What Have We Learned from 2017 ESGO Congress in Vienna?

Murat Gultekin (Turkey), Kamil Zalewski (Poland)

ESGO State of the Art Conference, Patient Seminar, Lyon, France, October 5th – 6th, 2018

ESGO NEW INSIGHTS IN RARE GYNAECOLOGICAL MALIGNANCIES
OCTOBER 4-6, 2018 | LYON, FRANCE
State of the Art Conference 2018

Structure of a Presentation

- Why do doctors go to conferences
- What is the structure of the ESGO meeting
- Best of ESGO 2017
- Selected presentations

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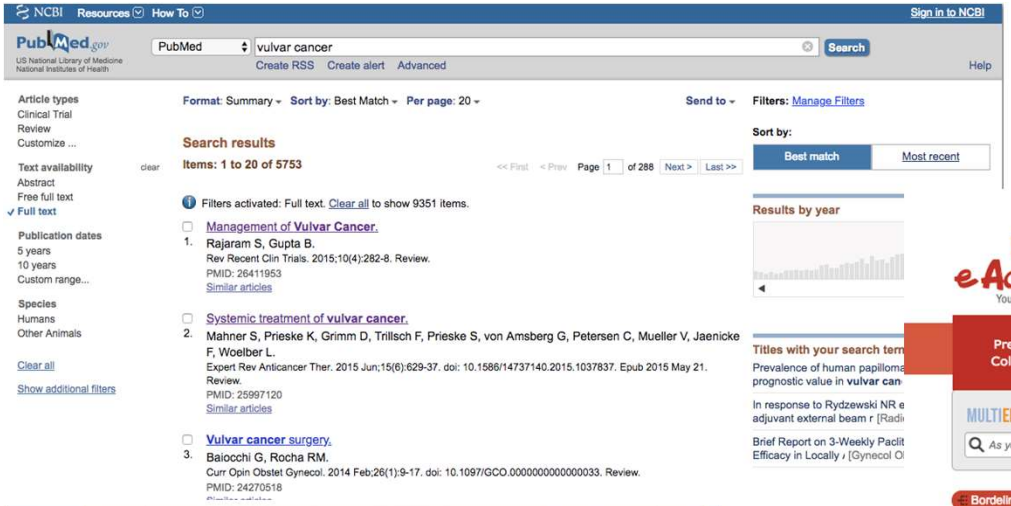
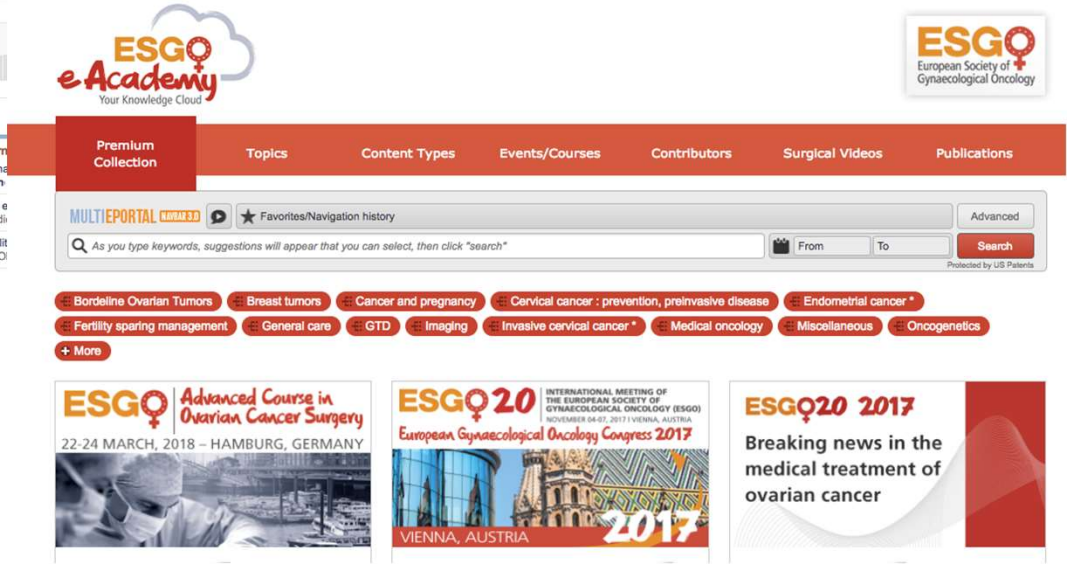
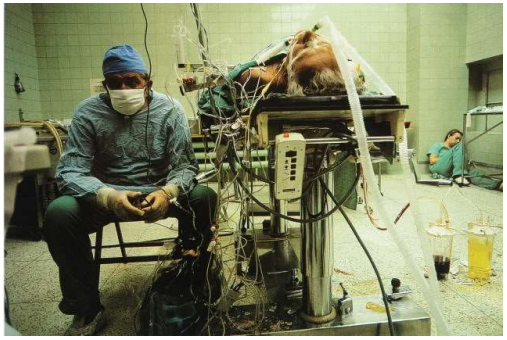
Do medical conferences have a role to play?






ESGO20
European Gynaecological Oncology Congress 2017
VIENNA, AUSTRIA 2017



ESGO 20

INTERNATIONAL MEETING OF THE EUROPEAN SOCIETY OF GYNAECOLOGICAL ONCOLOGY (ESGO)

NOVEMBER 04-07, 2017 | VIENNA, AUSTRIA

European Gynaecological Oncology Congress 2017

Plenary Sessions

Guidelies in gynecological cancers

Oral Presentations

Tumour Board Session

Late Breaking Sessions

Glass with the Experts Sessions

The Young Gynae Oncologists Program

ESGO 2017 in numbers

ESGO20

INTERNATIONAL MEETING OF
THE EUROPEAN SOCIETY OF
GYNAECOLOGICAL ONCOLOGY (ESGO)
NOVEMBER 04-07, 2017 | VIENNA, AUSTRIA

European Gynaecological Oncology Congress 2017

Best of ESGO 2017

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The European Voice of Gynaecological Oncology

Overview: Best of ESGO 2017

- The Best of ESGO 2017 project **highlights the most relevant data** presented at the world's biggest gynecological oncology event in 2017: the 20th International Meeting of the European Society of Gynaecological Oncology.
- The abstracts chosen for this presentation and discussion reflect the **foremost clinical research and strategies** in oncology that will impact our patient care.
- The slides report the **most recent relevant findings in the treatment** of gynecological malignancies presented in Vienna, November 2017.

List of the studies

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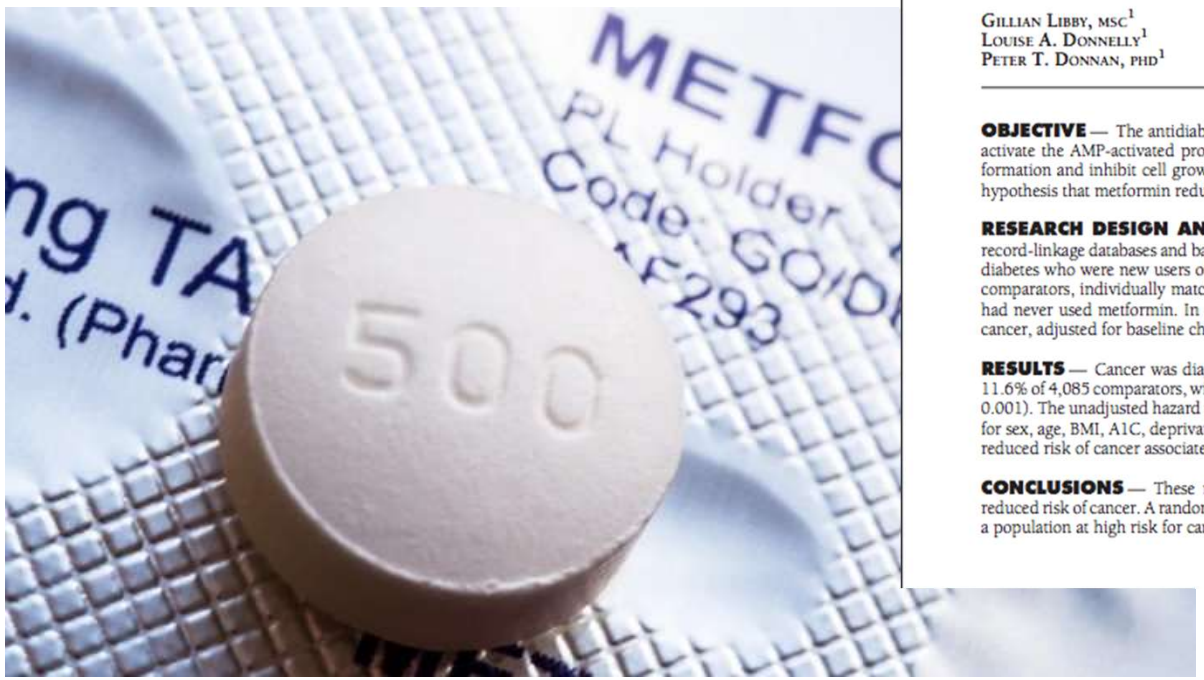
Pre-Surgical Metformin in Uterine Malignancy – Results of The Premium Randomised Controlled Trial

S. Kitson et al.

(ESGO7-0375)

Introduction –what we know?



Epidemiology/Health Services Research

ORIGINAL ARTICLE

New Users of Metformin Are at Low Risk of Incident Cancer

A cohort study among people with type 2 diabetes

GILLIAN LIBBY, MSC[1]
LOUISE A. DONNELLY[1]
PETER T. DONNAN, PHD[1]
DARIO R. ALESSI, PHD[2]
ANDREW D. MORRIS, FRCP[3]
JOSIE M.M. EVANS, PHD[1]

OBJECTIVE — The antidiabetic properties of metformin are mediated through its ability to activate the AMP-activated protein kinase (AMPK). Activation of AMPK can suppress tumor formation and inhibit cell growth in addition to lowering blood glucose levels. We tested the hypothesis that metformin reduces the risk of cancer in people with type 2 diabetes.

RESEARCH DESIGN AND METHODS — In an observational cohort study using record-linkage databases and based in Tayside, Scotland, U.K., we identified people with type 2 diabetes who were new users of metformin in 1994–2003. We also identified a set of diabetic comparators, individually matched to the metformin users by year of diabetes diagnosis, who had never used metformin. In a survival analysis we calculated hazard ratios for diagnosis of cancer, adjusted for baseline characteristics of the two groups using Cox regression.

RESULTS — Cancer was diagnosed among 7.3% of 4,085 metformin users compared with 11.6% of 4,085 comparators, with median times to cancer of 3.5 and 2.6 years, respectively ($P < 0.001$). The unadjusted hazard ratio (95% CI) for cancer was 0.46 (0.40–0.53). After adjusting for sex, age, BMI, A1C, deprivation, smoking, and other drug use, there was still a significantly reduced risk of cancer associated with metformin: 0.63 (0.53–0.75).

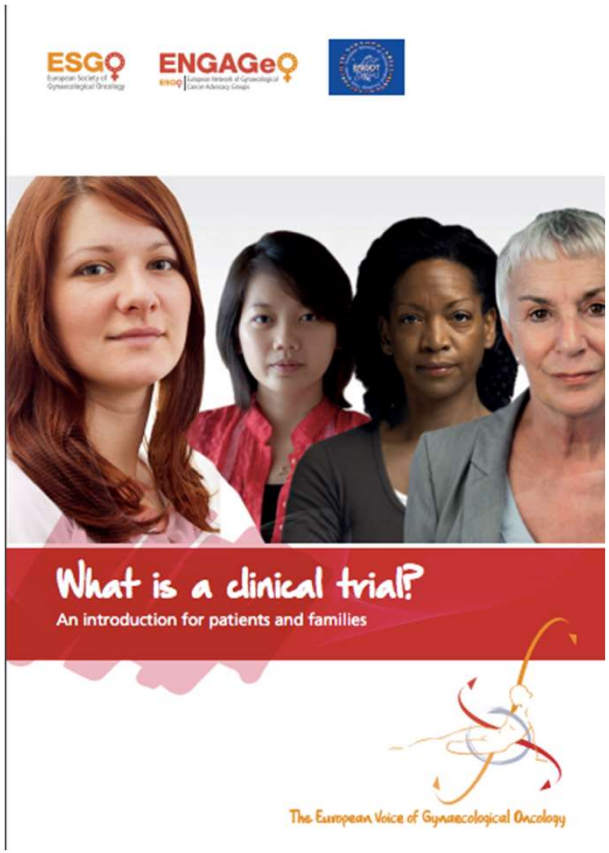
CONCLUSIONS — These results suggest that metformin use may be associated with a reduced risk of cancer. A randomized trial is needed to assess whether metformin is protective in a population at high risk for cancer.

Diabetes Care 32:1620–1625, 2009

increase circulating insulin levels, and hyperinsulinemia may promote carcinogenesis (8). Treatments such as metformin and glitazones reduce insulin resistance, with insulin resistance possibly associated with increased risk of cancer (9). The objective of this study was to test the hypothesis that metformin use is associated with a reduced risk of cancer in people with type 2 diabetes using a national cancer registry to ensure valid diagnoses of cancer with precise dates of diagnosis. We also adjusted results for the effects of exposure to other diabetic drugs.

RESEARCH DESIGN AND METHODS — This observational historical cohort study was carried out using anonymous patient data for the resident population of Tayside Health Board in Scotland, U.K. (~400,000 people). Data were provided by the Health Informatics Centre (HIC), University of Dundee, which has developed the record linkage of multiple routinely collected datasets for research. Scottish Care Information–

Introduction- what we know?

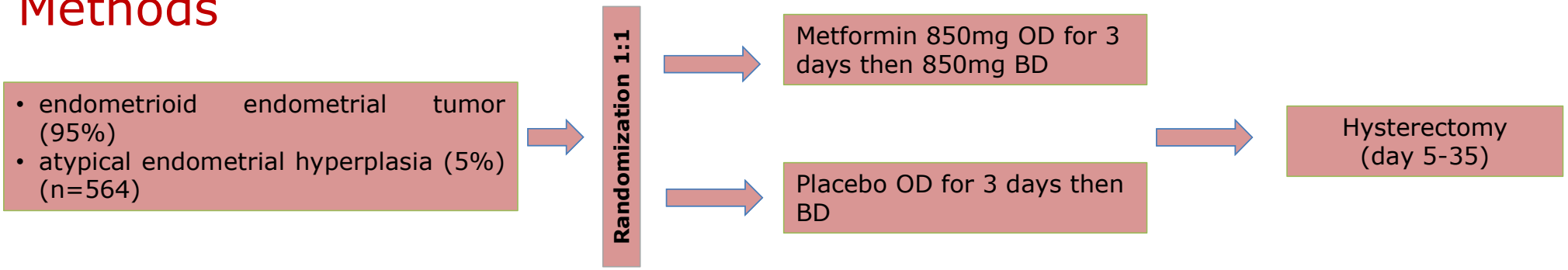


Objectives & Methods

Objectives

- to evaluate the effect of metformin in women with atypical hyperplasia or endometrioid endometrial cancer at **a multi-center, double blind, placebo-controlled trial.**

Methods



- **median duration** of treatment for metformin arm vs placebo arm: 20.5 vs 21.5 days, respectively.
- **primary outcome:** immunohistochemical expression of Ki-67

Results

- Nausea, vomiting, diarhoea and anorexia significantly higher in metformin arm
- Metformin treatment had no effect on Ki-67 expression
- Women with a BMI <30 kg/m^2 had higher decrease in Ki-67 expression than the placebo group (8.3% vs 5.5%)

Conclusions

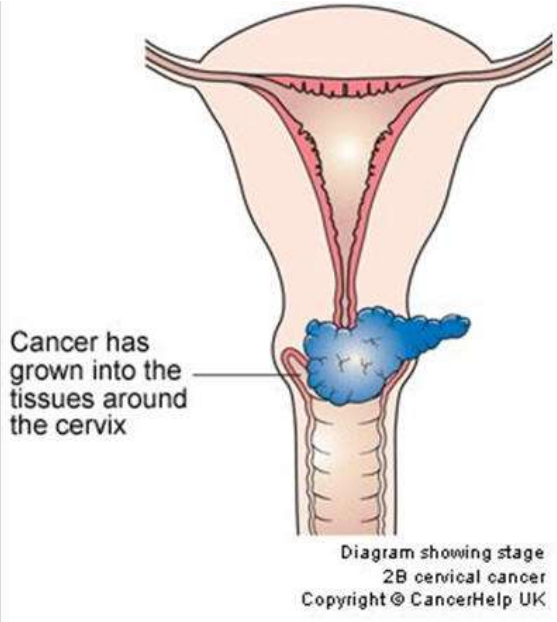
- There is no overall reduction in endometrial cancer cell proliferation with short term metformin treatment.
- Patients with a BMI <30 kg/m^2 may have a beneficial effect.

Cisplatin Chemo-Radiations Versus Radiation in FIGO Stage IIIB Squamous Cell Carcinoma of The Uterine Cervix – A Phase III Randomised Trial

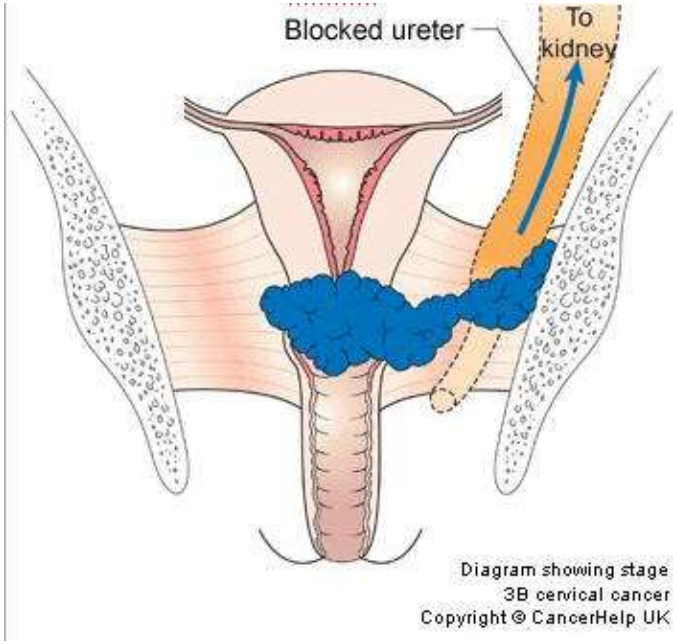
U. Mahantshetty et al.

ESGO7-1305

Introduction –what we know?



Radiotherapy + Chemotherapy



Radiotherapy +/- Chmotherapy?

Objectives & Methods

Objectives

- To evaluate the role of concomitant chemo-radiation (CHRTH) versus radiation (RTH) in FIGO stage IIIB squamous cell cervical carcinoma.

Methods

- Accrual period; 7/2003 – 9/2011 ; median follow-up: 88 months (61-113)
- >90% treatment compliance

- FIGO Stage IIIB
- squamous carcinoma histology
- > 18 and < 65 years
- WHO performance status : 0 or 1
- normal renal functions

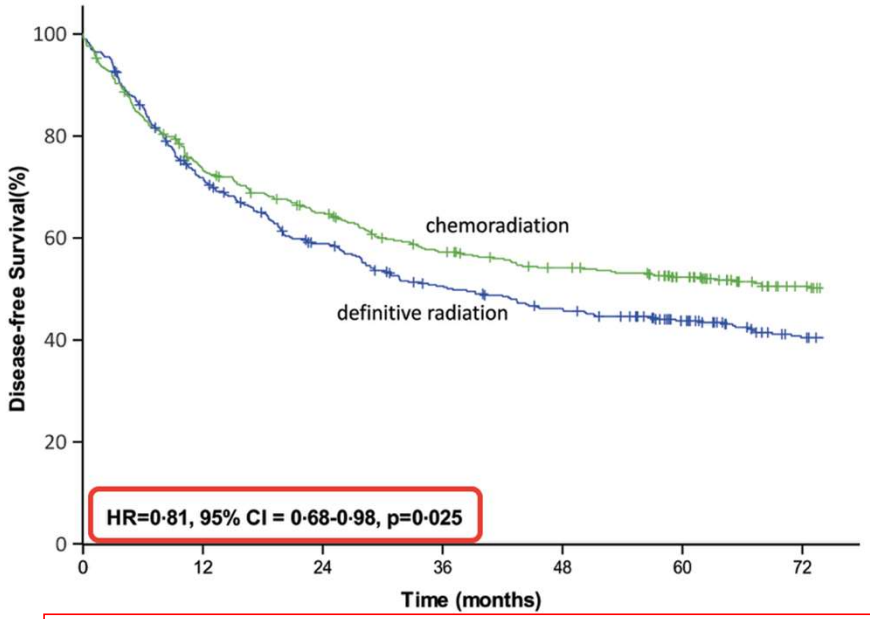
→ **Randomization 1:1** →

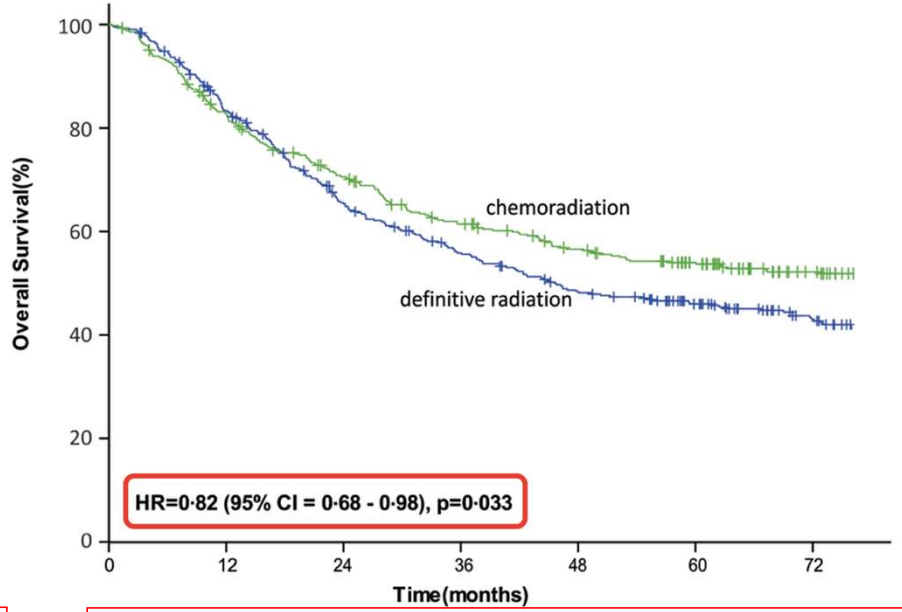
Concomitant chemo-radiation
(n=424)
(Cisplatin weekly 40 mg/m2 for 5 cycles at least)

Definitive radiation
(n=426)
(External Beam: 50Gy/25)
Brachytheraphy: LDR (25-30 Gy-A point 1) or HDR (7 Gy to A point x 3

Exclusion Criteria
- Bilateral hydronephrosis
- HIV positive
- medical renal disease
- gross PA nodes on imaging

Results





Disease-free survival at 5 years

- **Chemo-radiation arm: 52·3% (95% CI, 52.25 – 52.35)**
- **Radiation Arm: 43·8 % (95% CI, 43.75 – 43.85)**

Overall survival at 5 years

- **Chemo-radiation arm: 54% (95% CI, 53.95 – 54.05)**
- **Radiation Arm: 46% (95% CI, 45.95 – 46.05)**

Acute gastrointestinal, late recto-sigmoid and hematological complications: CHRHH > RTH

Conclusions

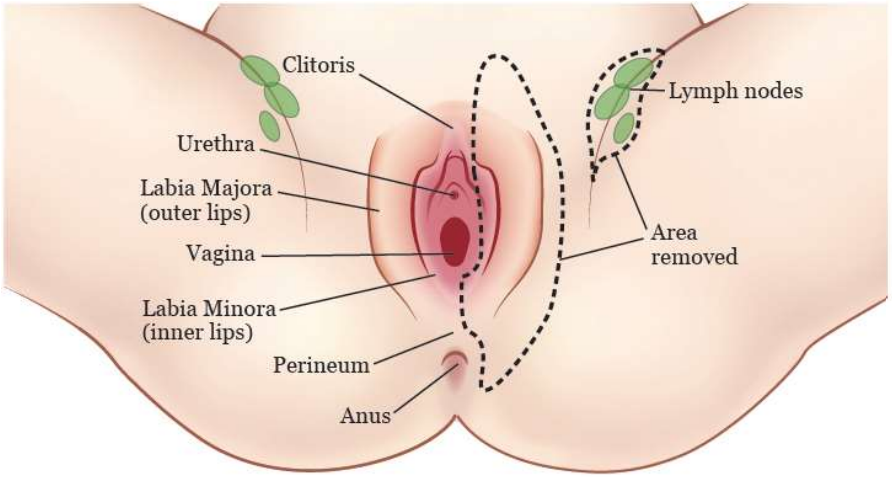
- Concomitant weekly cisplatin based chemo-radiation should be the standard of care in FIGO stage IIIB squamous cell cervical carcinoma (absolute benefit of 8.5 % in DFS and 8% in OS).

Prognostic Value of Lymph Node Ratio and Number of Positive Inguinal Nodes in Patients with Vulvar Cancer

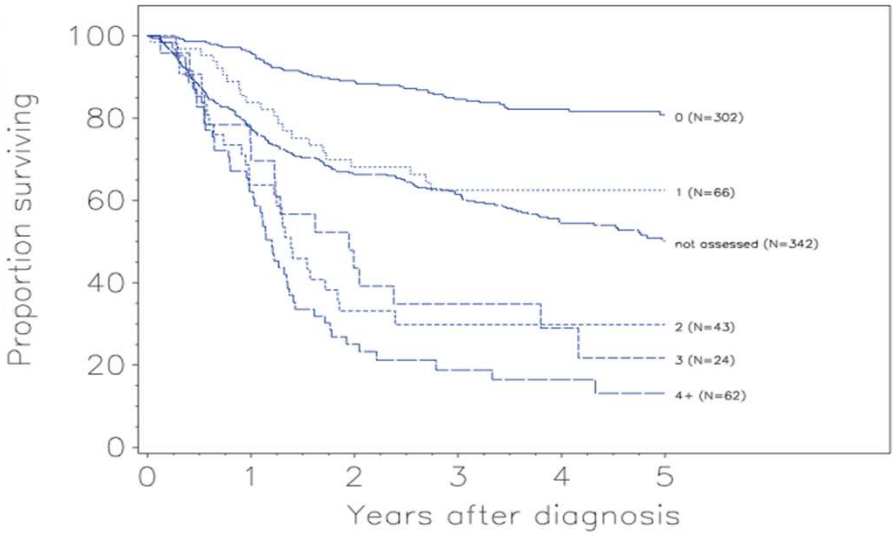
S. Polterauer et al.

ESGO7-0962

Introduction –what we know?



Survival by positive lymph nodes



N (-) 70-95%

N (+) 25-41%

GOG 37: Adjuvant radiation should be recommended for patients with two or more groin node metastases, extracapsular metastatic spread or large metastases.

Homesley HD et al. Radiation therapy versus pelvic node resection for carcinoma of the vulva with positive groin nodes. Obstet Gynecol. 1986 Dec;68(6):733-40.

Beller U et al. Carcinoma of the vulva. FIGO 26th Annual Report on the Results of Treatment in Gynecological Cancer. Int J Gynaecol Obstet. 2006 Nov;95 Suppl 1:S7-27

Objectives & Methods

Objectives

- To estimate the prognostic significance of lymph node ratio (LNR) (LN) in vulvar cancer patients

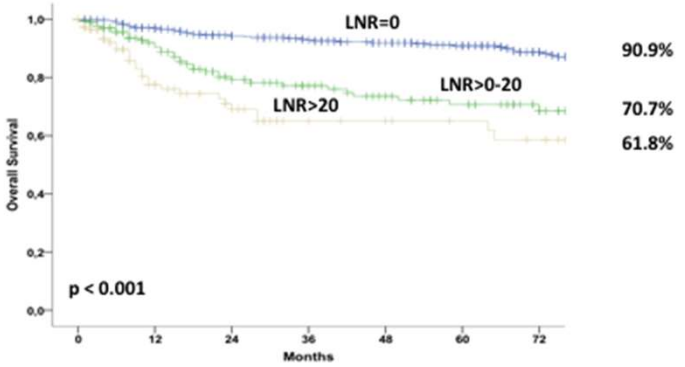
$$\text{Lymph node ratio} = \frac{\text{No. of involved Lymph Nodes}}{\text{No. of resected Lymph Nodes}}$$

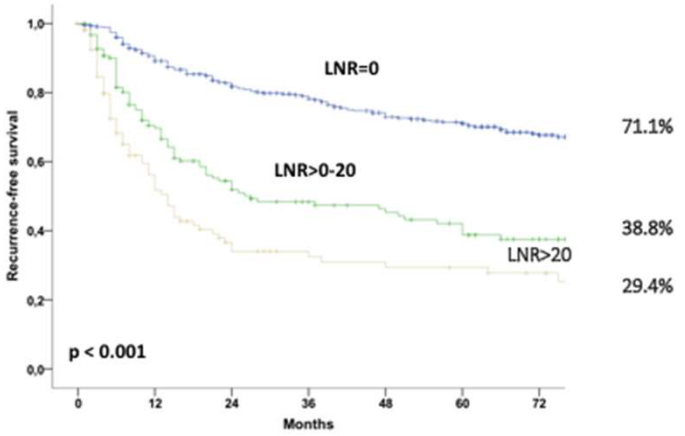
Methods

- international multicenter retrospective study (VULCAN)
- 745 patients diagnosed with vulvar cancer treated with inguinal lymphadenectomy
- LNR was calculated and compared with clinicopathologic parameters
- stratification of patients according to LNR ratio risk groups

Results

- high LNR was associated with larger tumor size and higher tumor grade
- patients with LNRs 0% (N0), >0<20%, and >20% had 5-year overall survival (OS) rates of 90.9%, 70.7%, and 61.8%, respectively
- LNR and FIGO stage were associated with OS
- patients with a LNR>20% but not LNR > 0< 20% benefit from adjuvant radiotherapy





Conclusions

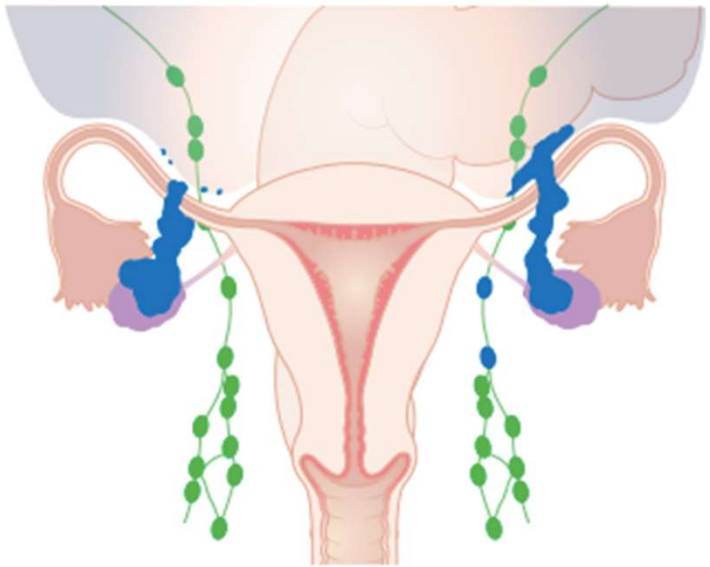
- LNR is an independent prognostic parameter in vulvar cancer.
- LNR allows for more accurate prognostic stratification of patients than number of positive nodes.
- LNR seems useful to select appropriate candidates for adjuvant radiation.

LION – Lymphadenectomy in Ovarian Neoplasms. A Prospective Randomized Ago Study Group Led Gynecologic Cancer Intergroup Trial

D. Lorusso et al.

ESGO7-0843

Introduction –what we know?



Surgery is the main treatment

The aim of (debulking) surgery is to leave behind no visible cancer

but….the effect of lymph node dissection in patients with advanced ovarian cancer was still unknown

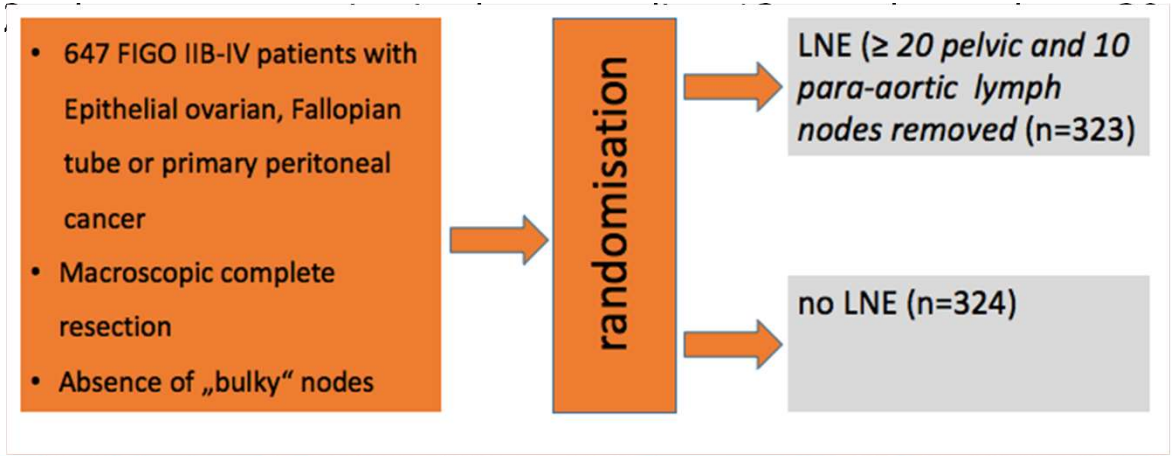
Objectives & Methods

Objectives

To define the role of systematic pelvic and para-aortic lymphadenectomy (LNE) in patients with advanced ovarian cancer (AOC) with macroscopic complete resection and clinically negative lymph nodes (LN)

Methods

qualified centers (1[illegible] pelvic/10 PA nodes)



Results (1)

Characteristics of surgery	LNE (%)	No LNE (%)	P-value
Diaphragm stripping	173 (53.6)	196 (60.5)	
Gastrointenstinal tract ressection	169 (52.3)	167 (51.5)	0.84
Splenectomy	62 (19.2)	56 (17.3)	0.53
Portahepatis/lesser omentum	61 (18.9)	69 (21.3)	0.44
Complete resection	321 (99.4)	322 (99.4)	0.99

Characteristics of lymphadenectomy	LNE (%)	No LNE (%)	Difference	P-value
Resected LN total Para-aortic LN Pelvic LN	57 (45-73) 22 (16-33) 35 (26-43)			
Lymph node metastases	180 (55.7)			
Duration [min]	340 (270-420)	280 (210-360)	+1 hour	<0.001
Intensive Care Unit	250 (77.6)	223 (69.4)	+8%	0.01

Results (2)

- post-op platinum-taxane based chemotherapy was given in 85% of the patients in the no-LNE arm and 80% in the LNE arm

- median PFS 26 months in both arms (HR 1.11, 95%CI 0.92-1.34 p=0.30)

Conclusions

- LION study data do not support systematic LNE of clinically negative LN in patients with AOC receiving macroscopic complete resection.

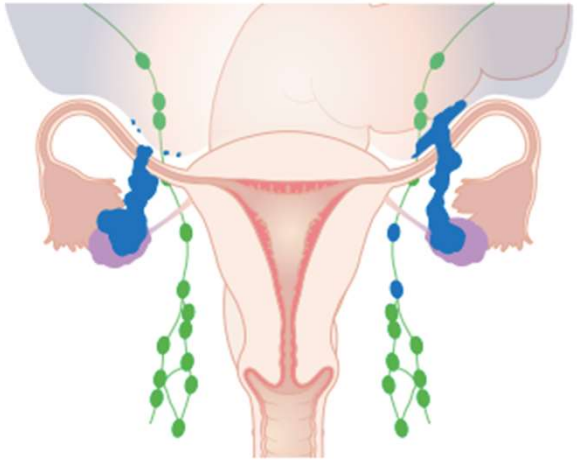
- LNE of clinical negative LN in patients with AOC and complete resection should be omitted.

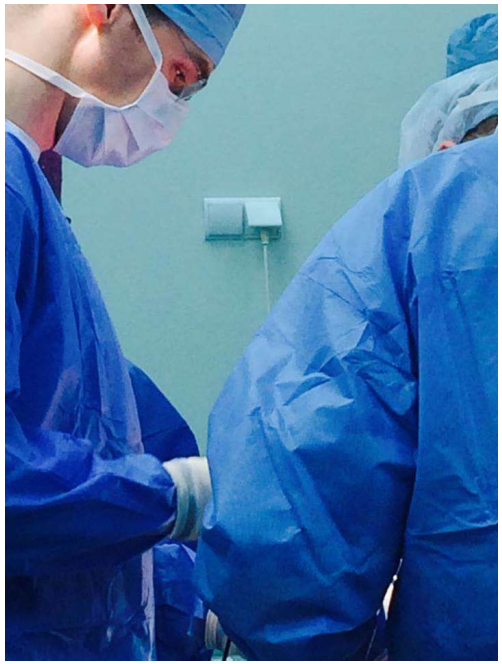
Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Ovarian Cancer

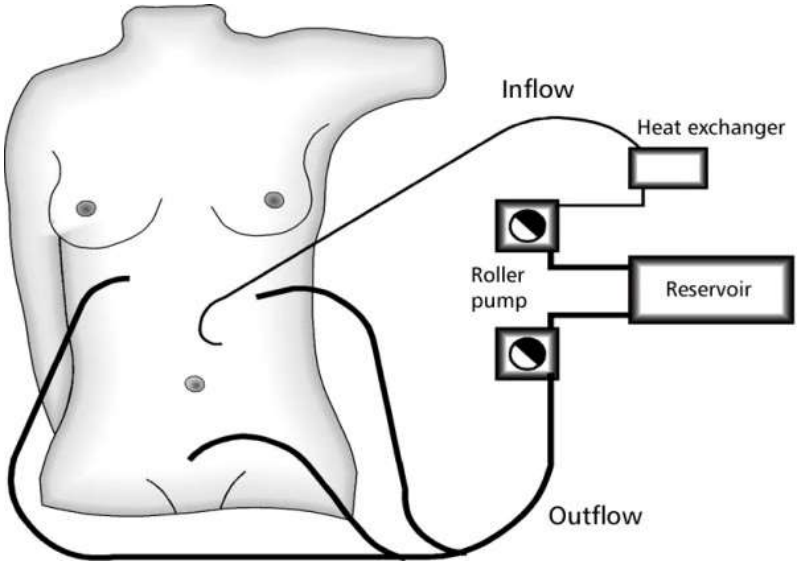
W.J. Van Driel et al.

ESGO7-1447

Introduction –what we know?







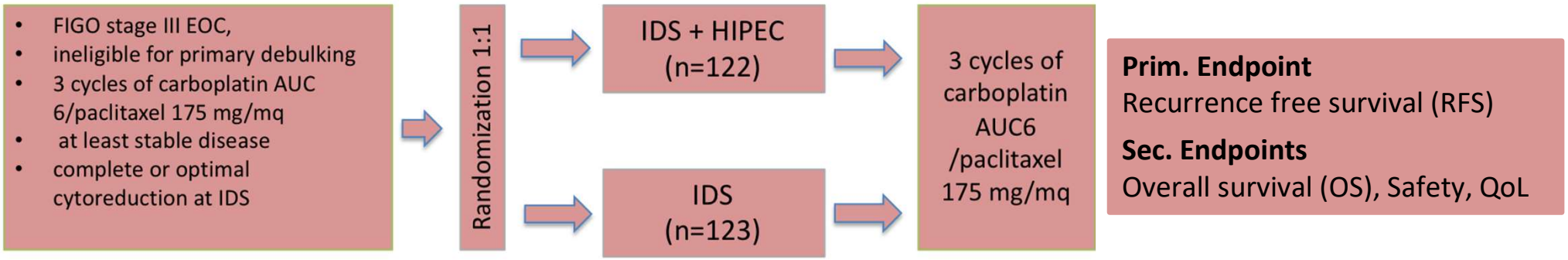
Hyperthermic intraperitoneal **chemotherapy** (HIPEC) is a highly concentrated, heated **chemotherapy treatment** that is delivered directly to the abdomen during **surgery**. Unlike **systemic chemotherapy** delivery, which circulates throughout the body, HIPEC delivers **chemotherapy** directly to **cancer** cells in the abdomen

Objectives & Methods

Objectives

- To assess whether the addition of HIPEC to interval debulking surgery (IDS) would improve outcome among patients with stage III epithelial ovarian cancer (EOC); to assess safety profile and Quality of life (QoL)

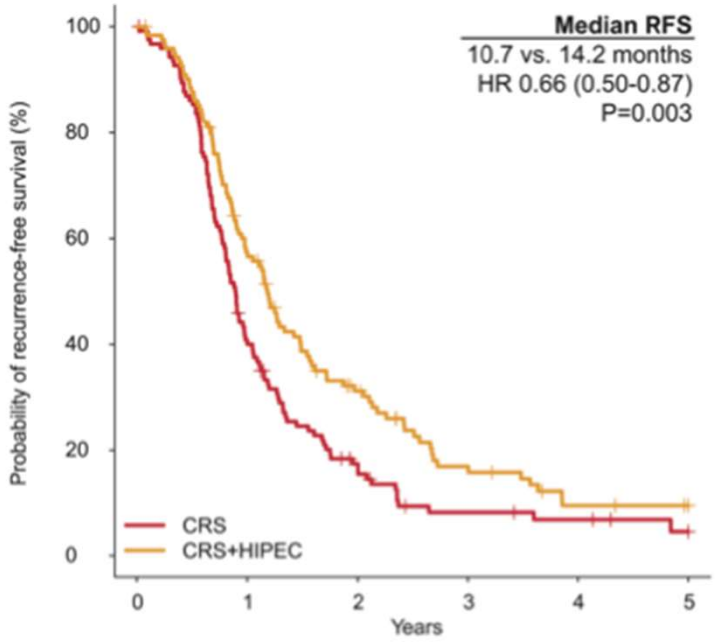
Methods

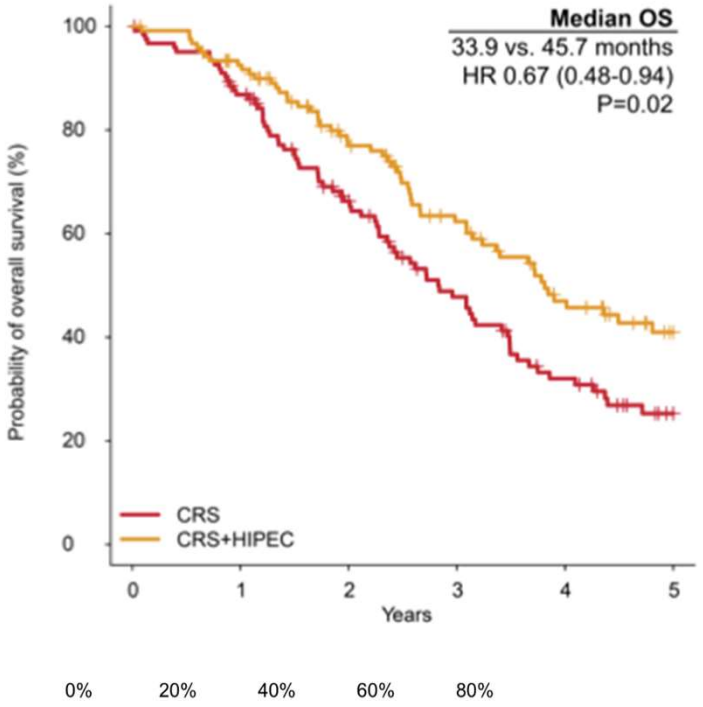


HIPEC: open technique, 40-41°C, 90 minutes perfusion, cisplatinum 100 mg/mq, sodium thiosulfate IV to protect renal function

Results (1)

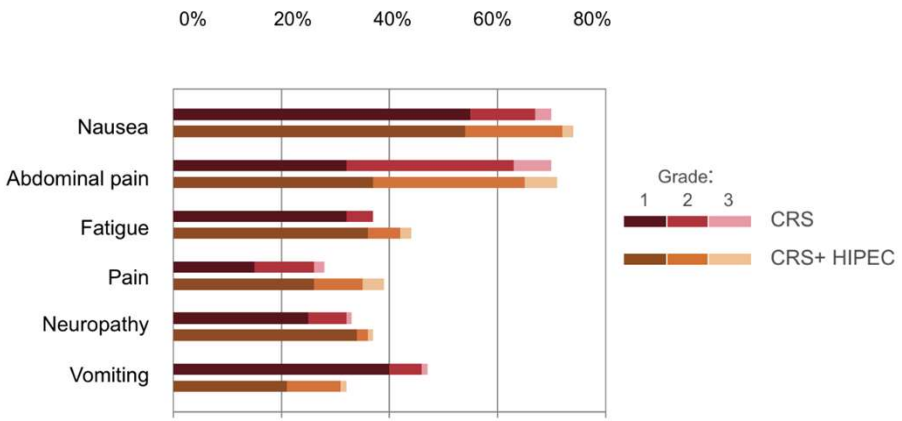
- efficacy (RFS and Median OS)



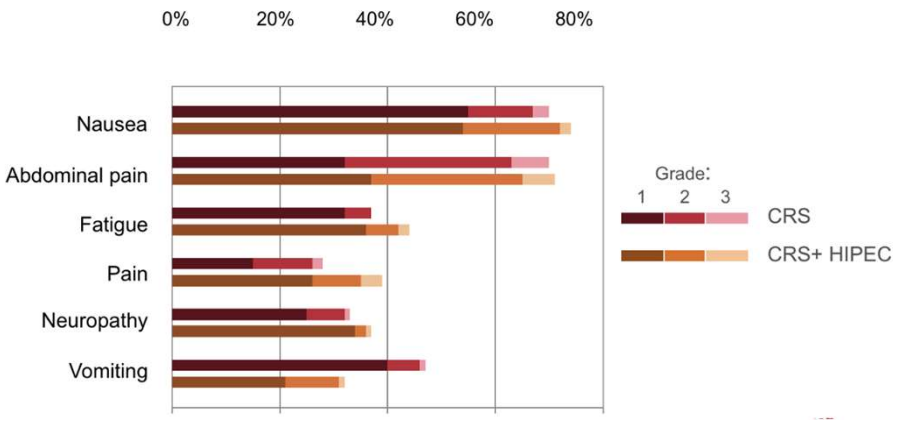


Results (2)

- most common adverse events



- health related Quality of Life



Conclusions

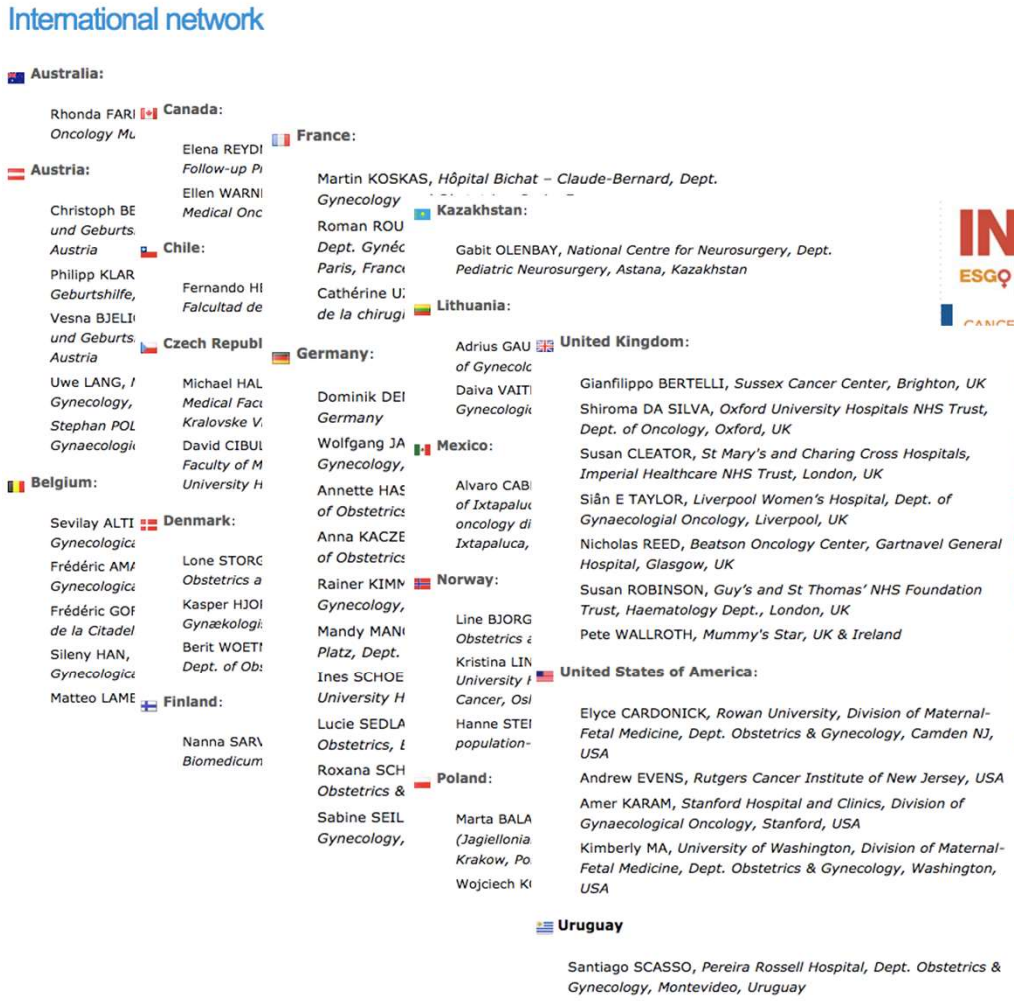
- Adding HIPEC to complete or optimal IDS for FIGO stage III ovarian cancer prolongs RFS and 5yr OS, with no severe toxicity or worsening of QoL.

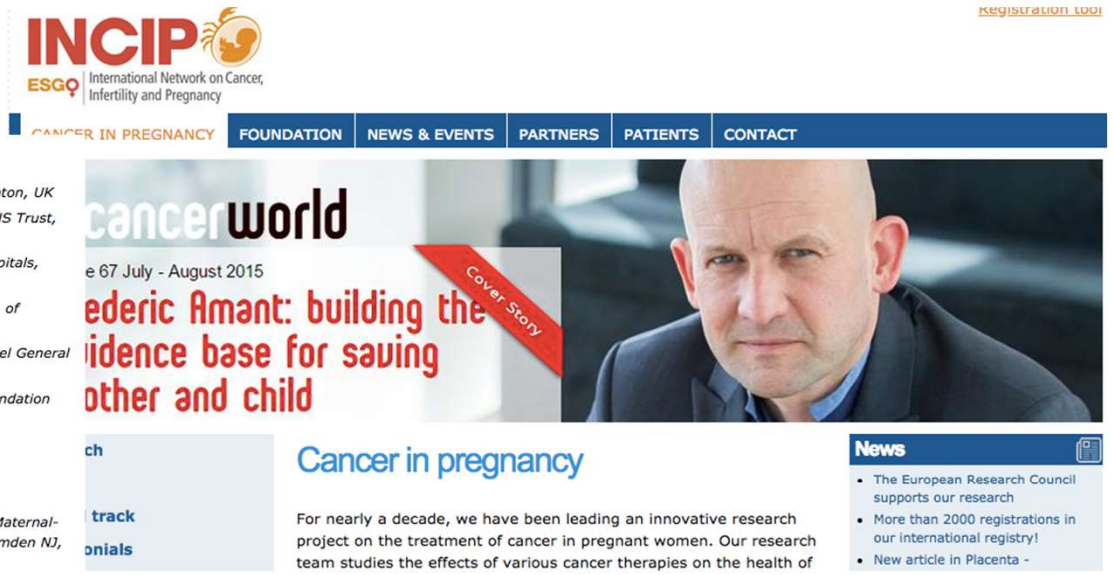
Oncological Management and Pregnancy Outcomes in Women Diagnosed with Cancer During Pregnancy: A 20-Year International Cohort Study of 1170 Patients

De Haan et al.

ESGO7-1472

Introduction –what we know?





Objectives & Methods

Objectives

- To analyze the oncological management and the obstetrical and neonatal outcomes of patients treated in the last 20 years by members of the INCIP

Methods

Data on oncological, obstetrical and neonatal outcome for patients diagnosed between 1996 and 2016 with primary cancer during pregnancy selected from the INCIP online registration database.

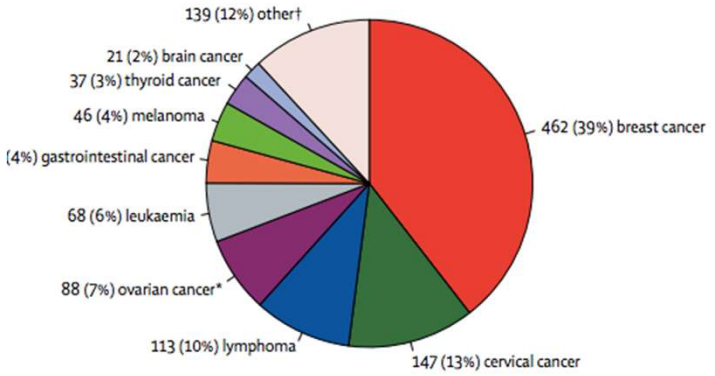
Primary outcome measures:

- Preterm pre-labour ruptur of membranes (PPROM) and/or preterm contractions.
- Small-for-gestational-age (SGA).
- Neonatal intensive care unit (NICU) admission.
- Changes in oncological management over 20 years
- Changes in obstetrical management over 20 years

Results (1)

- 1170 patients / 37 centers / 16 countries, including 955 live births

- Every five years:
  - 10% more patients were treated during pregnancy (31% more received chemotherapy)
  - 4% more live births, 7% fewer preterm live births, 9% less iatrogenic preterm deliveries



Results (2)

- Congenital malformations occurred in 4% of newborns (2% minor and 2 % major malformations)
- Odds ratio of chemotherapy exposure was:
  - 2.02 (95% CI 1.19 to 3.40), for preterm pre-labour ruptur of membranes and/or contractions
  - 2.37 (95% CI 1.31-4.28) for NICU admission
  - 1.83 (95% CI 1.21 to 2.78) for small-for-gestational-age (mainly platinum-based and alkylating chemotherapy appeared to increase the incidence).

Conclusions

- The referral of pregnant cancer patients who need chemotherapeutic treatment to centers with obstetrical high care units is recommended.

Acknowledgements

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Thank you!