The 6th International Workshop of the Asian Society of Gynecologic Oncology, December 19th to 20th, 2020

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OUTLOOK

The 6th International Workshop of the Asian Society of Gynecologic Oncology (ASGO) was held in the Chang Yung-Fa Foundation International Convention Center, Taipei, Taiwan, on 19th to 20th December 2020. The ASGO Workshop 2020 in Taiwan was the first ASGO congress that was held outside of Japan and South Korea since ASGO commenced in 2008 [1-4]. In addition, the ASGO Workshop 2020, which was a virtual meeting, was also the first ASGO hybrid meeting due to the coronavirus disease 2019 (COVID-19) pandemic. There were 239 participants from 13 countries who attended the meeting (Table 1).

OPENING CEREMONY

Opening remarks commenced with the current president of ASGO, Dr. Daisuke Aoki, Professor of the Department of Obstetrics and Gynecology, Keio University School of Medicine, Japan, followed by the vice president of the International Gynecologic Cancer Society, Dr. Jae-Weon Kim, who joined our congress from South Korea. Dr. Chih-Ming Ho, the president of the Taiwan Association of Gynecologic Oncologists (TAGO) concluded the opening remarks by welcoming participants from all over Asia on behalf of the organizing committee (Fig. 1).

Table 1. Registration by country

| Rank | Country       | No. of participants |
|------|---------------|---------------------|
| 1    | Taiwan        | 135                 |
| 2    | Korea         | 45                  |
| 3    | Thailand      | 19                  |
| 4    | India         | 15                  |
| 5    | Japan         | 15                  |
| 6    | China         | 2                   |
| 7    | Malaysia      | 2                   |
| 8    | Croatia       | 1                   |
| 9    | Hong Kong     | 1                   |
| 10   | Indonesia     | 1                   |
| 11   | Philippines   | 1                   |
| 12   | Singapore     | 1                   |
| 13   | USA           | 1                   |
| Total|               | 239                 |

*Ordered primarily by the number of participants. Alphabetically ordered among countries with the same number.
SCIENTIFIC SESSIONS

1. COVID-19 pandemic session

The ASGO workshop featured 22 presentations and 3 Young Doctor sessions. The first session discussed the practice in gynecologic oncology in five countries in Asia during the COVID-19 pandemic (Table 2). Dr. Sokbom Kang shared the condition and management guidelines adopted in South Korea that minimize the risk of patients and prioritize patient care. The second speaker, Dr. Yusuke Kobayashi, shared the treatment policy for gynecological tumors in Japan and emphasized on the triage, minimization of hospital visits, and maximization of the use of telemedicine. Dr. Neerja Bhatla then presented the conditions in India, where decreased numbers of visits to hospitals, cessations of registration of new patients, and delays in the initiation of treatment occurred as resources were diverted for COVID-19 care. Dr Suresh Kumarasamy followed and showed how the Movement Control Order, a restriction

Table 2. Scientific program of the 6th ASGO International Workshop (Day 1, Room 601)

| Schedule | Speaker |
|----------|---------|
| A-1: Practice in gynecologic oncology during COVID-19 pandemics | |
| A1-01 Korea | Dr. Sokbom Kang |
| A1-02 Japan | Dr. Yusuke Kobayashi |
| A1-03 India | Dr. Neerja Bhatla |
| A1-04 Malaysia | Dr. Suresh Kumarasamy |
| A1-05 Taiwan | Dr. Cheng-Chang Chang |
| A-2: Novel immunotherapy for advanced endometrial cancer (Industrial section) | Dr. Chia-Yen Huang |
| A-3: Cervical Cancer | |
| A3-01 Update on cervical cancer surgery- abdominal or minimally invasive approach | Dr. Se-Ik Kim |
| A3-02 Update on treatment of metastatic or relapsed cervical cancer | Dr. Pao-Ling Torng |
| A3-03 Radical trachelectomy for early-stage cervical cancer at 15–17 weeks of gestation | Dr. Takayuki Enomoto |
| A3-04 Anatomic dissection in nerve-sparing radical hysterectomy for cervical cancer | Dr. Wu-Chou Lin |
| A-4: Endometrial cancer | |
| A4-01 Molecular characterization and its clinical implication in endometrial cancer | Dr. Ting-Chang Chang |
| A4-02 Two-step sentinel lymph node mapping strategy in endometrial cancer staging | Dr. Sang-Wun Kim |
| A4-03 Adjuvant therapy for early endometrial cancer- when and how and why? | Dr. Kimio Ushijima |
| A4-04 Treatment for stage 4 and metastatic endometrial cancer | Dr. Hee-Seung Kim |
| A-5: Ovarian cancer | |
| A5-01 Ovarian cancer surgery-1st and 2nd debulking operation | Dr. Masaki Mandai |
| A5-02 Personalized medicine- Maintenance therapy in ovarian cancer | Dr. Ka-Yu Tse |
| A5-03 Treatment for relapsed ovarian cancer | Dr. Heng-Cheng Hsu |
| A5-04 Current role of minimally invasive surgery for ovarian cancer | Dr. Yi-Jen Chen |
| A-6 Big data analysis in populational gynecologic oncology- methods and outcomes | Dr. Cheng-I Liao |
| A-7 Shared decision-making in real practice | Dr. Chen-Hsuan Wu |

ASGO, Asian Society of Gynecologic Oncology; COVID-19, coronavirus disease 2019.
of movement of people implemented by the Malaysian government in response to COVID-19, affected the practice in gynecological oncology, especially in hospitals treating COVID-19 patients. At the same time, other patients had to be transferred to private hospitals and were given subsidies from the government. Finally, Dr. Cheng-Chang Chang shared Taiwan’s policy in assessing the risk of being infected with COVID-19 in anyone entering medical care facilities, achieved by linking their health insurance card with past 14-day travel history. All speakers agreed on limiting the hospital visits of patients and risk of exposure to COVID-19 (Fig. 2).

After the first session, there was an industrial section presentation presented by Dr. Chia-Yen Huang on novel immunotherapy for advanced endometrial cancer. He highlighted a phase 2 trial (KEYNOTE-146) that lead to the approval of lenvatinib and pembrolizumab in the treatment of advanced endometrial carcinomas that are not microsatellite instability-high or mismatch repair deficient.

2. Cervical session

To begin with cervical cancer session, Dr. Se-Ik Kim discussed the Laparoscopic Approach of Carcinoma of the Cervix (LACC) trial, a trial that has sparked discussion and influenced our clinical practice. This trial reported higher recurrence rates and worse overall survival with minimally invasive surgery when compared to open surgery in stage IA1 to IB1 cervical cancer. Dr. Kim sought robust scientific evidence from randomized control trials and suggested optimal candidate selection and the development of surgical techniques that may improve the outcome of patients with early cervical cancer who undergo minimally invasive surgeries. The next presentation, by Dr. Pao-Ling Torng, reviewed the latest treatment of metastatic or relapsed cervical cancer. She pointed out the recent approval of pembrolizumab for patients with...
programmed death-ligand 1 (PD-L1)-positive tumors and recurrent or metastatic cervical cancer in progression on or after chemotherapy. Clinical research on immune checkpoint inhibitors are showing promising result in improving the poor outcome of metastatic or relapsed cervical cancer. Dr. Takayuki Enomoto followed and demonstrated radical trachelectomy for early-stage cervical cancer at 15–17 weeks of gestation. He also reported the impressive outcomes of eight cases with gestational age of over 30 weeks. This session was concluded with a presentation by Dr. Wu-Chou Lin, who gave a lecture on anatomic dissection in nerve-sparing radical hysterectomy for early-stage cervical cancer. He clearly illustrated step-by-step the preservation of nerves innervating the bladder, vagina, and rectum during radical hysterectomy (Fig. 3).

3. Endometrial session

The endometrial cancer session began with Dr. Ting-Chang Chang, who shared the molecular characterization in endometrial cancer, including POLE mutations, mis-match repair deficiency, estrogen receptors, progesterone receptors, as well as p53 status and their clinical implications. POLE mutations were noted in 11.1% of his study group on exons 9, 23, 14, and 11, whereby patients with somatic POLE mutated tumors showed a tendency of better survival. Dr. Sang-Wun Kim then demonstrated a two-step sentinel lymph node mapping strategy in endometrial cancer staging. Compared to conventional cervical injection, this two-step sentinel lymph node mapping improved paraaortic sentinel lymph node detection rate (18.7% vs. 5.7%, p<0.001). Dr. Kimio Ushijima later discussed adjuvant therapy for early endometrial cancer, suggesting that microcystic elongated and fragmented pattern would be a new pathologic risk factor and proposed that chemotherapy is a reasonable treatment strategy for early endometrial cancer in intermediate high-risk patients according to Japanese Gynecologic Oncology Group (JGOG) 2033 and JGOG 2043. Dr. Hee-Seung Kim concluded the session by reviewing the treatment for stage IV and metastatic endometrial cancer. He
emphasized that optimal cytoreduction remains a favorable prognostic factor in advanced endometrial cancer. In addition, he showed the future direction of using different immune checkpoint inhibitors in treating advanced or recurrent endometrial cancer (Fig. 4).

4. Ovarian session
The ovarian cancer session started with Dr. Masaki Mandai, who discussed the primary and secondary debulking operation in ovarian cancer. He reviewed the conflicting results of Gynecologic Oncology Group (GOG)-0213 and Arbeitsgemeinschaft Gynaekologische Onkologie (AGO) DESKTOP III, which assessed the role of secondary cytoreductive surgery. In addition, he pointed out that neo-adjuvant chemotherapy may not always be a substitute for primary debulking surgery as JGOG 0602 suggested. He concluded by emphasizing personalization rather than standardization in surgical treatment for ovarian cancer patients. Dr. Ka-Yu Tse then gave a lecture on personalized medicine in maintenance therapy of ovarian cancer. She discussed the current status and introduced methods that guide the treatment in ovarian cancer. Dr. Heng-Cheng Hsu followed and reviewed the treatment for relapsed ovarian cancer. To conclude this session, Dr. Yi-Jen Chen discussed the current role of minimally invasive surgery for ovarian cancer, emphasizing the need for optimal debulking and that the use of minimally invasive procedures should be limited in selected patients.

5. Big data and shared decision-making (SDM)
There were 2 concurrent special sessions before the closing of day 1 in room 601. Dr. Cheng-I Liao shared the big data analysis in populational gynecologic oncology. He demonstrated useful methods and primary results of gynecologic oncology from different databases that help us to identify the inadequacies of the current medical record system and provided suggestions for further improvement. Dr. Chen-Hsuan Wu then demonstrated the SDM in
real practice. She showed the implementation of SDM in clinical situations and emphasized the core elements of SDM, which are risk communication and value clarifications (Fig. 5).

6. Poly(ADP-ribose) polymerase (PARP) inhibitor and test

At the same time, room 603 focused on precision medicine and immuno-oncology on day 1 (Table 3). The precision medicine session began with Dr. Shu-Jen Chen, who gave an overview on precision medicine in gynecologic cancers. She illustrated how next-generation sequencing-based genetic testing of BRCA1/2 mutations and homologous recombination deficiency (HRD) have been used for the management of gynecologic cancers. Two PARP inhibitors, olaparib and niraparib, have been approved as maintenance therapy for newly diagnosed advanced primary ovarian cancer as well as for platinum-sensitive, relapsed ovarian cancer patients who are in a complete or partial response to platinum-based chemotherapy. Dr. Katsutoshi Oda reviewed the mechanism targeting HRD in ovarian cancer. He pointed out that in addition to blocking the enzyme activity of PARP, PARP inhibitors trap PARP1 and PARP2 to the sites of DNA damage and cause cytotoxicity in cells. He suggested that the distinct PARP-trapping potency may be associated with the different anti-tumor activities and adverse events of each PARP inhibitor. SOLO-1 and PAOLA-1 respectively demonstrated a substantial benefit of progression-free survival in ovarian cancer.

Table 3. Scientific program of the 6th ASGO International Workshop (Day 1, Room 603)

| Schedule | Speaker |
|----------|---------|
| B-1: Precision medicine | Dr. Shu-Jen Chen, Dr. Katsutoshi ODA, Dr. Ya-Min Cheng |
| B-2: Safety and QoL of Avastin in gynecological cancer (Industrial section) | Dr. Hung-Hsueh Chou |
| SGO-ROC 10th Council meeting | |
| B-3: Evolving area of maintenance therapy in recurrent ovarian cancer (Industrial section) | Dr. Ying-Cheng Chiang |
| B-4: PARP inhibitors in ovarian cancer | Dr. Shih-Tien Hsu |
| B-5: Immuno-oncology | Dr. Jen-Ruei Chen, Dr. David SP Tan, Dr. Yin-Yi Chang |
| B-6: Trabectedin in gynecological cancer (Industrial section) | Dr. Wen-Shiung Liou |
| B-7: What’s next for PARP inhibitors? PARP inhibitors resistance and ways to overcome (Industrial section) | Dr. Chyong-Huey Lai |
| Young Doctor Session/Oral Presentation | |

ASGO, Asian Society of Gynecologic Oncology; PARP, poly(ADP-ribose) polymerase; QoL, quality of life; SGO, Society of Gynecologic Oncology; TAGO, Taiwan Association of Gynecologic Oncologists.
patients with BRCA1/2 mutation and HRD-positive tumors. Dr. Ya-Min Cheng then gave a lecture on biomarker and genetic testing for PARP inhibitors and emphasized the predictive values of HRD tests on the magnitude of benefit of PARP inhibitors.

7. Target therapies
Before the Society of Gynecologic Oncology, Republic of China (SGO-ROC) 10th Council Meeting and TAGO 9th Council Meeting, an industrial section reviewing the safety and quality of life of bevacizumab for gynecological cancer was presented by Dr. Hung-Hsueh Chou. The efficacy of bevacizumab, a humanized monoclonal immunoglobulin G antibody that targets the vascular endothelial growth factor (VEGF) receptor, has been demonstrated in ovarian cancer through ICON-7 and GOG-0218 as well as cervical cancer through GOG-0240. Dr. Chou also discussed the safety and efficacy of bio-similar drugs entering the market. Dr. Ying-Cheng Chiang followed and summarized the evolving area of maintenance therapy in recurrent ovarian cancer. He reviewed the targeted therapy that has arisen as maintenance therapy, included bevacizumab and PARP inhibitors. Dr. Shih-Tien Hsu later summarized the treatment of PARP inhibitors in ovarian cancer. He summarized all the published data and proposed the best sequence or combination of treatments with regard of the different molecular profiles, included BRCA mutation, HRD deficiency, and HRD proficient.

8. Immunotherapies
Dr. Jen-Ruei Chen started the immuno-oncology session by reviewing immuno-oncology in gynecological malignancies. He gave a lecture on the concept of cancer immunity cycle and cancer immunotherapies in gynecological malignancies. Dr. David SP Tan followed and discussed the biomarkers in immuno-oncology for gynecological cancers. He focused on the predictive biomarkers, including programmed cell death protein 1 and PD-L1 in response to immunotherapeutic approaches. This session ended with Dr. Yin-Yi Chang, who gave an overview of cell therapy in gynecologic cancers and introduced the application of cellular immunotherapy on gynecologic cancers (Fig. 6).

9. New drugs
The two industrial sections towards the end of day 1 started with Dr. Wen-Shiung Liou reviewing the treatment of trabectedin in gynecological cancer. Trabectedin is approved for the treatment of recurrent platinum-sensitive ovarian cancer in combination of pegylated liposomal doxorubicin as well as the treatment of advanced uterine leiomyosarcoma. The second industrial section, on the PARP inhibitor resistance and the ways to overcome it, was presented by Dr. Chyong-Huey Lai. She suggested potential strategies to overcome PARP inhibitors.
inhibitor resistance that is caused by DNA replication fork protection, reversion mutations, epigenetic modification, restoration of ADP-ribosylation, and pharmacological alteration.

**YOUNG DOCTOR SESSION 1**

A total of eight topics were presented in the Young Doctor session on day 1. Dr. Chia-Lin Chou shared her experience of curative resection of ovaries for ovarian metastasis from colorectal cancer. The second speaker, Dr. Malika Kengsakul, shared a rare case of extra-nodal involvement of diffuse large B-cell lymphoma that mimics locally advanced cervical cancer. Dr. Se-Ik Kim followed by revealing the low adoption rate of iRECIST (60%) in the real world and demonstrated the necessity of imaging follow-up to confirm treatment responses. He also presented a second research on the implementation of adjuvant radiotherapy to reduce the disease recurrence rate in patients with intermediate-risk, stage IB–IIA cervical cancer treated primarily with radical hysterectomy. Dr. Alka Dahiya then highlighted the distinct differences in clinicopathological profiles of primary peritoneal carcinoma and ovarian carcinoma. Dr. Anusha Kamath followed and shared the knowledge, attitude, and perception among medical graduates in India about human papillomavirus infections and its vaccine. This session ended with Dr. Rahul Deepak Modi’s presentations on the insight into gynecological oncology training in India from the perspectives of in-training candidates and the experience of virtual learning during the COVID-19 pandemic in India.

To conclude the first day of the ASGO Workshop 2020, there was a banquet in the Shing-Peng-Lai, a Taiwanese seafood restaurant. Most of the attendees gathered at this dinner and enjoyed the food in this MICHELIN Guide restaurant.

**PLENARY LECTURE**

The second day of ASGO Workshop 2020 (**Table 4**) commenced with a lecture on the origin of ovarian cancer species and precancerous landscape by Dr. Ie-Ming Shih. He suggested the precancerous landscape in fallopian tubes, which contains multiple concurrent precursor lesions including serous tubal intraepithelial carcinoma with genetic heterogeneity, provides a platform for the evolution of high-grade serous carcinoma (**Fig. 7**).

**INDUSTRIAL SESSIONS**

The last 2 industrial sessions began with Dr. Chien-Feng Li sharing the identification of BRCAAness in clinical practice. In his presentation, he detailed the prevalence of BRCA1/2

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**Table 4. Scientific program of the 6th ASGO International Workshop (Day 2, Room 601)**

| Schedule | Speaker |
|----------|---------|
| A-8: The origin of ovarian cancer species and precancerous landscape | Dr. Ie-Ming Shih |
| A-9: Identification of BRCAAness in clinical daily practice: genes, phenotypes, and cases (Industrial section) | Dr. Chien-Feng Li |
| A-10: Optimize the chemotherapy in platinum-sensitive recurrent ovarian cancer and real-world data in Taiwan (Industrial section) | Dr. Hung-Hsueh Chou |
| A-11: Update in the treatment for uterine sarcoma | Dr. Mikio Mikami |
| A-12: Laparoscopic hyperthermic intraperitoneal chemotherapy | Dr. Kuan-Gen Huang |
| A-13: Cancer during pregnancy: a big challenge | Dr. Sarikapan Wilailak |

ASGO, Asian Society of Gynecologic Oncology.
and other HR gene mutations as well as HRD in Taiwanese high-grade serous ovarian cancer patients. Dr. Hung-Hsueh Chou then gave a talk on optimizing chemotherapy in platinum-sensitive recurrent ovarian cancer and shared real-world data from Taiwan. He suggested that carboplatin-pegylated liposomal doxorubicin-bevacizumab as a new standard regimen for patients with recurrent ovarian cancer suitable for platinum-based and antiangiogenic treatment according to the latest phase 3 ENGOT-OV 18 trial.

OTHER SESSIONS

Dr. MiKio Mikami next presented the update in the treatment for uterine sarcoma. He answered the clinical questions on the treatment and adjuvant therapy for uterine leiomyosarcoma, endometrial stromal sarcoma, and recurrent uterine sarcoma. This was followed by Dr. Kuan-Gen Huang, who demonstrated and described laparoscopic hyperthermic intraperitoneal chemotherapy. He shared experiences and suggested that laparoscopic hyperthermic intraperitoneal chemotherapy was feasible and safe in ovarian cancer patients with optimal cytoreduction at completeness of cytoreduction score 0 and 1. The last session of the congress was presented by Dr. Sarikapan Wilailak, who reviewed cancer during pregnancy. The physiological changes during pregnancy posed a big challenge in identifying cancer, and emphasized the importance of multidisciplinary care (Fig. 8).
Meanwhile, two Young Doctor sessions commenced in room 603 with a total of 16 topics presented (Table 5). Dr. Roopjit Kaur Sahi started the second session and shared her experience of a tertiary care center in India using IOTA logistic regression models, the Risk of Malignancy Index, and IOTA ADNEX to characterize adnexal masses. Dr. Wen-Hsuan Lin followed and analyzed malignant ovarian germ cell tumors. She reported better survival when comparing chemotherapy with bleomycin, etoposide, and cisplatin to chemotherapy with bleomycin, etoposide, and carboplatin. Dr. Anila Tresa Alukal suggested that the chance of residual disease in loop electrosurgical excision procedure was less if the specimen had a minimum length of 0.775 cm and a minimum thickness of 0.65 cm. She also reported a significant association between p53 expression and poorer outcomes of endometrial cancer. Dr. Aswathy G Nath then reported a good long-term quality of life and a survival outcome of 37.7% at 7 years after pelvic exenteration for gynecological malignancies. She also shared her 10 years of experience in a tertiary care center in India on vulvo-vaginal melanoma and found a median survival of only 11 months. Dr. Deepak Bose suggested that directed risk models using significant risk factors such as grade 3, non-endometrioid tumors, and deep myometrial invasion can better predict the risk of nodal metastasis in endometrial cancer. He also concluded this session by suggesting adjuvant therapy was the only significant factor affecting the outcomes of surgically treated vulvar malignancies.

The third Young Doctor session started with Dr. Pallavi Verma, who shared a case of peripheral primitive neuroectodermal tumor of pelvis in pregnancy. Dr. Anandita followed and shared her pilot study that suggested that postoperative coffee consumption resulted in an earlier return of gastrointestinal function when compared to tea consumption. Dr. Madhavi Dokku shared the outcomes of medical management of atypical endometrial hyperplasia in her institute and concluded that the efficacy of any progesterone therapy appears similar. Next, Dr. Sue-Jar Chen analyzed the recurrent pattern of epithelial ovarian cancer with metastatic lymph node and concluded that the rate of treatment failure in lymph node and isolated lymph node relapse appeared to be more frequent in patients with initial nodal involvement. Dr. Anjana JS reported that neoadjuvant chemotherapy in advanced malignant germ cell tumor made complete cytoreduction possible and preserved fertility. She also shared her experience on a significant correlation between results of colposcopic biopsy and final histopathology after loop electrosurgical excision procedure in patients with atypical squamous cells cannot exclude high-grade squamous intraepithelial lesion and high-grade cytology. Dr. Sarita Kumari reported the role of cancer testis antigen POTE-E in preoperative prognosis of epithelial ovarian tumors, which also showed remarkable good diagnostic accuracy. Dr. Amulya B concluded the session by sharing 5 cases of nonepithelial ovarian cancers.

MEETING IN BANGKOK, 2021

The 6th ASGO International Workshop, which was originally planned to be held in May 2020, was postponed due to the COVID-19 pandemic. The organizing committee hosted...
this workshop in a hybrid meeting with 104 participants joining this meeting online from overseas. With the effort and contribution of all participants, the 6th ASGO Workshop meeting was a remarkable success.

The 7th Biennial Meeting of ASGO will be held at the Shangri-La Hotel in Bangkok, Thailand, from November 25th to 27th, 2021. We hope to meet you all in person in Thailand after the COVID-19 pandemic (Fig. 9).

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