



Prof Andreas Obermair

gynaecological oncology news

SPRING EDITION 2026

Welcome to the Spring edition!

Gynaecological oncology evolves rapidly, with new ways to prevent, diagnose and treat cancer. Many of these advances have practical implications for all of us involved in women's healthcare, whether in general practice, specialist gynaecology or gynaecological oncology.

In this edition, I discuss:

- **Australia's remarkable progress towards cervical cancer elimination** through HPV self-collection.
- **Exciting new evidence on GLP-1 receptor agonists** and their potential role in endometrial cancer prevention and fertility-sparing treatment.
- **The privilege of being elected President-Elect** of the International Gynaecological Cancer Society.
- **An update on the ANVU trial and we invite you to join our next Cherish fundraising** adventure in Patagonia.

I hope you find something here that informs your practice or simply keeps you up to date with the latest developments.

As always, if you would like to discuss a patient or a challenging clinical situation, please don't hesitate to get in touch.

Warm regards

Andreas Obermair

For consultations, I see patients in Brisbane and fortnightly in Kawana on the Sunshine Coast.
All appointments are made through my Brisbane office.

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Self-collection keeps Australia on path to cervical cancer elimination

Australia has emerged as a global leader in cervical cancer prevention and is on track to become the first country in the world to eliminate cervical cancer.

This achievement will not belong to governments alone. It will belong to the thousands of Australian specialists and GPs who have encouraged women to participate in screening, built trusting relationships over many years and embraced new approaches that make screening more accessible.

A new **Australian study published in *The Lancet Public Health*** analysed the outcomes of almost five million women participating in the Australian National Cervical Screening Program and evaluated the impact of offering HPV self-collection to all eligible women through primary care.



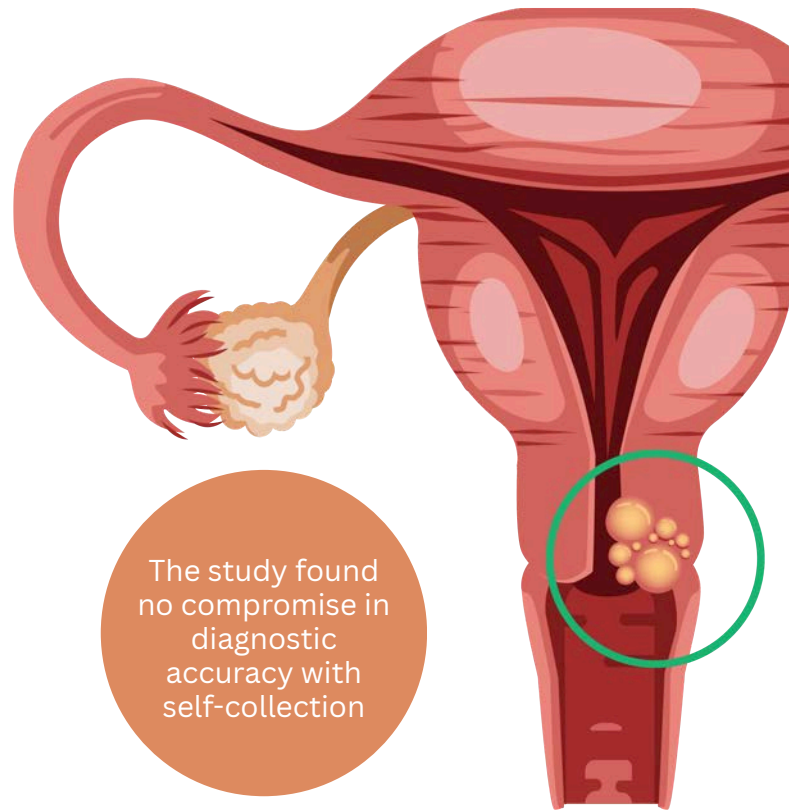
Within 1.5 years, cervical cancer self-collection increased from 1.2% to 26.9%, while screening test performance was maintained.

From July 2022 **self-collection uptake increased from just 1.2% of screening tests to 26.9%** by the end of 2023. Importantly, the option was most frequently chosen by women we have historically found hardest to reach, including those more than 10 years overdue for screening, women living in very remote Australia and those living in socioeconomically disadvantaged communities.

The key findings of the study are that screening performance was maintained while more women participated. In other words, making screening easier did not compromise its effectiveness.

This is an **important validation of Australia's decision to offer self-collection through general practice.** It also reinforces what many GPs have observed in their consulting rooms. For some women, particularly those who have delayed screening because of embarrassment, previous trauma, cultural barriers or limited access to healthcare, self-collection removes a significant obstacle.

Offering choice allows more women to participate without sacrificing quality.



The study also reminds us that the **work does not end with the HPV test.** Timely follow-up of women with positive results remains essential, and continued GP engagement is critical to ensure appropriate investigation and treatment. Australian GPs have been central to the success of our cervical screening program.

This landmark *Lancet Public Health* publication provides compelling evidence that the uptake of self-collection has strengthened Australia's cervical screening program. By embracing this evidence-based approach, Australian GPs have helped expand access to screening, improve participation among under-screened populations, and maintain the high standards of care that are critical to cancer prevention.

Together, these achievements bring Australia closer to its goal of becoming one of the first countries in the world to eliminate cervical cancer.

Reference: Sultana F et al. Uptake and performance of self-collection offered through primary care to all eligible participants in a national cervical screening programme in Australia: a retrospective cohort study. The Lancet Public Health. 2026.

Important: Self-collection should not be used to investigate symptoms. Women presenting with abnormal vaginal bleeding, particularly if overdue for cervical screening, require a clinician-performed cervical assessment with speculum examination and clinician-collected cervical sample.

GLP-1 receptor agonists: From cancer prevention to fertility preservation in endometrial cancer

Obesity is one of the defining health challenges of our time and a major driver of endometrial cancer incidence, while also complicating cancer treatment. Emerging evidence suggests that GLP-1 receptor agonists (GLP-1s) may influence this landscape in ways relevant to gynaecological oncology.

A recent study in *Annals of Oncology* analysed more than 160,000 propensity score-matched obese, non-diabetic adults. This method balances key patient characteristics between groups to make observational comparisons more reliable. Over two years, **GLP-1RA use was associated with a 41% reduction in obesity-related cancers** compared with diet and exercise counselling alone, including **a 58% reduction in endometrial cancer incidence**.

While observational data cannot prove causation, these findings add to **growing evidence that GLP-1s may influence cancer risk** through mechanisms beyond weight loss, including improved insulin sensitivity, reduced inflammation and potential effects on tumour biology. As the use of agents such as semaglutide and tirzepatide expands, their implications for gynaecological cancer prevention and care warrant further investigation.

*References: 1) Hsu A et al., Annals of Oncology. 2026.
2) Hsieh et al., Gynecologic Oncology. 2026*

A second study, published in *Gynecologic Oncology*, explored whether the metabolic effects of GLP-1s translate into improved outcomes for younger women undergoing fertility-sparing treatment for endometrial intraepithelial neoplasia or early endometrial cancer. After propensity matching, **adding a GLP-1 to progestin therapy was associated with lower hysterectomy rates**, with hysterectomy required in 10.2% of women receiving combination therapy compared with 23.4% receiving progestins alone at 18 months.

Together, these studies suggest that GLP-1s may have a role across the continuum of endometrial cancer care—from reducing cancer risk in women with obesity to potentially improving fertility-preserving treatment outcomes after diagnosis.

However, **caution is needed**. Both studies are retrospective database analyses and remain susceptible to residual confounding. Follow-up was limited, and hysterectomy was used as a pragmatic endpoint rather than a measure of complete pathological response. It also remains unclear whether the benefits are specific to GLP-1 therapy or reflect the broader effects of weight loss itself, including through bariatric surgery. For gynaecological oncologists, prospective trials are needed to determine whether GLP-1s can safely improve response to progestin therapy, reduce recurrence and enhance reproductive outcomes, while identifying the patients most likely to benefit.



Elected to IGCS Presidency

It is a great honour to announce that I have been elected President-Elect of the International Gynecologic Cancer Society (IGCS).

The International Gynecologic Cancer Society (IGCS), **the world's largest gynaecological cancer society** with more than 10,000 members, is committed to improving the care of women with gynaecological cancers through education, training, research and international collaboration. Its vision is to ensure every woman has access to high-quality, equitable cancer care, regardless of where she lives. That includes **Kenya**, where I have been invited in 2027 to teach complex pelvic surgery to local surgeons; the **UK**, where I learned that one in four women with advanced ovarian cancer are not offered active treatment; and the **USA**, where Black and Hispanic women continue to experience significantly poorer gynaecological cancer outcomes. **Australia** also faces significant inequities, including delays in diagnosis, variation in care, and poorer access to specialist services outside metropolitan centres.

In my presidency, I will put a focus on:

- **Surgical training:** fostering innovation and ensuring surgical expertise is shared with future generations within a truly multidisciplinary care model.
- **Research training:** empowering gynaecological cancer surgeons to lead high-quality clinical trials through structured education, mentorship and collaboration.

The President-Elect position is voluntary and unpaid. During my presidency **I will continue my active clinical practice** in Brisbane and on the Sunshine Coast. I see patients in my rooms at the Wickham Terrace and I operate two days a week at St Andrews War Memorial Hospital and at Buderim Private Hospital.

Patagonia Trek: Cherish Women's Cancer Foundation

Will you join me for the next Cherish trek in April 2027?

I founded the Cherish Women's Cancer Foundation in 2012 to overcome the shortage of funding from research that is required to create less invasive and more effective treatments for gynaecological cancer. Since its beginnings, Cherish donated \$6M to support the following two trials:

ENDO3: A large trial with 760 patients that so far has introduced strict surgical standards how gynaecological oncologists should perform a sentinel node biopsy for patients with endometrial cancer. The trial will determine if patients diagnosed with endometrial cancer will benefit from a sentinel node biopsy; or if molecular biomarkers in blood and cancer tissue can more accurately predict the prognosis. Results are expected in 2033.

feMMe: This trial has allowed more than 100 women diagnosed with endometrial cancer who were young to keep their uterus for future pregnancy. We discovered blood and tissue biomarkers that predict if those patients will or will not respond to Mirena for endometrial cancer treatment. Results will become available in early 2027.

Cherish is now supporting the **Australian National Vulvar (ANVU) Cancer Trial**, an international study that I have the privilege of leading. Although vulvar cancer is a rare disease, it remains significantly under-researched. Treatment is associated with substantial morbidity, with more than half of patients experiencing a serious complication following surgery. While the introduction of sentinel lymph node biopsy has reduced the need for more extensive groin node dissections, the burden of treatment remains unacceptably high.

ANVU aims to change this. The campaign will raise \$4 million to launch the trial across Australia and internationally, including the United Kingdom, Italy, Belgium, Austria, South Korea, Japan, India, Brazil, Argentina, Colombia and Uruguay. By bringing together researchers and patients from around the world, the trial will **generate the evidence needed to improve treatment and outcomes for women with vulvar cancer.**

To support this important initiative, I will take on a trek through Patagonia, South America, in 2027 to raise funds for the ANVU trial.

This is more than a bucket-list adventure. Every dollar raised helps deliver better care, dignity and futures for women and girls.

Turn an extraordinary adventure into something even more meaningful. Join us to hike Patagonia while helping raise funds to advance gynaecological cancer research.

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