



Prof Andreas Obermair

gynaecological oncology news

SUMMER EDITION 2024

Welcome to the second edition of Gynaecological News in 2024!

I'm thrilled to be back in Brisbane after an incredible adventure participating in the 2024 Cherish Challenge "Coast to Coast" in New Zealand. This adventure raised more than \$100,000 to help seed-fund gynaecological cancer research. Please see my brief report on the back page of this newsletter.

Exciting news—Cherish has helped launch the Australian National Vulvar Cancer (ANVU) Trial, Australia's first randomised controlled trial in vulvar cancer. Starting in June 2025, this trial aims to reduce the need for groin lymph node dissection, a procedure with significant complications. If successful, it could benefit up to 47,000 women globally each year. More details are on page 2.

On page 3, I share my thoughts on the delicate balance between diagnosing ovarian cancer early and avoiding unnecessary surgeries in elderly patients with ovarian cysts.

I also have some key takeaways from the recent International Gynaecological Cancer Society (IGCS) meeting in Dublin.

Wishing you all a wonderful and successful 2025! As always, feel free to reach out if you'd like to discuss any patients.

Warm regards,

Andreas Obermair

Please don't hesitate to give me a call if you wish to discuss any aspect of the enclosed or a specific patient with me.

Phone 07 3128 0800 | rooms@obermair.info

www.obermair.info



IN THIS ISSUE

- ANVU Trial
- Managing Adnexal Masses
- Recap IGCS Conference
- 2024 Cherish Challenge



The National Australian Vulvar Cancer Trial

The world's largest RCT in vulvar cancer

Vulvar cancer, though rare, is a serious condition that affects the skin of the external female genitals. About half of these cancers are linked to the human papillomavirus (HPV), while the cause of the other half remains unknown.

Treatment usually involves surgically removing the primary tumour, and in most cases, the groin lymph nodes as well. This is because approximately 20% of patients with early-stage vulvar cancer will have cancer that has spread to these lymph nodes, which requires additional treatment like chemoradiation. Missing any cancerous lymph nodes can be life-threatening, as they may grow and become untreatable.

However, the removal of groin lymph nodes is not without consequences. While the surgery is often successful in treating the cancer, it can lead to long-term issues such as painful and disfiguring swelling (lymphoedema), limited mobility, and an increased risk of infections. These complications affect almost all women who undergo this procedure.

The ANVU trial is an exciting new study aimed at finding a non-invasive alternative to groin surgery. The goal is to determine whether groin ultrasound can effectively identify lymph node involvement, potentially replacing surgery. If successful, this could dramatically reduce the physical burden on patients, allowing them to recover faster and avoid lifelong problems like lymphoedema.

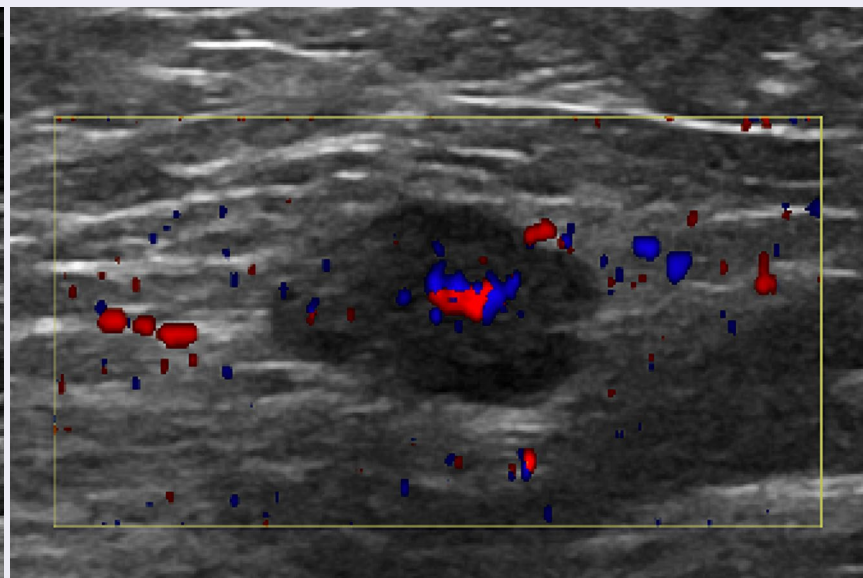
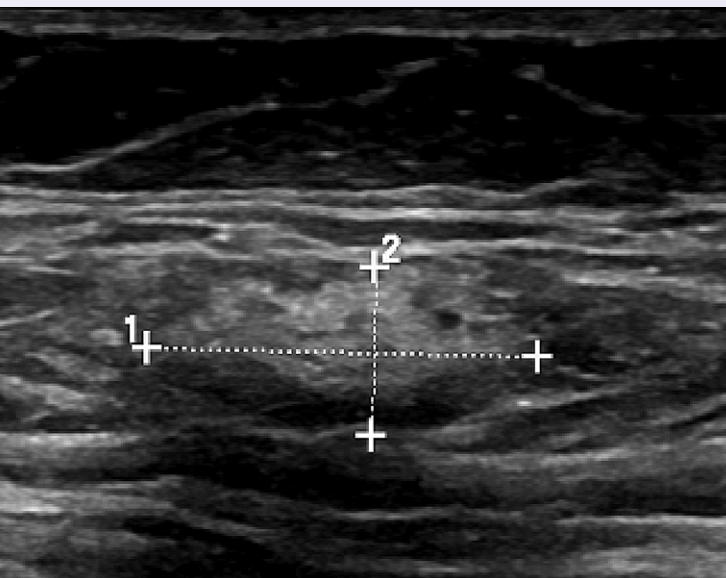
As the Principal Investigator of this international trial, I am thrilled that we will begin enrolling patients in early 2025. The trial will involve removing the primary vulvar tumour in all participants, followed by an ultrasound of the groin lymph nodes. Those whose ultrasounds

show no signs of cancer in the lymph nodes will be randomly assigned to either undergo the standard groin node surgery or continue with regular ultrasound monitoring every two months. If any changes are detected during these follow-ups, the affected lymph nodes will be surgically removed immediately.

We plan to enrol over 240 women through my centre at The University of Queensland. Public and private patients will be offered trial participation. The hope is that this study will demonstrate that groin ultrasound is a safe and effective alternative to surgery, helping women avoid the long-term complications of lymph node removal while still ensuring their survival.

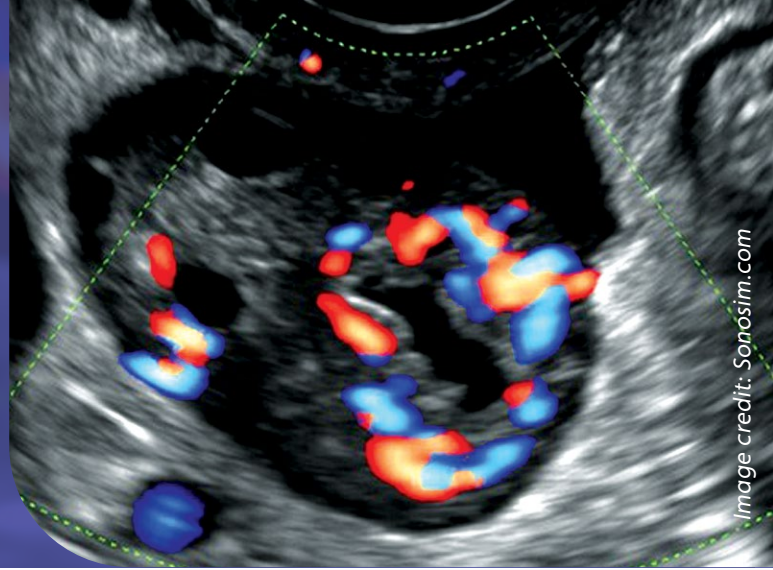
The ANVU trial will also offer a unique opportunity to collect tissue and blood samples from vulvar cancer patients. By studying these samples, we aim to identify biomarkers that could help predict which patients truly need lymph node surgery and which can safely avoid it.

I am deeply grateful to my dedicated research team and the many gynaecological oncology colleagues both in Australia and internationally who share my enthusiasm for finding better, less harmful ways to treat vulvar cancer. The ANVU trial will take place across Australia, Europe, the United States, and Latin America. Participation is completely voluntary and open to both public and private patients, with no financial conflicts involved. We anticipate the trial will run for the next 3 to 4 years.



Groin ultrasound images showing a normal (above left) and a malignant (above right) groin node. (Image credit: Dr Sean O'Connor, Coastal Medical Imaging)

Managing Adnexal Masses in Older Women: Striking the Right Balance



Managing adnexal (ovarian and fallopian tube) masses is a frequent challenge for gynaecologists. The detection of these masses often raises concerns about ovarian cancer, especially in older women. While surgery is the only definitive way to rule out cancer, not all women need it, as most adnexal masses are benign. The key challenge lies in balancing the risk of delayed cancer diagnosis with the risks of unnecessary surgery, which can result in complications for up to 15% of patients.

When signs of malignancy are not present—such as no ascites or elevated CA-125 tumour marker—monitoring with repeat ultrasounds is a reasonable alternative to surgery for smaller, asymptomatic adnexal masses that appear benign or indeterminate on initial imaging. Since malignant tumours tend to grow or change in appearance over time, stable imaging results typically indicate a benign mass. However, a common question is: How long should a mass be observed to be certain it's not cancer?

The American College of Obstetricians and Gynecologists' (ACOG) guidelines suggest repeat ultrasounds when the diagnosis is uncertain and ovarian cancer remains a differential. However, there is no consensus on the ideal interval and duration for follow-up.

To address this uncertainty, a study evaluated ovarian cancer risk in a large community-based cohort of women over 50 years who had stable adnexal masses on ultrasound. The goal was to assess how cancer risk changes over time as the masses remain stable.

Study Overview

The study included women aged 50 years and older who had an abnormal adnexal mass detected by pelvic ultrasound between 2016 and 2020. The initial ultrasound reporting the abnormality was considered the baseline, and any prior pelvic ultrasounds or patients with elevated CA-125 or genetic predispositions to ovarian cancer were excluded.

The primary outcome measured was the incidence of ovarian cancer, with stability defined as no increase in size greater than 1 cm and no change in the ultrasound characteristics over time.

Key Findings

Among the 4,750 women who were monitored with repeat ultrasounds, 85% had stable masses on follow-up ultrasound, while 15% had masses that were classified as unstable. The overall incidence of ovarian cancer among

women with stable masses was very low—just 0.27%. In contrast, those with unstable masses had a higher cancer risk of 1.73%.

The longer a mass remained stable, the lower the risk of ovarian cancer. After 12 months of stability, no cancer cases were observed in the cohort. For women whose masses were stable for 6–12 weeks, the risk of cancer was 0.73 cases per 1,000 person-years, while for those with masses stable for 53–104 weeks, the risk dropped to zero.

Additionally, the study found that repeat ultrasounds to detect one case of ovarian cancer would need to be performed on 369 women with stable masses at 6–12 weeks, increasing to 1,142 women if the mass was stable for more than 52 weeks. These numbers suggest that long-term follow-up for stable masses may offer minimal benefit.

What does this mean for patients?

The findings suggest that women over 50 years with stable adnexal masses have a very low risk of developing ovarian cancer. In fact, the longer a mass is stable, the lower the likelihood of it being malignant. For women with stable masses for more than 12 months, the risk of ovarian cancer becomes negligible, supporting the idea that continued ultrasound surveillance may not be necessary after that time.

In addition to the low risk of cancer, there are potential harms associated with repeated ultrasounds. Patients often experience anxiety when undergoing follow-up imaging, and incidental findings can lead to unnecessary surgeries. Even for benign conditions, surgery carries significant risks, such as bleeding, infection, and injury to surrounding organs.

For patients who are candidates for conservative management of adnexal masses, these findings provide reassurance that ultrasound monitoring beyond 12 months may not be necessary, reducing the burden of unnecessary follow-up and surgery.

Conclusion

For women aged 50 and older with stable adnexal masses, the risk of ovarian cancer is very low, particularly after 12 months of demonstrated stability. These findings support a more conservative approach to managing stable adnexal masses, suggesting that continued ultrasound monitoring beyond a year may have limited value. This approach could help reduce unnecessary surgeries and the anxiety associated with repeat imaging, improving the overall quality of care for patients.

Highlights from the IGCS conference

I attended the 2024 International Gynaecologic Cancer Society (IGCS) conference in Dublin, that focused on enhancing global collaboration and education in gynaecologic oncology. Advancing knowledge about endometrial cancer was a central part of this conference.

The 2023 FIGO staging system for endometrial cancer marks a significant evolution from its 2009 predecessor by integrating anatomical dissemination and non-anatomical parameters such as tumour type, lymphovascular space invasion (LVSI), and molecular classifications. This shift aims to enhance prognostication but its complexity introduces challenges: LVSI remains untested in a prospective setting and the system's reliance on molecular testing is not feasible in resource-limited settings but not even in the majority of Australian gynaecological cancer centres.

In my practice, I will record LVSI, molecular factors and other prognostic factors for each patient as they are available. However, and for the time being, the majority of gynaecological oncologists – including myself – will abstain from adopting the new system, for clinical decision making.

Following the introduction of parp inhibitors in ovarian cancer, which improved prognosis of women with BRCA



mutations significantly, another major advancement is the introduction of immunotherapies in treating endometrial cancer. These medications are incredibly effective, especially in tumours with mismatch repair deficiency (dMMR), which are more responsive to immunotherapy due to their high mutational burden and unique tumour microenvironment.

Clinical trials have demonstrated significant enhancements in progression-free and overall survival when these immunotherapies are combined with chemotherapy. Despite these advancements, challenges remain. The response rates vary among different EC subtypes, with proficient MMR (pMMR) tumours showing less pronounced benefits compared to dMMR tumours.

Cherish Challenge 2024



I am happy to announce that I am back from the Cherish Challenge 2024, which was a combination of hiking, riding and white water rafting in New Zealand. I found the Trek physically demanding. One of the bike rides was 70 km and the big hike was over 24 km. The white water rafting was exhilarating but the water was freezing.

However, the journey was all worth it. It was dedicated to raising much-needed funds for gynaecological cancer research. A huge thank you to every colleague, patient, and friend who helped me raise \$15,000! Altogether, our group of 25 participants raised over \$100,000. Your support, no matter the amount, is truly making a difference.

Please follow the Cherish Women's Cancer Foundation www.cherish.org.au and consider joining us for the 2025 Cherish Challenge in Bhutan.



Prof Andreas Obermair MDVIE, FRANZCOG, CGO

Gynaecological Oncology Laparoscopic & Pelvic Surgery

Phone 07 3128 0800 | rooms@obermair.info | www.obermair.info

Thank you for your support to date. Stay up to date by subscribing to my blog at obermair.info or LIKE my Facebook page <https://www.facebook.com/drobermair/>