The 45th Meeting of the

New England Association of Gynecologic Oncologists

Manchester Village, Vermont

June 5 – 7, 2026

WiFi Network Name: Equinox *(No Password Required)*

New England Association of Gynecologic Oncologists

Preamble

In Sturbridge, Massachusetts at the Public House on the Common, a group of physicians from the several states and commonwealths of Connecticut, Massachusetts, Maine, Rhode Island and Vermont were gathered in the afternoon of Saturday, the eighth day of March in the year A.D. nineteen hundred and eighty. These physicians proclaim their existence as gynecologic oncologists in order to advance the practice and science of gynecologic oncology in New England and agree that an organization for such a purpose should be formed and sustained.

It was decreed that this organization henceforth should be known as the New England Association of Gynecologic Oncologists.

It was agreed that invitations to membership should be extended to those who have distinguished themselves by their accomplishments and their extraordinary contributions to the practice and science of gynecologic oncology.

It was agreed that the purpose of the association was to improve patient care by: (1) Enhancing the exchange of medical knowledge among New England physicians treating patients with gynecologic malignancies. (2) Providing a forum for increased communication among gynecologic oncologists in New England which should foster collaborate studies. (3) Encouraging a feeling of camaraderie among gynecologic oncologists and others with common interests.

I hereby agree to the bylaws of this preamble and accordingly affix my signature on Saturday, October 18, 1980.

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The 45th Meeting of the New England Association of Gynecologic Oncologists

PAST NEAGO MEETINGS AND PRESIDENTS

YEAR	LOCATION	PRESIDENT
1980-1981	Treadway Inn, Newport, RI	Murray Joseph Casey, MD
1981-1982	Black Point Inn, Prouts Neck, ME	Charles R. Boyce, MD
1982-1983	Pleasant Bay, Chatham, MA	Henry C. McDuff, Jr., MD
1983-1984	Woodstock Inn, Woodstock, VT	Thomas Leavitt, MD
1984-1985	Trapp Family Lodge, Stowe, VT	Jerome Belinson, MD
1985-1986	New Seabury, Cape Cod, MA	C. Thomas Griffiths, MD
1986-1987	Inn by the Sea, Cape Elizabeth, ME	Charles L. Easterday, MD
1987-1988	The Hilton Inn, Mystic, CT	Stephen L. Curry, MD
1988-1989	Bar Harbor Inn, Bar Harbor, ME	Ernest I. Kohorn, MD
1989-1990	Sheraton Sturbridge Resort, Sturbridge, MA	Richard E. Hunter, MD
1990-1991	The Equinox, Manchester, VT	Robert C. Knapp, MD
1991-1992	Newport Islander, Newport, RI	John C. Lathrop, MD
1992-1993	Chatham Bars Inn, Chatham, MA	Peter E. Schwartz, MD
1993-1994	Harbor House, Nantucket, MA	Arlan F. Fuller, MD
1994-1995	The Williams Inn, Williamstown, MA	William J. Hewett, MD
1995-1996	The Cliff House, Ogunquit, ME	Harrison G. Ball, MD
1996-1997	Ocean Edge Resort & Golf Club, Brewster, MA	Najmosama T. Nikrui, MD
1997-1998	The White Mountain Hotel, N. Conway, NH	Joseph T. Chambers, MD
1998-1999	The Westin, Providence, RI	C.O. Granai, MD
1999-2000	Cranwell Resort, Lenox, MA	Jonathan M. Niloff, MD
2000-2001	Topnotch Resort and Spa, Stowe, VT	Setsuko K. Chambers, MD
2001-2002	Harbor View Hotel, Martha's Vineyard, MA	James S. Hoffman, MD
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2003-2004	Chatham Bars Inn, Chatham, MA	Walter H. Gajewski, MD
2004-2005	Mt. Washington Resort, Bretton Woods, NH	Robert McLellan, MD
2005-2006	The Equinox, Manchester Village, VT	Michel Prefontaine, MD
2006-2007	The Colony Hotel, Kennebunkport, ME	Annekathryn Goodman, MD
2007-2008	The Wequassett Resort, Chatham, MA	Michael Muto, MD
2008-2009	Wentworth-by-the-Sea, New Castle, NH	Leslie DeMars, MD
2009-2010	Spruce Point Inn, Booth Bay Harbor, ME	Beth Nelson, MD
2010-2011	Stowe Mountain Lodge, Stowe, VT	Valena Soto-Wright, MD
2011-2012	Bar Harbor Regency, Bar Harbor, ME	Marcela del Carmen, MD
2012-2013	Water's Edge Resort & Spa, Westbrook, CT	John Schorge, MD
2013-2014	Hyatt Regency, Goat Island, Newport, RI	Richard G. Moore, MD
2014-2015	The Colony Hotel, Kennebunkport, ME	Susan Zweizig, MD
2015-2016	Ocean Edge Resort & Golf Club, Brewster, MA	Colleen Feltmate, MD
2016-2017	The Hilton Mystic, Mystic, CT	Amy Brown, MD, MPH
2017-2018	The Cliff House, Cape Neddick, ME	Emmanuel Soultanakis MD
2018-2019	Omni Mount Washington, Bretton Woods, NH	Dave Boruta, MD
2019-2020	The Equinox, Manchester Village, VT *(Canceled due to pandemic.)*	Cheung Wong, MD
2020-2021	Held virtually *(Due to pandemic.)*	Cheung Wong, MD
2021-2022	Hotel Viking, Newport, RI	Katina Robison, MD
2022-2023	Portland Regency Hotel, Portland, ME	Leslie Bradford, MD
2023-2024	Sea Crest Beach Resort, North Falmouth, MA	Ashley Stuckey, MD
2024-2025	Ocean Edge Resort & Golf Club, Brewster, MA	Elizabeth Lokich, MD

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Past Award Winners

DIANNON PRIZE

(For the best paper presented by a trainee)

1922 Bjorn Bjornsson, MD
1993 Ricardo Saniz de la Cuesta, MD
1994 Iris Wertheim, MD
1995 Thomas Rutherford, MD
1996 Mitchell Edelson, MD
1997 Annette Chen, MD
1998 Donald Wiper, MD
1999 John Schorge, MD

TRAINEE AWARD

1999 Karen Houck, MD
2000 Eugene P. Toy, MD
2001 Richard Moore, MD
2002 Robert DeBernardo, MD
2002 Tanja Pejovic, MD
2003 Laurent Brard, MD
2003 E. Colin Koon, MD, PhD
2004 E. Colin Koon, MD, PhD
2004 Ami Vaidya, MD
2005 Michael J. Callahan, MD
2005 Viven Lee, MD
2006 Michael Kelley, MD
2006 Katina Robison, MD
2007 Eloise Chapman (Clinical)
2007 Emily M. Ko, MD (Clinical)
2007 Alexander Olawaiye, MD (Basic Science)
2007 Katina Robison, MD (Basic Science)
2008 Leslie Garrett, MD (Basic Science)
2008 Moune Jabre-Raughley, MD (Clinical)
2009 Whitfield Growdon, MD (Basic Science)
2009 Jason Knight, MD (Clinical)
2010 Katrin Kristjansdottir, MD (Basic Science)
2010 Megan Wright, MD (Clinical)
2011 Leslie Bradford, MD (Basic Science)
2011 Elizabeth Lokich, MD (Clinical)
2012 Rachel Clark, MD (Basic Science)
2012 Jessica Hsieh, MD (Clinical)
2013 Kevin Elias, MD (Basic Science)
2013 Emily Hill, MD (Basic Science)
2014 Amy Bregar, MD (Clinical)
2014 Elizabeth Lokich, MD (Basic Science)
2014 Carlton Schwab, MD (Basic Science)
2015 Jonathan Black, MD (Basic Science)
2015 Katelyn Dorney, MD (Clinical)
2015 Kevin Elias, MD (Basic Science)
2016 Kevin Elias, MD (Basic Science)
2016 Jenna Emerson, MD (Clinical)
2017 Roni Nitecki, MD (Clinical)
2017 Matthew Oliver, MD (Basic Science)
2018 Lindsey Beffa, MD (Basic Science)
2018 Amita Kulkarni, MD (Clinical)
2019 Jenna Emerson (Basic Science)
2019 Deanna Glassman (Clinical)
2020 No awards given (Meeting canceled)
2021 No awards given (Virtual; no abstracts)
2022 Julia Dexter, MD (NEAGO Collaborative)
2022 Kate Kurchena, MD (Clinical)
2022 Kaitlin Nicholson, MD (Basic Science)
2023 Jessica St. Laurent, MD (Basic Science)
2023 Sha Sha, MD (Clinical)
2024 Kali Sullivan, BS (NEAGO Collaborative)
2024 William Manning, MD (Basic Science)
2024 Devon Abt Harris, MD (Clinical)
2025 Michelle Greenman, MD (Basic Science)
2025 Stephanie Harlow, MD (Clinical)

PROGRAM

Friday, June 5, 2026

11:00 am *(Battenkill Foyer)*	**Member/Guest Registration**
11:00 am *(Rockwell B & C)*	**Exhibition Hall Opens – Garden Level**
12:15 -1:15 pm *(Battenkill Room)*	**Industry Session (Speaker Lunch sponsored by GSK)** **Title:** *"A Treatment Option for Patients with Primary Advanced or Recurrent Endometrial Cancer"* **Speaker:** Sharyn Lewin, MD *(Dir., Division of Gyn Oncology at Holy Name of Teaneck, New Jersey; President/Executive Director of The Lewin Fund to Fight Women's Cancer)*
1:20-1:25 pm *(Manchester Room)*	**Presidential Welcome:** *Eric Eisenhauer, MD*
1:30-2:50 pm *(Manchester Room)*	**FIRST SCIENTIFIC SESSION** *(Abstract Schedule on Page 10)*
2:50-3:25 pm *(Rockwell B & C)*	***Break with Coffee, Snacks and Exhibits – Garden Level***
3:25-4:45 pm *(Manchester Room)*	**SECOND SCIENTIFIC SESSION** *(Abstract Schedule on Page 11)*
5:00 pm *(Rockwell B & C)*	***Exhibits Close – Garden Level***
5:00-6:15 pm *(Manchester Room)*	**Tumor Board: Multidisciplinary Mixtape (Sponsored by Genmab)** *with Alexander Melamed, MD, MPH, of Mass General Hospital, Boston, MA*
6:15-7:30 pm *(Rockwell Patio)*	**Cocktail Reception … *families are welcome!***

PROGRAM

Saturday, June 6, 2026

7:00 am *(Battenkill Foyer)*	**Registration Opens**
7:00-9:00 am	**Breakfast Buffet** *(Colonnade Room)* **Exhibition Hall Open** *(Rockwell B & C – Garden Level)*
7:30-8:30 am *(Colonnade Room)*	**Industry Session (Speaker Breakfast sponsored by Corcept)** **Title:** *"First-in-Class Option for the Treatment of Platinum-Resistant Ovarian Cancer"* **Speaker:** Alexander Olawaiye, MD *(Professor of Gyn Onc, University of Pennsylvania, Magee-Womens Hospital of UPMC)*
8:30-9:50 am *(Manchester Room)*	**THIRD SCIENTIFIC SESSION** *(Abstract Schedule on Page 12)*
9:50-10:25 am *(Manchester Room)*	**GRANT UPDATES AND PRESENTATIONS** *(Grant Titles and Presenters on Page 13)*
10:25-10:55 am *(Rockwell B & C)*	***Break with Coffee and Exhibits – Garden Level***
11:00 am-12:20 pm *(Manchester Room)*	**FOURTH SCIENTIFIC SESSION** *(Abstract Schedule on Page 14)*
12:30 -1:30 pm *(Manchester Room)*	**Keynote Address** *"Ovaries, Tubes, and Hormones: Precision Prevention of Ovarian Cancer"* **Speaker:** Jason D. Wright, MD *(Chair, Dept. of Ob-Gyn of Tufts Medical Center; Louis E. Phaneuf Teaching and Research Chair and Professor, Ob-Gyn of Tufts School of Medicine)*
2:00 pm *(Rockwell – B & C)*	***Exhibits Close – Garden Level***
5:00-6:00 pm *(Colonnade Room)*	**Cocktail Hour at The Equinox Golf Resort & Spa**
6:00-7:30 pm *(Colonnade Room)*	**Dinner at The Equinox Golf Resort & Spa**

PROGRAM

Sunday, June 7, 2026

7:00-9:00 am	**Breakfast Buffet** *(Colonnade Room)* **Exhibition Hall Open** *(Rockwell – B & C)*
7:30-7:45 am *(Manchester Room)*	**NEAGO Business Meeting (Members Only)**
7:45-8:45 am *(Colonnade Room)*	**Industry Session (Speaker Breakfast sponsored by Merck)** **Title:** *"A Treatment Option for Certain Adult Patients with Platinum-Resistant Ovarian Cancer"* **Speaker:** Joshua P. Kesterson, MD *(Gyn Oncologist and Medical Director, Gyn Oncology Program of UPMC in Central PA)*
8:50-10:10 am *(Manchester Room)*	**FIFTH SCIENTIFIC SESSION** *(Abstract Schedule on Page15)*
10:10-10:35 am *(Rockwell – B & C)*	***Break with Coffee and Exhibits – Garden Level***
10:35-11:45 am *(Manchester Room)*	**SIXTH SCIENTIFIC SESSION** *(Abstract Schedule on Page 16)*
11:00 am *(Rockwell – B & C)*	***Exhibits Close – Garden Level***
11:45 am–12:00 pm *(Manchester Room)*	**Closing Remarks:** *Eric Eisenhauer, MD, NEAGO President* **Announcement of Trainee Awards** **NEAGO 2026:** *Katharine Esselman, MD, NEAGO President-Elect*

ABSTRACT SCHEDULES

(Presenters' names have been listed in bold. Asterisk indicates NEAGO Sponsor.)

FIRST SCIENTIFIC SESSION (Friday, June 5, 2026):

TOPIC – "Primary Cervix" (1:30 – 2:50 pm)

Moderators – Eric Eisenhauer, MD and Katharine Esselen, MD

Abstract #1 Effectiveness and survival differences comparing sentinel lymph node biopsy and lymphadenectomy in patients undergoing radical hysterectomy for cervical cancer in the US. ***Alex E.R. Powers, MD, ScM****; Núria Agustí, MD; Alicia Youssef, MD; William Manning, MD; Amy Bregar, MD; Roni Nitecki Wilke MD, MPH; Alejandro Rauh-Hain, MD, MPH; Alexander Melamed, MD, MPH**

Abstract #2 From Infusion to Incision: Overall Survival Outcomes of Neoadjuvant Chemotherapy Followed by Surgery (NACT-S) Compared to Chemoradiotherapy (CRT) in Locally Advanced Cervical Cancer (LACC). ***Sha Sha, MD1****; Yongmei Huang, MD, DrPH, Ling Chen, MD, MPH, Jessica DiSilvestro, MD, Sarah Paraghamian, MD, Rafael Gonzalez, MD, Valena Wright, MD, Katina Robison, MD, Jason Wright, MD**

Abstract #3 Cervical Cancer and Bankruptcy Risk in Massachusetts. ***Linh H Nguyen , MD, MS****, Tina Hsieh, MD, MPH, MS, Jorge Gomez-Mayorga, MD, MS, Anastasia Bogdanovski, MD, Q. Lina Hu-Bianco, MD, Nishant Uppal, MD, Benjamin James, MD, MS, Katharine Esselen, MD, MBA**

Abstract #4 Physical Activity as a Vital Sign in Epic: A Quality Improvement Project in Gynecologic Oncology Care. ***Yiran Wang, MD****, Sha Sha, MD, Jessica B. DiSilvestro, MD, Valena Wright, MD**

Abstract #5 Perioperative outcomes of radical hysterectomy for early-stage cervical cancer before and after the LACC trial. ***Karen H. Mori****, Nayantara Biswas, Joseph A. Dottino, Emily Zitkovsky, Michele R. Hacker, Katharine M. Esselen**

Abstract #6 The use and survival outcomes of concurrent immunotherapy with chemoradiation in locally advanced cervical cancer (LACC): an analysis of the National Cancer Database. ***Shannon Wagner, MD, MPH****, Ling Chen, MD, MPH, Sha Sha, MD, Jason D. Wright, MD, Katina Robison, MD, Valena Wright, MD, Sarah Paraghamian, MD, Rafael Gonzalez, MD, Jessica DiSilvestro, MD**

Abstract #7 A retrospective evaluation of sentinel lymph node mapping using indocyanine green in early-stage vulvar cancer. ***Shannon Wagner, MD, MPH****, Yiran Wang, MD, Sha Sha, MD, Gouri Sadananda, MD, Katina Robison, MD, Valena Wright, MD, Sarah Paraghamian, MD, Jessica Buck DiSilvestro, MD*, Rafael Gonzalez, MD*

Abstract #8 The impact of re-adoption of open radical hysterectomy on postoperative outcomes in the United States: an interrupted time series analysis. ***Anastasia Onyango, BS****, Alex E. R. Powers, MD, ScM, William Manning, MD, Christina Onyebuchi, MD, Alicia Youssef, MD, Amy Bregar, MD, Alejandro Rauh-Hain, MD, MPH, Alexander Melamed, MD, MPH**

SECOND SCIENTIFIC SESSION (Friday, June 5, 2026):

TOPIC – "Recurrent Ovary" (3:25 – 4:45 pm)

Moderators – Cara Mathews, MD and Jessica St. Laurent, MD

Abstract #9 Two cases of clear cell gynecologic malignancies with isolated supraclavicular metastases. ***Jenee Anekwe***, *Janina Pearce, Katherine Miller, Ashley Stuckey**

Abstract #10 Antibody-drug conjugate sequencing implications and insights into resistance mechanisms using ovarian cancer cell lines. ***Janina Pearce***, *Payton de la Cruz, Samantha Buyungo, Angye Salaverria, Areta Bojko, Cara Mathews*, Paul DiSilvestro, Nicole James*

Abstract #11 HER2 associated genomic characteristics and immune microenvironment dynamics in epithelial ovarian cancer. ***Samantha Buyungo***, *Julia Salinaro, Shriya Perati, Payton De La Cruz, Julia McAdams, Angelica Salaverria, Cara Mathews, Kamaljeet Singh, Paul DiSilvestro*, and Nicole E James.*

Abstract #12 Inhibition of mast cell degranulation leads to anti-tumor efficacy in an immunocompetent high grade serous ovarian cancer model. ***Areta Bojko***, *Payton De La Cruz, Samantha Buyungo, Janina Pearce, Angelica Salaverria, Cara Mathews*, Paul DiSilvestro, and Nicole James*

Abstract #13 Leveraging Mutational Evolutionary Interactions to Investigate Immune Dynamics and Actionability in Ovarian Cancer. ***Julia McAdams***, *Jay Manigo, Nic Fisk, Paul DiSilvestro**

Abstract #14 Unraveling the mechanisms of cromolyn sodium's anti-tumor efficacy in high grade serous ovarian cancer. ***Payton De La Cruz***, *Areta Bojko, Samantha Buyungo, Janina Pearce, Angelica Salaverria, Cara Mathews*, Paul DiSilvestro, and Nicole E James.*

Abstract #15 Practice patterns and outcomes after progression of cervical cancer on tisotumab vedotin. ***Areta Bojko***, *Claire Lin, Cara Mathews**

Abstract #16 Remarkable activity of Datopotamab Deruxtecan in TROP2 expressing Low-Grade Serous Ovarian Cancer: A Preclinical Study. ***Sarah Ottum***, *Cem Demirkiran, Orazio De Tommasi, Stefania Bellone, Victoria Ettorre, Alessandro D. Santin**

THIRD SCIENTIFIC SESSION (Saturday, June 6, 2026):

TOPIC – "Primary Endometrial" (8:30 – 9:50 am)

Moderators – Heather Einstein, MD and Allison Gockley, MD

Abstract #17 Concordance of HER2 Scoring Between Biopsy and Hysterectomy Specimens Among Patients with High Grade Endometrial Cancer. ***Parker Haddock***, *Julia R. Salinaro, Shivali Marketkar, Nicole James, Cara Mathews**

Abstract #18 Osseous metastases at time of diagnosis in Endometrial Carcinoma: Clinicopathologic Characteristics and Survival Outcomes at a Single Academic Institution. ***Eliane Shinder, MD***; *Cyrus Jalai, MD; Matthew Cowan, DO; Patrick Timmins, MD**

Abstract #19 Trends in Fertility-Sparing Treatment and Survival for Uterine and Cervical Embryonal Rhabdomyosarcoma: A National Cancer Database Analysis. ***Gretchen Davis, BS***; *Alex E. R. Powers, MD, ScM; Alicia Youssef, MD; William Manning, MD; Amy Bregar, MD; Alejandro Rauh-Hain, MD, MPH; Alexander Melamed, MD, MPH**

Abstract #20 Extranodal marginal zone lymphoma (MZL) mimicking advanced uterine malignancy: A case report and review of the literature. ***Katherine Trymbulak, MD*** *and Michael Cohen, MD**

Abstract #21 Clinical implications of distinct P53 mutational pattern types in uterine malignancies. ***John A Steinharter***, *Janina Pearce, Julia Salinaro, Cara Mathews**

Abstract #22 Progression free survival following severe immunotoxicity in patients receiving PD-1/PDL1 inhibitor maintenance – secondary analysis by disease site. ***Taran S. Carrasco, MD***, *Zachary M. Williams, Trinity J. Neal, Nayana Madhudi, Rainer K. Jones, MD, Mary J. Cunningham, MD, Joyce N. Barlin, MD**

Abstract #23 Is it Primary Retroperitoneal or Uterine Leiomyosarcoma? A Comparative Case Series of Psoas Tumors with Gonadal Blood Supply. ***Claire Surkis, BA***; *Lindsey Hurley, MD, Srinivas Mandavilli, MD; Lindsay Bliss, MD, MPH; M. Heather Einstein, MD*

Abstract #24 Differences in sentinel lymph node localization in low- and high-grade endometrial cancers. ***Heidi Chang***, *Annliz Macharia, Hannah Koo, Norah Ntambi, Katharine Esselen, Joanne Jang, Joseph Dottino**

GRANT UPDATES AND PRESENTATIONS

Moderators – Katina Robison, MD and Katharine Esselen, MD
(9:40-10:15 am)

GRANT UPDATES

2025 Grant **The impact of serum vitamin D levels on paclitaxel-induced peripheral neuropathy**
Update presented by Janina Pearce, MD, PhD

Members: Janina Pearce, MD, PhD, Jessica DiSilvestro, MD and Katherine Miller, MD

2024 Grant **The Role of End-of-Life Doulas in Gynecologic Oncology**
Update presented by Gabriela Weigel, MD

Members: Gabriela Weigel, MD, Corinne Jansen, MD, Chioma Anaemejeh, BA, Katherine Miller, MD, and Benjamin Margolis, MD

2024 Grant **Sentinel Lymph Node Mapping and Detection with Indocyanine Green and Spy-Phi Handheld Camera Technology in Early-Stage Vulvar Cancer (PILOT)**
To be presented at NEAGO 2027!

Members: Rafael Gonzalez, MD, Katrin Eurich, MD, Jasmine Ebott, MD and Katina Robison, MD

2026 AWARDEES

2026 Grant **Characterization of Intratumoral Heterogeneity of Claudin-6 Expression in Primary, Metastatic, and Recurrent Endometrial and Ovarian/Fallopian Tube Cancers**
Principal Investigator: Matthew Oliver, MD; Mentor: Cara Mathews, MD
Presented by Matthew Oliver, MD

2026 Grant **AHCC supplementation to support clearance of a persistent cervicovaginal HPV infection after conization treatment of cervicovaginal HSIL**
Principal Investigator: Jessica DiSilvestro, MD; Mentor: Katina Robison, MD
Presented by Jessica DiSilvestro, MD

Thank you to our NEAGO Grant Committee for their hard work during the grant review and selection process of submitted grants!

Review Committee

Committee Chairs: Katina 'Tina' Robison and Katharine 'Kate' Esselen

Leslie Bradford, Amy Brown, Murray 'Joe" Casey, Ilana Cass, Paul DiSilvestro, Colleen Feltmate, Alex Melamed, Niki Nikrui, and Ivy Wilkinson-Ryan

FOURTH SCIENTIFIC SESSION (Saturday, June 6, 2026):

TOPIC – "Primary Ovary" (11:00 am – 12:20 pm)

Moderators – Leslie Garrett, MD and Varvara Mazina, MD

Abstract #25 Who is getting and who is giving HIPEC in ovarian cancer? A National Cancer Database study examining trends in HIPEC administration from 2018 – 2022.
Katherine Bunnell BS MM, *Alicia M. Youssef MD, Siguo Li BS, Alex E. R. Powers MD ScM, William Manning MD, Varvara Mazina MD, Amy Bregar MD, Alexander Melamed* MD MPH*

Abstract #26 Combinatorial amphiregulin neutralization with neoadjuvant chemotherapy as a novel immunomodulatory approach for high grade serous ovarian cancer.
Angelica Salaverria, *Julia McAdams, Payton De la Cruz, Nicholas DaSilva Julia Salinaro, Cara Mathews*, Paul DiSilvestro, and Nicole E James*

Abstract #27 Association between Program-Level Neoadjuvant Chemotherapy Use and 10-Year Survival in Advanced Ovarian Cancer: A Difference-in-Differences Analysis.
Alex E. R. Powers, MD, ScM; *Gretchen Davis, BS; Deshae Jenkins, MD; Alicia Youssef, MD; William Manning, MD; Jason D. Wright, MD; Nancy L. Keating, MD, MPH; Amy Bregar, MD; Alejandro Rauh-Hain, MD, MPH; Alexander Melamed*, MD, MPH*

Abstract #28 A case report of ectopic adrenocorticotrophic hormone (ACTH)-secreting ovarian carcinosarcoma. ***Kari Flicker, MD***, *Erin Hartnett*, MD*

Abstract #29 Time toxicity of frontline maintenance poly (ADP-ribose) polymerase inhibitor use in ovarian cancer. ***Katherine Baumann MD MPH***, *Katharine Esselen* MD MBA, Joseph Dottino MD MPH, Rebecca Costa MS, Stephanie Argetsinger MS MPH, Dennis Ross-Degnan ScD, Anita Katharina Wagner PharmD MPH DrPH*

Abstract #30 Perspectives on Opportunistic Salpingectomy Amongst Gynecologic and General Surgeons. ***Yiran Wang, MD***, *Shannon Wagner, MD, MPH, Areta Bojko, MD, Devika Lekshmi, MPH, Saman Kamal, MD, Katina Robison, MD, Sarah Paraghamian, MD, Jessica Buck DiSilvestro, MD*

Abstract #31 Surgical complications of risk-reducing bilateral salpingo-oophorectomy with or without concurrent hysterectomy in patients with germline BRCA pathogenic variants.
Victoria M. Ettorre, DO MS; *Johanna D'Addario, PA-C; Jasmine Nichols, MS-3; Mitchell Clark,* MD*

Abstract #32 The surgical epidemiology of risk-reducing gynecologic cancer surgery in the US.
Danika Barry MD MPH MPP, *Colleen Feltmate* MD, Alexander Melamed MD MPH*

FIFTH SCIENTIFIC SESSION (Sunday, June 7, 2026):

TOPIC – "Recurrent Endometrial" (8:50 – 10:10 am)

Moderators – Patrick Timmins, MD and Ivy Wilkinson-Ryan, MD

Abstract #33 Invasive extramammary Paget's disease of the vulva treated with Arimidex and Ibrance prior to radiation: a case report. ***Eliane Shinder, MD***; *Patrick Timmins,* MD*

Abstract #34 The Use of the NCCN Distress Thermometer in Assessing for Financial Toxicity in Rural Gynecologic Oncology Patients. *Nicholas Baker,* ***Zackary George****, Jeanne Wishengrad, MS, John DiPalazzo, MS, MPH, Leslie Bradford,* MD, Kevin Stein PhD, FAPOS, Eric Anderson, PhD*

Abstract #35 Treatment outcomes with lenvatinib/pembrolizumab in recurrent uterine carcinosarcoma: a single site case series. ***Nneka Molokwu****, Janina Pearce, Areta Bojko, Julia Salinaro, Cara Mathews**

Abstract #36 Choriocarcinoma Following Rupture of a Presumed Cesarean Scar Ectopic Pregnancy: A Case Report. ***Christine I. Cho****, Shaina F. Bruce, Edward Podczaski, Mark S. Shahin, Joel I. Sorosky**

Abstract #37 Association of financial toxicity with uterine cancer treatment and survival. ***Andreas Tziotis****, Linh H. Nguyen, Maria Bazan, Michele Hacker, Katharine Esselen**

Abstract #38 SCREEN-CUP: Non-Invasive Endometrial Cancer Surveillance and Generation of Organoid Model Systems for the Study of Chemoprevention in Individuals with Lynch Syndrome. ***Emily A. Miller****, Laura Wollborn, Tia Kauffman, Jenna Beckwith, Ishmarie Colon Rivera, Asaf Maoz, Tara Berman, Colleen Feltmate*, Arianna Maselli, Kia Prescott, Blake Flood2 Marisa Nucci, Sapna Syngal, Matthew Yurgelun, Jessica St. Laurent*

Abstract #39 Toxicity and disease progression in a cohort of women with endometrial cancer treated with Pembrolizumab or Dostarlimab. ***Madelyn Fox****, Jeffrey Hage, Pauline Patzke, Brock Christensen, Ilana Cass, Ivy Wilkinson-Ryan**

Abstract #40 Association Between Organ Puncture and Acute Toxicity Following CT-Guided Interstitial HDR Brachytherapy for Gynecologic Malignancies: A Retrospective Cohort Study. ***James M Grant MD****, Salma Amin, Leslie A Garrett* MD, Joanne W Jang MD PhD*

SIXTH SCIENTIFIC SESSION (Sunday, June 7, 2026):

TOPIC – "Cancer Screening and Quality Improvement" (10:35 – 11:45 am)

Moderators – Sarah Paraghamian, MD and X. Clare Zhou, MD

Abstract #41 A Case of Mistaken Identity: Solitary Fibrous Tumor Mimicking a Leiomyoma of the Round Ligament. ***Navya R. Kumar***, *Elyse A. Olesinski, Amanda Ramos*, Stephen Fiascone*

Abstract #42 Use and outcomes of Induction Chemotherapy (IC) compared to Chemoradiation (CRT) in Locally Advanced Cervical Cancer (LACC). ***Dawit Kassa, MD****; Ling Chen, MD, MPH; Sha Sha, MD; Jessica DiSilvestro, MD; Katina Robison,* MD; Jason Wright, MD; Sarah Paraghamian, MD*

Abstract #43 Anal cancer screening in patients with vulvar high-grade dysplasia or cancer: a national survey of gynecologic oncologist practices. ***Lauren Estess BS****, Shannon Wagner, MD, MPH, Devika Lekshmi, MPH, Akemi Scott, Katina Robison, MD, Jessica DiSilvestro*, MD*

Abstract #44 A Patient with Stage IVB Low-Grade Endometrial Stromal Sarcoma Arising from Multifocal Endometriosis. ***Maia Jakubowski, MS-3****, Lauren Robertson, MD, Susan Parker, MD, Srinivas Mandavilli, MD, Xun Clare Zhou,* MD*

Abstract #45 The urban Native American experience with cervical cancer screening in the Boston-area community. ***Arielle Ortega BA****, Lauren Estess BA, Arianna Espindola, Nichol Brewer-Lowry MSc, Amanda Bruegl MD, Jessica Currier PhD, Lisa Quintiliani PhD, Michael K. Paasche-Orlow MD, Katina Robison MD, Rebecca B. Perkins MD, Jessica B. DiSilvestro* MD*

Abstract #46 Rate of HPV clearance after treatment in a cervical cancer screening campaign in Gicumbi, Rwanda. ***Dawit Kassa, MD****, Jessica DiSilvestro, MD, Emmanuel Manirakiza, MD, Lacy Hubbard, Alice Igiraneza, MD, Rebecca R. Henderson, MD, Katina Robison,* MD*

Abstract #47 Paper versus Electronic Screening for Financial Toxicity and Social Determinants of Health in Gynecologic Oncology: Impact and Patient Perspectives. ***Shreetoma Subrata Datta****, Isabelle Lefevre, Nadiha Noor Chelsea, Maria Reyes, Tina Yi Jin Hsieh, Michele R. Hacker, Katharine M. Esselen**

1. Effectiveness and survival differences comparing sentinel lymph node biopsy and lymphadenectomy in patients undergoing radical hysterectomy for cervical cancer in the US

***Alex E.R. Powers, MD, ScM**; Núria Agustí, MD; Alicia Youssef, MD; William Manning, MD; Amy Bregar, MD; Roni Nitecki Wilke MD, MPH; Alejandro Rauh-Hain, MD, MPH; Alexander Melamed, MD, MPH** - Institution: MGH

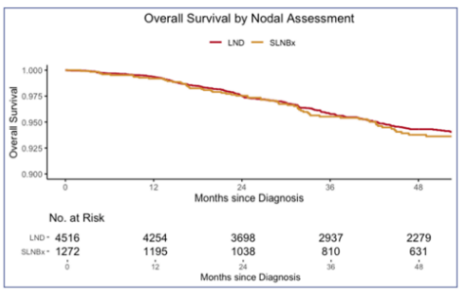
Objective: To compare outcomes among patients undergoing radical hysterectomy with sentinel lymph node biopsy (SLNBx) versus lymphadenectomy (LND) within Commission on Cancer–accredited programs.

Methods: Using the National Cancer Database, we identified patients with squamous cell, adeno-, and adenosquamous carcinomas who underwent radical hysterectomy with nodal assessment from January 2012 through December 2022. We excluded patients with tumors larger than 6 cm, those without histologic confirmation, those who received neoadjuvant therapy, or those who were treated outside the reporting facility. Outcomes included overall survival, nodal metastasis, administration of chemoradiation, duration of postoperative hospitalization, and 30-day readmission. Outcomes were compared in a propensity score-matched cohort of patients who underwent SLNBx or LND.

Results: Among 13,871 eligible patients, 1,528 underwent SLNBx. These patients were more often white (70.4% vs 66.7%), privately insured (64.8% vs 59.9%), and treated in non-safety net facilities (82.9% vs 75.0%). They were more likely to undergo minimally invasive surgery (59.9% vs 48.3%) and to have grade 1 (21.9% vs 17.9%), <2 cm (50.9% vs 42.5%), and adenocarcinoma histology (47.0% vs 38.7%) disease. We matched 1,526 patients who underwent SLNBx with 5,265 who underwent LND, achieving excellent balance of demographic, tumor, and hospital factors. Relative to LND, SLNBx was not associated with a significant difference in nodal metastasis (10.1% vs 10.4%; OR 0.96, 95% CI=0.74 to 1.17), adjuvant chemoradiation (16.7% vs 16.5%; OR 1.02, 95% CI 0.87 to 1.18), or readmission (3.0% vs 3.2%; OR 0.92, 95% CI=0.65 to 1.27), but was associated with shorter mean postoperative stay (1.91 vs 2.50 days; mean difference –0.60, 95% CI=–0.79 to –0.40). After a median follow-up of 50.5 months, there was no significant difference in overall mortality (4-year mortality 6.2% vs 5.7%; HR 1.04, 95% CI=0.81–1.34).

Conclusion: In routine clinical practice, SLNBx was associated with comparable nodal metastasis detection and survival outcomes with LND.

Figure: Kaplan-Meier curve for overall survival in matched cohort



2. From Infusion to Incision: Overall Survival Outcomes of Neoadjuvant Chemotherapy Followed by Surgery (NACT-S) Compared to Chemoradiotherapy (CRT) in Locally Advanced Cervical Cancer (LACC)

***Sha Sha, MD1**; Yongmei Huang, MD, DrPH 2; Ling Chen, MD, MPH 1; Jessica DiSilvestro, MD 1; Sarah Paraghamian, MD 1; Rafael Gonzalez, MD 1; Valena Wright, MD 1; Katina Robison, MD 1; *Jason Wright, MD 1 (1Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Tufts Medical Center, Boston MA; 2Department of Obstetrics and Gynecology, Columbia University, New York NY)*

Objective: To determine the use and outcomes of NACT-S compared to primary CRT for patients with LACC.

Methods: The National Cancer Database (NCDB) was used to identify patients with Stage IB2-IIB squamous, adenocarcinoma or adenosquamous carcinoma of the cervix treated between 2004-2022. Treatment within 60 days of diagnosis was classified as follows: 1) NACT-S for patients treated with chemotherapy that preceded hysterectomy with or without adjuvant radiotherapy or 2) CRT for patients treated with external beam radiation and brachytherapy in combination with chemotherapy without surgery. Patients were excluded if immunotherapy was administered first-line. Baseline demographics, including histology and stage, age, ethnicity, and insurance type were collected. Log-linear Poisson regression model was used to identify factors associated with NACT-S. Propensity score (PS) inverse probability of treatment weighting was used to compare overall survival (OS).

Results: A total of 10,557 patients were identified including 122 (1.2%) who underwent NACT-S and 10,435 (98.8%) treated with CRT. In both groups, the majority of patients were white, had commercial insurance, with squamous cell histology. Patients were more likely to undergo NACT-S if they had Stage IB2 (aRR 5.67; 95% CI, 3.64-8.83) or IB3 (aRR 3.23; 95% CI, 2.07-5.03) tumors, were <40 years of age (2.94; 95% CI, 1.63-5.29), had adenocarcinoma (aRR 1.96; 95% CI, 1.28-2.98) or adenosquamous (aRR 2.04; 95% CI, 1.01-4.11) histology. Over time, usage of NACT-S has decreased in favor of CRT. There was no statistically significant difference in OS at 5 years between the NACT-S and CRT groups (72.2%; 95% CI 62.6-79.8% and 77.8%; 95% CI, 76.2-79.3%, respectively) (Figure 1).

Conclusion: In the US, the majority of LACC patients are treated with primary CRT. There appears to be no difference in OS comparing NACT-S and CRT approaches. Patients receiving NACT-S were more likely to be younger and be of earlier stage.

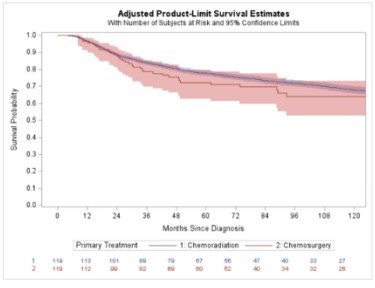


Figure 1: Overall survival in propensity score (PS) inverse probability of treatment weighting (IPTW) average treatment effect of the treated (ATT) cohort (p = 0.3252). Shaded area represents 95% confidence interval.

3. Cervical Cancer and Bankruptcy Risk in Massachusetts

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Objectives: To describe the incidence of bankruptcy among cancer patients in Massachusetts; and to examine patient, disease, and treatment characteristics associated with the development of bankruptcy following cervical cancer diagnosis.

Methods: We conducted a retrospective cohort study (2010-2019) of patients diagnosed with cancer in Massachusetts, linking individual Massachusetts Cancer Registry records to credit bureau data. Cancer types studied included breast, colon, lung, ovary, uterine, cervix, liver, thyroid, and bladder. Patients with new cancer diagnosis with ≥6 months pre- and ≥18 months post-diagnosis financial data were included. Patients with cervical cancer with and without bankruptcy were compared, excluding those who filed ≥1 year before diagnosis. Categorical and nonparametric continuous variables were analyzed using Fisher's exact and Wilcoxon rank-sum tests.

Results: Patients with cervical cancer (n=670) had the highest cumulative incidence (3%, CI 2.0-4.8) and incidence rate (5.8 per 1,000 person years; CI 3.6- 8.8) of bankruptcy among cancer types studied. The median time for bankruptcy was 2.5 yrs (IQR 1.5-4.25) following cervical cancer diagnosis. The median age at diagnosis was 46 (IQR 38-56). Patients were predominantly non-Hispanic white (78%), married (47%), and publicly insured (58%). Most had squamous cell carcinoma (54%), stage I (86%), and 50% were treated with surgery alone. Comparing those with and without bankruptcy, there were no significant differences in demographic, time to diagnosis, disease, or treatment characteristics. However, a greater proportion of those with post-diagnosis bankruptcy had surgical treatment only (67% vs 50%, p=0.3) compared with primary chemoradiation or radiation (33% v 14%, p=0.3).

Conclusions: Individuals with cervical cancer had the highest bankruptcy risk after diagnosis in Massachusetts. Although this study was likely underpowered to detect differences in characteristics that may heighten bankruptcy risk, it does highlight the need to explore less severe measures of financial toxicity to understand whether modifiable risk factors exist.

4. Physical Activity as a Vital Sign in Epic: A Quality Improvement Project in Gynecologic Oncology Care

Yiran Wang, MD1*; Sha Sha, MD1; Jessica B. DiSilvestro, MD1; Valena Wright, MD1* (1Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Tufts Medical Center, Boston MA)*

Objective: To evaluate the impact of a standardized EHR-based workflow on physical activity (PA) documentation by the healthcare team for gynecologic oncology patients. To identify patient characteristics associated with PA documentation.

Methods: This IRB-approved retrospective study included all patients with gynecologic precancer or cancer presenting to Tufts Medicine. Baseline PA documentation rates were collected between 6/1-6/30/25. Beginning 7/2025, the gynecologic oncology division implemented an EPIC-based PA documentation and counseling workflow as part of standard survivorship care which included two standardized questions to assess weekly exercise levels. Automated prompts with additional resources appeared for patients with exercise <150 min/week. Starting 12/2025, monthly feedback was provided to each site on percentage of visits with PA documented. Baseline demographics were also collected. Chi-square and Fisher's exact tests were utilized.

Results: 383 visits were extracted; the majority involved patients with endometrial (40%) or ovarian cancer (26%). Baseline PA documentation was <5%. Following workflow implementation, PA documentation increased from 62% to 73% 12/2025-01/2026. PA documentation occurred in 74% of new patient and preoperative visits, 64% of postoperative visits, and 0% of telehealth visits. Among visits with PA documentation, 27% reported ≥150 min/week of exercise. Those with ovarian cancer were more likely to report exercise ≥150 min/week (OR=3.2, p=0.002). Exercise levels did not differ between patients with preinvasive versus invasive disease. Those with BMI <30 were more likely to report exercise ≥150 mins/week compared to those with BMI ≥30 (OR=2.5, p=0.003). No patients with BMI ≥40 reported ≥150 mins/week of exercise.

Conclusion: Implementation of a standardized EHR workflow substantially increased PA documentation in gynecologic oncology clinics. Lower documentation rates during perioperative and telehealth visits highlight areas for workflow improvement. As only a minority of patients seen in clinic visits are meeting national PA recommendations, systematic PA assessment may facilitate targeted intervention and support survivorship-focused interventions.

5. Perioperative outcomes of radical hysterectomy for early-stage cervical cancer before and after the LACC trial

***Karen H. Mori**, Nayantara Biswas, Joseph A. Dottino, Emily Zitkovsky, Michele R. Hacker, Katharine M. Esselen** - Institution: BIDMC/Harvard

Objective: To evaluate perioperative morbidity, stratified by surgical approach, associated with radical hysterectomy for early-stage cervical cancer before and after the Laparoscopic Approach to Cervical Cancer (LACC) trial.

Methods: Using the American College of Surgeons National Surgical Quality Improvement Program database, we conducted a retrospective cohort study of patients with cervical cancer who underwent radical hysterectomy from 2012–2017 (pre-LACC) and 2019-2024 (post-LACC). Outcomes were infectious (i.e. surgical site infection, sepsis, urinary tract infection and pneumonia) and non-infectious (i.e. cardiopulmonary and thrombotic events, reoperation or readmission) complications within 30 days. We used log-binomial regression to estimate risk ratios (RR) and 95% confidence intervals (CI).

Results: A total of 3,741 patients underwent radical hysterectomy. Pre-LACC, there were 732 (38%) open and 1,171 (62%) laparoscopic procedures. Post-LACC, 1,584 (86%) patients underwent open surgery and 254 (14%) laparoscopic surgery. Median operative time for open surgery was significantly longer post-LACC compared to pre-LACC (207 vs 200 minutes, p=0.001), while operative time for laparoscopic surgery was significantly shorter post-LACC (164 vs 218 minutes, p <0.001). Among open surgeries, the risk of non-infectious complications decreased significantly post-LACC compared to pre-LACC (RR 0.69, 95% CI 0.59-0.82, p <0.001), while the risk of infectious complications increased (RR 1.2, 95% CI 0.99-1.5, p=0.06) post-LACC compared to pre-LACC. Among laparoscopic procedures, the risk of non-infectious complications also decreased, albeit not statistically significantly, in the post-LACC compared to pre-LACC period (RR: 0.87, 95% CI: 0.59-1.3); the risk of infectious complications was 1.07 (95% CI: 0.76-1.5) in the post-LACC compared to pre-LACC period. Adjusting for age, BMI, smoking and co-morbidities did not appreciably alter any of the RRs.

Conclusion: After the LACC-trial, open radical hysterectomy increased from 38% to 86% of all radical hysterectomies and was associated with significantly reduced non-infectious morbidity and possibly increased infectious complications.

6. The use and survival outcomes of concurrent immunotherapy with chemoradiation in locally advanced cervical cancer (LACC): An analysis of the National Cancer Database

***Shannon Wagner, MD, MPH1**; Ling Chen, MD, MPH1; Sha Sha, MD1; Jason D. Wright, MD1; Katina Robison, MD1; Valena Wright, MD1; Sarah Paraghamian, MD1; Rafael Gonzalez, MD1; Jessica DiSilvestro, MD1* (1Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Tufts Medical Center, Boston MA)*

Objectives: The KEYNOTE-A18 trial demonstrated that the addition of immunotherapy to chemoradiation for patients with LACC improved 24-month progression-free survival compared to chemoradiation alone. This study evaluated the use and survival benefit of concurrent immunotherapy with chemoradiation in patients with LACC.

Methods: Patients with newly-diagnosed Stage IIB-IVA squamous, adenocarcinoma or adenosquamous carcinoma from 2018-2023 were identified using the National Cancer Database. Chemoradiation treatment was defined as receipt of chemotherapy or radiation within 90 days of diagnosis without surgery and within 30 days of each other. Concurrent immunotherapy was defined as immunotherapy use within 90 days of diagnosis. Predictors of immunotherapy use were assessed using multivariable logistic regression models, incorporating year, age, tumor characteristics (histology, stage and grade), facility type, and location as variables. Propensity score analysis was used to adjust for group differences/confounders. Overall survival (OS) at 1 and 3-years and hazard ratios (HR) were compared across groups.

Results: Among 11,700 patients identified, 1.5% (n=180) received concurrent immunotherapy and 11,520 (98.5%) received chemoradiation alone. Immunotherapy use increased from 0.8% in 2018 to 3.4% in 2023 (P-value <0.001). Median follow-up time was 41 months. Patients who received care at a community institution were less likely to receive concurrent immunotherapy than at an academic/research institution (aOR 0.40, 95% CI 0.27-0.60). Patients aged >70 years were less likely to receive immunotherapy than age 18-39 (aOR 0.40 95%CI 0.21-0.78). There was no difference in survival between the two groups (aHR 0.87 95% CI 0.55-1.38). 3-year survival rates were 73.5% (95% CI 64.0-80.8%) for those who received immunotherapy and 68.4% (95% CI 67.1-69.8%) for no immunotherapy (p=0.42). Survival outcomes were similar after stratifying by stage.

Conclusions: Use of concurrent immunotherapy with chemoradiation is increasing among patients with LACC in the United States. No improvement in 3-year survival was observed among patients who received concurrent immunotherapy.

7. A retrospective evaluation of sentinel lymph node mapping using indocyanine green in early-stage vulvar cancer

Shannon Wagner, MD, MPH*; Yiran Wang, MD; Sha Sha, MD; Gouri Sadananda, MD; Katina Robison, MD; Valena Wright, MD; Sarah Paraghamian, MD; Jessica Buck DiSilvestro, MD*; Rafael Gonzalez, MD*
Institution: Tufts Medical Center

Objectives: To compare sentinel lymph node (SLN) detection rate using indocyanine green (ICG) versus standard-of-care Technetium-99m (99mTc) with methylene blue.

Methods: A retrospective cohort study was conducted of patients undergoing SLN mapping and dissection for vulvar cancer at a large New England academic center from February 2023 to January 2026. Eligible patients underwent mapping with (1) preoperative 99mTc lymphoscintigraphy, (2) intraoperative methylene blue, and (3) intraoperative ICG. Detection rates were compared across all three modalities.

Results: Twenty-one patients met inclusion criteria, yielding 25 inguinal SLN dissections and 40 SLNs, with a mean of 1.6 nodes per groin (range 1-4). Most had squamous cell carcinoma (86%), followed by melanoma (9.5%) and adenocarcinoma (4.8%) histology. Tracers were injected into the primary lesion (67%) or prior excision scar (43%).

At the groin level, mapping rates were 100% for ICG, 100% for 99mTc/methylene blue, 96% for 99mTc, and 68% for methylene blue alone. Over half (64%) of groins mapped successfully with all three tracing techniques. Eight groins (32%) mapped with ICG and 99mTc but not methylene blue; one (4%) mapped with ICG and methylene blue but not 99mTc; none mapped with ICG alone. At the lymph node level, all dissected SLNs (n=40) detected by 99mTc/methylene blue were also detected by ICG (100% concordance).

Conclusions: ICG for SLN mapping in vulvar cancer demonstrated detection rates equal to the standard-of-care. These data support its feasibility for inguinal lymph node assessment alongside 99mTc ± methylene blue. A larger trial evaluating the sensitivity, specificity, and groin recurrence with ICG alone are warranted.

8. The impact of re-adoption of open radical hysterectomy on postoperative outcomes in the United States: An interrupted time series analysis

Anastasia Onyango, BS*, Alex E. R. Powers, MD, ScM, William Manning, MD, Christina Onyebuchi, MD, Alicia Youssef, MD, Amy Bregar, MD, Alejandro Rauh-Hain, MD, MPH, Alexander Melamed, MD, MPH**
Institution: MGH/Harvard

Objective: To examine the impact of open radical hysterectomy (ORH) adoption on postoperative outcomes following the publication of the Laparoscopic Approach to Cervical Cancer (LACC) trial.

Methods: We categorized 2013-2017 as the pre-LACC period, 2019-2022 as the post-LACC period, and 2018 as the washout period. Patients who underwent radical hysterectomy for cervical cancer at Commission on Cancer–accredited programs with high adoption of open radical hysterectomy (ORH; top quartile, >83%) in the post-LACC period were included. Linear probability models with cluster-robust standard errors were used to estimate the causal association between ORH adoption, postoperative length of stay and 30-day readmission. Pre-LACC trends were used to estimate counterfactual 2019 outcomes and were compared with observed post-LACC outcomes.

Results: 2982 patients (mean age 46.5, 67% White, 14% Hispanic, 11% Black) were treated in 107 rapid-adopter hospitals. Most patients had grade 1 or 2 (60%) tumors with squamous cell histology (52%), negative LVSI (60%), and negative lymph nodes (86%). The proportion of ORH was 45% vs 94% in the pre- vs post-period. In the post-period, actual ORH utilization was 65 percentage points (p.p.) higher than the estimated 2019 counterfactual (95% CI 53.4-76.8, $p<0.001$). In the pre-period, MIS use increased over time (4.1 p.p. per year, 95% CI 1.9-6.3, $p<0.001$) while mean length of postoperative stay declined (0.3 days per year, 95% CI 0.1-0.5, $p=0.003$). Rapid ORH adoption in 2019 (+65.1 p.p., 95% CI 53.4-76.8, $p<0.001$) was associated with a 1.7-day (95% CI 1.0-2.5, $p<0.001$) increase in postoperative hospitalization. There was no association with change in 30-day readmission rates (3.6% pre vs 1.9% post, 95% CI -5.3 to +1.8, $p=0.35$).

Conclusions: Rapid adoption of ORH following the LACC trial was associated with a moderate increase in postoperative length of stay, but no change in 30-day readmission rate.

9. Two cases of clear cell gynecologic malignancies with isolated supraclavicular metastases

***Jenee Anekwe**, Janina Pearce, Katherine Miller, Ashley Stuckey** - Institution: Brown University/Women & Infants

Objective: Gynecologic carcinomas typically spread via direct extension to the surrounding pelvic region. When lymphatic metastases occur, pelvic and retroperitoneal lymph nodes are typically affected, with rare involvement extra-abdominally. This study reports two cases of clear cell carcinoma – one endometrial, one ovarian – that developed isolated supraclavicular metastases.

Methods: Clinical presentation, imaging, pathology, and treatment courses for both patients were reviewed.

Results: A 73 year old with elevated CA125 and adenocarcinoma on endometrial biopsy underwent surgical staging with pathology and intraoperative findings demonstrating stage IIIC2 clear cell endometrial carcinoma. She received 6 cycles of adjuvant carboplatin, paclitaxel, and pembrolizumab, as well as vaginal brachytherapy and whole pelvic external beam radiation therapy. Nearly one year into pembrolizumab maintenance therapy, left supraclavicular lymphadenopathy was noted with negative FNA and normal CA125. Excisional biopsy was performed after continued growth, which confirmed metastatic disease. Radiation was deferred given lack of extracapsular extension, and the patient is now receiving lenvatinib and pembrolizumab.

A 55 year old with a history of premenopausal ER/PR+, HER2 (-) right breast invasive ductal carcinoma was found to have an elevated CA125 and complex adnexal mass. She underwent staging surgery with pathology demonstrating bilateral stage IC3 clear cell ovarian carcinoma, and received 6 cycles of adjuvant carboplatin and paclitaxel. Six years after her initial staging surgery, imaging demonstrated right supraclavicular lymphadenopathy. CA125 remained normal. Core biopsy in this area confirmed metastatic ovarian disease, and was followed by excision. She has since undergone right low neck and upper mediastinal radiation, completed 6 cycles of carboplatin, liposomal doxorubicin, and bevacizumab, and is now receiving bevacizumab maintenance.

Conclusion: This case series demonstrates the importance of imaging in identifying unusual sites of metastases in gynecologic clear cell carcinomas. Additional molecular profiling may be useful to identify predictors and drivers of this specific metastatic presentation.

10. Antibody-drug conjugate sequencing implications and insights into resistance mechanisms using ovarian cancer cell lines

***Janina Pearce**, Payton de la Cruz, Samantha Buyungo, Angye Salaverria, Areta Bojko, Cara Mathews*, Paul DiSilvestro, Nicole James*
Institution: Brown University/Women & Infants

Objective: The purpose of this study was to determine the effect of antibody-drug-conjugates (ADCs) and their payloads on the expression of treatment receptor targets.

Methods: Human high grade serous ovarian cancer cell lines (PEA1, PEA2, OVCAR8) were treated with trastuzumab deruxtecan (TDXD), sacituzumab govitecan (SG), mirvetuximab soravtansine (MIRV), their corresponding immunoglobulin control-payload conjugates and payloads (DXD, SN38, DM4), and DMSO controls for 48 hours. Protein was isolated, and western blot analyses performed to evaluate changes in protein expression of several ADC targets (B7H4, CLDN6, FOLR1, HER2, TROP2).

Results: In the chemo-sensitive cell line PEA1, treatment with TDXD and DXD payload resulted in decreased HER2 expression compared to control, and DXD payload alone led to decreased B7H4. In the two chemo-resistant cell lines PEA2 and OVCAR8, only the DXD payload resulted in decreased HER2. Additionally, TROP2 decreased with both TDXD and DXD treatments in PEA2 cells, and B7H4 was decreased in OVCAR8 cells.

Treatment with SG did not alter TROP2 expression in any of the three cell lines; however, treatment with SN38 payload alone resulted in decreased TROP2 only in OVCAR8 cells. Interestingly, SG and SN38 treatments resulted in decreased HER2 in both PEA1 and PEA2 cells. Treatment with SG alone also resulted in decreased B7H4 in PEA1 cells, and decreased CLDN6 in PEA2 cells.

No changes in ADC target expression were noted in OVCAR8 cells after MIRV and DM4 treatment. However, in PEA1 cells, MIRV alone resulted in decreased FOLR1 and increased B7H4 and CLDN6. In PEA2 cells, both MIRV and DM4 treatments resulted in decreased HER2, whereas DM4 payload alone resulted in increased CLDN6 and TROP2.

Conclusion: This study demonstrates differential responses to ADCs and their respective payloads in both chemo-sensitive and -resistant ovarian cancer cell lines. Additional work is underway to better understand and optimize ADC sequencing.

11. HER2 associated genomic characteristics and immune microenvironment dynamics in epithelial ovarian cancer

Samantha Buyungo, *Julia Salinaro, Shriya Perati, Payton De La Cruz, Julia McAdams, Angelica Salaverria, Cara Mathews, Kamaljeet Singh, Paul DiSilvestro*, and Nicole E James.*
Institution: Brown University/Women & Infants

Objective: Despite the rapid clinical approval of the HER2-directed antibody-drug conjugate, trastuzumab deruxtecan (T-DXd), preclinical mechanistic studies have been lacking. Therefore, the goal of this study was to determine genomic and immunogenic characteristics associated with HER2 high epithelial ovarian cancer (EOC) tumors, in order to better understand what subset of patients will benefit most from single agent and combinatorial HER2-directed treatment regimens.

Methods: Through the employment of our institution's clinical genomic database, 130 EOC patients were retrospectively identified. Genomic characteristics were stratified by gastric HER2 score, and distributions were analyzed with Fisher's exact test. Subsequently, 34 EOC tumors were internally stained for HER2 and fluorescent immunohistochemistry (IHC) analysis of PD-L1, CD4, and CD8 was performed. EOC cell lines were treated with T-DXd and PD-L1 and VEGFA levels were assessed via quantitative pCR. Finally, cell lines were treated with T-DXd and bevacizumab, and VEGF levels were analyzed via western blot.

Results: Non-significant ($p>0.05$) differences were detected in HRD status, CCNE1 amplification, and ARID1A status between HER2 high (n=29) and low (n=101) tumors both an EOC and a high grade serous ovarian cancer (HGSOC) sub-cohort (n=98). Although not statistically significant, HER2 high patients exhibited lower levels of FOLR1 positivity and higher levels of PD-L1 positivity in both EOC and HGSOC cohorts. The trend in PD-L1 positivity was verified by fluorescent IHC analysis which revealed PD-L1 expression and CD4+ T cell levels were significantly higher ($p<0.05$) in HER2 high tumors. Finally, T-DXd substantially downregulated PD-L1 and VEGFA, and bevacizumab and T-DXd synergistically reduced VEGF expression.

Conclusion: Our data suggests that HER2 high EOC tumors are more likely to be FOLR1 negative and PD-L1 positive. Furthermore, treatment with T-DXd downregulates PDL-1 and VEGFA expression in EOC cell lines. Taken together, these findings support further investigation of combinatorial immunotherapy and anti-angiogenic T-DXd treatment regimens in EOC.

12. Inhibition of mast cell degranulation leads to anti-tumor efficacy in an immunocompetent high grade serous ovarian cancer model

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Objectives: High-grade serous ovarian cancer (HGSOC) frequently develops resistance to frontline chemotherapy and has been largely unresponsive to clinically available immunotherapies. Past work by our group has established that in HGSOC patient tissue following chemotherapy exposure, mast cell degranulation and activation is increased. Thus, this current study sought to evaluate the anti-tumor efficacy of the mast cell stabilizer cromolyn sodium (CS).

Methods: ID8p53-/- or ID8p53-/- BRCA2-/- cells were injected intraperitoneally into 6-week-old female C57BL/6 mice. After 21 days, mice were randomized into four groups: saline control, carboplatin/paclitaxel, CS, and combination therapy. Mice received a single dose of carboplatin (30 mg/kg) and paclitaxel, and daily CS or saline. After 7 days, tumors were harvested and weighed. Differences in tumor burden were determined via a one-way ANOVA with Tukey's test. Fluorescent immunohistochemistry quantified Tryptase+/CPA3+ mast cells. Survival studies were performed in both ID8p53-/- and ID8p53-/- BRCA2-/-models in which mice received either daily CS or saline until they reached a humane endpoint. Kaplan-Meier analysis was employed to assess differences in survival.

Results: A significant reduction ($p<0.05$) in tumor burden compared to saline control mice was observed in combinatorial CS and chemotherapy treated mice in both ID8p53-/- and ID8p53-/- BRCA2-/-models, however there was non-significant differences detected between CS and combinatorial CS and chemotherapy treated groups highlighting the mono therapeutic efficacy of CS in HGSOC. In both models a significant ($p<0.05$) decrease in both intratumoral Tryptase+ and Tryptase+CPA3+ mast cells were observed in CS+ chemotherapy treated mice compared to saline control and chemotherapy alone. Finally, a significant ($p<0.05$) prolonged survival was observed in CS treated mice compared to saline control in the ID8p53-/- model.

Conclusions: CS demonstrates potential as an immunomodulatory strategy to inhibit HGSOC tumor growth. Future directions include elucidating the mechanism of action of CS anti-tumor efficacy in HGSOC.

13. Leveraging Mutational Evolutionary Interactions to Investigate Immune Dynamics and Actionability in Ovarian Cancer

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Background: Ovarian cancer (OV) remains underrepresented in genomic studies despite high recurrence and mortality rates. Associating rare driver mutations, evolutionary advantageous mutational synergies, and actionable components of mutational etiology with the tumor immune microenvironment holds powerful potential for advancing understanding of OV biology and treatment. Studies have shown correlations between immune checkpoint biomarkers, including LAG3, CTLA4, and ICOS, along with regulatory T cells, and improved clinical outcomes, yet evolutionary components of these multi-dimensional immune signatures remain incompletely characterized.

Methods: Utilizing cancereffectsizeR, we quantified selective benefit of OV tumor SNVs by pooling samples across whole-exome, whole-genome, and targeted panel sequencing studies, enabling identification of driver mutations inclusive of both frequency and selection. We investigated epistatic selection patterns to identify mutational synergies, enabling prediction of mutational ordering and potential combinatorial targeting strategies. To assess actionability, we compared selective contributions of distinct mutational sources between KRAS+ and KRAS- tumor cohorts, distinguishing potentially actionable from inactionable components of mutational etiology. Finally, we incorporated small cohort single-cell RNA sequencing data to characterize how these evolutionary dynamics interface at the tumor microenvironmental level.

Results: Our analyses revealed rare driver mutations and novel epistatic interactions supporting temporal ordering of mutation acquisition. Comparison of mutational source contributions between KRAS+ and KRAS- cohorts revealed minor differences in the selective contributions of those signatures, with no significant difference between KRAS types and few presently actionable signatures identified—suggesting that stratification by KRAS status alone does not reveal a clear preventative strategy. We further examined associations between evolutionary selection patterns and immune biomarkers, incorporating single-cell RNA sequencing to probe these relationships at the tumor microenvironmental level.

Conclusions: Our findings provide insight into OV disease progression and actionability. Continued elucidation of the interplay between mutational evolution and immune dynamics in OV holds promise for identifying biomarkers of immunotherapy response and improving clinical outcomes.

14. Unraveling the mechanisms of cromolyn sodium's anti-tumor efficacy in high grade serous ovarian cancer

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Objective: In previous studies, we found that the mast cell stabilizer cromolyn sodium significantly decreased tumor burden in in vivo models for HGSOC, indicating that targeting mast cell degranulation may represent a novel strategy in combating therapeutic resistance. This current study aims to elucidate potential mechanisms behind the anti-tumor efficacy of cromolyn sodium.

Methods: ID8 p53-/- and ID8 p53-/- BRCA2 -/- cells were administered intraperitoneally to C57/BL6 mice. 20 days post-inoculation, mice were allocated into four groups to receive saline control, carboplatin and paclitaxel, cromolyn sodium, or a combination of carboplatin, paclitaxel, and cromolyn sodium. After 7 days of treatment, tumors were collected for FFPE and proteomics analysis. Fluorescent immunohistochemistry was performed to determine intratumoral levels of histamine using integrated optical density. Protein was extracted from flash frozen tumors for proteomics via mass spectrometry. Gene Set Enrichment Analysis (GSEA) was performed on proteomics data to identify significant pathway changes between treatment groups.

Results: In the ID8 p53-/- mice, a model for homologous recombination-proficient (HRP) disease, intratumoral histamine levels were significantly higher in the chemotherapy-treated group than in those receiving cromolyn sodium, combinatorial cromolyn sodium and chemotherapy, and saline controls ($p<0.05$). No significant differences in histamine expression were observed between treatment groups in ID8 p53-/- BRCA2-/- mice, a model for homologous recombination-deficient (HRD) disease. Interestingly, GSEA revealed a notable downreglation of pathways associated with sumoylation, a post-translational modification involved in several cellular functions such as protein stability and DNA damage repair, in cromolyn sodium-treated ID8 p53-/- tumors.

Conclusions: This study suggests that cromolyn sodium elicits differential effects in HRD versus HRP tumors, particularly at the protein level. Future directions include performing single-cell sequencing with digital spatial profiling on pre- versus post-NACT patient tumor samples to elucidate comprehensive transcriptomic adaptations within mast cells, and how these adaptations influence the surrounding tumor microenvironment.

15. Practice patterns and outcomes after progression of cervical cancer on tisotumab vedotin

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Objective: This study aims to describe practice patterns and outcomes after treatment of metastatic cervical cancer (mCC) with tisotumab vedotin (TV).

Methods: This is a single-center retrospective cohort study of all mCC patients who received TV at our center. Descriptive statistics were used to summarize patient demographics, clinical characteristics, treatment durations and sequencing.

Results: We identified 12 mCC patients who underwent treatment with TV between August 2015 and March 2026, as standard therapy or on a clinical trial. Treatment with TV varied from first to fourth line, and median duration of treatment with TV was 19.5 weeks. After progression of disease (PD) on TV, 6 (50%) patients transitioned to hospice without further aggressive intervention, with median survival of 2 weeks after discontinuation of treatment. Two (17%) patients enrolled in clinical trials, with median treatment duration of 24 weeks before PD. One (8%) patient underwent a change in systemic therapy based on gastric-type histology until PD after 13 weeks, and died 7 weeks later. Two (17%) patients discontinued TV due to toxicity, and changed therapy from TV/pembrolizumab to single agent pembrolizumab off trial. These patients had a median duration of treatment of 23.5 months on single agent pembrolizumab off trial and achievement of disease stability at the time of data collection completion. One patient came off treatment with TV and pembrolizumab for toxicity and remains alive without evidence of disease 56 months out from initiation of treatment. Finally, one (8%) patient received TV for 24 weeks with good response, however experienced grade 3 hemorrhage and transitioned to clinical trial.

Conclusions: Disease progression on TV represents a critical juncture in the management of mCC, as outcomes are poor. This small sample of patients reflects the urgent need for development of effective therapies in this setting and provides guidance for counseling patients.

16. Remarkable activity of Datopotamab Deruxtecan in TROP2 expressing Low-Grade Serous Ovarian Cancer: A Preclinical Study

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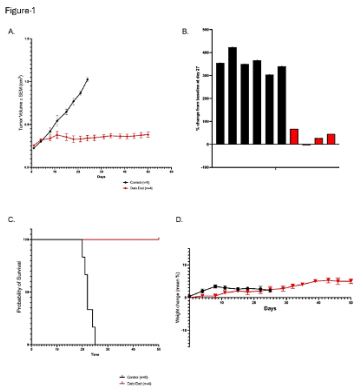
Objective: Low-grade serous ovarian carcinoma (LGSOC) is a rare subtype of ovarian cancer characterized by indolent growth and limited response to chemotherapy. The identification of novel therapeutic targets in LGSOC patients harboring advanced/recurrent disease unresponsive to standard treatment modalities including chemotherapy, aromatase (AI) and MEK inhibitors remains an unmet medical need. Trophoblast cell-surface antigen 2 (TROP2) has emerged as a promising target for antibody–drug conjugates (ADCs) against multiple human tumors, but its role in LGSOC remains poorly defined. This study aims to evaluate TROP2 expression in LGSOC as well as the potential efficacy of datopotamab deruxtecan (Dato-DXd), a TROP2 targeting antibody drug conjugate (ADC), in TROP2 expressing LGSOC patient-derived xenograft (PDX) models.

Methods: TROP2 expression was evaluated by immunohistochemistry (IHC) in a retrospective single-center cohort of 29 LGSOC patients treated at Yale University. In parallel, the antitumor activity of Dato-DXd was assessed in a patient-derived xenograft (PDX) model established from a heavily pretreated LGSOC patient overexpressing TROP2 with disease resistant to chemotherapy, aromatase inhibitors, and MEK inhibitors.

Results: TROP2 expression was detected in 28 out of 29 LGSOC cases with 25 (85%) samples demonstrating moderate to strong TROP2 expression. In vivo studies in mice demonstrated that Dato-DXd significantly inhibited tumor growth in a chemotherapy, aromatase inhibitor, and MEK/FAK inhibitor-resistant LGSOC PDX model when compared to control animals treated with vehicle/saline ($p < 0.0001$) without evidence of relevant toxicity (Figure 1). Median survival for control mice was 22 days while it was not reached at the end of our experiment (i.e. day 50) in animals treated with Dato-DXd.

Conclusion: TROP2 is widely expressed in LGSOC and may represent a promising therapeutic target. Dato-DXd demonstrates potent antitumor activity in a preclinical model of treatment-resistant LGSOC. Clinical studies to evaluate the role of Dato-DXd in patients with LGSOC resistant to standard treatments are warranted.



17. Concordance of HER2 Scoring Between Biopsy and Hysterectomy Specimens Among Patients with High Grade Endometrial Cancer

***Parker Haddock**, Julia R. Salinaro, Shivali Marketkar, Nicole James, Cara Mathews**
Institution: Brown University/Women & Infants

Objective: In the management of endometrial cancer, a patient's human epidermal growth factor 2 (HER2) receptor score may dictate treatment access. This study evaluated the concordance of HER2 scoring on biopsy versus hysterectomy specimens among patients with high grade endometrial cancer.

Methods: This was a retrospective cohort study using an institutional genomics database. Patients with high grade endometrial cancer with matched biopsy and hysterectomy specimens were included. HER2 scores were assigned using gastric criteria. The primary outcome was concordance of HER2 scores for biopsy versus resection specimens. Patient characteristics were abstracted. Spearman's correlation coefficient and descriptive statistics were employed.

Results: 29 patients were included. Histologic subtypes included uterine serous carcinoma (n = 20), carcinosarcoma (n = 7) and clear cell carcinoma (n = 2). Distribution of FIGO stage, tumor grade, p53 status, MMR status, POLE mutation status and receipt of neoadjuvant chemotherapy were similar between HER2 low and high tumor groups. For both biopsy and hysterectomy specimens, 44.8% of tumors were classified as HER2 low, while 55.2% were classified as high. HER2 scores demonstrated a moderate positive correlation between biopsy and hysterectomy specimens (Spearman r = 0.6782, 95% CI 0.40-0.84, $p < 0.0001$). Concordance in HER2 scores was found in 15/29 cases (51.7%), including 6 cases with HER2 0, 1 case with 1+, 3 cases with 2+ and 5 cases with 3+. Of the 14 discordant cases, 10 (71.4%) would have resulted in a change in treatment eligibility based on current National Comprehensive Cancer Network criteria.

Conclusion: A significant percentage of patients had discordant HER2 scores on biopsy versus hysterectomy specimens, frequently with implications for treatment eligibility. These findings highlight tumor heterogeneity and the limitations of relying on a single specimen. HER2 status may need to be evaluated across multiple blocks and specimen types to optimize access to HER2-directed therapies.

18. Osseous metastases at time of diagnosis in Endometrial Carcinoma: Clinicopathologic Characteristics and Survival Outcomes at a Single Academic Institution

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Institution: Montefiore Medical Center

Objective: Osseous metastasis (OM) from endometrial carcinoma (EC) are an uncommon but clinically significant manifestation of distant spread with unique treatment implications, often diagnosed at recurrence. The estimated incidence of OM at initial cancer diagnosis is very low (<0.12%), with unclear prognostic relevance. Racial disparities reflecting differential underlying disease characteristics among patients with OM at primary diagnosis have not been explored and may underpin disparate survival outcomes. We describe the clinicopathologic characteristics, treatment approaches, and survival outcomes of patients with EC complicated by OM at a single academic institution with a high-risk population.

Methods: This is a retrospective cohort study of patients >18 years old diagnosed with EC of all histologic subtypes with radiographically/pathologically confirmed OM at initial cancer diagnosis from January 2024 and December 2025 at Montefiore Medical Center. Patient demographic, tumor specific, clinical treatment and outcome data were abstracted from the electronic medical record. Overall survival (OS) was defined from the time of OM diagnosis to death or last follow up. Analyses were descriptive.

Results: Eight patients met inclusion criteria: 50% were non-Hispanic black, 25% Hispanic, and 25% Caucasian. Histologies included serous (75%) and Grade 3 endometrioid (25%). All patients had extra-osseous metastasis; 25% had hepatic involvement. Five patients received systemic directed therapy (chemotherapy with or without surgery), of whom four also received OM-directed interventions including palliative radiotherapy for pain relief, surgical resection, or bisphosphonates. Mean OS was 3.5 months, with a 1-year survival rate of 25%. Patients receiving cancer-directed therapy demonstrated longer mean survival than those who did not (5.0 vs. 1.3 months), and those receiving OM directed therapy demonstrated longer mean survival than those who did not (5.8 vs. 1.5 months). Symptomatic improvement in bone pain occurred in three patients; radiographic response of OM to treatment was observed in one case.

Conclusions: OM at EC diagnosis likely reflects aggressive tumor biology. Its occurence, more common in high-grade histologies, may correlate with racial and socioeconomic factors. Multimodal and OM-directed therapies may improve outcomes in select patients, though interpretation is limited by selection bias. Larger studies are needed to better define prognostic factors and optimize management strategies.

19. Trends in Fertility-Sparing Treatment and Survival for Uterine and Cervical Embryonal Rhabdomyosarcoma: A National Cancer Database Analysis

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Institution: MGH

Objective: To describe trends in fertility-sparing treatment (FST) and survival in gynecologic embryonal rhabdomyosarcoma (ERMS), a chemosensitive malignancy that predominantly affects young patients, within Commission on Cancer accredited programs.

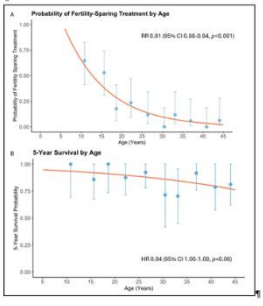
Methods: Patients aged 0-45 with uterine or cervical ERMS diagnosed between 2004–2023 were identified in the National Cancer Database. Patients with disease confined to the uterus and cervix were included. Patients without treatment or with unknown disease extent were excluded. Age groups were defined as children (age 0-17), young adults (age 18-29), and adults (age 30-45) and FST as fertility-sparing surgery or no surgery. Poisson regression modeled FST probability by age. Kaplan-Meier and flexible parametric models were used to assess survival.

Results: A total of 169 patients were identified, including 38 children, 51 young adults, and 80 adults. Probability of receiving FST decreased significantly with age, with a 9% relative reduction per year (RR 0.91, 95% CI 0.88-0.94; Figure A). After adjusting for age, uterine tumors were associated with significantly lower probability of FST compared to cervical tumors (RR 0.44, 95% CI 0.24-0.81), however the effect of age on FST did not differ by primary tumor site (pinteraction=0.92). FST was not associated with survival after adjusting for age and tumor site (HR 0.94, 95% CI 0.22-3.99). There was a modest decrease in 5-year survival probability by age group, with 5-year overall survival Kaplan-Meier estimates of 93% (95% CI 85%-100%) in children, 89% (95% CI 80%-99%) in young adults, and 81% (72%-92%) in adults, but this decline was not statistically significant (HR 1.04, 95% CI 1.00-1.09; Figure B).

Conclusion: In uterine and cervical ERMS, increasing age is associated with precipitous decrease in use of FST despite a modest, non-significant decline in 5-year overall survival, suggesting FST may be underutilized in older, reproductive-age patients.

Figure: Fertility-sparing treatment and 5-year survival by age

(A) The probability of receiving fertility-sparing treatment by age from Poisson regression model (orange line) with probability by age decile (blue dots) and 95% confidence intervals (blue lines). (B) Flexible parametric model (orange line) with Kaplan-Meier estimates for each age decile (blue dots) with 95% confidence intervals (blue lines).



20. Extranodal marginal zone lymphoma (MZL) mimicking advanced uterine malignancy: A case report and review of the literature

***Katherine Trymbulak, MD** and Michael Cohen, MD**
Institution: Albany Medical Center

Introduction: Extranodal marginal zone lymphoma (MZL) of the uterus is exceptionally rare. In previously reported cases, disease was localized and diagnosed incidentally at time of hysterectomy or endometrial sampling.1,2 We describe a case of uterine MZL presenting as a large pelvic mass with bilateral hydronephrosis and extensive lymphadenopathy, mimicking high-grade uterine malignancy.

Case Presentation: A 75-year-old female was referred to the ED by her nephrologist for acute kidney injury and bilateral hydronephrosis of unclear etiology. Creatinine had risen from 1.0 to 3.6 mg/dL over two months. Patient reported 30 lb. weight loss, fatigue, and hot flashes. CTAP revealed large uterine mass (14.2 x 11.0 x 8.5 cm), moderate bilateral hydroureteronephrosis, and retroperitoneal lymphadenopathy. Exam revealed a large, fixed palpable mass filling the pelvis and effacing the cervix. Bilateral PCNs were placed with improvement in creatinine, and she was discharged with plan for outpatient management. PET scan demonstrated a markedly enlarged uterus diffusely replaced with FDG-avid tumor and extensive adenopathy. Given extensive disease, neoadjuvant therapy followed by surgery was planned pending tissue diagnosis. Core needle biopsy was performed and frozen pathology demonstrated malignant tumor with rhabdoid features, highly concerning for uterine sarcoma. Final pathology resulted as B-cell lymphoma with immunohistochemistry consistent with MZL. She was referred to Heme/Onc for treatment.

Discussion/Conclusion: This case of stage IV extranodal uterine MZL represents a rare diagnostic challenge, as uterine lymphoma can closely mimic high-grade sarcoma clinically and on frozen section. It should be included in the differential diagnosis of atypical uterine masses, particularly when some features are inconsistent with gynecologic malignancy, such as the constitutional symptoms and lymphadenopathy pattern observed here. Definitive tissue diagnosis is essential to avoid unnecessary radical surgery and ensure proper therapy. MZL typically responds well to Rituximab-based therapy, with favorable long-term outcomes, including 10-year overall survival rate of 77.3%.3

References:
1. Bennett JA, Oliva E, Nardi V, Lindeman N, Ferry JA, Louissaint A Jr. Primary Endometrial Marginal Zone Lymphoma (MALT Lymphoma): A Unique Clinicopathologic Entity. Am J Surg Pathol. 2016 Sep;40(9):1217-23.
2. Di Tucci C, Pecorella I, Palaia I, Benedetti Panici P. Endometrial marginal zone B-cell MALT-type lymphoma: case report and literature review. Crit Rev Oncol Hematol. 2013 Nov;88(2):246-52.
3. Rossi D, Bertoni F, Zucca E. Marginal-Zone Lymphomas. N Engl J Med. 2022 Feb 10;386(6):568-581.

21. Clinical implications of distinct P53 mutational pattern types in uterine malignancies

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Institution: Brown University/Women & Infants

Objective: Data regarding clinical implications of p53 mutational patterns in uterine cancer are lacking. The purpose of this study was to compare clinicopathologic features and clinical outcomes between p53-mutated uterine cancer with null expression to those with overexpression. P53 null phenotypes defined as complete absence of p53 protein expression and p53 overexpression representing accumulation of stable but dysfunctional p53 proteins.

Methods: A single institution retrospective cohort study using an established gynecologic oncology clinical genomics database was performed. All patients with uterine malignancy who underwent Caris molecular profiling since November 2022 were included. Based on institutional pathology immunohistochemistry, patients were classified as either p53 wild type, p53 mutated – null expression, or p53 mutated – overexpressed. Kaplan Meier curves were generated for progression free and overall survival. Fisher's exact tests were used to evaluate associations between p53 mutational phenotype and clinical variables, as well as somatic and germline mutations.

Results: A total of 171 cases of uterine malignancy were included, and 66 were p53 mutated on immunohistochemistry. Of these, 54 demonstrated an overexpressed pattern, and 12 demonstrated null expression. No differences in age or BMI at diagnosis were observed between groups. Though not statistically significant, there were trends in differences in stage at diagnosis (p=0.09) as well as histology type (p=0.06), with null expression cases more commonly presenting at extremes of stage and with high frequency in non-serous histologic subtypes (such as clear cell, endometrioid, and carcinosarcoma). Progression free survival was similar between groups. Overall survival was worse in the first 2-3 years after diagnosis in those with overexpressed pattern, though this was not statistically significant.

Conclusion: This study demonstrates trends in the type of p53 mutational pattern, relevant clinicopathologic variables, and clinical outcomes in p53-mutated uterine malignancies. Further work is needed with larger cohorts to determine whether these trends are sustained on a larger level.

22. Progression free survival following severe immunotoxicity in patients receiving PD-1/PDL1 inhibitor maintenance – secondary analysis by disease site

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Institution: SUNY Upstate Med University

Objective: To assess progression free survival (PFS) in patients who discontinue immunotherapy maintenance due to immunotoxicity and compare results by disease site.

Methods: A retrospective chart review was performed on patients treated with pembrolizumab or dostarlimab for gynecologic malignancies. Demographics and tumor data were collected. Immunotoxicity and ongoing maintenance cohorts had <50% of patients with progression event or death, so mean PFS used. Kaplan-Meier analysis performed and compared by disease site via logrank test.

Results: Seventy-eight patients received single agent pembrolizumab or dostarlimab for maintenance therapy (endometrial n=62, cervical n=14). Forty-two (55%) completed or remain on maintenance therapy (Group A; endometrial n=34, cervical n=8), eighteen (24%) discontinued after progression (Group B; endometrial n=15, cervical n=3), and sixteen (21%) discontinued after toxicity (Group C; endometrial n=13, cervical n=3). Toxicities included colitis, adrenal failure, pneumonitis, dermatitis, and neurological deficits. In initial analysis, mean PFS differed significantly between groups A-C (p=0.01). Patients who discontinued due to toxicity had longer PFS compared to those who discontinued for progression (mean difference 8.0 months, p=0.009), while no significant differences were observed between the toxicity and continued treatment groups. Comparing disease sites, there was no significant difference in mean PFS between progression group (p=0.25), ongoing treatment group (p=0.62) or immunotoxicity group (p=0.44). After experiencing immunotoxicity, at 12 months the PFS rate was 100% in the cervical cohort and 75% in the endometrial cohort.

Conclusion: The difference in PFS and median follow up time was statistically significant among Groups A-C in initial analysis, with toxicity group showing improved outcomes compared to progression groups. When comparing disease sites, there were no significant differences between any groups. A year after immunotoxicity a higher proportion of the cervical cancer group was progression free compared to the endometrial group, but this study is underpowered based on small sample size.

23. Is it Primary Retroperitoneal or Uterine Leiomyosarcoma? A Comparative Case Series of Psoas Tumors with Gonadal Blood Supply

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Institution: Univ. of CT School of Medicine

Objective: Leiomyosarcoma (LMS) is a rare malignancy arising from smooth muscle, most commonly originating in the uterus (uLMS) or retroperitoneum (rpLMS). Correctly identifying the site of origin is critical for surgical management and fertility considerations. We describe two cases of LMS presenting as retroperitoneal psoas masses with gonadal vessel blood supply, highlighting the challenges in distinguishing uLMS from rpLMS.

Methods: A comparative case series of two patients presenting with retroperitoneal psoas masses was conducted. Clinical presentation, imaging (MRI and CT), preoperative biopsies/immunohistochemistry (IHC), intraoperative findings, and postoperative pathology were reviewed. IHC included hormone receptor status and markers including desmin, p53, SMA, PHH3, and Ki-67.

Results: Patient A (72 years old) was found to have a left psoas mass and abnormal endometrium on imaging. Core biopsy showed a spindle cell neoplasm with extensive necrosis (desmin, p53, and PHH3 positive). Robotic-assisted hysterectomy with psoas mass excision revealed uterine LMS with metastasis to the psoas and external iliac lymph node. Tumor vasculature arose from the left gonadal vessels.

Patient B (46 years old) presented with right-sided abdominal pain and a retroperitoneal mass. Biopsy revealed a spindle cell neoplasm (desmin-positive, ER-negative, S100-negative) suggestive of rpLMS. Intraoperative evaluation showed gonadal vessel blood supply without ovarian involvement. Given concern for gynecologic involvement and the patient's desire for fertility preservation, immediate postoperative MRI was performed with plans for serial imaging. This revealed a stable 2.9 cm posterior uterine lesion, consistent with a benign leiomyoma.

Conclusion: Despite similar location, histology, and vascular supply, these tumors had distinct origins, highlighting the difficulty of determining LMS origin preoperatively. Abnormal gynecologic findings on imaging and ER positivity should raise suspicion for gynecologic-origin LMS, whereas stable gynecologic lesions over time should lower that suspicion. In Patient B, the tumor was determined to be retroperitoneal in origin, allowing preservation of gynecologic structures in line with her fertility goals.

24. Differences in sentinel lymph node localization in low- and high-grade endometrial cancers

***Heidi Chang**, Annliz Macharia, Hannah Koo, Norah Ntambi, Katharine Esselen, Joanne Jang, Joseph Dottino** - Institution: BIDMC

Objective: To compare the anatomic pattern of sentinel lymph node (SLN) mapping and positivity in low-and high-grade endometrial cancer (EC).

Methods: We conducted a single institution retrospective analysis including patients with EC whose surgical staging included SLN mapping and dissection (SLND) from 2018 to 2023. Patients were stratified by low-(grade 1 or 2 endometrioid) or high-grade (grade 3 endometrioid, high-grade serous, carcinosarcoma, clear cell) histologies. The electronic medical record was reviewed to identify localization of SLND, presence of nodal metastasis, and tumor characteristics. Nodal disease was characterized by size (macro-metastasis, micro-metastasis, or isolated tumor cells [ITCs]). Differences between groups were analyzed using Chi-square or Fisher's exact tests. Statistical significance was defined as $p<0.05$.

Results: Bilateral SLND was successful in 564/590 (95.6%) EC patients; 543 met our inclusion criteria. The median number of SLND was 3 (2.0–5.0). The most common location of SLN localization and positivity was at the external iliac artery (EIA), followed by the obturator space. There were similar patterns by histology: at EIA, 43.1-51% were mapped and 6.1-6.4% positive and at the obturator, 33.9-37.6% were mapped and 9.2-11.3% positive. High-grade EC mapped outside EIA or obturator nodes significantly more than low-grade (20.0% v 10.5%, $p=0.005$). Comparing the size of metastasis in positive SLN, there was no difference in rates of micro-metastasis (4.4% v 3.4%, $p=0.60$) or ITCs (5.1% v 4.4%, $p=1.00$); macro-metastases were more common in high versus low-grade EC (11.9% v 2.9%, $p<0.0001$). Of patients who met the Mayo criteria, no positive SLNs were identified.

Conclusion: Anatomic locations of mapped and positive SLNs were similar in low- and high-grade EC, though high-grade EC was more likely to have macro-metastatic spread. Future studies are needed to examine prognostic differences of SLN metastases and their association with molecular subtypes, including consideration for de-escalation of SLN ultrastaging in carefully selected low-risk cases.

25. Who is getting and who is giving HIPEC in ovarian cancer? A National Cancer Database study examining trends in HIPEC administration from 2018 – 2022.

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Institution: UMass Medical

Objective: To describe demographic trends and postoperative outcomes in patients who did versus did not receive hyperthermic intraperitoneal chemotherapy (HIPEC) at the time of interval cytoreductive surgery (ICS) for treatment of stage III epithelial ovarian cancer (EOC).

Methods: We identified patients diagnosed with stage III EOC between 2018-2022 in the National Cancer Database who underwent ICS with or without HIPEC. Using proportions, we compared patient age, race, insurance status, education, urban versus rural residence, circle distance, Charlson-Deyo comorbidity score, and tumor histology. Treatment facility characteristics included academic vs non-academic center, region, and safety-net status (defined as centers with ≥ 90th percentile of Medicaid patients served). Postoperative outcomes included duration of hospitalization, unplanned 30-day readmission rate, and death within 90 days of surgery.

Results: Among 7,321 patients with stage III EOC who underwent ICS, 236 (3.2%) received HIPEC. Patients who received HIPEC were younger [median age (SD) 60.5± (11.1) vs 65.1± (10.7), $p<0.001$], more likely to be treated in academic centers (49.6% vs 41.6% $p=0.001$) in the Midwest (30.9% vs 22.2%, $p=0.001$), and more likely to have mucinous histology (3.0% vs 0.5%, $p<0.001$). Though not statistically significant, there was a trend towards decreased HIPEC use with increasing comorbidities (Charles Deyo score > 3: 3% vs 1.7%, $p=0.55$). No differences were observed by race, education, income, urban versus rural living, circle distance, or safety-net hospital status. Patients who received HIPEC were more likely to be readmitted within 30 days of surgery (5.9% vs 2.7%, $p=0.007$) and had longer mean postoperative hospital stays (6.3 vs 4.3 days, $p=0.007$). There was no difference in 90-day mortality ($p=1.0$).

Conclusions: Between 2018 and 2022, HIPEC use remained low at 3.2%. Recipients were younger, were treated predominantly at academic centers, experienced longer hospital stays and higher readmission rates. No disparities in access to HIPEC were identified among traditionally marginalized patient populations.

26. Combinatorial amphiregulin neutralization with neoadjuvant chemotherapy as a novel immunomodulatory approach for high grade serous ovarian cancer

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Objective: The purpose of this study was to evaluate the efficacy of targeting AREG alone and in combination with HGSOC standard of care chemotherapy in HGSOC immunocompetent in vivo models.

Methods: ID8p53-/- or ID8p53-/-BRCA2-/- cells were administered intraperitoneally in C57/BL6 mice. 20 days post-inoculation, mice were either treated with saline control or carboplatin (30 mg/kg) and paclitaxel (15 mg/kg) once, and then treated three times with either a commercially available AREG neutralizing antibody (nab.) (25ug) or respective IgG control. The four treatment groups were as follows; saline + IgG, carboplatin/paclitaxel + IgG, AREG nab. + saline, and carboplatin/paclitaxel + AREG nab. 7-days post treatment all mice were euthanized and tumors, serum, and ascites if applicable were collected post-mortem. All tumors were submitted for comprehensive proteomic profiling and pathway analysis was performed by GSEA.

Results: One way ANOVA with Tukey's multiple comparison test revealed that mean tumor weights were significantly ($p<0.05$) lower in the carboplatin/paclitaxel + AREG nab. group, compared to saline + IgG and carboplatin/paclitaxel + IgG in the ID8p53-/- model. This phenomenon was replicated in the ID8p53-/-BRCA2 model. Proteomic analysis revealed that proteins associated with metastasis and cell invasion (laminin a/c, basal cell adhesion molecule, talin-1) were significantly($p<0.05$) modulated in both tumor models from both AREG nab. alone and in combination with chemotherapy compared to saline-IgG control. GSEA analysis revealed that proteins associated with KRAS signaling were downregulated, as well as CD8+ T cell proteins that are known to be upregulated upon stimulation with IL-4, IL-15, and IL-7 in the carboplatin/paclitaxel + AREG nab compared to saline-IgG control in both tumor models.

Conclusions: This study suggests that AREG represents a novel immunomodulatory therapy in HGSOC and modulates proteins related to invasion and metastasis. Future directions include repeating assessing immune infiltration following an AREG blockade as well as performing additional mechanistic studies to determine if AREG is acting solely through EGFR signaling.

27. Association between Program-Level Neoadjuvant Chemotherapy Use and 10-Year Survival in Advanced Ovarian Cancer: A Difference-in-Differences Analysis

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Objective: To evaluate the association between hospital-level neoadjuvant chemotherapy (NACT) adoption and 10-year survival in advanced ovarian cancer.

Methods: Patients diagnosed with stage IIIC or IV, histologically confirmed, epithelial ovarian cancer between January 2004 and December 2015 were identified in the National Cancer Database. The 2010 publication of the first randomized trial demonstrating noninferiority of NACT defined the pre-publication (2004–2009) and post-publication (2010–2015) periods. Variation in NACT adoption across these periods created a natural experiment, enabling a difference-in-differences analysis. We identified pairs of cancer programs with similar ovarian cancer case volume and tendency to administer NACT in the pre-publication period, which diverged in terms of NACT use (high-use vs low-use programs) in the post-publication period. Flexible parametric survival models estimated standardized survival curves, survival probabilities, and restricted mean survival times (RMST).

Results: We identified 17,004 patients in 319 low-use programs and 17,611 patients in 319 high-use programs. Between the pre-publication and the post-publication periods, NACT use increased marginally in low-use programs and nearly doubled in high-use programs. Demographic and disease characteristics evolved similarly between groups. The standardized 10-year survival probability improved by similar magnitudes in programs with low (15.1% to 19.1%; 4.0 pp. difference; 95% CI 3.2-4.8) and high (15.6% to 20.0%; 4.3 pp. difference; 95% CI 3.4-5.2) use of neoadjuvant chemotherapy after 2010 (difference-in-differences 0.3 pp.; 95% CI -0.1 to 1.6; Figure). Gains in life expectancy within 10 years of diagnosis (RMST) were also similar among programs with low (45.7 to 51.4 months) and high (47.1 to 53.5 months) use of NACT (difference-in-differences 0.7 months; 95% CI -0.8 to 2.1 months).

Conclusion: Treatment at programs with higher NACT adoption was not associated with compromised long-term survival. These real-world data with extended follow-up suggest that broader NACT adoption is compatible with similar durable survival in advanced ovarian cancer.

28. A case report of ectopic adrenocorticotrophic hormone (ACTH)-secreting ovarian carcinosarcoma

Kari Flicker, MD*, Erin Hartnett,* MD*
Institution: St. Francis/Richmond

Objective/Introduction: Adrenocorticotrophic hormone (ACTH)-secreting tumors account for approximately 8-18% of Cushing's Syndrome. Gynecologic tumors are a rare cause of ectopic secretion of ACTH (EAS). We describe a patient diagnosed with advanced stage ovarian carcinosarcoma complicated by EAS.

Results/Presentation: A 63-year-old female presented to the gynecologic oncology office for evaluation of a fibroid uterus seen on CT imaging obtained in the ED where she had presented after a fall. In the office, the patient was ill-appearing and relayed months of progressive weakness with numerous falls, worsening hypertension and poor glycemic control. Her labs were notable for markedly elevated CA125 and CA 19-9, profound hypokalemia, hypomagnesemia, and persistent hyperglycemia resistant to increasing insulin dosing. Further imaging was unrevealing. She was taken to the operating room for diagnostic laparoscopy and found to have advanced stage malignancy. Pathology demonstrated carcinosarcoma of ovarian versus endometrial origin. While initiating neoadjuvant chemotherapy with carboplatin, paclitaxel, and dostarlimab, she was also referred to endocrinology. Her endocrine workup revealed an elevated dexamethasone suppression test, positive 24-hour urine cortisol and negative MRI brain. ACTH staining performed on her tumor was positive, consistent with a diagnosis of EAS. While on chemotherapy, the patient experienced remarkable clinical improvement, her electrolytes normalized and she was able to discontinue insulin. She underwent an interval R0 cytoreductive surgery and is completing adjuvant chemotherapy.

Conclusion: EAS is a rare diagnosis associated with gynecologic malignancies, but this diagnosis should be considered in patients with new or worsening hypertension and/or hyperglycemia, edema, and hypokalemia. A multidisciplinary approach is important for successful management of this rare disease.

29. Time toxicity of frontline maintenance poly (ADP-ribose) polymerase inhibitor use in ovarian cancer

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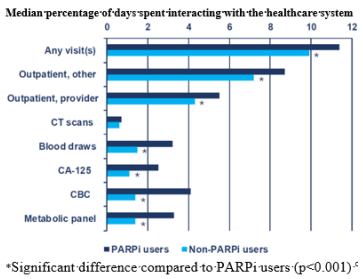
Objective: To evaluate the impact of poly (ADP-ribose) polymerase inhibitor (PARPi) use on time toxicity after completing frontline therapy for advanced ovarian cancer.

Methods: Optum's Clinformatics® Data Mart Database was used to identify patients with incident advanced ovarian cancer who underwent surgical debulking and received platinum-based chemotherapy. Patients were included if they had at least 3 months of continued database enrollment after the end of first line of therapy (LOT), which was defined as 21 days after last platinum administration. Time toxicity was defined as the median percentage of days spent interacting with the healthcare system. We calculated time toxicity from end of first LOT for 12 months or until start of second LOT, whichever came first. We compared the time toxicity of patients who received frontline maintenance PARPi to a control group of non-PARPi users and stratified results by visit type.

Results: Of 1,155 patients with incident advanced ovarian cancer included in this study, 238 (21%) used frontline maintenance PARPi and 917 (79%) did not. PARPi users spent 11.4% of days interacting with the healthcare system, which was higher than non-PARPi users (9.9%, p=0.0008). The most frequent visit type was outpatient encounters other than provider visits, and time spent in inpatient care was extremely low. Compared to non-PARPi users, PARPi users spent more time in diagnostic or procedural outpatient encounters that occurred on days without a concurrent provider visit.

Conclusion: Despite the convenience of an oral therapeutic, frontline maintenance PARPi use was associated with statistically significant higher time toxicity. Time spent in outpatient encounters without a concurrent provider visit highlights an opportunity for care consolidation. Time toxicity is an important factor in considering benefits and harms of a new treatment.



30. Perspectives on Opportunistic Salpingectomy Amongst Gynecologic and General Surgeons

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Objectives: To evaluate the acceptability of opportunistic salpingectomy (OS) during non-gynecologic abdominal surgeries amongst OB/GYNs and general surgeons and to identify barriers to its implementation.

Methods: An electronic survey was distributed via REDCap to attending physicians in the OB/GYN and General Surgery departments within Tufts Medicine. Three email reminders were sent between 9/2025-10/2025. Additional outreach included a presentation on OS at General Surgery Grand Rounds with a final email reminder sent in 11/2025. The survey consisted of 14-16 questions on providers' knowledge and perceptions, current practice patterns, openness to collaboration, and perceived barriers in performing OS. Responses to five select questions were combined into a composite score reflecting familiarity with and perceptions of OS. Group differences were analyzed using Chi-square and Fisher's exact tests, with two-tailed p-values reported.

Results: Thirty OB/GYNs (response rate: 65.2%) and six general surgeons (response rate: 18.8%) completed the survey. 100% of OB/GYNs "strongly agreed/agreed" with the risk-reducing nature of OS, while 50% of general surgeons "agreed" (p=0.0028). Composite scores reflecting familiarity with and perceptions of OS were higher among OB/GYNs (M=4.77, SD=0.39) than general surgeons (M=1.54, SD=1.41) (p<0.001). Most respondents were interested in performing concomitant OS (83.3% of OB/GYNs and 66.7% of general surgeons). Perceived barriers included surgical coordination (32.1%), sterilization consent requirements (21.0%), pre-operative counseling (17.3%), surgical approach/pelvic access (13.6%), and billing/reimbursement (12.3%).

Conclusions: Despite differences in familiarity with OS, respondents from both specialties expressed interest in intraoperative collaboration to perform OS during non-gynecologic abdominal surgeries. Interpretation of general surgery perspectives is limited by a lower response rate, warranting further study to better engage general surgeons. Facilitating interdisciplinary education and streamlining preoperative and billing workflow may support wider implementation of OS as a tool for ovarian cancer prevention.

31. Surgical complications of risk-reducing bilateral salpingo-oophorectomy with or without concurrent hysterectomy in patients with germline BRCA pathogenic variants

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Objective: To understand the differences in the types and rates of surgical complications among patients undergoing risk-reducing surgery (RRS) with bilateral salpingo-oophorectomy (BSO) with or without hysterectomy for germline BRCA (gBRCA) 1/2 pathogenic variants.

Methods: We utilized our gBRCA database to conduct a manual chart review of patients who had RRS and follow up in our GYN Oncology offices from 2012-2026. Patient demographics, type of RRS, and surgical complications through post-operative day 30 were recorded. Statistical significance was identified via nonparametric testing.

Results: 350 patients were identified meeting our inclusion criteria. 47.7% (167) had gBRCA1 and 52.3% (183) had gBRCA2. Patients had a variety of minimally invasive RRS, including laparoscopic bilateral salpingectomy (BS) (19), laparoscopic BSO (129), laparoscopic hysterectomy with BSO (85), laparoscopic hysterectomy with BS (2), robotic BSO (5), and robotic hysterectomy with BSO (106). Only four patients had open procedures: three had abdominal hysterectomies with BSO, and one had an open BSO. Overall, few complications were appreciated, with only ten patients having complications within 30 days postoperatively. In terms of complication type in the hysterectomy BSO group, two patients had cuff dehiscence and two patients had bladder injuries, among other complications. Overall, no statistically significant differences in surgical complication types or rates were noted (p=0.522) when comparing BSO and Hysterectomy BSO groups.

Conclusions: Of the 350 patients in our gBRCA database who underwent RRS, 44% (154) had a BSO and 56% (196) had hysterectomy with BS/BSO. Differences between the procedures were attributable to injuries sustained during steps inherent to a hysterectomy. Based on the limited number of complications observed, it does not appear there are clinically meaningful differences between procedures. Complications such as cuff dehiscence and bladder injury should be highlighted and discussed during the informed consent process. Further efforts to understand the choice of RRS are ongoing.

32. The surgical epidemiology of risk-reducing gynecologic cancer surgery in the US

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Institution: BWH/Harvard

Objective: To generate the first nationally representative U.S. estimates of NCCN guideline-concordant risk reducing salpingo-oophorectomy (RRSO) for individuals with hereditary cancer risk. Prior studies have been limited to single-state or health plan-specific populations.

Methods: We analyzed 2016-2022 data from the Healthcare Cost and Utilization Project (HCUP) National Inpatient Sample (NIS) and Nationwide Ambulatory Surgery Sample (NASS), the largest publicly available all-payer inpatient and ambulatory surgery databases in the U.S. RRSO procedures were identified using ICD-10-CM Diagnosis, CPT-4, and ICD-10-PCS Procedure codes. Denominators were derived from U.S. Census data, adjusted for year, sex, age, race/ethnicity, and geographic region. Primary payer-specific denominators were based on national enrollment data stratified by age and sex from age- and sex. Rates per 100,000 women and corresponding standard errors and 95% confidence intervals were calculated using Taylor-linearized variance estimation.

Results: Among 57,765,602 NASS encounters, 14,736 involved gynecologic surgery for hereditary cancer risk in women aged 35-45; corresponding NIS counts were 48,200,376 and 19,995, respectively. Ambulatory RRSO rates increased from 14.2 [95%CI 12.9-15.6] in 2016 to 19.0 [16.9-21.0] in 2022, while inpatient rates declined from 1.3 [1.0-1.7] to 0.2 [0.1-0.3]. Substantial disparities were observed. Rates were highest among White women (13.7 [13.0-14.4]) and lower among Hispanic (6.8 [6.3-7.4]), Black (5.7 [5.2-6.2]), Asian/Pacific Islander (5.5 [4.8-6.2]), and Native American (4.8 [2.8-6.8]) women. Regionally, rates were highest in the Northeast (21.3 [18.9-23.7]) and lowest in the South (14.0 [13.1-14.9]). Privately insured women had nearly threefold higher rates (17.6 [16.9-18.3]) compared with Medicare (6.2 [5.4-7.1]), Medicaid (6.7 [6.4-7.0]), and uninsured women (3.0 [2.5-3.6]).

Conclusions: Although RRSO rates increased modestly over time, uptake remains lower than expected given expanded access to genetic testing. Marked disparities by race/ethnicity, region, and insurance persist, with underutilization among minoritized and publicly or uninsured populations, despite policy changes expanding genetic testing coverage.

33. Invasive extramammary Paget's disease of the vulva treated with Arimidex and Ibrance prior to radiation: a case report

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Institution: Montefiore Medical Center

Background: Invasive Paget's disease of the vulva is a rare malignancy, accounting for approximately 1-2% of vulvar neoplasms, with limited contemporary data to guide optimal management. Standard treatment paradigms emphasize surgical excision; however, high recurrence rates (23-73%) and significant morbidity, including disfigurement and functional compromise, highlight the need for alternative strategies. Systemic therapies are typically reserved for metastatic disease and are poorly characterized, with minimal evidence supporting targeted or endocrine-based approaches. We present a case of a 79 year old female who presented with invasive extramammary Paget's disease involving the posterior vagina, currently undergoing treatment with Arimidex and Ibrance with promising response thus far.

Case Presentation: A 79 year old female with no significant medical history presented with post menopausal bleeding. Exam under anesthesia revealed a 4 cm posterior vaginal lesion, which was noted to involve the anal sphincter on rectovaginal examination. Pathologic analysis revealed invasive extramammary Paget's disease involving the squamous mucosa. Given the morbidity associated with radical surgery and limited efficacy data for conventional systemic therapies, the patient was treated with a combination of palbociclib, anastrozole, and external beam radiation therapy with upcoming plans for interstitial brachytherapy. Physical examination 7 months into her treatment course reveals significant reduction in size of the mass but persistent tethering to the anal sphincter. Radiographic re-evaluation with MRI at this time confirmed interval decrease in size but persistent involvement of the anterior anal wall. At the time of this writing, treatment is ongoing with a follow up time of 9 months.

Conclusions: Our findings suggest a potential role for hormone directed and cell cycle targeted therapies in select patients with extramammary Paget's disease of the vulva and vagina, particularly those for whom surgery would confer substantial morbidity. This report contributes to a limited but growing body of literature supporting individualized treatment approaches in rare gynecologic malignancies.

34. The Use of the NCCN Distress Thermometer in Assessing for Financial Toxicity in Rural Gynecologic Oncology Patients

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Objective: Due to the high costs of cancer care and reduced earnings in the face of increased survival, gynecologic oncology patients face high levels of financial toxicity. Most research on this topic has been conducted at large academic medical centers, with little research focusing on community oncology practices serving a rural population. The goal of this project was to explore the use of the NCCN Distress Thermometer as a tool to screen for financial toxicity and test predictors of financial toxicity in patients being treated at a community gynecologic oncology clinic.

Methods: This study is a retrospective medical chart review from patients who received care at the MaineHealth Gynecologic Oncology clinic between 1/1/2020 and 12/31/2023. Inclusion criteria were age ≥18, gynecologic cancer diagnosis, and completion of the NCCN Distress Thermometer during at least one clinical visit. The primary variable of interest was patient-reported financial toxicity according to the NCCN Distress Thermometer problem checklist. Additional characteristics explored were age, race, rurality, insurance, and primary malignancy. Univariate logistic regression models for each patient characteristic were fit.

Results: The overall prevalence of financial toxicity was 13.4%. Older age was found to be a protective factor against financial toxicity. Patients with Medicaid and commercial insurance were 2.25 and 4.42 times more likely to have financial toxicity. Additionally, patients with cervical cancer had 2.10 times higher odds of experiencing financial toxicity. Race and rurality were not found to be associated with financial toxicity.

Conclusion: While our study identified a lower prevalence of financial toxicity than expected, our findings of protective factors are consistent with the literature and our exploration of rurality is novel. The NCCN Distress Thermometer is a quick and easy tool to administer and has utility in assessing for financial toxicity in patients without needing additional questionnaires.

35. Treatment outcomes with lenvatinib/pembrolizumab in recurrent uterine carcinosarcoma: a single site case series

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Institution: Brown University/Women & Infants

Objective: Uterine carcinosarcoma (UCS) is a rare and aggressive histologic subtype of uterine cancer. In the last 5 years, lenvatinib/pembrolizumab combination therapy has been shown to improve survival in patients with advanced or recurrent endometrial cancer; however, there is currently no definitive guidance on the use of this regimen for recurrent UCS. Our study aims to contribute to growing evidence describing treatment outcomes with lenvatinib/pembrolizumab in recurrent UCS.

Methods: This is a single center retrospective case series analyzing efficacy of lenvatinib/pembrolizumab combination therapy for the treatment of recurrent UCS. Subjects with a diagnosis of recurrent UCS who received lenvatinib/pembrolizumab were identified using an established gynecologic oncology clinical genomics database. Demographic characteristics, oncologic characteristics, and oncologic outcomes were analyzed using descriptive statistics.

Results: Five patients with recurrent UCS who received lenvatinib/pembrolizumab between the years of 2015-2025 were identified, with a median age of 65. Four patients had stage IA disease at time of initial diagnosis and all patients completed six cycles of carboplatin/paclitaxel-containing therapy as first line treatment. Median time to initial recurrence was 6 months after primary treatment completion. All patients received lenvatinib/pembrolizumab as second line therapy. One patient required lenvatinib dose reduction, and two patients required treatment delays while on therapy. Median progression free survival after initiation of lenvatinib/pembrolizumab was 2 months. Median time to death/hospice care from lenvatinib/pembrolizumab initiation was 3.5 months, with a range of 2 to 35 months. One patient remains on lenvatinib/pembrolizumab without progression of disease after 4 months of treatment.

Conclusion: In this single institution retrospective case series, we demonstrate variable activity of lenvatinib/pembrolizumab combination therapy in the recurrent UCS setting. Given the small sample size in this and other reports, meta-analysis of similar retrospective studies is needed to further assess efficacy and predictors of favorable response to lenvatinib/pembrolizumab in this aggressive malignancy.

36. Choriocarcinoma Following Rupture of a Presumed Cesarean Scar Ectopic Pregnancy: A Case Report

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Institution: Penn State Medical Center

Introduction: Gestational choriocarcinoma is a rare, aggressive trophoblastic neoplasm with an incidence of approximately 3 per 100,000 deliveries in North America. We report a case of choriocarcinoma presenting with uterine rupture and hemoperitoneum, initially misdiagnosed and treated as a cesarean scar ectopic (CSE) gestation.

Methods: Single-patient retrospective case report based on chart review.

Case Report: A 35-year-old gravida 4, para 2 with two prior cesarean sections presented with sudden-onset abdominal pain. Computed tomography (CT) angiography revealed hemoperitoneum, an anterior uterine mass with active arterial extravasation, and two 7 cm cystic lesions adjacent to the uterus. Beta human chorionic gonadotropin (β-hCG) was 51,700. She was taken emergently to the operating room; intraoperative findings suggested a ruptured CSE with over two liters of hemoperitoneum. Laparoscopic-assisted vaginal hysterectomy and bilateral salpingectomy were performed. Final pathology demonstrated gestational choriocarcinoma with a World Health Organization (WHO) prognostic gestational trophoblastic neoplasm (GTN) score of 11. At her two-week postoperative visit, β-hCG was 2,385. She received 5 cycles of etoposide, methotrexate, actinomycin D (EMA); pembrolizumab was administered with cycle 1 but denied by insurance thereafter. She achieved a negative β-hCG after 2 cycles and completed 3 adjuvant EMA cycles, with her last chemotherapy on April 9, 2025. At her most recent visit on August 25, 2025, she had no evidence of disease.

Discussion: As cesarean delivery rates rise, clinicians must include malignant trophoblastic disease in the differential for uterine scar complications with hemorrhage. Pathologic examination of all ectopic specimens and serial β-hCG monitoring are critical for early detection. Though choriocarcinoma is highly chemosensitive, delayed diagnosis increases morbidity. Immunotherapy in initial treatment remains controversial, but may reduce chemotherapy cycles needed for cure, thereby decreasing etoposide's leukemogenic potential. Multidisciplinary collaboration between general gynecology, pathology, and gynecologic oncology is essential for optimal outcomes.

37. Association of financial toxicity with uterine cancer treatment and survival

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Objective: Financial toxicity (FT) is associated with patient-reported delays and avoidance of care, potentially worsening cancer survival. We examined the association between patient-reported FT, quality treatment metrics, and survival in patients with uterine cancer.

Methods: This retrospective single-institution study included patients with uterine cancer who completed the Comprehensive Score of Financial Toxicity (COST) survey at discrete time points between 2017-2025. Demographic, disease, and treatment characteristics were collected. Patients were stratified by high (COST <23) vs. low FT. Hazard ratios (HR) and 95% confidence intervals (CI) were estimated using Cox proportional hazards regression.

Results: We included 191 patients with uterine cancer with median follow-up of 5.6 years (IQR 3.3-8.6); 29% reported high FT. Patients with high FT were younger (median 61 vs. 66 years), more often racial/ethnic minorities (38% vs. 12%), had lower income (median $50,000 vs. $87,500) and had more comorbidities (all p≤0.002). High FT was associated with advanced stage (III–IV: 25% vs. 19%, p=0.04) and more first-line chemotherapy (49% vs 33%, p=0.04). Those with high FT experienced a longer time to adjuvant chemotherapy (45 (IQR 34-52) vs. 37 (IQR 34-44) days, p=0.05) and were less likely to complete 6 first-line cycles (78% v 93%, p=0.08). No significant differences were observed in surgical and radiation characteristics. While the HR showed worse overall survival (HR 1.19, 95% CI 0.46–3.10, p=0.72) and progression-free survival (HR 1.30, 95% CI 0.67–2.54, p=0.44) for those with high FT, the CIs were wide and not statistically significant.

Conclusion: High FT was associated with younger age, minority race, lower income, advanced disease, and more first-line chemotherapy. No significant difference in survival outcomes was observed as the study was underpowered to detect differences of this magnitude; larger studies are needed to investigate the relationship between FT and outcomes in patients with uterine cancer.

38. SCREEN-CUP: Non-Invasive Endometrial Cancer Surveillance and Generation of Organoid Model Systems for the Study of Chemoprevention in Individuals with Lynch Syndrome

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Background: Women with Lynch syndrome (LS) face high lifetime risks of endometrial cancer (EC) and undergo invasive annual endometrial biopsies (EMB). The SCREEN-CUP study evaluates the feasibility of menstrual fluid collection via menstrual cups (MC) as an alternative to EMB for EC surveillance and organoid generation. MC-derived organoids are three-dimensional cultures that better mimic the native endometrium in vitro and have significant potential for modeling chemoprevention interventions. We aim to use LS organoids to model progesterone responsiveness in the LS endometrium and to investigate levonorgestrel-releasing intrauterine devices (LNG-IUDs) as a chemopreventive agent in LS.

Methods: We initiated a feasibility study beginning with a pilot phase. Healthy volunteers provided menstrual fluid via MC to optimize collection and laboratory workflows. In the subsequent main phase, 20 women with LS undergoing surveillance provide samples including an EMB and MC-collected fluid. All samples are processed in parallel for pathological evaluation and organoid generation. Organoid viability is assessed utilizing live/dead immunofluorescent staining. Generated organoids are treated with LNG and assessed via immunohistochemistry, RNA sequencing and cell proliferation assays to model the effects of LNG-IUD on the LS endometrium.

Results: Preliminary data from five non-LS participants (80% first-time MC users) show the method is easy to use, painless, and highly acceptable for repeated use. No adverse events occurred. Endometrial glands were successfully isolated, with viable organoids generated in 50% of samples and 66% yielding tissue adequate for pathology. Evaluation of progesterone responsiveness in viable organoids is ongoing.

Conclusion: Preliminary data suggest MC-based sampling may represent a feasible and well-tolerated alternative to EMB which may improve surveillance adherence in LS. Furthermore, LS-derived organoids offer a promising resource for preclinical modeling and provide an opportunity to elucidate the effect of progesterone on the LS endometrium and demonstrate the potential utility of LNG-IUDs for prevention of LS-related EC.

39. Toxicity and disease progression in a cohort of women with endometrial cancer treated with Pembrolizumab or Dostarlimab

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Institution: Dartmouth Hitchcock Medical Center

Objective: To evaluate our experience with immune check inhibitor (ICI) in women with endometrial cancer (EmCa), and understand the effect of toxicity on progression.

Methods: We retrospectively assessed 26 women with EmCa treated with ICI from June 2023 to March 2026. Clinicopathologic variables were compared between those treated with Dostarlimab (Dos) versus Pembrolizumab (Pem). We compared clinical and molecular factors using Fisher exact tests for categorical and Mann-Whitney U test for continuous variables. Progression free survival (PFS) was calculated from start of ICI to progression or death.

Results: Twelve women received Dos and 14 received Pem with no significant difference in clinicopathologic features between groups. Forty-two percent of women had endometrioid histology, 73% had primary advanced disease, and 38% had low grade tumors. Three patients required dose reduction: one developed G3 thrombocytopenia on Dos; one on each ICI developed G2 adrenal insufficiency with a median time to reduction of 7.9mos. Four patients discontinued ICI due to toxicities: on Dos, one developed G3 nephrotoxicity and one developed G3 autoimmune neuropathy; on Pem, two developed G3 autoimmune hepatitis. The median time to discontinuation was 4.2mos. Eight patients remain on standard dose ICI without progression with median follow-up of 8.8mos. Five experienced progression (median PFS 6.3mos) and 6 died (median survival 3.5mos). There was no detectable difference (P=0.45) in PFS between ICI treatment groups. Median PFS was significantly better for patients experiencing dose reduction or discontinuation due to toxicity compared to those continuing ICI at standard dose (12.7mos vs 6.3mos; p=0.012).

Conclusion: In this cohort of women with EmCa treated with ICI, seven women (27%) reduced or discontinued treatment due to toxicity. Survival and frequency of ICI dose reduction or discontinuation was comparable between patients on Dos versus Pem. In this cohort, women experiencing dose alteration due to toxicity had improved survival.

40. Association Between Organ Puncture and Acute Toxicity Following CT-Guided Interstitial HDR Brachytherapy for Gynecologic Malignancies: A Retrospective Cohort Study

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Institution: BIDMC

Objective: Interstitial brachytherapy (ISBT) is often favored over intracavitary brachytherapy (ICBT) for bulky, asymmetric, or laterally extending lower gynecologic tumors when ICBT cannot provide adequate coverage. During interstitial needle placement, non-gynecologic organs may be traversed, raising concern for bleeding, infection, or visceral injury. We evaluated whether radiographic organ puncture is associated with increased acute toxicity within 90 days of CT-guided ISBT.

Methods: Patients treated with CT-guided ISBT from 2014-2025 were retrospectively reviewed. Simulation CT images were assessed for radiographic organ puncture (OP) versus no organ puncture (NOP). Acute toxicities (≤90 days) were graded by organ system using CTCAE v6.0. Baseline, treatment, dosimetric, and toxicity variables were compared using Wilcoxon rank-sum and Fisher's exact tests.

Results: 79 patients were identified with median acute toxicity follow-up of 2.7 months. Most had cervical (39%) or endometrial (30%) cancer. 32% had recurrent disease. Organ puncture occurred in 40 patients (51%), involving the sigmoid (60%), rectum (33%), bladder (20%), and small bowel (18%). Compared with the NOP cohort, patients in the OP cohort had lower BMI (28 vs. 31 kg/m^2, p=0.01), more needles placed (19 vs. 16, p=0.03), and higher sigmoid D2cc (55.8 vs. 52.7 Gy EQD2, p=0.03). Most acute toxicities were Grade 1-2. No differences in Grade ≥3 gastrointestinal or genitourinary toxicities were observed. Grade 3 gynecologic toxicities occurred in 4/40 (10%) OP versus 1/39 (2.6%) NOP patients (p=0.02). There were no Grade 4 gynecologic, no Grade 5, and no Grade ≥3 toxicities requiring surgery.

Conclusion: Radiographic organ puncture occurred in over half of patients but was not associated with increased gastrointestinal or genitourinary toxicity. A modest difference in Grade ≥3 gynecologic toxicity was observed in the OP cohort, possibly partly attributable to the malignancy itself. High-grade events were infrequent. None required surgical intervention. These findings support the safety and tolerability of CT-guided ISBT.

41. A Case of Mistaken Identity: Solitary Fibrous Tumor Mimicking a Leiomyoma of the Round Ligament

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Background: Solitary fibrous tumors (SFTs) are rare mesenchymal neoplasms that can arise ubiquitously but are exceptionally uncommon in the female reproductive tract, especially the uterine round ligament. When prolapsing through a patent canal of Nuck, such tumors may mimic more common inguinal masses, complicating diagnosis and management.

Case Presentation: A 33-year-old G0 female presented with a slowly enlarging, painful right-sided inguinal mass. MRI revealed a highly vascular 10 x 5.5 x 5.5 cm mass distinct from the uterus, with surrounding engorged vessels and features consistent with deep pelvic endometriosis. Given the size and vascularity, a multidisciplinary team including Gynecologic Oncology, General Surgery, and Interventional Radiology planned pre-operative uterine artery embolization (UAE) for vascular control, followed by surgical excision and hernia repair.

Intervention and Outcome: UAE was successfully performed targeting the right uterine artery supplying the mass. Surgical excision via an oblique inguinal incision allowed safe removal of the 10 cm heart-shaped tumor, followed by hernia repair with mesh placement. Pathology confirmed a low-to-intermediate risk SFT with STAT6 positivity and mitotic rate of 2/10 HPF. The patient recovered uneventfully and was discharged on post-operative day two. Tumor board review recommended surveillance without adjuvant therapy.

Conclusion: This is only the second reported case of an SFT originating from the uterine round ligament prolapsing through a patent canal of Nuck. Our case highlights the utility of UAE as a novel adjunct to surgical management of highly vascular SFTs, underscoring the importance of a multidisciplinary approach in complex pelvic tumors.

42. Use and outcomes of Induction Chemotherapy (IC) compared to Chemoradiation (CRT) in Locally Advanced Cervical Cancer (LACC)

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Objectives: The INTERLACE trial suggested improved survival with induction chemotherapy (IC) in locally advanced cervical cancer (LACC). Little is known about the use or outcomes in the US. We aimed to compare utilization and overall survival (OS) of IC versus primary chemoradiation (CRT) in LACC patients.

Methods: Using the National Cancer Database we identified patients with stage IIB2-IVA squamous, adenocarcinoma or adenosquamous cervical carcinoma treated 2010–2023. CRT was defined as chemotherapy or radiation delivered within 30 days of each other and started within 90 days of diagnosis without surgery. Induction chemotherapy was defined as chemotherapy within 90 days of diagnosis followed by radiation 31-180 days after chemotherapy without surgery. Patients receiving immunotherapy were excluded. Regression models used to identify factors associated with IC use. Propensity score analysis with inverse probability of treatment weighting (IPTW-ATT) assessed the association between primary treatment and OS.

Results: Of 25,884 patients, 757 (2.9%) received IC and 25,127 (97.1%) received CRT. IC use remained stable overtime (2.5–3.7% per year, P=0.47). Patients were more likely to undergo IC if they had stage IVA tumors (aOR 1.83; 95%CI 1.42-2.36), adenocarcinoma histology (aOR 1.43; 95%CI 1.16-1.76), were treated at an academic center and facility located in the West (aOR1.46, 95%CI 1.13-1.88). After IPTW-ATT weighting, 5-year OS showed no significant difference between IC compared to CRT (54.6%; 95%CI 50.4%-58.5%) and (58.7%, 95%CI 58.0%-59.4%) respectively. No survival benefit was seen when stratified by stage or restricted to patients receiving brachytherapy.

Conclusion: In the US, most LACC patients receive primary CRT. There is no difference in OS between IC and CRT.

43. Anal cancer screening in patients with vulvar high-grade dysplasia or cancer: a national survey of gynecologic oncologist practices

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Objective: To assess knowledge, practice patterns, and barriers to anal cancer screening amongst US-based gynecologic oncologists.

Methods: A cross-sectional, national survey study of gynecologic oncology attending physicians was performed in November 2025 using a 19-question questionnaire distributed by email to members of SGO. The questionnaire assessed provider demographics, experience and knowledge of anal cancer guidelines, access to follow-up care, and barriers to screening. Screening practices were compared across groups using chi-square tests.

Results: A total of 105 of the 1126 attending gynecologic oncologists responded to the survey (9.3% response rate). 44% reported having ever performed an anal cancer screening test. Among providers who had performed screening, 22% indicated they followed IANS/ASCCP guidelines, while most were either unaware (31%) or unsure (36%) of guidelines. Only 40% of screeners had ever received formal training. Among those who had performed a screening test within the past year (n=27), the majority (56%) reported only performing 1-2 during that period, while 26% reported performing more than 7.

No significant associations were identified between provider demographics and having ever performed a screening test. When restricting analyses to screeners alone, providers in the Northeast (p=0.046) and providers with access to high-resolution anoscopy (HRA) (p=0.019) were more likely to demonstrate high (vs. low) screening utilization.

Over half of respondents (61%) indicated they had access to a provider trained in HRA for follow-up testing, with 80% of these respondents indicating wait times of less than 3 months. Respondents reported unawareness of current guidelines/recommendations (59%) and lack of knowledge of how to perform screening (49%) as the most common barriers to screening.

Conclusion: Despite IANS/ASCCP guidelines recommending anal cancer screening, less than half of surveyed gynecologic oncologists had ever performed anal cancer screening. Formalized society-based recommendations and trainings were identified as potential interventions to increase screening in high-risk gynecologic populations.

44. A Patient with Stage IVB Low-Grade Endometrial Stromal Sarcoma Arising from Multifocal Endometriosis

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Objective: We report a case of Stage IVB low-grade endometrial stromal sarcoma (LG ESS) likely arising from multifocal endometriosis.
Methods: History, diagnostic workup, and treatment response were collected and analyzed through retrospective chart review.

Results: A 39-year-old underwent left salpingo-oophorectomy (LSO) in 2018 for an 8-cm endometrioma. In 2025, she presented with a painless left lower quadrant (LLQ) mass. Imaging demonstrated a 4cm LLQ mass, 5cm RLQ mass near the bladder, right ovarian mass, and omental nodules. Biopsy of the LLQ mass was consistent with LG ESS with JAZF1-SUZ12 fusion. She did not desire fertility. Patient underwent robotic modified radical hysterectomy, right salpingo-oophorectomy, omentectomy, resection of abdominal wall masses, partial bladder resection, and optimal tumor debulking. Pathology showed LG ESS involving right ovary, uterine serosa, myometrium, parametria, omentum, and 5-6cm BLQ abdominal wall masses. Since the endometrium was negative for ESS, it was felt that the tumors arose from endometriosis. After a second opinion at an outside institution, the decision was made to reserve aromatase inhibitors in the event of recurrence. She is undergoing close surveillance with no clinical evidence of disease.

Conclusion: Malignant transformation of endometriosis is described in 0.7-2.5% of women with endometriosis, typically in the form of clear cell or endometrioid carcinoma. We describe a rare case of malignant transformation of endometriosis into multifocal LG ESS. Molecular changes such as JAZF1-SUZ12 fusion can aid in confirming diagnosis of atypical LG ESS and may also have implications in treatment.

45. The urban Native American experience with cervical cancer screening in the Boston-area community

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Objective: To assess (1) knowledge about cervical cancer screening, (2) barriers and facilitators to screening, and (3) preferences on receiving health information in the urban Native American population of the Boston area.

Methods: A mixed methods design using semi-structured interviews and survey questions is being employed. The 42-question semi-structured interview guide was developed, reviewed by a qualitative expert, and pilot tested. Females age 21-65 years were recruited through an urban Indigenous community health center. Thematic analysis is being performed using a combination of deductive and inductive coding.

Results: All participants (n=18) self-identified as Native American. Mean age was 44 years (range: 21-65). Preliminary analysis has been conducted on 13 interviews. Two participants (2/13, 15%) were not up-to-date with cervical cancer screening (screening within the past 5 years), although reported having attended scheduled well visits within the past year.

Participants had varying levels of understanding of cervical cancer, human papillomavirus (HPV), and screening tests. All reported receiving most of their health information from their healthcare provider. Participants requested more information about cervical cancer risk factors, screening guidelines, and abnormal test management and treatment. Barriers to screening included scheduling conflicts, transportation issues, and screening being a low personal priority. Facilitators to screening included digital reminders. All participants expressed interested in participating in a texting-based health education intervention.

The majority of participants (85%) had never heard about the HPV self-collection test. There was mixed interest in using an HPV self-collection test; 8 participants (62%) would be interested in using the test if available to them.

Conclusions: Preliminary results from this ongoing study identified varying levels of knowledge about cervical cancer screening. All participants expressed interest in learning more about several topic areas and would be interested in participating in a text-based intervention. These findings can help guide accessible, culturally tailored health education interventions.

46. Rate of HPV clearance after treatment in a cervical cancer screening campaign in Gicumbi, Rwanda

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Objective: To determine the one-year clearance rate of high-risk HPV infection following a screen-and-treat approach among women with high-risk HPV and a visible cervical lesion screened in Gicumbi district, Rwanda.

Methods: A prospective cohort study was performed after a cervical cancer screening campaign in Gicumbi district, Rwanda. Patients who screened positive for high-risk HPV were invited for a single, screen-and-treat visit. Visual inspection with acetic acid was performed, followed by thermal ablation for acetowhite lesion covering less than 75% of the cervix or LEEP for larger lesions. Patients who returned for follow-up with high-risk HPV screening at one-year after treatment were included. Descriptive statistics and logistic regression were performed.

Results: Of 384 patients treated for visualized cervical lesions, approximately half (53%, n=202) returned for follow-up and were included in the study. Median age was 40 years and 59 (29%) were HIV positive. Pretreatment HPV subtypes were HPV16 (11%), HPV18 (1.5%), other high-risk types (65%). Almost all patients were treated with thermal ablation (97 %, n=196), the remainder underwent a LEEP. Of the 202 women who had repeat HPV testing at one year after treatment, 68.3% (n=138) of patients had cleared the HPV infection. Patients with initial HPV16 and HPV18 infections had lower rates of HPV clearance (HPV16: 43.5%, HPV18: 33.3%) when compared to those with other high-risk HPV subtypes (68.2%, P=0.016).

Conclusion: A third of patients had persistent HPV infection at one year after treatment of a visualized HPV-based cervical lesion. HPV16 and HPV18 had higher rates of persistence after treatment.

47. Paper versus Electronic Screening for Financial Toxicity and Social Determinants of Health in Gynecologic Oncology: Impact and Patient Perspectives

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Objective: To compare paper vs electronic screening for financial toxicity (FT) and social needs in new patients in a gynecologic oncology practice.

Methods: Screening for FT and social needs in patients newly presenting to a gynecologic oncology practice started November 2022. Screening included one novel FT screening question and validated social determinants of health (SDOH) tool. Until June 2024, paper-based screening was used in clinic; after, the FT question and SDOH tool were sent to patients via Epic before visits. We compared paper-based screening from November 2022-September 2023 with electronic-based screening from November-December 2025. In 2025, we interviewed 16 patients about the screening process.

Results: Of 765 new patients in the original screening rollout, 649 (85%) received the FT question or SDOH survey. From November-December 2025, 63 new patients were eligible for screening; all were sent the FT question and SDOH survey via Epic. During paper-based screening, 458 (71%) patients answered the FT question and 87 (19%) screened positive. During Epic screening, the proportion who completed the FT question (52%) decreased significantly (p=0.003) and the proportion who screened positive decreased (9%) (p=0.2). During paper-based screening, 444 (68%) patients completed the SDOH form and 37 (8%) identified a social or financial need. With Epic screening, the proportion who completed the SDOH tool (52%) decreased significantly (p=0.01) and the proportion who identified a social or financial need decreased (3%; p=0.5). Sixteen patients were interviewed; 81% were comfortable answering the FT and SDOH questions. Six (38%) preferred the single FT question, 8 (50%) preferred the SDOH survey, and 2 (13%) didn't recall answering either.

Conclusion: Transitioning to Epic screening decreased the proportion of patients who completed the screening and the proportion who screened positive. Given the small sample size for Epic screening, power to detect modest but clinically meaningful differences was limited.

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