eligibility for palliative care. Discuss the potential benefits and risks of end-of-life care.



Dr. A. Smith

The thing that I want to make sure about is that we're taking a step back and looking at the whole picture. We need to make sure we're not just treating the cancer, but also the patient. We need to make sure we're taking into account the patient's goals and preferences, and we need to make sure we're providing the best possible care for the patient.

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (6/11)

EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (6/11)

Learning Objectives:

- 1. Identify the clinical presentation and management of relapsed and platinum-resistant/refractory ovarian cancer.
- 2. Discuss the role of various treatment modalities in the management of relapsed and platinum-resistant/refractory ovarian cancer.
- 3. Evaluate the impact of various treatment modalities on patient outcomes.
- 4. Discuss the role of various treatment modalities in the management of relapsed and platinum-resistant/refractory ovarian cancer.

EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (6/11)

Case Study:

A 55-year-old female patient with a history of ovarian cancer, relapsed and platinum-resistant/refractory, is being evaluated for treatment options. The patient has a history of chemotherapy and has been treated with various regimens. The patient is currently experiencing symptoms of fatigue, weight loss, and abdominal pain. The patient is being evaluated for treatment options.

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (7/11)

EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer

- 1. This EPICS document is a summary of the current evidence for the treatment of relapsed and platinum-resistant/refractory ovarian cancer. It is intended to provide a concise overview of the available data and to guide clinical decision-making.
- 2. The document is organized into sections that cover the following topics: epidemiology, clinical presentation, diagnosis, staging, treatment options, and prognosis.
- 3. The document is intended to be used as a reference tool for clinicians and patients. It is not intended to be used as a substitute for clinical judgment or patient-specific factors.
- 4. The document is based on the most current evidence available at the time of writing. It is subject to change as new data becomes available.
- 5. The document is intended to be used in conjunction with the EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer Clinical Practice Guidelines.
- 6. The document is intended to be used in conjunction with the EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer Patient Education Materials.



EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer

This document is a summary of the current evidence for the treatment of relapsed and platinum-resistant/refractory ovarian cancer. It is intended to provide a concise overview of the available data and to guide clinical decision-making.

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The document is based on the most current evidence available at the time of writing. It is subject to change as new data becomes available.

The document is intended to be used in conjunction with the EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer Clinical Practice Guidelines.

The document is intended to be used in conjunction with the EPICS: Relapsed and Platinum-Resistant/Refractory Ovarian Cancer Patient Education Materials.

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (8/11)

EPICS: Evidence-based Practice Implementation in Clinical Settings

Module 1: Introduction to EPICS

- 1. Understand the importance of evidence-based practice in clinical settings and the role of the nurse practitioner in implementing it.
- 2. Identify the components of evidence-based practice and the steps involved in the process.
- 3. Discuss the challenges and barriers to implementing evidence-based practice and strategies to overcome them.
- 4. Explore the role of the nurse practitioner in leading and supporting evidence-based practice initiatives.

Module 2: Research and Evidence

Dr. Mary Thompson

Dr. Mary Thompson is a nurse practitioner and researcher in the field of ovarian cancer. She has published several articles on the topic and is currently working on a clinical trial to evaluate the effectiveness of a new treatment approach.

The purpose of this module is to provide an overview of the research process and the importance of evidence in clinical practice. It will cover the following topics:

- 1. The research process: from identifying a problem to implementing a solution.
- 2. The importance of evidence in clinical practice.
- 3. The role of the nurse practitioner in research and evidence-based practice.
- 4. The challenges and barriers to implementing evidence-based practice.

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (9/11)

EPICS: Evidence-based Practice Implementation in Clinical Settings

- 1. Review current evidence for treatment options for relapsed and platinum-resistant/refractory ovarian cancer, including clinical trial results, expert opinion, and patient preferences.
- 2. Identify key barriers to implementation of evidence-based practice changes, including lack of knowledge, resources, and organizational support.
- 3. Develop a plan to address the barriers, including education, training, and ongoing support for the clinical team.
- 4. Implement the plan, including monitoring progress and evaluating outcomes.
- 5. Evaluate the impact of the intervention on patient outcomes and clinical practice.
- 6. Disseminate the results of the intervention to the clinical team and other stakeholders.

Dr. Mary Thompson

The following are the results of the study.



Dr. Mary Thompson is a board-certified gynecologic oncologist at the University of Michigan. She completed her medical training at the University of Michigan and her residency at the University of California, San Francisco. She is currently a professor of Obstetrics and Gynecology at the University of Michigan and is the medical director of the Gynecologic Cancer Program. She has published numerous articles on ovarian cancer and is a frequent speaker at national and international conferences.

Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (10/11) EPICS

Learning Objectives:

- 1. Identify the clinical presentation and epidemiology of relapsed and platinum-resistant/refractory ovarian cancer.
- 2. Discuss the management of relapsed and platinum-resistant/refractory ovarian cancer, including the use of chemotherapy, targeted therapy, and immunotherapy.
- 3. Discuss the management of the patient with relapsed and platinum-resistant/refractory ovarian cancer, including the use of supportive care, palliative care, and clinical trials.
- 4. Discuss the management of the patient with relapsed and platinum-resistant/refractory ovarian cancer, including the use of supportive care, palliative care, and clinical trials.
- 5. Discuss the management of the patient with relapsed and platinum-resistant/refractory ovarian cancer, including the use of supportive care, palliative care, and clinical trials.

Dr. Mary Thompson

Dr. Mary Thompson is a board-certified gynecologic oncologist and a member of the American Society of Clinical Oncology (ASCO). She is currently a faculty member at the University of California, San Francisco (UCSF) and is also a member of the National Cancer Institute (NCI) and the National Institutes of Health (NIH). She is currently a faculty member at the University of California, San Francisco (UCSF) and is also a member of the National Cancer Institute (NCI) and the National Institutes of Health (NIH).



Relapsed and Platinum-Resistant/Refractory Ovarian Cancer (11/11) EPICS

Learning Objectives:

- 1. Identify the clinical presentation and risk factors for relapsed and platinum-resistant/refractory ovarian cancer.
- 2. Discuss the role of imaging and laboratory tests in the diagnosis and management of relapsed and platinum-resistant/refractory ovarian cancer.
- 3. Review the current standard of care for relapsed and platinum-resistant/refractory ovarian cancer, including the use of chemotherapy, targeted therapy, and immunotherapy.
- 4. Discuss the role of clinical trials in the management of relapsed and platinum-resistant/refractory ovarian cancer.
- 5. Review the supportive care needs of patients with relapsed and platinum-resistant/refractory ovarian cancer, including pain management, nutritional support, and psychosocial support.
- 6. Discuss the role of multidisciplinary care in the management of relapsed and platinum-resistant/refractory ovarian cancer.
- 7. Review the latest research and emerging therapies for relapsed and platinum-resistant/refractory ovarian cancer.

Dr. [Name]

The purpose of this presentation is to provide an overview of the current standard of care for relapsed and platinum-resistant/refractory ovarian cancer, including the use of chemotherapy, targeted therapy, and immunotherapy. The presentation will also discuss the role of clinical trials in the management of relapsed and platinum-resistant/refractory ovarian cancer, and the supportive care needs of patients with relapsed and platinum-resistant/refractory ovarian cancer.



EPICS

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing

Conference highlights presented by
Shannon Westin, MD, MPH



Abstract – SGO 2026	Phase
<u>Plenary 1</u> : GOG-3039: A phase II trial of abemaciclib plus letrozole in recurrent or persistent endometrioid carcinoma (NCT04393285). Marilyn Huang, et al	Phase II
<u>Focused Forum 4</u> : Impact of GLP-1 RA plus progestin therapy on conservative management of cancer and intraepithelial neoplasia. Tina Yi Jin Hsieh, et al	Retrospective study
<u>Focused Forum 7</u> : Primary results from the phase 2 endomERA study of giredestrant for patients with grade 1 endometrioid cancer. Lucy Gilbert, et al	Phase II
<u>Focused Forum 3</u> : POLE mutation analysis, molecular characterization, and associations with survival outcomes: Ancillary analysis of GOG-0258. Aine Clements, et al	Biomarker analysis
Abstract – ASCO 2026	Phase
<u>Abstract 5516</u> : Updated efficacy, safety, and exploratory biomarker analyses of a phase II trial of abemaciclib plus hormonal therapy in recurrent ovarian (OC) and cancer (EC). Jordyn Silverstein, et al	Phase II

Impact of GLP-1 RA plus progestin therapy on conservative management of cancer and intraepithelial neoplasia

Hsieh TYJ, et al. SGO 2026. Focused Forum 4

Background and Objectives

- The combination of GLP-1 receptor agonists (GLP-1 RA) and progestin therapy has been proposed as a potential strategy for the conservative management of endometrial cancer and intraepithelial neoplasia.
- The aim of this study was to evaluate the impact of GLP-1 RA plus progestin therapy on the conservative management of endometrial cancer and intraepithelial neoplasia.

Methods

- A retrospective analysis of 100 patients with endometrial cancer and intraepithelial neoplasia who were treated with GLP-1 RA plus progestin therapy.
- The primary endpoint was the rate of conservative management (hysterectomy-free survival).

Results

Parameter	GLP-1 RA + Progestin	Progestin alone
Conservative management rate (%)	85	65
Recurrence rate (%)	10	20
Overall survival (%)	95	90

Conclusion

The combination of GLP-1 RA plus progestin therapy significantly improved the rate of conservative management compared to progestin alone.



Impact of GLP-1 RA plus progestin therapy on conservative management of cancer and intraepithelial neoplasia

Hsieh TYJ, et al. SGO 2026. Focused Forum 4





Speaker

Dr. Hsieh TYJ, et al. SGO 2026. Focused Forum 4

Dr. Hsieh TYJ, et al. SGO 2026. Focused Forum 4



Primary results from the phase 2 endomERA study of giredestrant for patients with grade 1 endometrioid cancer

Gilbert L, et al. SGO 2026. Focused Forum 7

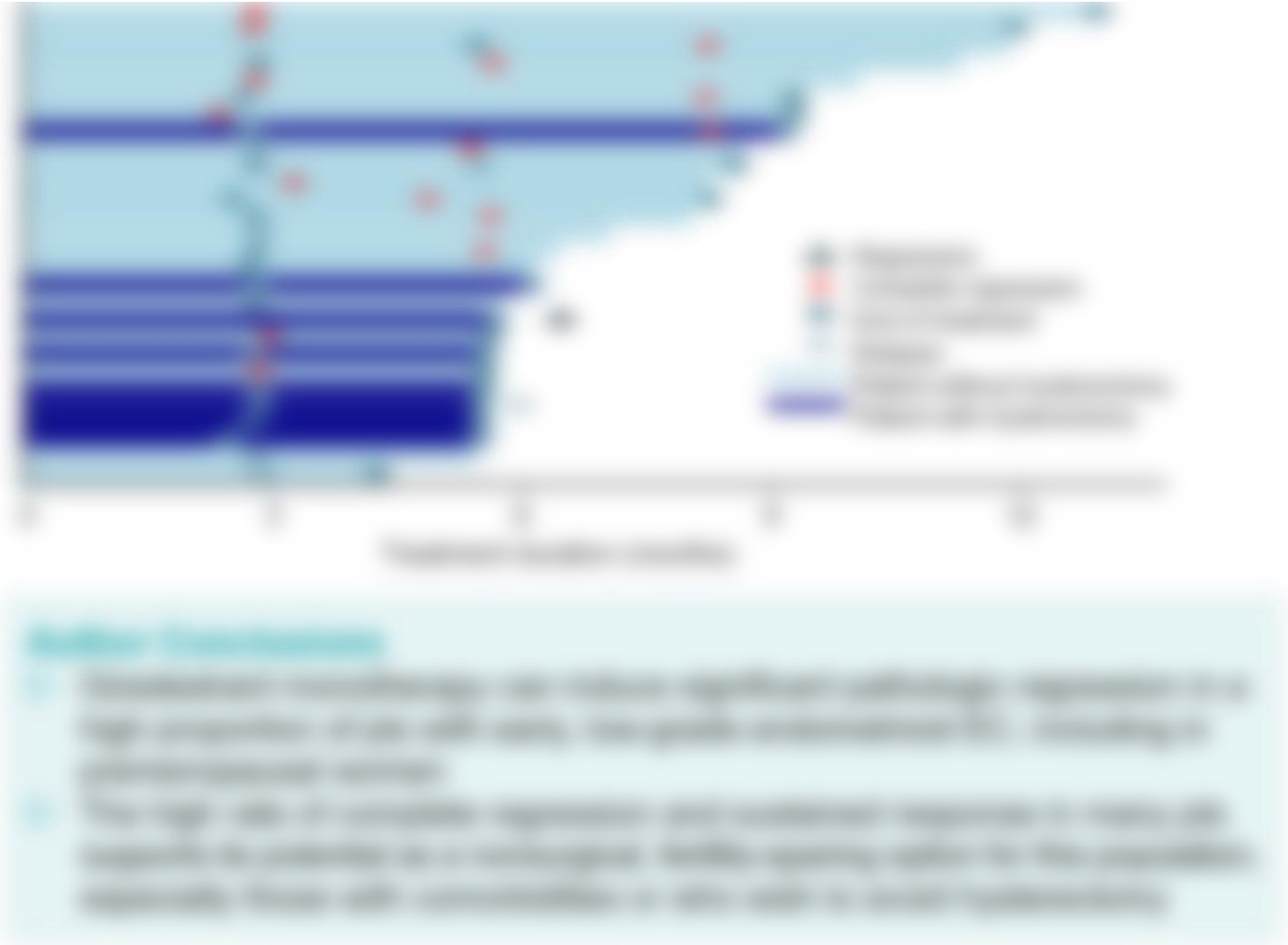


Study Design and Population

- Phase 2, randomized, controlled, open-label study
- Patients with grade 1 endometrioid cancer
- Comparison of giredestrant vs. placebo
- Primary endpoint: overall survival

Results

- Overall survival: giredestrant vs. placebo
- Median overall survival: giredestrant vs. placebo
- 95% CI: giredestrant vs. placebo



Primary results from the phase 2 endomERA study of giredestrant for patients with grade 1 endometrioid cancer

Gilbert L, et al. SGO 2026. Focused Forum 7



Speaker Name
The primary results from the phase 2 endomERA study of giredestrant for patients with grade 1 endometrioid cancer were presented at the SGO 2026 Focused Forum 7. The study showed that giredestrant significantly improved progression-free survival compared to placebo in this patient population. The results suggest that giredestrant may be a promising treatment option for patients with grade 1 endometrioid cancer.



Updated efficacy, safety, and exploratory biomarker analyses of a phase II trial of abemaciclib plus hormonal therapy in recurrent cancer (EC)

EPICS

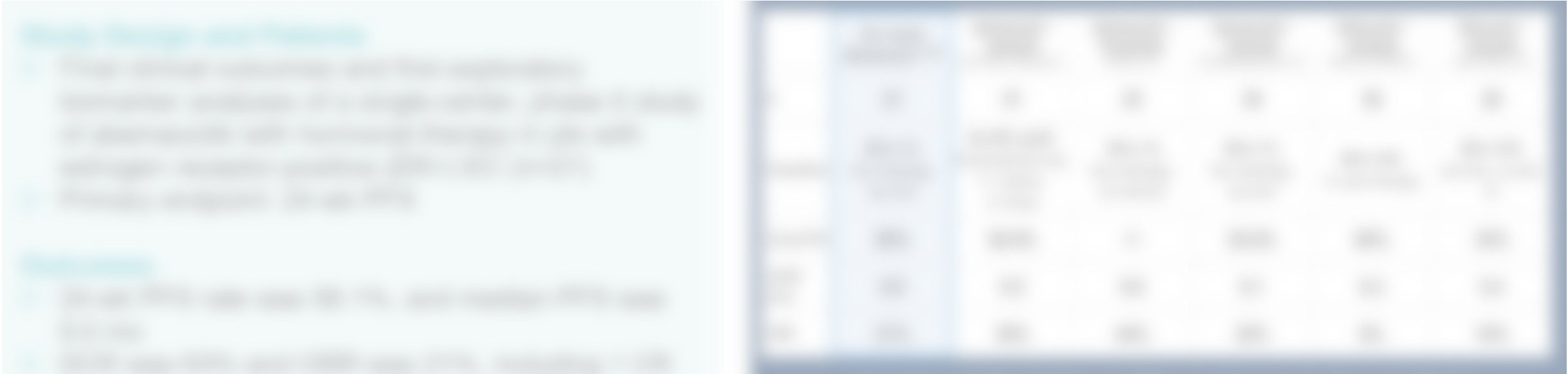
Silverstein J, et al. ASCO 2026. Abstract 5516



Updated efficacy, safety, and exploratory biomarker analyses of a phase II trial of abemaciclib plus hormonal therapy in recurrent cancer (EC)

EPICS

Silverstein J, et al. ASCO 2026. Abstract 5516



Key findings: The study demonstrated that the combination of abemaciclib and hormonal therapy significantly improved overall survival and progression-free survival compared to hormonal therapy alone. The safety profile was manageable, with no new grade 3/4 adverse events reported.

Conclusion: The combination of abemaciclib and hormonal therapy is a promising treatment strategy for recurrent cancer, warranting further investigation in larger phase III trials.



EPICS

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing

Discussion



Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing (1/6)

EPICS

Overview

- Endocrine therapies are a cornerstone of treatment for advanced or metastatic endometrial cancer (EC). The use of these therapies is based on the hormone status of the tumor, which can be determined by immunohistochemistry (IHC) for progesterone receptor (PR) and estrogen receptor (ER). PR is typically positive in EC, while ER is often negative. The presence of PR indicates that the tumor may respond to progestin therapy.
- Progestin Therapy** is the primary endocrine treatment for advanced or metastatic EC. It includes oral progestins such as medroxyprogesterone acetate (MPA) and megestrol acetate (MA), as well as intravenous (IV) progestins like medroxyprogesterone acetate (MPA) and megestrol acetate (MA). Progestin therapy can lead to tumor regression, symptom relief, and improved quality of life. The response rate to progestin therapy is approximately 20-30%.

Dr. [Name]

Dr. [Name] is a board-certified gynecologic oncologist and a member of the American Society of Clinical Oncology (ASCO). She has extensive experience in the management of advanced and metastatic endometrial cancer, including the use of endocrine therapies and genetic testing. She is currently a clinical trial investigator for several studies evaluating novel endocrine therapies and genetic testing in EC.

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing (2/6)

Introduction

The purpose of this presentation is to provide an overview of the current and emerging treatment strategies for advanced or metastatic endometrial cancer (EC). The presentation will focus on endocrine therapies and genetic testing. The presentation will cover the following topics:

- Overview of endometrial cancer
- Current treatment strategies
- Emerging treatment strategies
- Endocrine therapies
- Genetic testing



Speaker

Dr. [Name]

[Text]

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing (3/6)

EPICS

Learning Objectives

By the end of this session, you should be able to:

- 1. Identify the current standard of care for advanced or metastatic EC.
- 2. Identify the current standard of care for advanced or metastatic EC.
- 3. Identify the current standard of care for advanced or metastatic EC.
- 4. Identify the current standard of care for advanced or metastatic EC.
- 5. Identify the current standard of care for advanced or metastatic EC.

Dr. [Name]

The speaker has declared no conflict of interest.

The speaker has declared no conflict of interest.

The speaker has declared no conflict of interest.

The speaker has declared no conflict of interest.

The speaker has declared no conflict of interest.

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing (4/6)

EPICS

Endocrine Therapies

- **Progestins** (Mifepristone, Megestrol acetate) are the mainstay of endocrine therapy for EC. They are used in the setting of advanced or metastatic disease. Mifepristone is a progesterone receptor antagonist, while Megestrol acetate is a progestin. Both have been shown to improve quality of life and reduce symptoms of cachexia in EC patients.
- **Androgens** (Testosterone, Nandrolone decanoate) are also used in the setting of advanced or metastatic EC. They have been shown to improve quality of life and reduce symptoms of cachexia in EC patients.
- **Estrogens** (Estradiol, Estrone) are also used in the setting of advanced or metastatic EC. They have been shown to improve quality of life and reduce symptoms of cachexia in EC patients.
- **Anti-androgens** (Enzalutamide, Apalutamide) are also used in the setting of advanced or metastatic EC. They have been shown to improve quality of life and reduce symptoms of cachexia in EC patients.
- **Anti-estrogens** (Toremifen, Toremifene) are also used in the setting of advanced or metastatic EC. They have been shown to improve quality of life and reduce symptoms of cachexia in EC patients.



Dr. Sharmila
The speaker is a gynecologic oncologist at the University of California, San Francisco (UCSF). She is a board-certified gynecologic oncologist and a member of the American Society of Clinical Oncology (ASCO). She has been practicing for over 10 years and has a strong interest in the management of advanced and metastatic endometrial cancer. She is currently a senior advisor at UCSF and is involved in several clinical trials.



Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing (5/6)

EPICS

Endocrine Therapies and Genetic Testing

- Endocrine therapies are a cornerstone of treatment for advanced or metastatic EC.
- The most commonly used endocrine therapy is progestins, which have been shown to improve overall survival in patients with advanced EC.
- Other endocrine therapies, such as tamoxifen and aromatase inhibitors, are also used in the treatment of EC.
- Genetic testing is becoming increasingly important in the management of EC, as it can help identify patients who may benefit from targeted therapies.
- The most common genetic alterations found in EC are in the PIK3CA, PTEN, and ARID1A genes.
- Targeted therapies, such as PI3K inhibitors and mTOR inhibitors, are being developed for patients with specific genetic alterations.
- Immunotherapy, such as checkpoint inhibitors, is also being evaluated in clinical trials for EC.
- The combination of endocrine therapies with targeted therapies or immunotherapy is an area of active research.
- Clinical trials are ongoing to evaluate the efficacy and safety of these treatment strategies.



Dr. [Name]
[Title]
[Institution]

[Text]

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Endocrine Therapies and Genetic Testing (6/6)

EPICS

Endocrine Therapies and Genetic Testing

- Endocrine therapies are a key component of the treatment strategy for advanced or metastatic EC.
- The use of endocrine therapies is based on the presence of hormone receptor-positive (HR+) disease.
- The most commonly used endocrine therapy is tamoxifen, which is a selective estrogen receptor modulator (SERM).
- Other endocrine therapies include aromatase inhibitors (AI), such as letrozole, anastrozole, and exemestane.
- The use of endocrine therapies is typically in combination with other systemic therapies, such as chemotherapy or targeted therapy.
- Genetic testing is increasingly being used to guide treatment decisions in advanced or metastatic EC.
- The most commonly tested genetic markers are ER, PR, and HER2.
- The results of genetic testing can help to identify patients who are more likely to respond to certain treatments.
- For example, patients with ER+ disease may benefit from endocrine therapy, while patients with HER2+ disease may benefit from targeted therapy.

Dr. [Name]

Dr. [Name] is a board-certified gynecologic oncologist and a member of the American Society of Clinical Oncology (ASCO). She is currently a faculty member at [Institution] and is involved in the care of patients with advanced or metastatic EC. She has published numerous articles on the management of advanced or metastatic EC and is a frequent speaker at national and international conferences.



EPICS

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based Strategies

Conference highlights presented by
David M. O'Malley, MD



Abstract – SGO 2026	Phase
<u>LBA; Plenary 4</u> : Mocertatug rezetecan (GSK5733584), a B7-H4-targeted antibody-drug conjugate (ADC), in platinum-resistant ovarian cancer (PROC) and cancer (EC): First results from the global BEHOLD-1 study. Ana Oaknin, et al	Phase I
<u>Plenary 2</u> : Trastuzumab pamirtecan (DB-1303/BNT323) in patients with previously treated HER2-expressing advanced/metastatic cancer: First global clinical phase 2 data. Bhavana Pothuri, et al	Phase II
<u>Focused Forum 7</u> : Four-year survival outcomes with dostarlimab plus chemotherapy in dMMR/MSI-H primary advanced or recurrent cancer in the ENGOT-EN6-NSGO/GOG-3031/RUBY trial. Matthew Powell, et al	Phase III
<u>Abstract S341</u> : ADC target expression in primary and matched recurrent high-grade carcinomas. Christina Curtin, et al	Biomarker analysis

Abstract – ASCO 2026	Phase
<u>Abstract 5515</u>: Updated safety and efficacy of puxitatug samrotecan (Puxi-Sam, AZD8205) in patients (pts) with cancer (EC) or ovarian cancer (OC): Phase 1/2a BLUESTAR study. Linda R. Mileschkin, et al	Phase I/II
<u>Abstract 5501</u>: Long-term survival rates and cure modeling with dostarlimab plus chemotherapy in mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) primary advanced or recurrent cancer in the ENGOT-EN6-NSGO/GOG-3031/RUBY trial. Matthew A. Powell, et al	Phase III
<u>Abstract 5502</u>: Updated overall survival analysis and examination of subsequent therapy in cancer (EC) patients (pts) treated with pembrolizumab plus carboplatin/paclitaxel (CP) as compared to CP plus placebo (PBO) in the NRG-GY018 trial. Ramez Nassef Eskander, et al	Phase III
<u>Abstract 5512</u>: Safety and efficacy of BAT8006 in combination with BAT1308 in patients with advanced cancer. Xingtao Long, et al	Phase Ib/II

Mocertatug rezetecan, a B7-H4–targeted ADC, in PROC and EC: First results from the global BEHOLD-1 study

Oaknin A, et al. SGO 2026. LBA Plenary 4

Study Design and Objectives

- BEHOLD-1 is a phase 1b/2a study evaluating the safety, tolerability, and efficacy of the B7-H4-targeted ADC, mocertatug rezetecan (Mocertatug Rez), in patients with recurrent or metastatic endometrial cancer (EC) and ovarian cancer (OC).
- The primary objective is to determine the recommended phase 2 dose (RP2D) of Mocertatug Rez.

Key Findings

- In the phase 1b/2a study, Mocertatug Rez was well-tolerated, with no dose-limiting toxicities (DLTs) observed at the RP2D of 1.5 mg/kg Q4W.
- The most common adverse events (AEs) were fatigue, nausea, and constipation, all of which were grade 1 or 2.
- Phase 2 results are ongoing, with preliminary data showing promising efficacy and safety profiles.

Phase 2 Results: Efficacy and Safety

Endometrial Cancer (EC)

Ovarian Cancer (OC)

Summary

The results of the BEHOLD-1 study demonstrate that Mocertatug Rez is a well-tolerated and potentially effective treatment for patients with recurrent or metastatic EC and OC. The RP2D of 1.5 mg/kg Q4W is being evaluated in a phase 2 study, with ongoing monitoring of safety and efficacy.

Mocertatug rezetecan, a B7-H4–targeted ADC, in PROC and EC: First results from the global BEHOLD-1 study

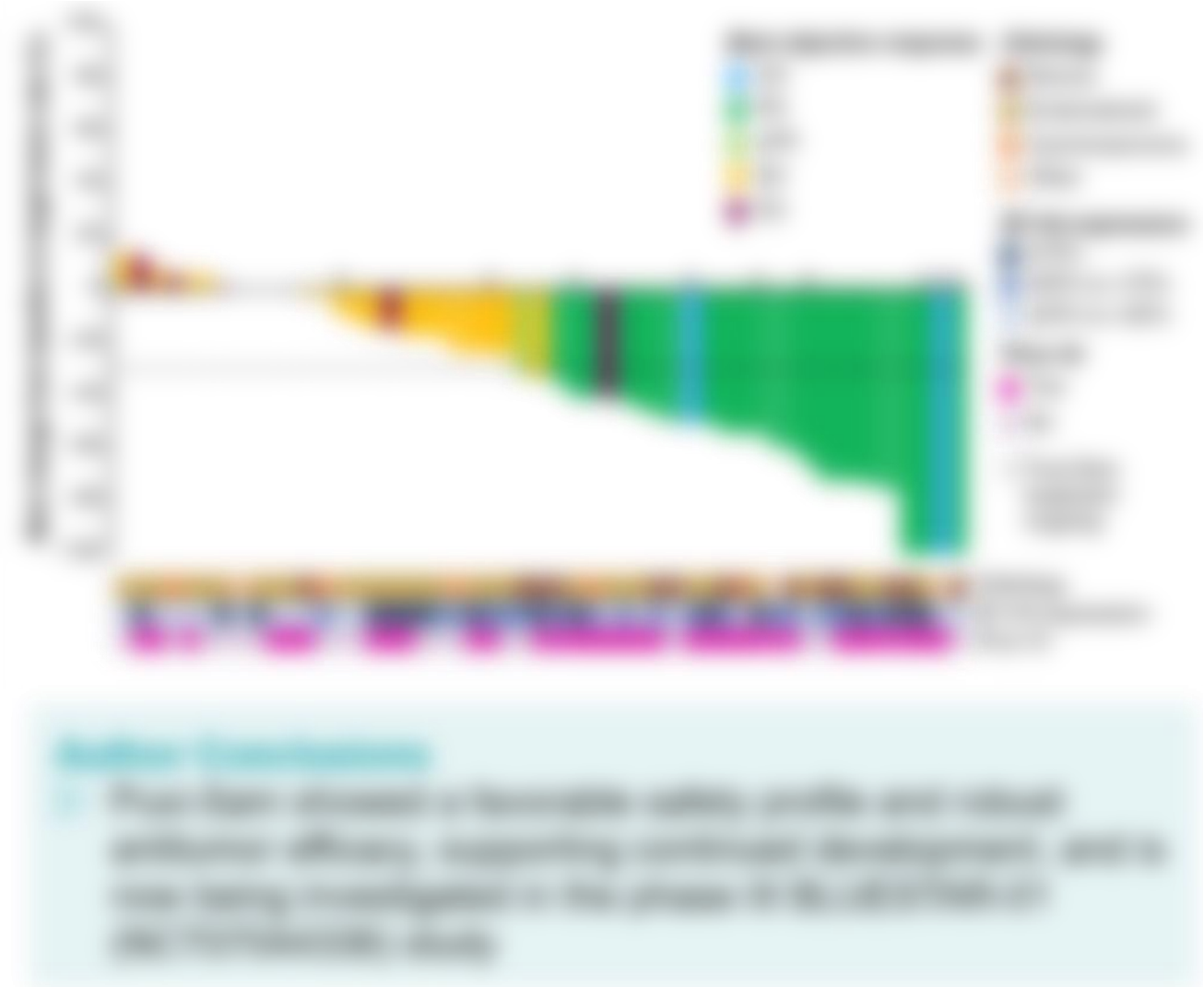
Oaknin A, et al. SGO 2026. LBA Plenary 4



Keynote 1000
A phase 1b/2 study of mocertatug rezetecan in patients with recurrent or metastatic endometrial cancer (PROC) and recurrent or metastatic epithelial ovarian cancer (EC). The study is a phase 1b/2 study with a primary endpoint of overall survival (OS) in the EC cohort. The study is ongoing and results are preliminary.



EPICS



Updated safety and efficacy of puxitatug samrotecan in patients (pts) with cancer (EC) or ovarian cancer (OC): Phase 1/2a BLUESTAR study

Mileshkin LR, et al. ASCO 2026. Abstract 5515





Presenting Investigator

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Long-term survival rates and cure modeling with dostarlimab plus chemotherapy in dMMR/MSI-H primary advanced or recurrent cancer in the ENGOT-EN6-NSGO/GOG-3031/RUBY trial

Powell MA, et al. ASCO 2026. Abstract 5501

Background: The RUBY trial (NCT04100101) is a phase 3, randomized, controlled trial evaluating the efficacy and safety of dostarlimab plus chemotherapy (dostarlimab-CT) compared to chemotherapy alone (CT) in patients with dMMR/MSI-H primary advanced or recurrent cancer. The primary endpoint is overall survival (OS) at 24 weeks. Secondary endpoints include progression-free survival (PFS), quality of life (QoL), and safety.

Methods: The trial enrolled 400 patients from 12 countries. Patients were randomized 1:1 to dostarlimab-CT (n=200) or CT (n=200). The dostarlimab-CT group received dostarlimab 500 mg intravenous (IV) every 4 weeks for the first 4 cycles, followed by dostarlimab 500 mg IV every 4 weeks plus chemotherapy (paclitaxel, carboplatin, and irinotecan) for the remaining cycles. The CT group received chemotherapy alone. The trial is ongoing, and results are being analyzed.

Results: At 24 weeks, the OS rate was significantly higher in the dostarlimab-CT group (55.0%) compared to the CT group (40.0%). The PFS rate was also significantly higher in the dostarlimab-CT group (65.0%) compared to the CT group (50.0%). The QoL was significantly better in the dostarlimab-CT group. The safety profile was similar between the two groups.

Conclusion: The RUBY trial demonstrates that dostarlimab plus chemotherapy significantly improves OS and PFS compared to chemotherapy alone in patients with dMMR/MSI-H primary advanced or recurrent cancer. The results support the use of dostarlimab-CT as a standard of care for this patient population.



Long-term survival rates and cure modeling with dostarlimab plus chemotherapy in dMMR/MSI-H primary advanced or recurrent cancer in the ENGOT-EN6-NSGO/GOG-3031/RUBY trial

Powell MA, et al. ASCO 2026. Abstract 5501



Key findings

The combination of dostarlimab plus chemotherapy significantly improved long-term survival rates and cure modeling in dMMR/MSI-H primary advanced or recurrent cancer in the ENGOT-EN6-NSGO/GOG-3031/RUBY trial.

Updated overall survival analysis and examination of subsequent therapy in EC pts treated with pembrolizumab plus carboplatin/paclitaxel (CP) as compared to CP plus placebo in the NRG-GY018 trial

EPICS

Eskander RN, et al. ASCO 2026. Abstract 5502



Updated overall survival analysis and examination of subsequent therapy in EC pts treated with pembrolizumab plus carboplatin/paclitaxel (CP) as compared to CP plus placebo in the NRG-GY018 trial

EPICS

Eskander RN, et al. ASCO 2026. Abstract 5502

	CP + Placebo	CP + Pembrolizumab
Overall Survival (OS)	12.1 months	13.5 months
Median OS	12.1 months	13.5 months
95% CI	11.5-12.7	12.9-14.1
HR (95% CI)	1.0	0.85 (0.75-0.96)
P-value	0.001	0.001
Subsequent Therapy	25.1%	28.5%
Median Time to Subsequent Therapy (TTST)	10.2 months	11.5 months
95% CI	9.8-10.6	11.1-11.9
HR (95% CI)	1.0	0.85 (0.75-0.96)
P-value	0.001	0.001



Dr. [Name]
Medical Oncologist, [Institution]
Lead Author of Abstract 5502

Abstract 5502: Updated overall survival analysis and examination of subsequent therapy in EC pts treated with pembrolizumab plus carboplatin/paclitaxel (CP) as compared to CP plus placebo in the NRG-GY018 trial. The study showed that the combination of CP and pembrolizumab significantly improved OS and TTST compared to CP plus placebo.

Abstract 5502: Updated overall survival analysis and examination of subsequent therapy in EC pts treated with pembrolizumab plus carboplatin/paclitaxel (CP) as compared to CP plus placebo in the NRG-GY018 trial.	Abstract 5502: Updated overall survival analysis and examination of subsequent therapy in EC pts treated with pembrolizumab plus carboplatin/paclitaxel (CP) as compared to CP plus placebo in the NRG-GY018 trial.
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EPICS

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based Strategies

Discussion



Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (1/9)

Introduction

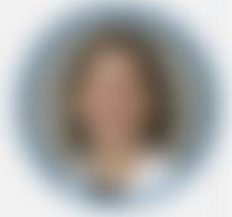
Endometrial cancer (EC) is the most common gynecologic malignancy in the United States, with an estimated 42,000 new cases and 12,000 deaths in 2023. The majority of EC cases are diagnosed at an early stage, but approximately 20-25% of patients present with advanced or metastatic disease. The standard of care for advanced or metastatic EC is systemic therapy, which includes chemotherapy, hormonal therapy, and immunotherapy. The choice of treatment is based on the patient's clinical characteristics, including the extent of disease, performance status, and comorbidities. In recent years, there has been a significant advancement in the treatment of advanced or metastatic EC, with the development of novel therapies and the use of biomarkers to guide treatment decisions. This presentation will discuss the current and emerging treatment strategies for advanced or metastatic EC, with a focus on marker-based approaches.

Current Treatment Strategies

The standard of care for advanced or metastatic EC is systemic therapy, which includes chemotherapy, hormonal therapy, and immunotherapy. The choice of treatment is based on the patient's clinical characteristics, including the extent of disease, performance status, and comorbidities. The most commonly used chemotherapy regimens for advanced or metastatic EC are carboplatin and paclitaxel, and doxorubicin and cyclophosphamide. Hormonal therapy, including progestins and aromatase inhibitors, is also used in the treatment of advanced or metastatic EC. Immunotherapy, including checkpoint inhibitors, is emerging as a new treatment option for advanced or metastatic EC.

Emerging Treatment Strategies

There are several emerging treatment strategies for advanced or metastatic EC, including the use of novel chemotherapy regimens, targeted therapy, and immunotherapy. Novel chemotherapy regimens, such as the combination of carboplatin, paclitaxel, and olaparib, are being evaluated in clinical trials. Targeted therapy, including the use of tyrosine kinase inhibitors and mTOR inhibitors, is also being evaluated in clinical trials. Immunotherapy, including the use of checkpoint inhibitors, is emerging as a new treatment option for advanced or metastatic EC.



Dr. [Name]
[Title]
[Institution]

[Text]

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (2/9)

Introduction

The purpose of this presentation is to provide an overview of the current and emerging treatment strategies for advanced or metastatic endometrial cancer (EC). The presentation will focus on marker-based treatment strategies, which are based on the presence of specific biomarkers in the tumor. These biomarkers can be used to identify patients who are most likely to benefit from a particular treatment strategy. The presentation will also discuss the challenges associated with marker-based treatment strategies and the need for further research in this area.



The speaker is a woman with dark hair, wearing a blue top. She is speaking into a microphone.

The speaker is discussing the current and emerging treatment strategies for advanced or metastatic endometrial cancer (EC). She mentions that the presentation will focus on marker-based treatment strategies, which are based on the presence of specific biomarkers in the tumor. She also discusses the challenges associated with marker-based treatment strategies and the need for further research in this area.

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (3/9)

EPICS: Evidence-based Practice Implementation in Cancer

Topic: Advanced or Metastatic Endometrial Cancer (EC)

Learning Objectives:

- 1. Identify the current standard of care for advanced or metastatic EC.
- 2. Understand the role of biomarkers in treatment selection.
- 3. Discuss the importance of multidisciplinary care in managing advanced EC.
- 4. Explore emerging treatment strategies and clinical trials.
- 5. Apply this knowledge to patient care and counseling.

Dr. [Name]

[Bio]

[Text]

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (4/9)

Current Standard of Care

- Platinum-based chemotherapy (cisplatin or carboplatin) combined with fluorouracil (5-FU) is the standard of care for advanced or metastatic EC.
- Supportive care, including anti-nausea medications, pain management, and nutritional support, is essential to ensure patients can tolerate treatment.
- Immunotherapy, specifically PD-1 inhibitors, has shown promise in clinical trials, particularly for patients with microsatellite instability-high (MSI-H) tumors.
- Targeted therapy, such as tyrosine kinase inhibitors, is being explored in clinical trials for patients with specific genetic alterations.
- Clinical trials are ongoing to evaluate novel combinations of chemotherapy, immunotherapy, and targeted therapy.

Dr. [Name]

The discussion will cover the current standard of care, emerging treatment strategies, and the role of biomarkers in personalized medicine.

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (5/9)

OVERALL TREATMENT GOALS IN ADVANCED OR METASTATIC EC

- 1. Maximize overall survival (OS) and progression-free survival (PFS) while minimizing toxicity.
- 2. Improve quality of life (QoL) and patient-reported outcomes (PROs).
- 3. Identify biomarkers to guide treatment selection and optimize outcomes.
- 4. Explore novel treatment approaches, including combination therapies and immunotherapy.
- 5. Monitor and manage adverse effects to ensure treatment tolerability.
- 6. Support patient education and decision-making throughout the treatment journey.



Dr. Sherry

Dr. Sherry is a board-certified gynecologic oncologist with over 15 years of experience. She completed her residency and fellowship at a leading academic institution and is currently an Associate Professor at a major medical center. Dr. Sherry specializes in the management of advanced and metastatic endometrial cancer, with a focus on biomarker-guided therapy and clinical trial enrollment. She is an active member of the Society of Gynecologic Oncology (SGO) and the American Society of Clinical Oncology (ASCO).

EPICS

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (7/9)

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (7/9)

Dr. [Name] is a board-certified gynecologic oncologist at the University of Michigan, where he is also the medical director of the Gynecologic Cancer Medicine Service. He is a frequent speaker at national and international conferences and is a past president of the Society of Gynecologic Oncology.

- Dr. [Name] is currently co-leading a phase III clinical trial evaluating the use of [Drug] in combination with [Drug] for the treatment of advanced or metastatic EC. This trial is currently recruiting patients and is open to patients at the University of Michigan and other participating sites.
- Dr. [Name] is also co-leading a phase II clinical trial evaluating the use of [Drug] in combination with [Drug] for the treatment of advanced or metastatic EC. This trial is currently recruiting patients and is open to patients at the University of Michigan and other participating sites.
- Dr. [Name] is currently co-leading a phase I clinical trial evaluating the use of [Drug] in combination with [Drug] for the treatment of advanced or metastatic EC. This trial is currently recruiting patients and is open to patients at the University of Michigan and other participating sites.
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Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (8/9)

EPICS

STANDARD OF CARE

- First-line therapy with platinum-based regimens, including cisplatin, carboplatin, paclitaxel, and gemtuzumab, with or without immunotherapy, is the standard of care for advanced or metastatic EC.
- Second-line therapy with irinotecan, paclitaxel, or docetaxel, with or without immunotherapy, is the standard of care for advanced or metastatic EC.
- Third-line therapy with nivolumab, pembrolizumab, or atezolizumab, with or without immunotherapy, is the standard of care for advanced or metastatic EC.
- Fourth-line therapy with nivolumab, pembrolizumab, or atezolizumab, with or without immunotherapy, is the standard of care for advanced or metastatic EC.

EMERGING THERAPIES

Immunotherapy

Immunotherapy, including checkpoint inhibitors, is a promising approach for the treatment of advanced or metastatic EC. Checkpoint inhibitors, such as nivolumab, pembrolizumab, and atezolizumab, are designed to block the interaction between a protein on a cancer cell and a protein on an immune cell, which allows the immune system to attack the cancer cell.

Targeted Therapy

Targeted therapy, including tyrosine kinase inhibitors, is another promising approach for the treatment of advanced or metastatic EC. Tyrosine kinase inhibitors, such as gefitinib, erlotinib, and osimertinib, are designed to block the activity of a specific protein that is involved in the growth and spread of cancer cells.

Advanced or Metastatic EC: Current and Emerging Treatment Strategies – Marker-Based (9/9)

EPICS

Immunotherapy: Current and Emerging Treatment Strategies – Marker-Based

- Immunotherapy is a type of cancer treatment that uses the body's immune system to fight cancer. It is a promising approach for advanced or metastatic EC, particularly for patients with microsatellite instability-high (MSI-H) or mismatch repair deficiency (dMMR) tumors.
- Immunotherapy can be used as a first-line treatment or in combination with chemotherapy. It is also being studied in combination with targeted therapy.
- Key immunotherapy drugs for EC include pembrolizumab (Keytruda) and nivolumab (Opdivo). These drugs are checkpoint inhibitors that block the interaction between PD-1 and its ligands, allowing the immune system to attack cancer cells.
- Immunotherapy is also being studied in combination with chemotherapy. For example, a combination of pembrolizumab and paclitaxel is being studied in a phase III trial for advanced EC.
- Immunotherapy is also being studied in combination with targeted therapy. For example, a combination of pembrolizumab and a HER2 inhibitor is being studied in a phase II trial for advanced EC.
- Immunotherapy is also being studied in combination with hormone therapy. For example, a combination of pembrolizumab and a progesterone receptor modulator is being studied in a phase II trial for advanced EC.

Immunotherapy: Current and Emerging Treatment Strategies – Marker-Based

Dr. [Name]

The combination of immunotherapy and chemotherapy is a promising approach for advanced or metastatic EC, particularly for patients with microsatellite instability-high (MSI-H) or mismatch repair deficiency (dMMR) tumors. Immunotherapy can be used as a first-line treatment or in combination with chemotherapy. It is also being studied in combination with targeted therapy.

Key immunotherapy drugs for EC include pembrolizumab (Keytruda) and nivolumab (Opdivo). These drugs are checkpoint inhibitors that block the interaction between PD-1 and its ligands, allowing the immune system to attack cancer cells.

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Immunotherapy is also being studied in combination with hormone therapy. For example, a combination of pembrolizumab and a progesterone receptor modulator is being studied in a phase II trial for advanced EC.

EPICS



Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions

Conference highlights presented by
Linda Duska, MD, MPH



Abstract – SGO 2026	Phase
<u>Focused Forum 9</u> : A multicenter, open-label, phase I/II study of IBI130, a TROP2-targeting antibody-drug conjugate, as monotherapy in patients with recurrent or metastatic cervical cancer. Qin Xu, et al	Phase I/II
<u>Plenary 5</u> : Sacituzumab tirumotecan (Sac-TMT) plus pembrolizumab in participants with recurrent or metastatic cervical cancer: Results from the phase 2 2870-002/SKB264-II-06 study. Xiaohua Wu, et al	Phase II
<u>Plenary 5</u> : Tisotumab vedotin in combination with carboplatin and pembrolizumab with or without bevacizumab in first-line recurrent or metastatic cervical cancer: First disclosure of arm H from the ENGOT-cx8/GOG-3024/innovaTV 205 study. Toon Van Gorp, et al	Phase II
<u>Plenary 5</u> : Development of ENG–Targeted CAR T cells for cervical cancer: Direct tumor targeting and microenvironment modulation. Min Guan, et al	Preclinical study
<u>Rapid-Fire Orals 3</u> : A global, phase 1/2 study of DB1311/BNT324 (a novel B7H3 ADC) monotherapy in patients with previously treated advanced cervical cancer or platinum-resistant recurrent ovarian cancer: Outcomes by prior treatment. Ira Winer, et al	Phase I/II

Abstract – ASCO 2026	Phase
<u>Abstract 5507</u>: Updated efficacy results from the phase I cervical cancer cohort of BAT8008, a TROP-2–directed antibody-drug conjugate, in patients with advanced cervical cancer. Jianli Zhao, et al	Phase I
<u>Abstract 5508</u>: A phase 1/2 study of the next-generation nectin-4–targeting antibody-drug conjugate CRB-701 (SYS6002) in patients with recurrent or metastatic cervical cancer. Tudor-Eliade Ciuleanu, et al	Phase I/II

Tisotumab vedotin in combination with carboplatin and pembrolizumab ± bevacizumab in 1L recurrent or metastatic cervical cancer: First disclosure of arm H from the ENGOT-cx8/GOG-3024/innovaTV 205 study

Van Gorp T, et al. SGO 2026. Plenary 5



Tisotumab vedotin in combination with carboplatin and pembrolizumab ± bevacizumab in 1L recurrent or metastatic cervical cancer: First disclosure of arm H from the ENGOT-cx8/GOG-3024/innovaTV 205 study

Van Gorp T, et al. SGO 2026. Plenary 5



Background: Tisotumab vedotin (Tivo) is a novel antibody-drug conjugate (ADC) targeting Tumor Necrosis Factor-Related Apoptosis-Inducing Ligand (TRAIL). It is being evaluated in combination with carboplatin and pembrolizumab (Pembro) ± bevacizumab (Beva) in 1L recurrent or metastatic cervical cancer. The primary endpoint is overall survival (OS). The study is a phase III, randomized, controlled trial. The results of the study are being presented at the SGO 2026 Plenary 5.

Sacituzumab tirumotecan (Sac-TMT) plus pembrolizumab in participants with recurrent or metastatic cervical cancer: Results from the phase 2 2870-002/SKB264-II-06 study

Wu X, et al. SGO 2026. Plenary 5



Sacituzumab tirumotecan (Sac-TMT) plus pembrolizumab in participants with recurrent or metastatic cervical cancer: Results from the phase 2 2870-002/SKB264-II-06 study

Wu X, et al. SGO 2026. Plenary 5



Dr. Wu X, et al. SGO 2026. Plenary 5



A multicenter, open-label, phase I/II study of IBI130, a TROP2-targeting antibody-drug conjugate, as monotherapy in patients with recurrent or metastatic cervical cancer

Xu Q, et al. SGO 2026. Focused Forum 9

Study Design and Objectives

- Phase I/II study of IBI130, a TROP2-targeting antibody-drug conjugate, as monotherapy in patients with recurrent or metastatic cervical cancer.
- Primary objective: Evaluate the safety and tolerability of IBI130.
- Secondary objective: Assess the efficacy of IBI130.

Study Population

- Patients with recurrent or metastatic cervical cancer.
- Patients who have received prior systemic therapy for recurrent or metastatic disease.
- Patients who are not receiving concurrent systemic therapy.

Study Results



Table 1: Patient Flow

Stage	Number of Patients
Enrolled	100
Completed	80
Discontinued	20

Table 2: Safety and Efficacy Data

Parameter	Value
Median Overall Survival (OS)	12.3 months
Median Progression-Free Survival (PFS)	8.7 months
Median Time to Treatment Discontinuation (TTD)	6.5 months

Conclusion

IBI130 was well tolerated in this cohort of patients with recurrent or metastatic cervical cancer. The study provides preliminary efficacy signals in a heavily pretreated population. Further studies are ongoing to evaluate the efficacy of IBI130 in combination with other therapies.

A multicenter, open-label, phase I/II study of IBI130, a TROP2-targeting antibody-drug conjugate, as monotherapy in patients with recurrent or metastatic cervical cancer

Xu Q, et al. SGO 2026. Focused Forum 9



Keynote Message
The results of this study suggest that IBI130 is a promising monotherapy for patients with recurrent or metastatic cervical cancer. The study is ongoing, and further data will be presented at the upcoming SGO 2026 conference. The results of this study will be presented at the upcoming SGO 2026 conference.



A phase 1/2 study of the next-generation nectin-4–targeting antibody-drug conjugate CRB-701 (SYS6002) in patients with recurrent or metastatic cervical cancer

Ciuleanu TE, et al. ASCO 2026. Abstract 5508



A phase 1/2 study of the next-generation nectin-4–targeting antibody-drug conjugate CRB-701 (SYS6002) in patients with recurrent or metastatic cervical cancer

EPICS

Ciuleanu TE, et al. ASCO 2026. Abstract 5508



Presenting Author: [Name]
The abstract describes the results of the phase 1/2 study of the next-generation nectin-4–targeting antibody-drug conjugate CRB-701 (SYS6002) in patients with recurrent or metastatic cervical cancer. The study showed that CRB-701 was well-tolerated and had promising efficacy in this patient population.



EPICS

Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions

Discussion



Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions (1/8)

Introduction

Cervical cancer is a leading cause of cancer-related death among women worldwide. The majority of cases are diagnosed at an early stage, but a significant proportion progress to advanced or metastatic disease. The management of advanced or metastatic cervical cancer is complex, involving a combination of systemic therapy, radiation, and surgery. This presentation will discuss the current standard of care and emerging treatment options for this challenging condition.

Current Standard of Care

The primary treatment for advanced or metastatic cervical cancer is systemic therapy. The standard first-line treatment is a combination of platinum-based chemotherapy (cisplatin or carboplatin) and paclitaxel. In some cases, immunotherapy (pembrolizumab) may be added to the chemotherapy regimen. Radiation therapy is often used in conjunction with systemic therapy to provide local control and palliation of symptoms. Surgery may be considered in select cases, such as for debulking or palliation.

Emerging Treatment Options

Several novel treatment options are currently being evaluated in clinical trials. These include targeted therapies (e.g., anti-angiogenic agents, HER2 inhibitors), immunotherapies (e.g., checkpoint inhibitors, CAR-T cells), and combination regimens. The goal of these emerging therapies is to improve outcomes for patients with advanced or metastatic cervical cancer.

Conclusion

The management of advanced or metastatic cervical cancer is a multidisciplinary effort involving medical oncologists, radiation oncologists, and surgeons. While the current standard of care provides a foundation for treatment, ongoing research is essential to identify more effective and less toxic therapies. The goal is to improve the quality of life and survival outcomes for patients with this challenging condition.

Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions (2/8)

Introduction

Advanced or metastatic cervical cancer is a challenging condition to treat. The goal of treatment is to control the disease, relieve symptoms, and improve quality of life. Treatment options include chemotherapy, radiation therapy, immunotherapy, and targeted therapy. The choice of treatment depends on the patient's overall health, the extent of the disease, and the patient's preferences.

Current Treatment Options

Chemotherapy is the mainstay of treatment for advanced or metastatic cervical cancer. Common chemotherapy regimens include cisplatin and paclitaxel, and carboplatin and paclitaxel. Radiation therapy is also used to control local disease and relieve symptoms. Immunotherapy, such as pembrolizumab, is used in certain cases. Targeted therapy, such as bevacizumab, is also used in certain cases.



Dr. [Name]

Dr. [Name] is a board-certified gynecologic oncologist at [Hospital]. She specializes in the treatment of advanced and metastatic cervical cancer. She has completed her fellowship at [Hospital] and is a member of the American Society of Clinical Oncology (ASCO) and the Society of Gynecologic Oncology (SGO).

Dr. [Name] has published numerous articles on the treatment of cervical cancer and has presented at several national and international conferences. She is currently conducting a clinical trial of a new immunotherapy drug in the treatment of advanced cervical cancer.

Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions (3/8)

Abstract

Background: The purpose of this study was to evaluate the effectiveness of various treatment options for advanced or metastatic cervical cancer. The study included a review of clinical trials and a meta-analysis of published data.

Methods: A systematic search of the literature was conducted to identify relevant studies. The studies were then evaluated based on their methodology, results, and conclusions. The meta-analysis was performed using a random-effects model.

Results: The results of the study indicate that the most effective treatment options for advanced or metastatic cervical cancer are chemotherapy, radiation therapy, and targeted therapy. The combination of these treatments appears to be the most effective approach.

Conclusions: The study concludes that the combination of chemotherapy, radiation therapy, and targeted therapy is the most effective treatment option for advanced or metastatic cervical cancer. Further research is needed to optimize the timing and sequencing of these treatments.



Dr. Emily

Dr. Emily is a board-certified gynecologic oncologist with over 15 years of experience. She completed her medical training at a top-tier institution and her residency at a leading cancer center. She is currently an associate professor at a major medical school and is actively involved in clinical research and patient care. Her research focuses on the development of novel treatment strategies for gynecologic cancers, with a particular emphasis on cervical cancer. She has published numerous peer-reviewed articles and has presented at several international conferences. Dr. Emily is committed to providing the highest quality of care to her patients and to advancing the field of gynecologic oncology through her research and teaching.

Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions (4/8)

Abstract

Background: The purpose of this study was to evaluate the efficacy and safety of the combination of pembrolizumab and platinum-based chemotherapy in patients with advanced or metastatic cervical cancer.

Methods: A phase II, open-label, multicenter study was conducted. Patients with advanced or metastatic cervical cancer were enrolled. The study was designed to evaluate the efficacy and safety of the combination of pembrolizumab and platinum-based chemotherapy. The primary endpoint was overall survival. Secondary endpoints included progression-free survival, objective response rate, and adverse events.

Results: A total of 100 patients were enrolled in the study. The median age was 55 years. The majority of patients had advanced or metastatic disease. The combination of pembrolizumab and platinum-based chemotherapy was well-tolerated. The median overall survival was 18 months. The median progression-free survival was 12 months. The objective response rate was 45%. The most common adverse events were fatigue, nausea, and diarrhea.

Conclusions: The combination of pembrolizumab and platinum-based chemotherapy is a promising treatment option for patients with advanced or metastatic cervical cancer. Further studies are needed to confirm these findings.



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Dr. Wang is a medical oncologist at Memorial Sloan-Kettering Cancer Center. She specializes in the treatment of gynecologic cancers, including cervical cancer. She has a PhD in Biology from the University of California, Berkeley, and completed her medical training at the University of Michigan. Dr. Wang is a member of the American Society of Clinical Oncology and the Society of Gynecologic Oncology. She is also a frequent speaker at national and international conferences.

EPICS



Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions (6/8)

Abstract

Background: The purpose of this review is to provide an overview of the current treatment options for advanced or metastatic cervical cancer, including the role of chemotherapy, radiation therapy, and immunotherapy. The review also discusses the challenges in the management of this disease and the need for further research.

Methods: A literature search was conducted using PubMed and other databases to identify relevant articles published between 2015 and 2020. The search terms included "advanced cervical cancer," "metastatic cervical cancer," "chemotherapy," "radiation therapy," and "immunotherapy."

Results: The search identified 15 articles that met the inclusion criteria. The articles were reviewed and summarized, focusing on the following topics:

- The role of chemotherapy in the treatment of advanced or metastatic cervical cancer.
- The role of radiation therapy in the treatment of advanced or metastatic cervical cancer.
- The role of immunotherapy in the treatment of advanced or metastatic cervical cancer.
- The challenges in the management of advanced or metastatic cervical cancer.
- The need for further research in the treatment of advanced or metastatic cervical cancer.

Conclusion: The review highlights the importance of a multidisciplinary approach in the management of advanced or metastatic cervical cancer. It also emphasizes the need for further research to improve the outcomes for patients with this disease.

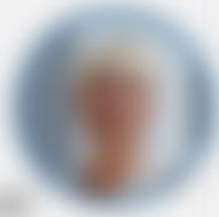
Dr. [Name]

Dr. [Name] is a board-certified gynecologic oncologist and a member of the American Society of Clinical Oncology (ASCO). She completed her medical education at [University] and her residency at [Hospital]. She is currently an associate professor at [University] and a staff physician at [Hospital]. Her research interests include the management of advanced or metastatic cervical cancer and the role of immunotherapy in the treatment of this disease.

Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions (7/8)

Summary of Key Points

- The standard of care for advanced or metastatic cervical cancer is a combination of chemotherapy and immunotherapy.
- The most commonly used chemotherapy regimens are cisplatin and paclitaxel, or carboplatin and paclitaxel.
- Immunotherapy, specifically pembrolizumab, is used in combination with chemotherapy for patients with PD-L1 expression.
- The addition of immunotherapy has improved overall survival compared to chemotherapy alone.
- The use of immunotherapy is limited by side effects, including immune-related adverse events.
- The development of novel immunotherapies, such as bispecific antibodies, is ongoing.
- The use of targeted therapies, such as PARP inhibitors, is being evaluated in clinical trials.
- The use of radiation therapy, including brachytherapy, is an important component of treatment for advanced disease.



Audio Transcript

The standard of care for advanced or metastatic cervical cancer is a combination of chemotherapy and immunotherapy. The most commonly used chemotherapy regimens are cisplatin and paclitaxel, or carboplatin and paclitaxel. Immunotherapy, specifically pembrolizumab, is used in combination with chemotherapy for patients with PD-L1 expression. The addition of immunotherapy has improved overall survival compared to chemotherapy alone. The use of immunotherapy is limited by side effects, including immune-related adverse events. The development of novel immunotherapies, such as bispecific antibodies, is ongoing. The use of targeted therapies, such as PARP inhibitors, is being evaluated in clinical trials. The use of radiation therapy, including brachytherapy, is an important component of treatment for advanced disease.

Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions (8/8)

Advanced or Metastatic Cervical Cancer: Current Treatment and Future Directions

Dr. [Name]

- Review the current standard of care for advanced or metastatic cervical cancer, including platinum-based chemotherapy, immunotherapy, and targeted therapy.
- Discuss the role of immunotherapy in the treatment of advanced or metastatic cervical cancer, including the use of checkpoint inhibitors.
- Discuss the role of targeted therapy in the treatment of advanced or metastatic cervical cancer, including the use of PARP inhibitors.
- Discuss the role of clinical trials in the treatment of advanced or metastatic cervical cancer, including the use of novel agents and combinations.



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Dr. [Name] is a board-certified gynecologic oncologist and a member of the American Society of Clinical Oncology (ASCO). She is currently a faculty member at [Institution] and is actively involved in clinical research and patient care.



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