



Respect



Quality



Solidarity



Innovation



Engagement

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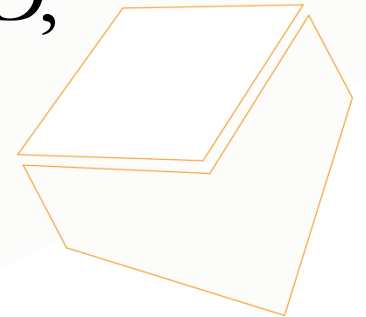
In the center of the city, in the center of life, with passion for care



Conflict of interest & Disclosure

Disclaimer: no conflict of interest

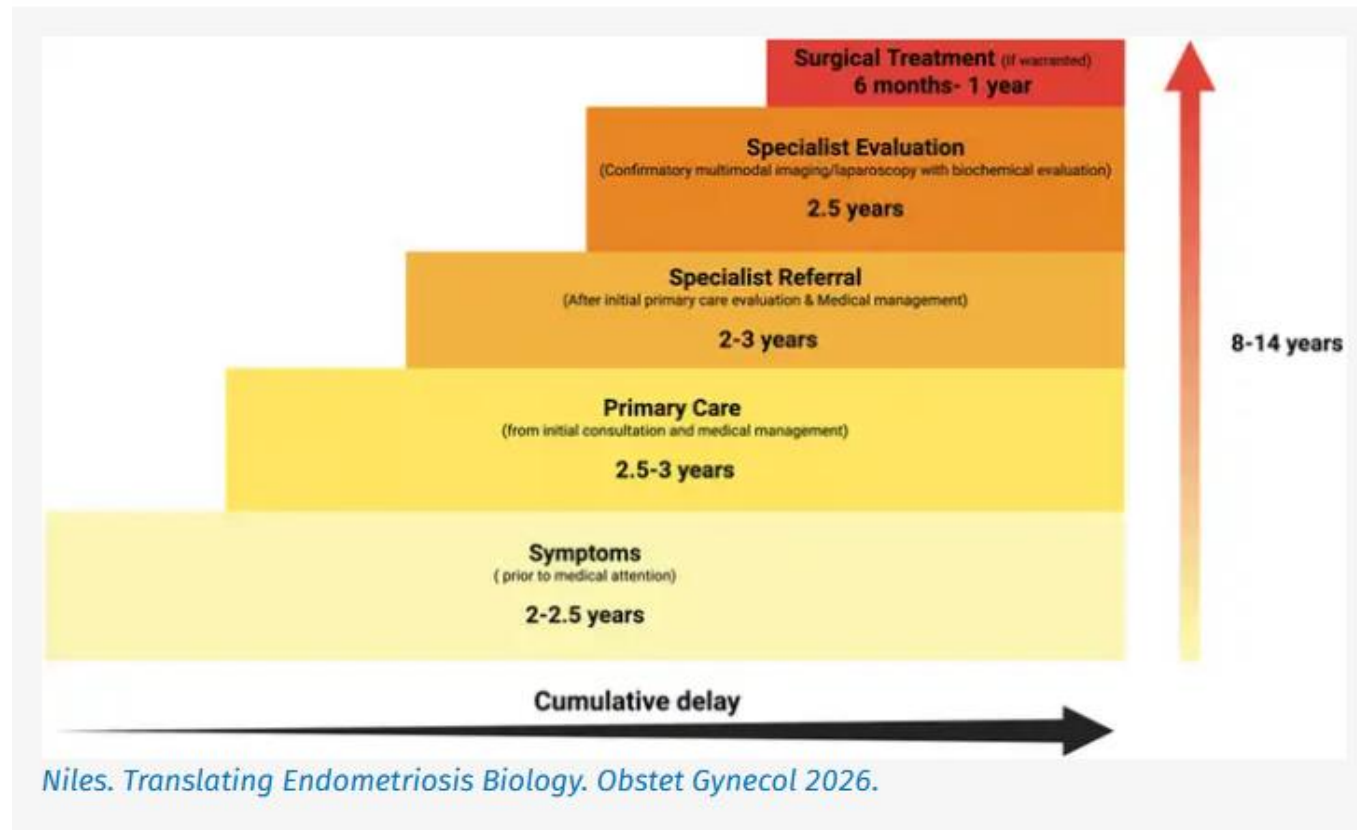
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ACOG Clinical Practice Update: Salpingectomy for the Prevention of Epithelial Ovarian Cancer

- Obstetrician–gynecologists should routinely perform **bilateral salpingectomy** at the time of hysterectomy.
- **Bilateral salpingectomy** should be recommended to patients who are undergoing **nonhysterectomy gynecologic surgery that enters the peritoneal cavity** and who do not desire future fertility.
Obstetrician–gynecologists should consider successful completion of salpingectomy when counseling patients about potential surgical approaches for planned procedures.
- Complete, **bilateral salpingectomy** is the preferred tubal procedure for patients desiring permanent contraception after shared decision making.
- Obstetrician–gynecologists should **support other surgical specialists in offering salpingectomy at the time of nongynecologic surgery by providing counseling and technical assistance** as needed.
- Shalowitz, D., & Verma, N. (2026). Obstetrics & Gynecology, 148(4), e275-e280.

Enhanced Clinical Understanding of Endometriosis Through Molecular Medicine



- Apelian, S. & Taylor, H. (2026). *Obstetrics & Gynecology*, 148 (3), 292-294. doi: 10.1097/AOG.0000000000006384.

Enhanced Clinical Understanding of Endometriosis Through Molecular Medicine

- Endometriosis shaped by genetic susceptibility, somatic mutations, epigenetic remodeling, hormonal dysregulation, immune dysfunction, and stromal-epithelial interactions.
- Molecular alterations involving KRAS, PIK3CA, ARID1A, PTEN, and CTNNB1, as well as epigenetic changes that may contribute to progesterone resistance, estrogen dominance, inflammation, and impaired endometrial receptivity.
- Superficial peritoneal disease, ovarian endometriomas, and deep infiltrating endometriosis may differ in morphology, molecular mechanisms, and clinical behavior.
- Apelian, S. & Taylor, H. (2026). *Obstetrics & Gynecology*, 148 (3), 292-294. doi: 10.1097/AOG.0000000000006384.



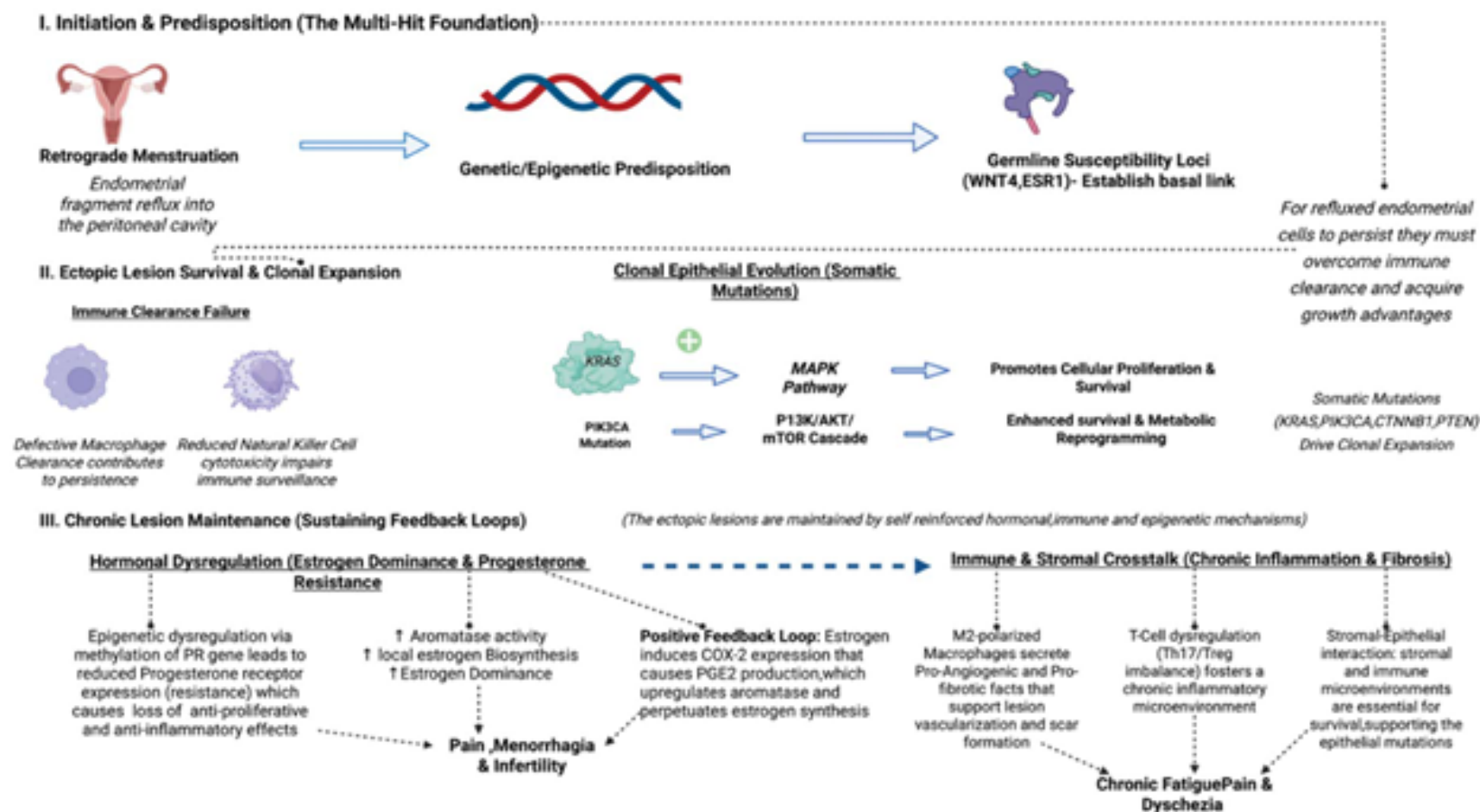


Fig. 2. Molecular pathophysiology and clonal evolution of endometriosis. Pathogenesis follows a multihit model involving the following: 1) initiation: retrograde menstruation of endometrial fragments in individuals with germline susceptibility (eg, *WNT4*, *ESR1*); 2) survival and expansion: failure of immune surveillance (impaired natural killer cell and macrophage activity) coupled with somatic mutations, specifically *KRAS* and *PIK3CA* that activate the mitogen-activated protein kinase (MAPK) and PI3K/AKT/mTOR pathways to drive metabolic reprogramming and proliferation; and 3) maintenance: a self-perpetuating cycle of progesterone resistance and estrogen dominance. Local aromatase activity and cyclooxygenase-2 (COX-2)/prostaglandin E₂ (PGE₂) feedback loops, along with M2 macrophage-driven fibrosis, establish a chronic inflammatory microenvironment associated with the clinical phenotypes of pelvic pain.

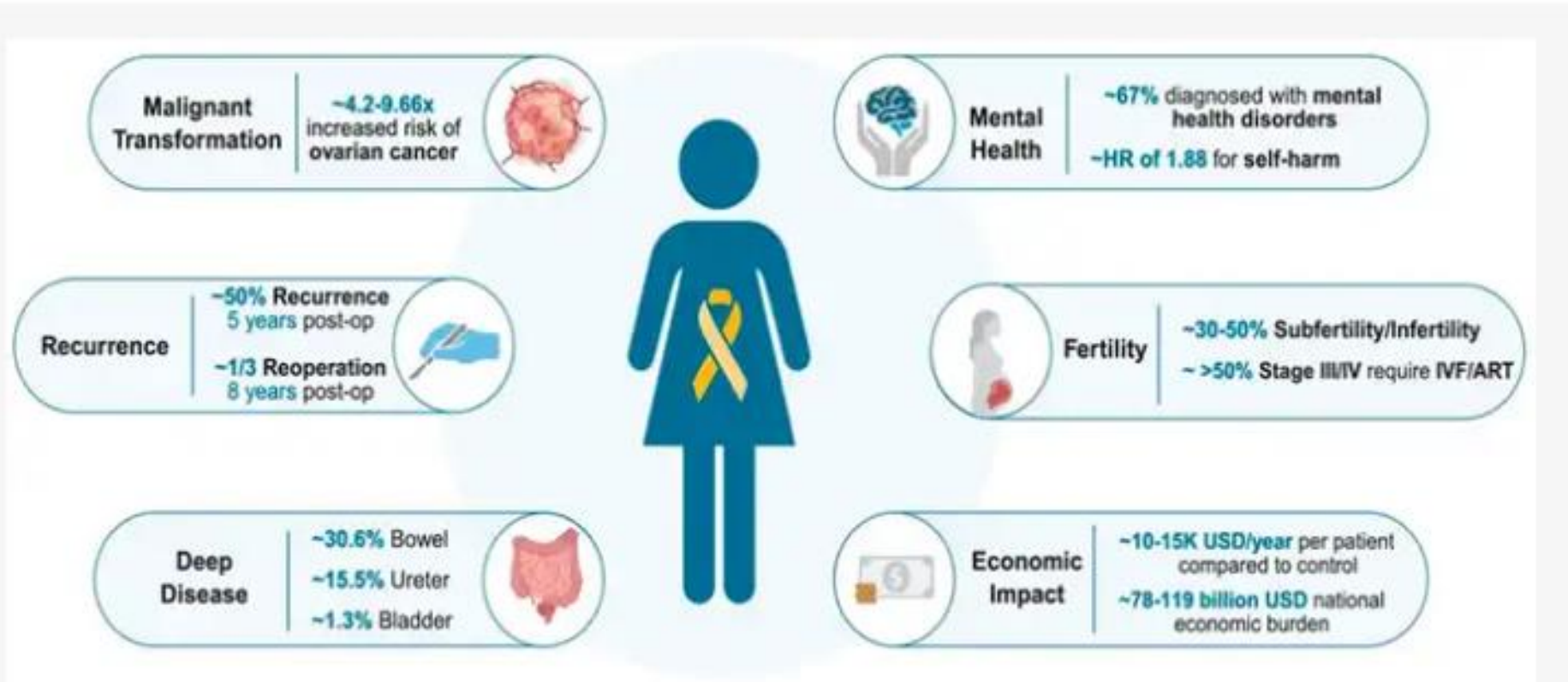
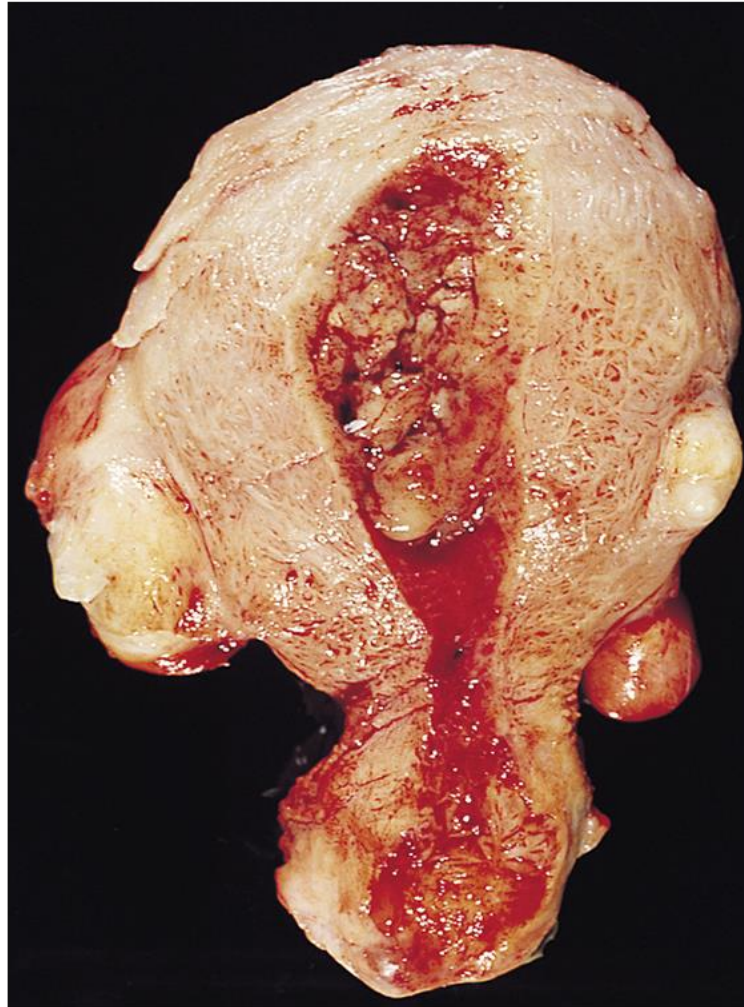


Fig. 3. Multidisciplinary burden and systemic complications of endometriosis. The disease is associated with significant long-term sequelae and health care utilization. HR, hazard ratio; IVF, in vitro fertilization; ART, assisted reproductive technology.

Gross examination of the uterus for uterine cancer staging



Endometrial adenocarcinoma.

From: Female reproductive system. In: High-Yield Gross Anatomy (High-Yield Series), 5th ed, Dudek RW, Louis TM (Eds), Lippincott Williams & Wilkins, Philadelphia 2015. Copyright © 2015 Wolters Kluwer Health. Reproduced with permission from Wolters Kluwer Health. Unauthorized reproduction of this material is prohibited.

UpToDate®

The role of metabolic and bariatric surgery for obesity management in endometrial intraepithelial neoplasia and endometrial cancer: A Society of Gynecologic Oncology and Society of American Gastrointestinal and Endoscopic Surgeons clinical practice statement

- Highlights
- Obesity is a key modifiable risk factor for endometrial cancer.
- Bariatric surgery yields durable weight loss and metabolic benefits.
- MBS may improve surgical candidacy in endometrial cancer patients.
- Weight loss interventions can be integrated across cancer care.
- Multidisciplinary care is essential to optimize outcomes.
- Harrington S, et al Gynecologic Oncology, 2026; 212, 31-42

The role of metabolic and bariatric surgery for obesity management in endometrial intraepithelial neoplasia and endometrial cancer

A clinical practice statement by SGO and SAGES

Background

Endometrial cancer (EC) is the fourth most common cancer in the US and is strongly associated with obesity. Women with EC and obesity have increased morbidity and mortality from obesity-related medical conditions. Among the available weight loss interventions, metabolic and bariatric surgery (MBS) has shown promising results in cancer risk, weight and comorbidity outcomes.

Weight loss interventions



Lifestyle modification
0.8% weight loss



Anti-obesity medications
6.4-20.9% weight loss



Endoscopic bariatric therapy
14-21% weight loss



Metabolic and bariatric surgery
28.8-34.4% weight loss

MBS and EC risk



- 5-unit BMI increase ~ 50% higher EC risk
- 1-unit BMI increase ~ 37% increase in EC recurrence odds
- 57% of EC cases ~ BMIs > 25 kg/m²



- 44-62% decreased EC risk after MBS
- 0.5% (MBS) vs 1.3% (no MBS) cumulative incidence of EC at 1 years
- improvement in overall survival

MBS integration into EC surgical treatment



Before hysterectomy to improve surgical candidacy → decreased risk of hysterectomy complications and length of hospital stay

Concomitant with hysterectomy → no increased risk of complications

During conservative management as adjunct to improve treatment outcomes → higher likelihood of histological treatment response, increased survival, quality of life, decreased EC treatment costs

Urine and vaginal cytology for endometrial cancer detection in women with postmenopausal bleeding in northwest England (DETECT): diagnostic accuracy study

- simple non-invasive test ?
- This multicentre diagnostic accuracy study
- consecutive women with postmenopausal bleeding
- self-collected voided urine sample, and a Delphi screener-collected vaginal fluid sample was also obtained, before routine clinical investigations were done for suspected endometrial cancer.
- two of three cytopathologists
- Endometrial histopathology was the reference standard when performed. Disease-negative status was also defined by discharge from the cancer exclusion pathway and no cancer diagnosis within 3 months. From June 16, 2020, also included women at higher risk of endometrial cancer (with endometrial thickness on transvaginal ultrasound >4 mm) and women with proven endometrial cancer before hysterectomy (the enriched cohort).
- Jones E, et al. The Lancet Obstetrics, Gynaecology, & Women's Health, 2026; 0

Urine and vaginal cytology for endometrial cancer detection in women with postmenopausal bleeding in northwest England (DETECT): diagnostic accuracy study

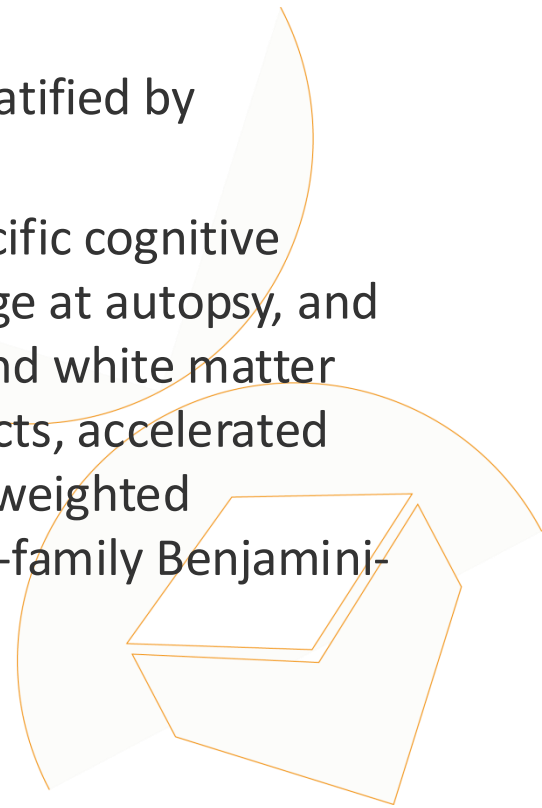
- Findings
- 1890 participants were recruited, of whom 26 were withdrawn and 1864 were enrolled; 37 women comprised the enriched cohort.
- Of 1864 participants, 115 (6.2%) had either endometrial cancer (n=99) or other pelvic cancers (n=16). The other pelvic cancers comprised cervical cancer (n=7), ovarian cancer (n=3), leiomyosarcoma (n=2), colorectal cancer (n=2), bladder cancer (n=1), and metastatic pancreatic cancer (n=1).
- The sensitivity of combined urine and vaginal cytology for endometrial cancer was 80.8% (95% CI 71.7–88.0) and specificity was 92.6% (91.2–93.8). For any pelvic cancer, detection sensitivity was 80.0% (71.5–86.9) and specificity was 92.6% (91.2–93.8). The negative predictive value was 98.8% (98.2–99.3) for endometrial cancer detection and 98.6% (97.9–99.1) for any pelvic cancer detection.
- Jones E, et al. The Lancet Obstetrics, Gynaecology, & Women's Health, 2026; 0

Urine and vaginal cytology for endometrial cancer detection in women with postmenopausal bleeding in northwest England (DETECT): diagnostic accuracy study

- **Vaginal cytology performed slightly better than urine cytology** for endometrial cancer detection, with a sensitivity and specificity of 79·8% (70·5–87·2) and 94·4% (93·2–95·5) versus 73·5% (63·6–81·9) and 94·7% (93·5–95·7). Of 19 endometrial cancers originally missed by urogenital cytology, two (10·5%) had high-grade histology and one (5·3%) was stage 2 or worse, meaning that cytology detected 95·8% of aggressive histologies and 96·4% of locally advanced or metastatic diseases.
- Interpretation
- A novel diagnostic tool comprising urine and vaginal cytology showed good sensitivity and specificity for endometrial cancer detection. This method holds great promise for triaging women with postmenopausal bleeding before invasive tests. Studies assessing the clinical use of this diagnostic tool in practice are now required.
- Jones E, et al. The Lancet Obstetrics, Gynaecology, & Women's Health, 2026; 0

Age at Menopause and Brain Atrophy Among Older Women

- Longitudinal cohort study using the Religious Orders Study and Rush Memory and Aging Project with up to 18 years of follow-up.
- Analyses included 2603 women with cognitive data, 1287 with neuropathology at autopsy, and 774 with serial 3T magnetic resonance imaging.
- **Exposures** Age at menopause, examined overall and stratified by menopause type (spontaneous vs surgical).
- **Main Outcomes and Measures** Global and domain-specific cognitive decline, time to AD diagnosis, AD neuropathologic change at autopsy, and brain volume trajectories including total brain volume and white matter hyperintensity volume, modeled using linear mixed-effects, accelerated failure time, proportional odds, and inverse-probability-weighted generalized additive mixed models with a prespecified 3-family Benjamini-Hochberg correction.
- [M. Pia Campagna](#), et al
[JAMA Network Open](#)
- [Vol. 9, No. 8](#) Sept 2026



Age at Menopause and Brain Atrophy Among Older Women

- **Results** From a total of 2603 women
- earlier menopause age was associated with faster global cognitive decline ($\beta = -0.0009$ SD per year earlier menopause age; SE = 0.0004; false-discovery rate [FDR]–corrected $P = .04$), faster episodic memory decline ($\beta = -0.0014$; SE = 0.0005; FDR-corrected $P = .03$), and earlier AD diagnosis in the full cohort (time ratio = 0.998; 95% CI, 0.997–0.999; FDR-corrected $P = .02$); associations were directionally stronger in surgical menopause (time ratio = 1.000; 95% CI, 0.998–1.000; $P = .008$). Earlier menopause age was associated with substantially faster white matter hyperintensity volume accumulation in women with spontaneous menopause ($f^2 = 0.30$; FDR-corrected $P < .001$), an association that increased with advancing age and was absent in surgical menopause, indicating specificity to the gradual hormonal trajectory of spontaneous menopause.
- [M. Pia Campagna, et al](#)
[JAMA Network Open](#)
- Vol. 9, No. 8 Sept 2026

The Cardiometabolic Effects of Menopause

- Collectively, these data support framing menopause as a key opportunity for CVD risk identification and early intervention.
- Incorporating menopause-specific factors into routine CVD risk assessment may enable earlier prevention strategies and ultimately improve long-term cardiovascular outcomes for women.



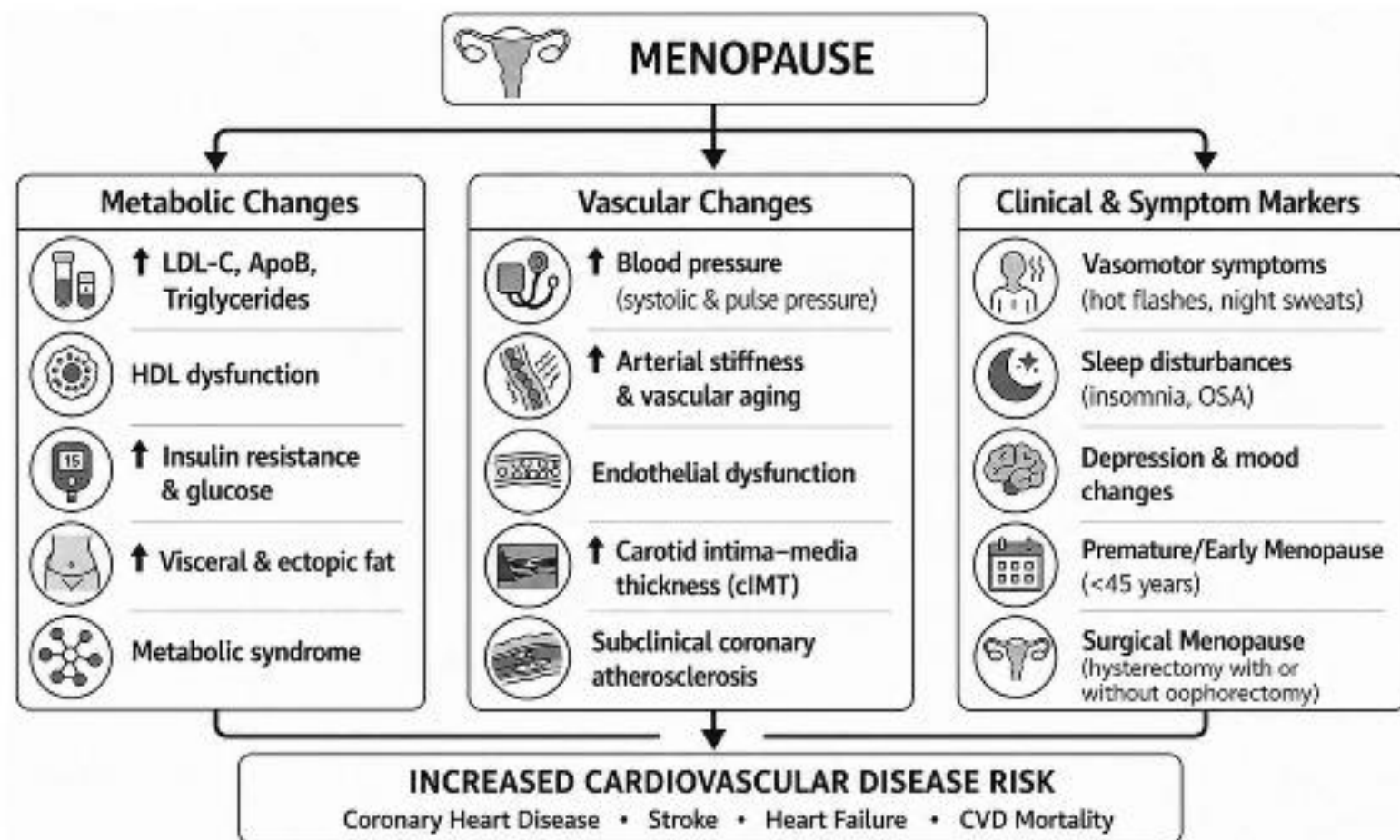


Fig. 1. Menopause-related cardiometabolic changes and cardiovascular risk. LDL-C, low-density lipoprotein cholesterol; ApoB, apolipoprotein; HDL, high-density lipoprotein; OSA, obstructive sleep apnea; CVD, cardiovascular disease.

Karam. Cardiometabolic Effects of Menopause. Obstet Gynecol 2026.