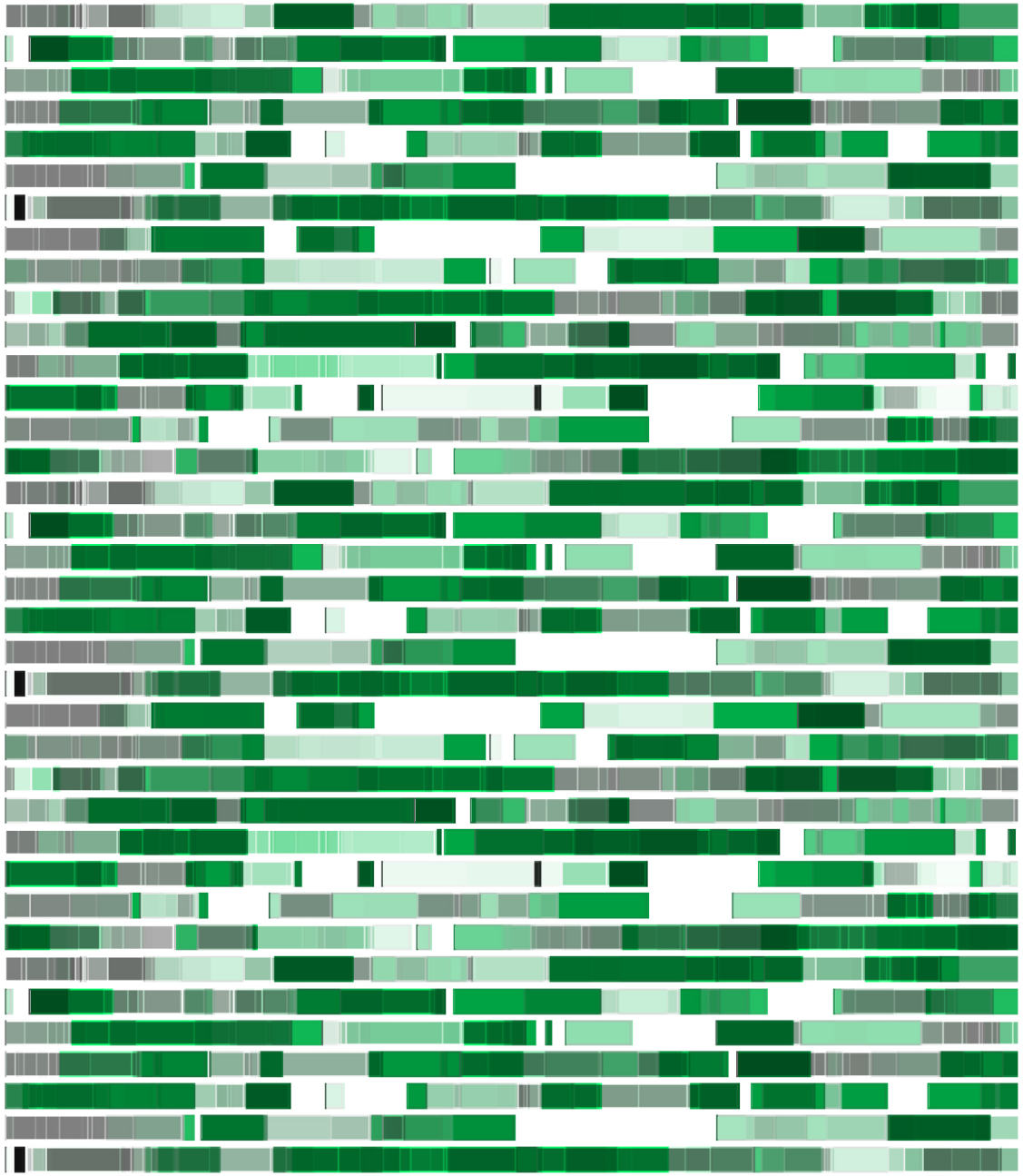
III JORNADA TRASLACIONAL
DE ONCOLOGÍA DE PRECISIÓN:
A TRAVÉS DE LAS VÍAS DE SEÑALIZACIÓN
SEVILLA, 12 Y 13 DE FEBRERO DE 2026

ANTI-TROP2: PAPEL EN LOS TUMORES GINECOLÓGICOS

Purificación Estévez García

Unidad Tumores Ginecológicos y Genitourinarios

Oncología Médica H. Virgen del Rocío (Sevilla)



Organizador por:

HENDERE HEALTHCARE

CONFLICTOS DE INTERÉS

✓PONENCIAS, ASISTENCIA A CONGRESOS Y GASTOS DE VIAJE:

GSK, ASTRA-ZENECA, MSD, PHARMAMAR, PHARMA&, EISAI.

✓ADVISORY BOARDS:

GSK, ASTRA-ZENECA, MSD, PHARMA&, EISAI, ABBIE.

TUMORES GINECOLÓGICOS: PLATINO SIGUE SIENDO LA BASE DEL TRATAMIENTO 1ª L

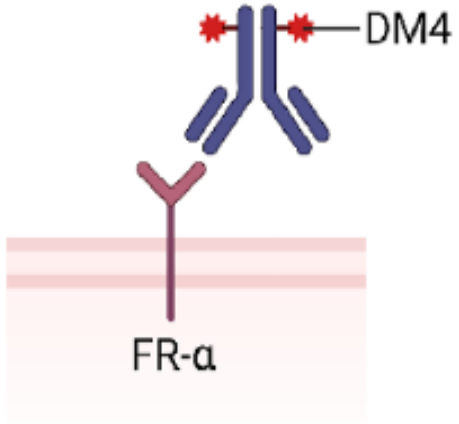
OVARIO	ENDOMETRIO	CÉRVIX
Carboplatino + paclitaxel +/- Bevacizumab +/- iPARP	**Carboplatino + paclitaxel** + IO (MMRd y MMRp)	**Carbo/Cisplatino + paclitaxel** +/- Bevacizumab + IO (CPS ≥1)

- ✓ A pesar de **elevada ORR, muchas pacientes presentarán progresión o recaída** con escasas opciones terapéuticas posteriores.

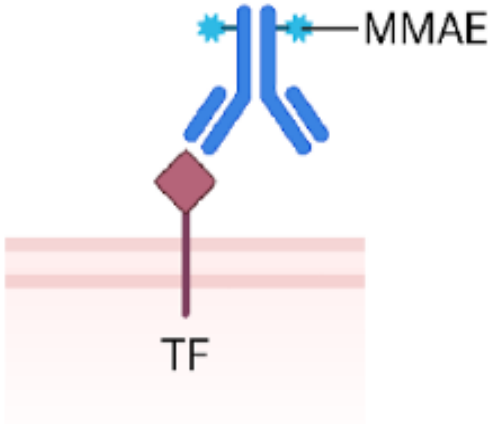
- ✓ En los últimos años, **aprobación de tratamiento en 2ª línea con beneficio en SG: Pembrolizumab + lenvatinib (CE), cemiplimab (CC), aunque limitados por la introducción de IO en 1ª línea.**

ADCs : UNA REALIDAD EN TUMORES GINECOLÓGICOS

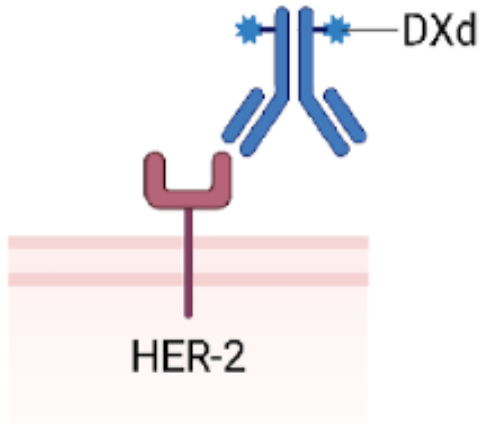
Mirvetuximab soravtansine (MIRV)



Tisotumab vedotin (TV)



Trastuzumab deruxetecan (T-DXd)



OVARIO	CÉRVIX	TUMORES HER2 +++
✓ **FDA (marzo 24)** ✓ **EMA (nov 2024)** Programa acceso expandido España	✓ **FDA (abril 24)** ✓ **EMA (marzo 25)** Programa acceso expandido España	✓ **FDA (abril 24)** Opinión positiva EMA (sept 25)

ANTI-TROP2

TROPHOBLAST CELL SURFACE ANTIGEN 2 (TROP2)

- ✓ **Glicoproteína transmembrana** descubierta en el **tejido placentario.**
- ✓ **Expresión en múltiples tejidos epiteliales normales,** especialmente en la mucosa oral y la piel.
- ✓ **Sobreexpresión en amplia variedad de tumores.**
- ✓ Promueve el **crecimiento, la invasión y la migración de las células tumorales al** intervenir en vías de señalización relacionadas con el calcio, expresión de ciclinas y disminución de adhesión de fibronectina.
- ✓ **Peor pronóstico.**

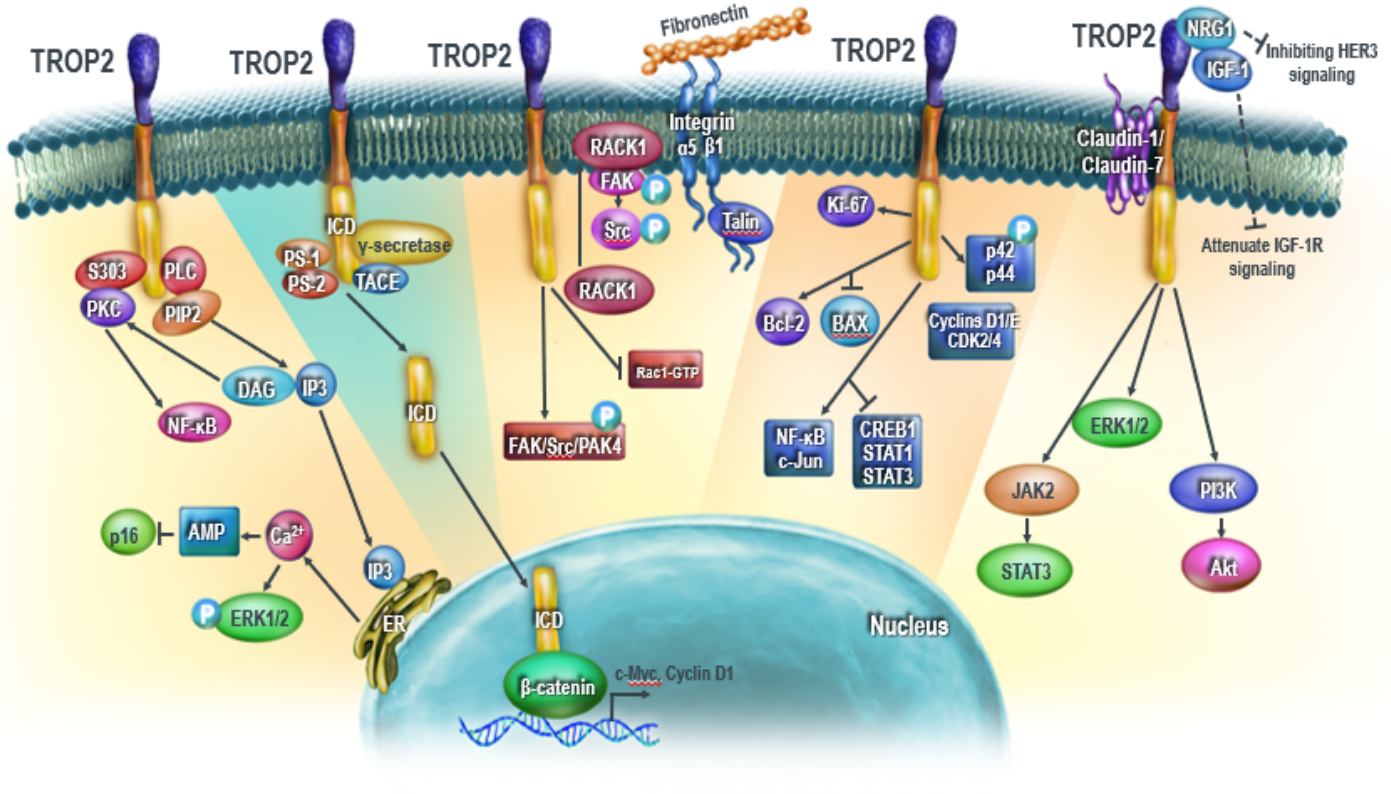
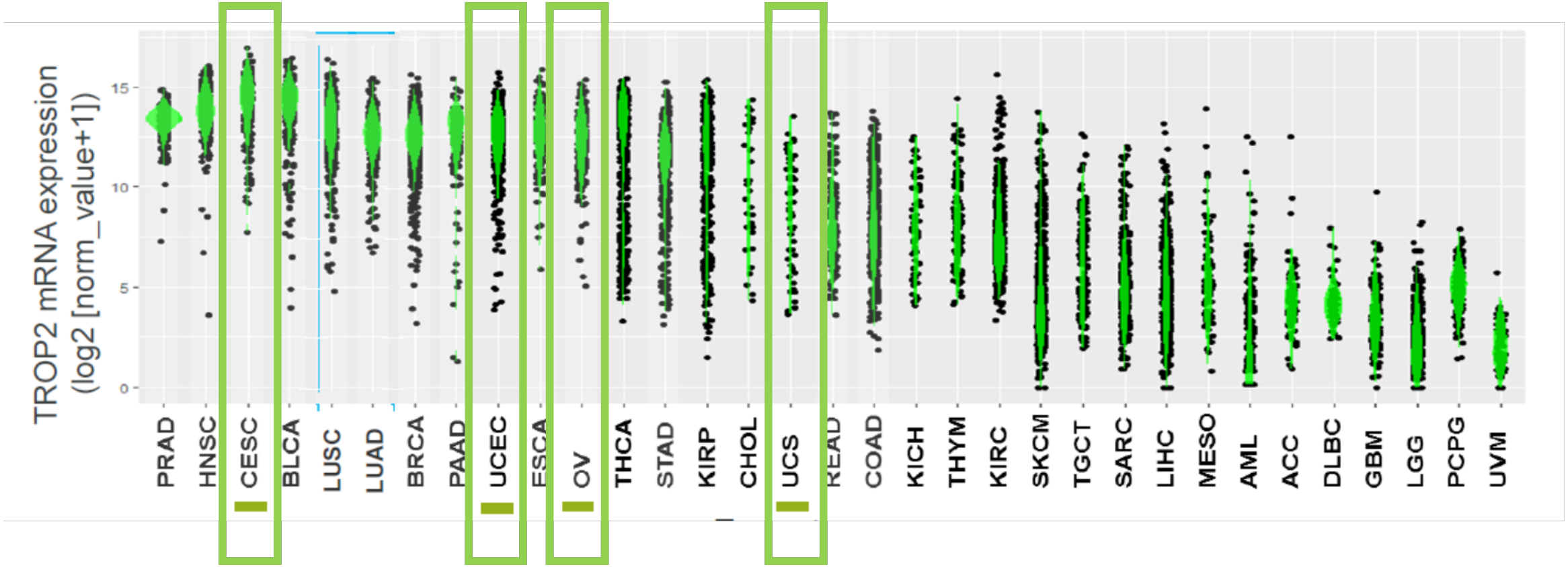


Image adapted from Liu et al. Pharmacol Ther 2022;239:108296.

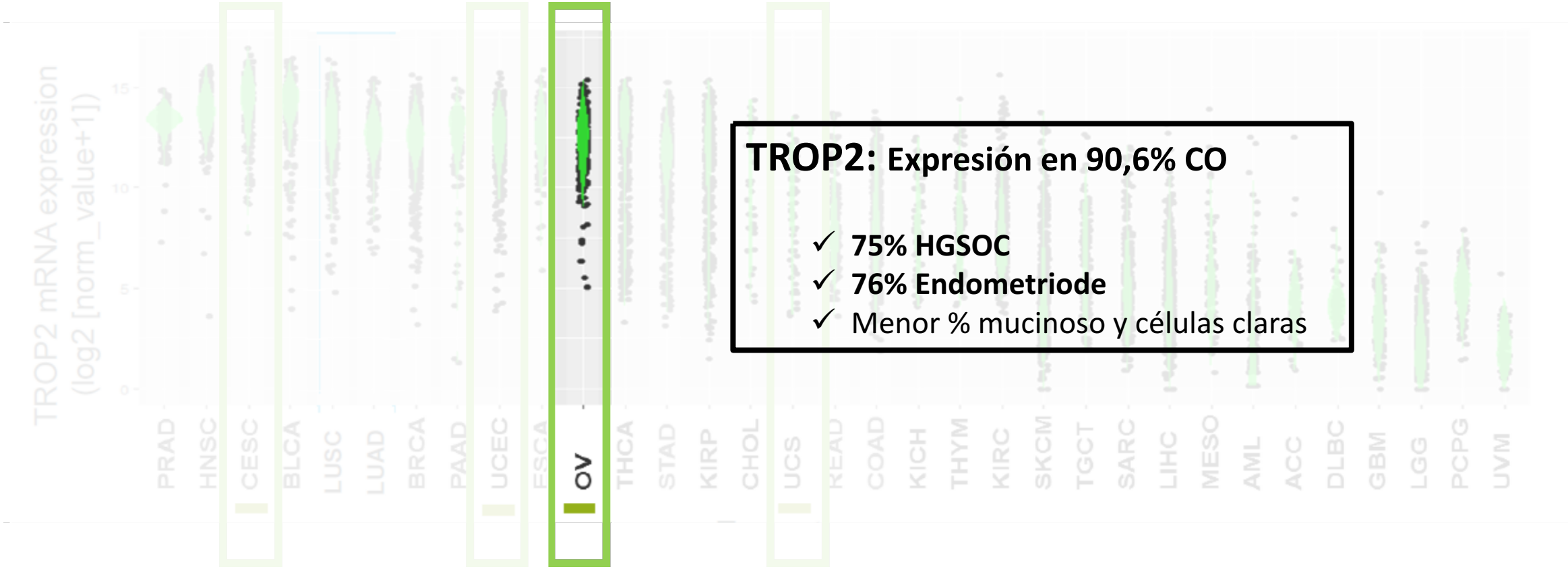
Shvartsur, Cancer 2015; Lombardi, Cancers (Basel) 2023; Zaman, OncoTargetTher 2019.

ANTI-TROP2: DIANA TERAPÉUTICA EN TUMORES GINECOLÓGICOS



Data from The Cancer Genome Atlas. https://portal.gdc.cancer.gov/genes/ENSG00000184292.

ANTI-TROP2: DIANA TERAPÉUTICA EN CÁNCER DE OVARIO

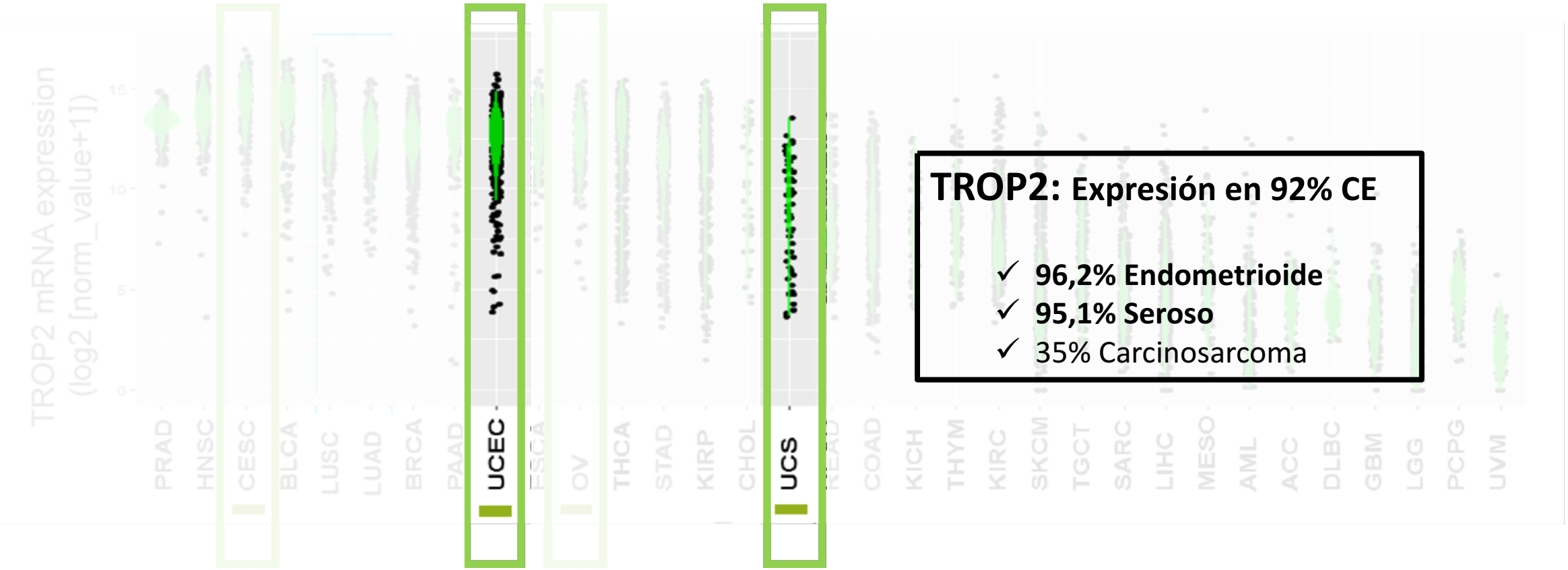


TROP2: Expresión en 90,6% CO

- ✓ **75% HGSOC**
- ✓ **76% Endometriode**
- ✓ Menor % mucinoso y células claras

Data from The Cancer Genome Atlas. https://portal.gdc.cancer.gov/genes/ENSG00000184292.

ANTI-TROP2: DIANA TERAPÉUTICA EN CÁNCER DE ENDOMETRIO

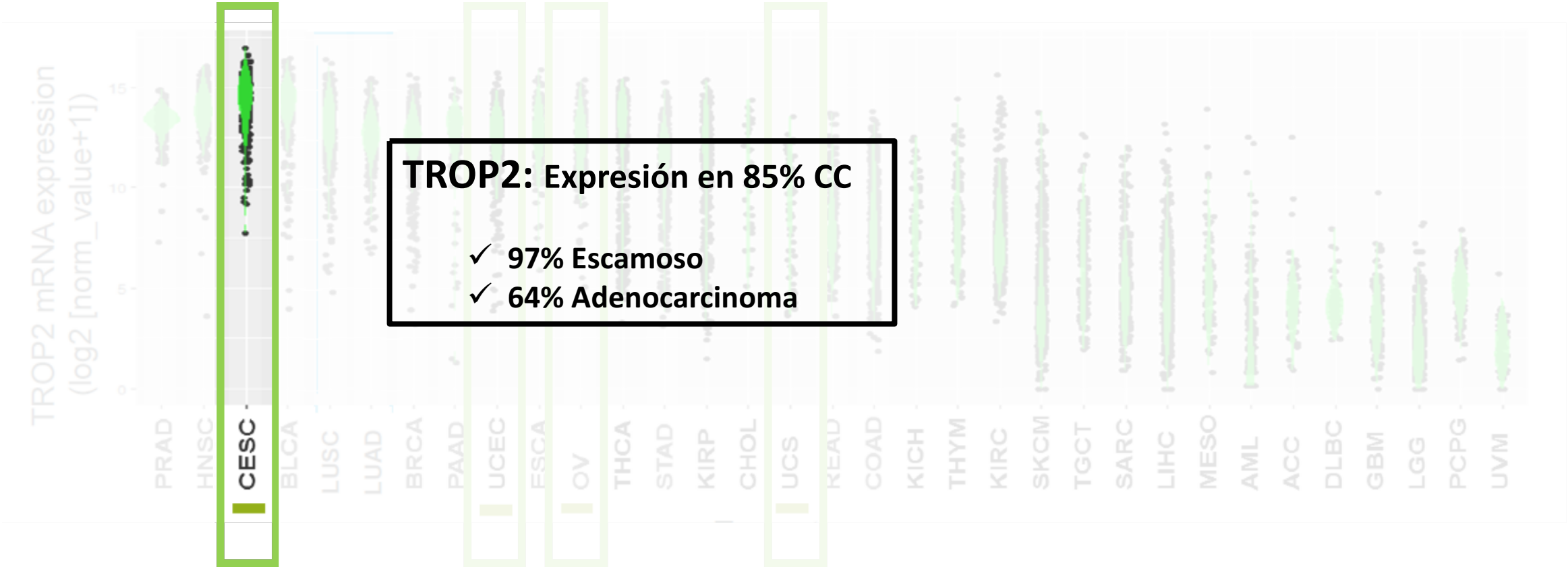


TROP2: Expresión en 92% CE

- ✓ **96,2% Endometrioide**
- ✓ **95,1% Seroso**
- ✓ 35% Carcinosarcoma

Data from The Cancer Genome Atlas. https://portal.gdc.cancer.gov/genes/ENSG00000184292.

ANTI-TROP2: DIANA TERAPÉUTICA EN CÁNCER DE CÉRVIX



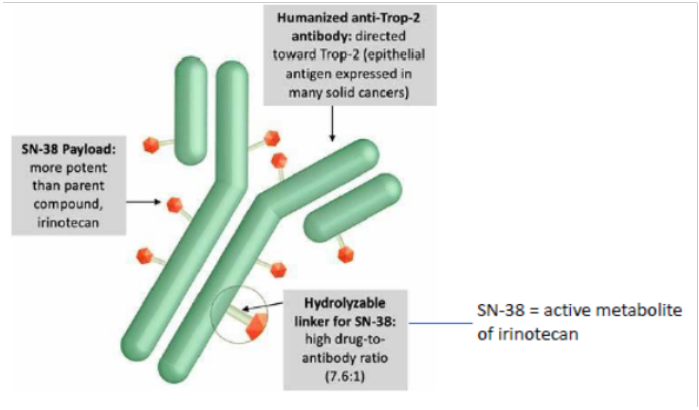
TROP2: Expresión en 85% CC

- ✓ **97% Escamoso**
- ✓ **64% Adenocarcinoma**

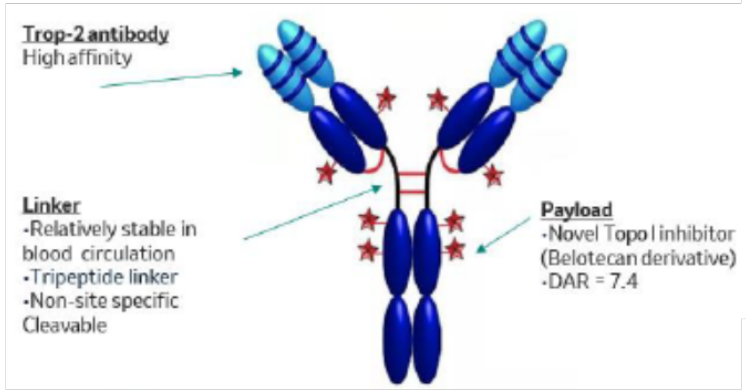
Data from The Cancer Genome Atlas. https://portal.gdc.cancer.gov/genes/ENSG00000184292.

ANTI-TROP2 EN CÁNCER GINECOLÓGICO

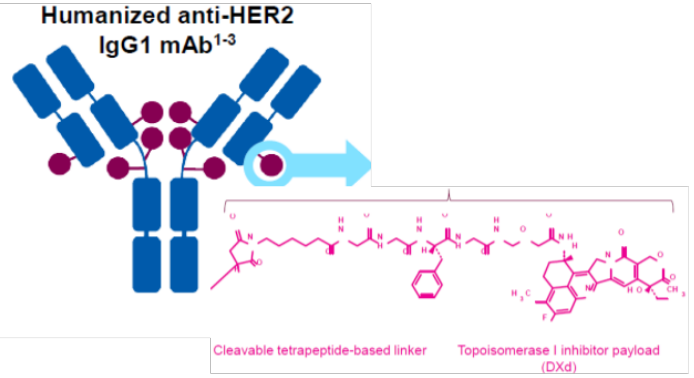
Sacituzumab Govitecan



Sacituzumab Tirumotecan



Datopotamab Deruxtecan



Payload	SN-38 (Irinotecan metabolite)	KL610023 (belotecan derived)	Deruxtecan
Mec. action	Topoisomerase-I inhibitor	Topoisomerase-I inhibitor	Topoisomerase-I inhibitor
Linker	Dipeptide (cleavable) pH-sensitive hydrolysable linker	Dipeptide (cleavable) sulfonyl pyrimidine CL2A-carbonate linker	Tetrapeptide (cleavable) based linker
DAR	7,5	7,4	4

ANTI-TROP2: CÁNCER DE OVARIO

SAC-TMT EN CO: FASE II KL264-I-01

Cohort 2: Advanced OC (N=40)

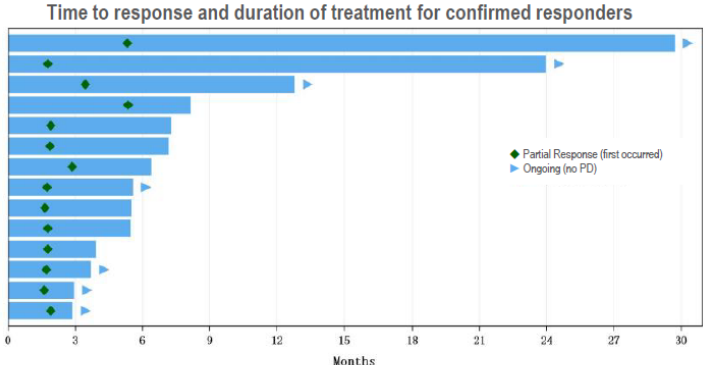
Key inclusion criteria
- Received at least 1 prior line of platinum-based therapy
- Pts with platinum-sensitive disease must have received at least 2 prior lines of platinum-based therapy
- ECOG PS 0 or 1

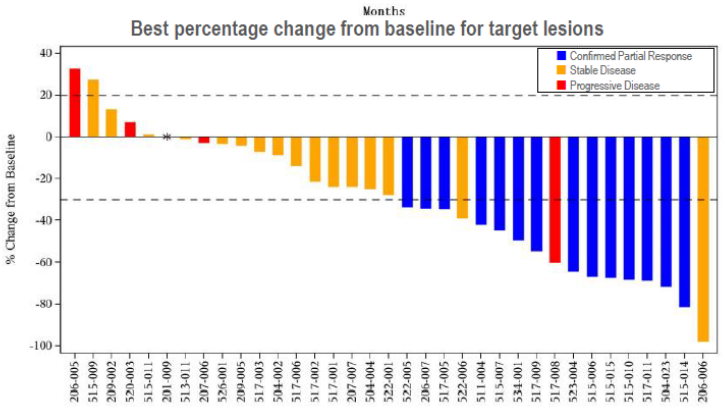
sac-TMT (SKB264/MK-2870) 5 mg/kg, Q2W → Until disease progression, unacceptable toxicity or withdrawal of consent →

Primary endpoints
- ORR (RECIST v1.1 by investigator)

Secondary endpoints
- PFS, DoR, OS
- Safety

Tumor assessment:
- Once every 8 weeks for the first 12 months, and every 12 weeks thereafter.





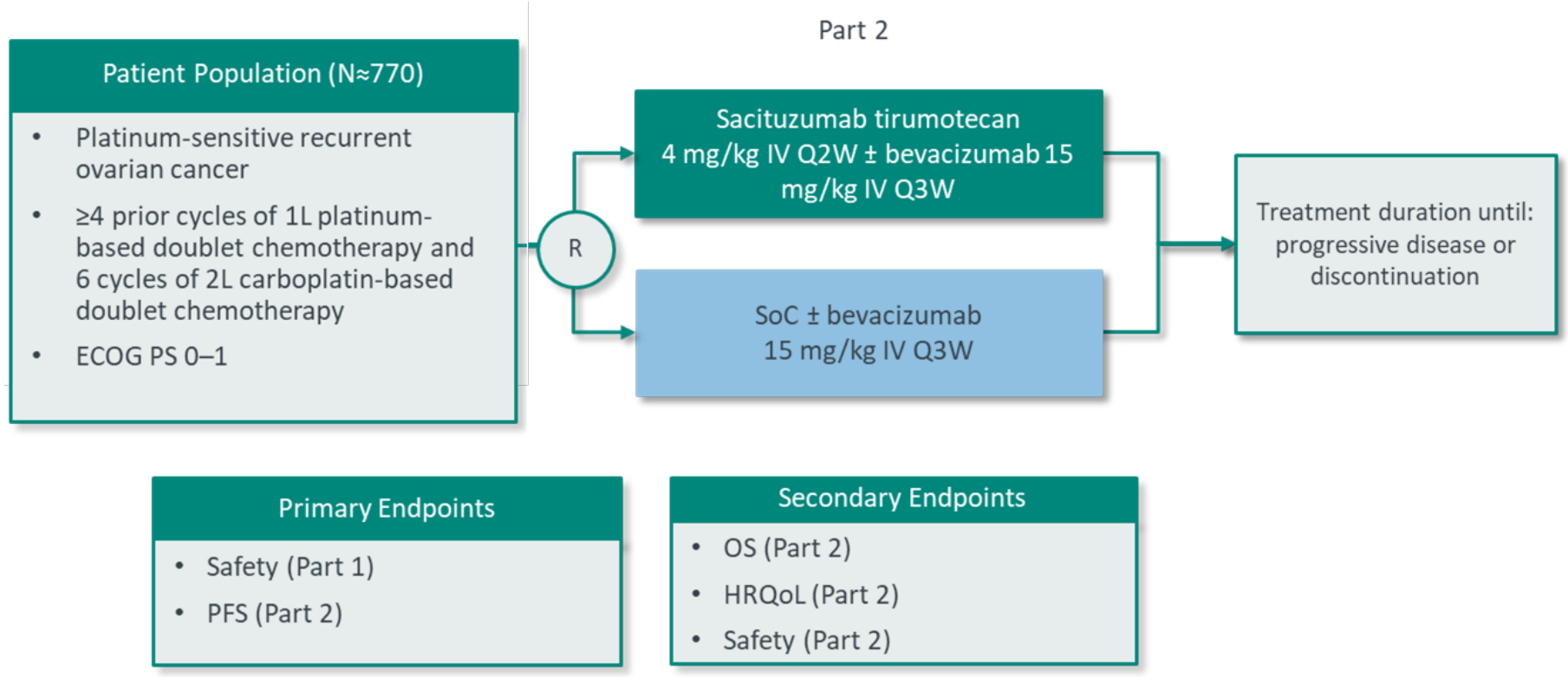
	OC (N = 40)[a]
ORR, % (n/N)	**40.0 (16/40)**
Confirmed ORR	35.0 (14/40)
Subgroups	
TROP2 H-score > 200	61.5 (8/13)
Platinum resistant	37.1 (13/35)
DCR, % (n/N)	**75.0 (30/40)**
PR	40.0 (16/40)
SD	35.0 (14/40)
DoR	
Median (range), months	5.3 (2.1, 24.4+)
PFS	
Median (95% CI), months	6.0 (3.9, 7.3)

a. Responses assessed per RECIST v1.1 by investigator.

Wang D, ESMO 2024

SAC-TMT EN CO RECAÍDA PLATINO-S: FASE III TROFUSE-022

Sac-TMT Maintenance Treatment ± Bevacizumab versus Standard of Care in Patients with Platinum-Sensitive Recurrent Ovarian Cancer



NCT06824467

SAC-TMT EN CO MANTENIMIENTO 1ª L HRD NEGATIVO: FASE III TROFUSE-021

A phase III, randomized, open-label, multicenter study to evaluate the efficacy and safety of **sacituzumab tirumotecan in combination with or without bevacizumab compared with standard of care as first-line maintenance** treatment for patients with newly diagnosed advanced HRD-Negative Ovarian Cancer following platinum-based chemotherapy.

DATO-DXD EN CO: FASE II TROPION-PANTUMOR03

A Phase 2, Multicenter, Open-Label, Modular Study Evaluating the Efficacy and Safety of Dato-DXd as Monotherapy and in Combination With Anticancer Agents in Advanced/Metastatic Solid Tumors

Study Design

Patients with advanced/metastatic solid tumors (N≈531)

- Previously treated with 0–2 lines of chemotherapy
- ECOG PS 0 or 1

Locations: North America, Europe, Asia
ClinicalTrials.gov Identifier: NCT05489211

Substudy 1 Endometrial Cancer (biomarker unselected)	**1A:** 2L/3L Dato-DXd monotherapy
Substudy 2 Gastric Cancer (without HER2 overexpression)	**2A[a]:** PD-L1 CPS <5: 1L Dato-DXd + capecitabine **2B[a]:** PD-L1 CPS <5: 1L Dato-DXd + 5-FU
Substudy 3 mCRPC (biomarker unselected)	**3A:** Post-NHA, Dato-DXd monotherapy **3C:** Dato-DXd + prednisone/prednisolone
Substudy 4 Ovarian Cancer (biomarker unselected)	**4A:** PSR/PRR, Dato-DXd monotherapy **4C[b]:** PSR Dato-DXd + carboplatin+ bevacizumab followed by Dato-DXd + bevacizumab
Substudy 5 Colorectal Cancer (TROP2+)[c]	**5A:** 3L+ Dato-DXd monotherapy **5B:** 1L Dato-DXd + 5-FU + LV + bevacizumab[a] or Dato-DXd + capecitabine + bevacizumab[b]
Substudy 6 Urothelial Cancer	**6A:** Dato-DXd monotherapy **6B:** Dato-DXd + volrustomig **6C:** Dato-DXd + rilvegostomig **6D** Dato-DXd + carboplatin + cisplatin
Substudy 7 BTC	**7A:** Dato-DXd monotherapy

DATO-DXD EN CO: FASE II TROPION-PANTUMOR03

Ovarian cancer (TROP2 expression unselected)

- High-grade serous or endometrioid ovarian, fallopian tube, or primary peritoneal carcinoma
- ECOG PS 0 or 1
- Progressed on ≥1 line of platinum chemotherapy but no more than 2 lines of therapy for advanced or metastatic disease; platinum-sensitive and resistant disease allowed*

N=35

Dato-DXd† 6 mg/kg IV Q3W

Endpoints

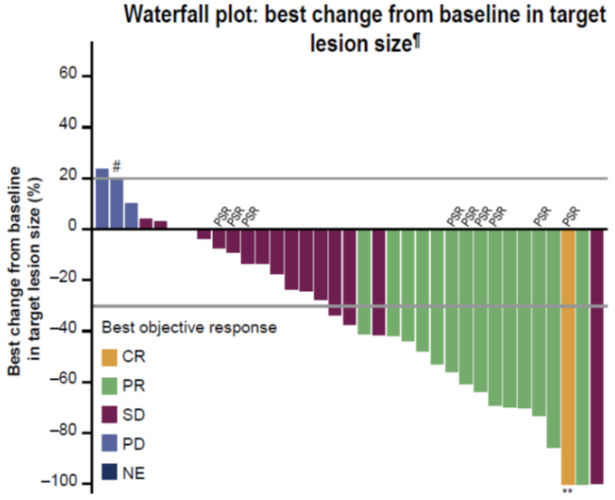
Primary
- ORR by investigator per RECIST v1.1
- Safety & tolerability

Secondary
- PFS, DoR, DCR by investigator
- PK and immunogenicity

Exploratory
- OS
- Biomarker analyses

- As of June 14, 2024, median duration of follow-up* was 14.5 months (range 10.4–15.4) in the ovarian cohort

	Ovarian		
	Total (N=35)	Platinum-sensitive (n=9)	Platinum-resistant (n=26)
Confirmed ORR, % (95% CI)	42.9 (26.3–60.6)	66.7 (29.9–92.5)	34.6 (17.2–55.7)
Best overall response, n (%)			
CR	1 (2.9)	1 (11.1)	0 (0.0)
PR	14 (40.0)	5 (55.6)	9 (34.6)
SD†	17 (48.6)	3 (33.3)	14 (53.8)
PD‡	3 (8.6)	0 (0.0)	3 (11.5)
NE§	0 (0.0)	0 (0.0)	0 (0.0)
Median time to response, months (range)	1.4 (1.2–8.2)	–	–
Median DoR, months (95% CI)	5.7 (2.9–NC)	8.5 (2.7–NC)	5.6 (2.9–NC)
DCR at 12 weeks,‖ % (80% CI)	85.7 (75.1–92.9)	100 (77.4–100.0)	80.8 (67.2–90.3)
Median PFS, months (95% CI)	5.6 (4.1–7.0)	–	–



- ✓ CO platino-resistente 74,3%
- ✓ CO platino-sensible 25,7%
- ✓ ≥2 líneas 68%
- ✓ Beva previo 71%
- ✓ iPARP previo 18%

Oaknin A. et al. Presented at ESMO 2024

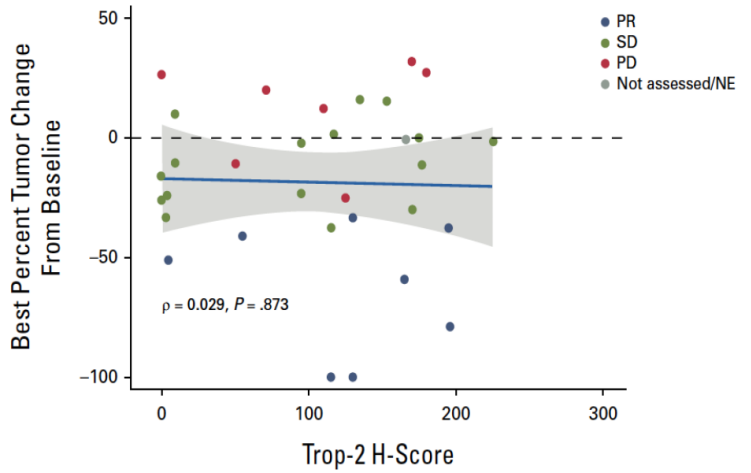
ANTI-TROP2: CÁNCER DE ENDOMETRIO

SG EN CE: FASE II BASKET TROPICS-03

TABLE 1. Baseline Demographics and Clinical Characteristics

Characteristic	SG (N = 41)
Age at study entry, years, median (range)	68 (44-83)
Race, No. (%)	
White	21 (51)
Black or African-American	1 (2)
Asian	8 (20)
Other	5 (12)
Not reported	6 (15)
ECOG performance status, No. (%)	
0	18 (44)
1	23 (56)
Microsatellite instability high, No. (%)	
Yes[a]	8 (20)
No	32 (78)
Not available	1 (2)
Histologic/cytologic diagnosis, No. (%)	
Serous	17 (42)
Endometrioid	20 (49)
Others	4 (10)
No. of previous anticancer regimen, No. (%)	
1	3 (7)
2	13 (32)
3	16 (39)
>3	9 (22)
Previous anticancer regimens, median (range)	3 (1-6)
Previous anticancer therapy type, No. (%)	
Chemotherapy	41 (100)
Hormonal therapy	5 (12)
Immunotherapy	35 (85)
Targeted agents	26 (63)
Other	1 (2)
Chemotherapy + IO,[b] No. (%)	35 (85)
Trop-2 expression	
Median H-score (range)	115 (0-245)

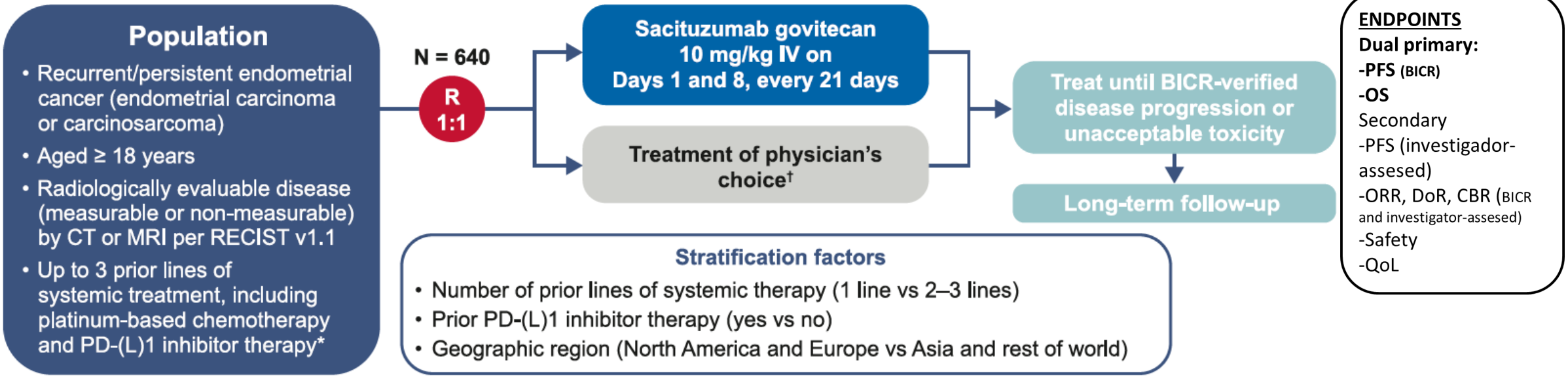
Variable	All Patients (N = 41)
ORR (confirmed CR + PR), No. (%)	9 (22)
95% CI	11 to 38
Best overall response, No. (%)	
Confirmed CR	0
Confirmed PR	9 (22)
SD	18 (44)
PD	8 (20)
NE	2 (5)
Not assessed[a]	4 (10)
Clinical benefit rate (confirmed CR + PR + SD ≥6 months), No. (%)	13 (32)
95% CI	18-48
Time to response, months[b,c]	
Median (range)	2.8 (1.4-5.8)
DOR, months[b,d]	
Median (95% CI)	8.8 (2.8 to NE)



Alessandro D. Santin et al ;J Clin Oncol 42:3421-3429,2024

SG EN CE: FASE III ASCENT-GYN-01

A randomized, phase III study of sacituzumab govitecan versus treatment of the physician's choice in patients with endometrial cancer after platinum-based chemotherapy and immunotherapy: the ASCENT-GYN-01 study (GOG-3104/ENGOT-en26/APGOT-EN2)



†Doxorubicin 60 mg/m^2 IV on Day 1 every 21 days or paclitaxel 80 mg/m^2 IV on Days 1, 8, and 15, every 28 days.

Eskander, IJGC 2025

SAC-TMT EN CE: FASE II KL264-I-01

Cohort 8: Advanced EC (N=44)

Key inclusion criteria
- Received at least 1 prior line of platinum-based therapy
- Prior anti-PD-1/L1 therapy required for MSI-H/dMMR patients
- ECOG PS 0 or 1

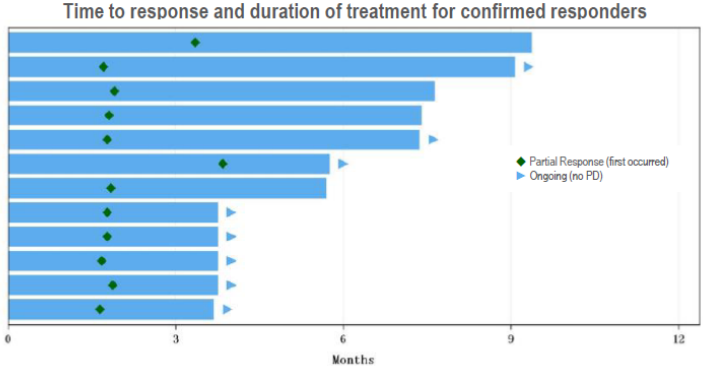
sac-TMT (SKB264/MK-2870)
5 mg/kg, Q2W

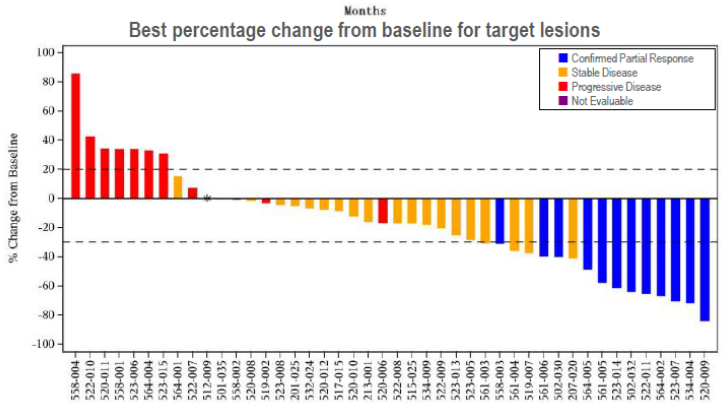
Until disease progression, unacceptable toxicity or withdrawal of consent

Primary endpoints
- ORR (RECIST v1.1 by investigator)

Secondary endpoints
- PFS, DoR, OS
- Safety

Tumor assessment:
- Once every 8 weeks for the first 12 months, and every 12 weeks thereafter.





	EC (N = 44)[a]
ORR, % (n/N)	**34.1 (15/44)[b]**
Confirmed ORR	27.3 (12/44)
Subgroups	
TROP2 H-score >200	41.7 (5/12)
Prior IO	37.5 (6/16)
DCR, % (n/N)	**75.0 (33/44)**
PR	34.1 (15/44)
SD	40.9 (18/44)
DoR	
Median (range), months	5.7 (3.8, 7.4+)
PFS	
Median (95% CI), months	5.7 (3.7, 9.4)

a. Responses assessed per RECIST v1.1 by investigator.
b. Two patients with unconfirmed response were still receiving treatment at the data cutoff date.

Wang D, ESMO 2024

SAC-TMT EN CE: FASE III TROFUSE-005/MK-2870-005/ENGOT-EN23

Key Eligibility Criteria:

- ✓ Histologically-confirmed endometrial cancer
- ✓ Radiologically apparent measurable or non-measurable disease
- ✓ Prior platinum exposure AND prior anti-PD-1/PD-L1 exposure (given separately or in combination), in any setting

Study Schema:

Randomization 1:1 N=710

- MK-2870 4 mg/kg IV Q2W
- Treatment of Physician's Choice (TPC): Doxorubicin 60 mg/m² IV Q3W or Paclitaxel 80 mg/m² IV Q4W (3 weeks on, 1 week off)

Dual Primary Endpoints

- PFS* (BICR)
- OS

Secondary Endpoints

- ORR
- DOR
- QoL
- Safety/Tolerability

Stratification:

- ❖ MMR (deficient MMR or proficient MMR)
- ❖ TROP2 expression (high or low/negative), per immunohistochemistry (IHC)
- ❖ Prior lines of therapy (≤ 2 or 3)
- ❖ Disease status at baseline per RECIST 1.1 as assessed by BICR (measurable vs non-measurable)

***Futility Analysis for PFS is planned to ensure a minimal threshold of efficacy is being met early in the conduct of the study**

NCT06132958

SAC-TMT EN CE MMRP 1ª LÍNEA: FASE III TROFUSE-033/MK-2870-033

Patient Population (N≈1123)

- Histologically confirmed diagnosis of primary advanced or recurrent endometrial carcinoma that has been confirmed as proficient mismatch repair (pMMR)
- Radiographically evaluable disease, with measurable Stage III or either measurable or non-measurable Stage IV or recurrent disease per RECIST v1.1, as assessed by the investigator
- No prior systemic therapy for endometrial carcinoma except the following conditions as prespecified by the protocol:
  - One prior line of systemic platinum-based adjuvant and/or neoadjuvant chemotherapy in the setting of curative-intent, prior radiation with or without radiosensitizing chemotherapy if >2 weeks before the start of induction treatment, or prior hormonal therapy for treatment of endometrial carcinoma that was discontinued ≥1 week before the start of induction treatment

Induction Phase

Pembrolizumab 200 mg IV +

carboplatin AUC 5 mg/mL/min IV +

paclitaxel 175 mg/m² or docetaxel 75 mg/m² IV Q3W

for 6 cycles[a]

Maintenance Phase

Without PD → R 1:1[b]

- **Sac-TMT 4 mg/kg IV on Day 1, 15, and 29 Q6W + pembrolizumab 400 mg IV Q6W (up to 14 cycles)**
- **Pembrolizumab 400 mg IV Q6W (up to 14 cycles)**

Subsequent Treatment Phase (Exploratory)[c]

PD → R 1:1[d]

- **Sac-TMT 4 mg/kg IV on Day 1, 15, and 29 Q6W (until PD or other discontinuation criterion) + pembrolizumab 400 mg IV Q6W (up to 14 cycles)**
- **Sac-TMT 4 mg/kg IV on Day 1, 15, and 29 Q6W (until PD or other discontinuation criterion)**

Primary Endpoints

- PFS[e]
- OS

Secondary Endpoints

- PFS2[f]
- Safety
- HRQoL

[a]Patients may receive an additional 2 cycles of pembrolizumab after consultation with the sponsor. [b]Stratified by response to pembrolizumab/carboplatin/paclitaxel (CR or PR vs SD or non-CR/non-PD), TROP2 expression (very low vs low vs medium + high), molecular subgroup (p53abn vs p53wt), cycles of pembrolizumab administered in induction (6 vs 7 or 8 cycles), and geographic region (North America, Europe, Israel, Japan, Australia, New Zealand, South Korea, and Singapore vs rest of world). [c]Participants whose cancer does progress will have the possibility to enter the subsequent treatment phase. [d]Stratified by TROP2 expression (very low vs low vs medium + high). [e]By BICR per RECIST v1.1. [f]By investigator.

1. ClinicalTrials.gov. https://clinicaltrials.gov/study/NCT06952504. Accessed August 7, 2025. **2.** Eminowicz G et al. Presented at ESMO 2025; abstract 1221TiP.

DATO-DXD EN CE: FASE II TROPION-PANTUMOR03

Endometrial cancer (TROP2 expression unselected)
- Advanced/metastatic endometrial carcinoma
- All histologies (except sarcoma)
- ECOG PS 0 or 1
- Progressed on ≥1 line of platinum chemotherapy but no more than 2 lines of therapy for advanced or metastatic disease

Dato-DXd† 6 mg/kg IV Q3W

N=40

Endpoints

Primary
- ORR by investigator per RECIST v1.1
- Safety & tolerability

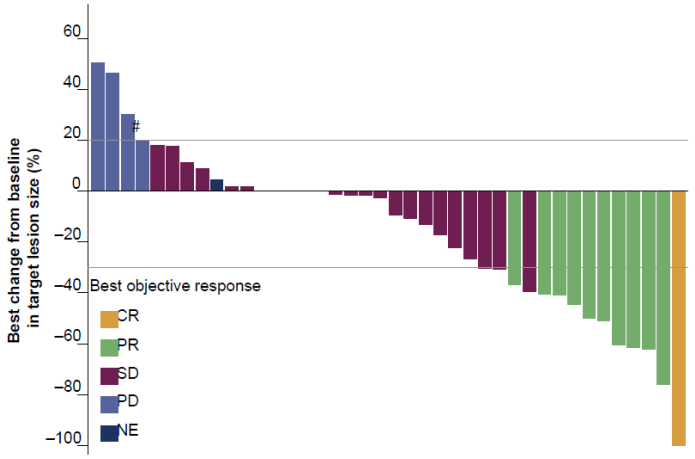
Secondary
- PFS, DoR, DCR by investigator
- PK and immunogenicity

Exploratory
- OS
- Biomarker analyses

- As of June 14, 2024, median duration of follow-up* was 13.6 months (range 2.1–19.6) in the endometrial cohort

	Endometrial (N=40)
Confirmed ORR, % (95% CI)	27.5 (14.6–43.9)
Best overall response, n (%)	
CR	1 (2.5)
PR	10 (25.0)
SD†	23 (57.5)
PD‡	5 (12.5)
NE§	1 (2.5)
Median time to response, months (range)	2.8 (1.4–4.2)
Median DoR, months (95% CI)	16.4 (7.1–NC)
DCR at 12 weeks,‖ % (80% CI)	57.5 (46.1–68.3)
Median PFS, months (95% CI)	6.3 (2.8–NC)

Waterfall plot: best change from baseline in target lesion size¶

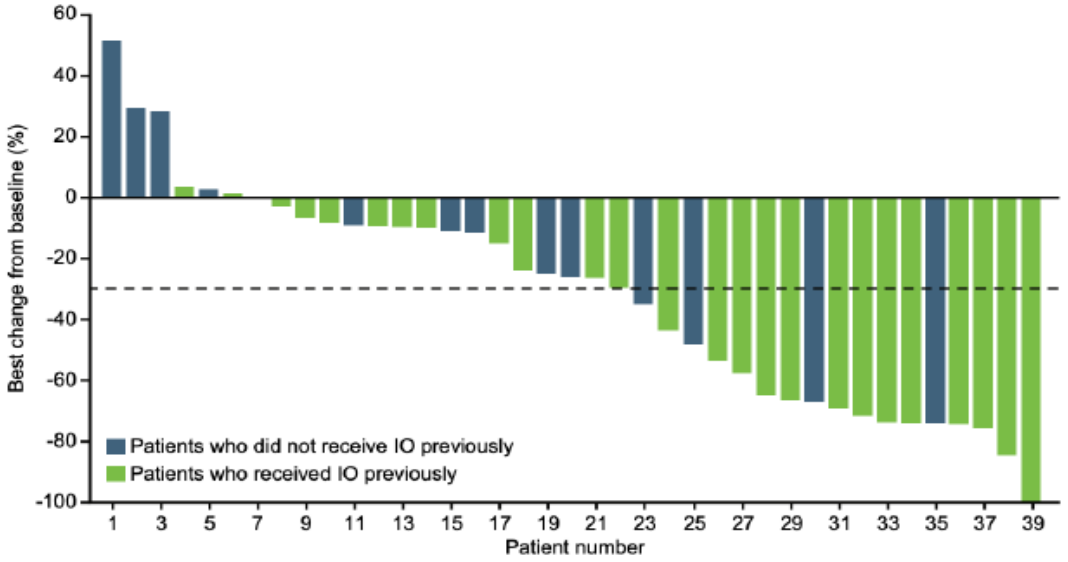


✓ **47% ≥2 líneas previas**
✓ **22,5% IO previa**

Oaknin A. et al. Presented at ESMO 2024

ANTI-TROP2: CÁNCER DE CÉRVIX

SAC-TMT EN CC: FASE II EVER-132-003



- ✓ **Fase II basket. Población CHINA**
- ✓ **40 pac CC**
- ✓ **68% IO previo: NO diferencias en ORR comparado con IO-naive (48%)**

Table 2
Summary of responses.

	FAS (n = 40)	Post-IO population (n = 27)
ORR (confirmed CR + PR), n (%)	17 (43)	13 (48)
95 % CI	27–59	29–68
Best overall response, n (%)		
Confirmed CR	1 (3)	1 (4)
Confirmed PR	16 (40)	12 (44)
SD	17 (43)	13 (48)
SD ≥6 months	5 (13)	3 (11)
Progressive disease	5 (13)	0
Not evaluable[a]	1 (3)	1 (4)
DCR (confirmed CR + PR, + SD), n (%)	34 (85)	26 (96)
95 % CI	70–94	81 to >99
CBR (confirmed CR + PR, + SD ≥6 months), n (%)	22 (55)	16 (59)
95 % CI	39–71	39–78
Median DOR (95 % CI), months	9.2 (4.6–11.7)	9.5 (7.0–11.7)

An, Jusheng et al. Gynecologic Oncology 2025

SAC-TMT EN CC: FASE III TROFUSE-020/GOG-3101/ENGOT-CX20

Key Eligibility Criteria:

Recurrent or metastatic cervical cancer that:

- ✓ Has progressed on or after 1 prior line of systemic platinum doublet treatment (with or without bevacizumab)
  AND
- ✓ Has received anti-PD-1/anti-PD-L1 therapy as part of prior cervical cancer regimens

Note: May have also received and progressed on or after 2nd line treatment with tisotumab vedotin (TV)

RAND 1:1 N=666

- Arm 1: MK-2870 4 mg/kg by IV q2w → PD by BICR
- Treatment of Physician's Choice (TPC) *(pemetrexed, topotecan, vinorelbine, gemcitabine, or irinotecan, **Tisotumab Vedotin**)* → PD by BICR

Primary Endpoint

- OS

Secondary Endpoints

- PFS (BICR)
- ORR (BICR)
- DOR (BICR)
- QoL
- Safety/Tolerability

Stratification: 3 Factors

- ❖ Prior use of bevacizumab (yes vs. no)
- ❖ TROP2 expression (low vs. high)
- ❖ Selection of ICC (TV vs. other)

SAC-TMT EN CC EN PRIMERA LÍNEA: FASE III TROFUSE-036/ENGOT-CX22

A phase III, randomized, open-label, multicenter study to evaluate the efficacy and safety of **sacituzumab tirumotecan + pembrolizumab with or without bevacizumab compared with standard of care as first-line maintenance** treatment for patients with persistent, recurrent or newly diagnosed metastatic cervical cancer

TOXICIDAD

TOXICIDAD ANTI-TROP2 EN TUMORES GINECOLÓGICOS

	Sacituzumab Govitecan	Sacituzumab Tirumotecan	Datopotamab Deruxtecan
GASTROINTESTINAL	**Diarrea 56% (14% ≥G3)** Náuseas / Vómitos	Náuseas 16%	Náuseas 60% G1-2 Diarrea
HEMATOLÓGICA	**Anemia** **Neutropenia 25% ≥G3**	**Anemia 39% (14% ≥G3)** **Neutropenia 29% (14 %≥G3)**	<Anemia y neutropenia
ESTOMATITIS	Poco frecuente	13-15%	**50-60% (3-5% G3)**
ALOPECIA	45%	45%	50%
OTRAS	**Astenia**	**ILD 3%**	Tox **Ocular 40% G1** (ojo seco, visión borrosa) **ILD 2%**

Lightfoot MDS, Int J Gynecol Cancer 2025;

CONCLUSIONES Y FUTURO

CONCLUSIONES Y RETOS

1. Los ADC constituyen ya una realidad terapéutica en tumores ginecológicos, con beneficio en supervivencia global.

2. TROP-2 se consolida como una diana relevante, con datos muy prometedores (fase II), aunque aún queda por establecer su posicionamiento terapéutico, y la identificación de biomarcadores predictivos.

3. Retos:
    1. Adecuada selección de pacientes.
    2. Secuenciación terapéutica de los distintos fármacos disponibles
    3. Manejo experto de la toxicidad específica para optimizar el beneficio.

MUCHAS GRACIAS