Poster 42: A Society-wide Survey of Circulating Tumor DNA Integration in Gynecologic Cancer Care

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Topic
Other: ctDNA

Objectives
Circulating tumor DNA (ctDNA) has potential for several uses in gynecologic oncology care but evaluation of its use in clinical practice remains limited. The purpose of this study was to characterize clinical utilization of ctDNA by gynecologic oncologists.

Methods
An IRB-approved anonymous REDCap survey was sent to Society of Gynecologic Oncology (SGO) members in September 2025. Respondents were queried about familiarity with, clinical applications of, and interest in and barriers to use of ctDNA in their practice.

Results
163 of 1558 (10.5%) providers responded with 156 surveys completed. Respondents included physicians (82.8%) and advanced practice providers (15.3%) with a median of 10 years of clinical experience practicing in NCI- (30.6%) and non-NCI-designated cancer centers (29.9%), community (29.3%), and private practice (14.7%) settings. Most respondents reported familiarity with uses of ctDNA in clinical practice, including use in solid tumors (86.0%), including detecting minimal residual disease (MRD) (72.6%) and immune-checkpoint inhibitor response (53.5%). Respondents were familiar with next generation sequencing biomarker platforms including Natera (85.4%), Guardant (22.9%), Tempus (26.1%), and Invitae (11.5%). Over half of respondents had used ctDNA in their practice (64.3%), specifically for ovarian (54.0%), uterine (44.6%), cervical (33.1%), and vulvar/vaginal (11.5%) cancers and in one instance for primary peritoneal cancer. Various uses for ctDNA were cited including determining use of targeted treatment methods and appropriateness of maintenance therapy de-escalation. Half of respondents had changed management based on ctDNA results (49.7%). Most respondents would increase ctDNA use if inclusion in disease-site specific guidelines (i.e. NCCN, ASCO) (77.7%) and more phase III trial data (83.4%) was available, while also citing limited progression-free or overall survival data as barriers to use.

Conclusions
Most SGO-affiliated respondents are familiar with and have used ctDNA in their practice, though its use in guiding treatment decision-making remains limited. Further studies assessing efficacy and contributions to overall and progression-free survival for patients are warranted to increase use amongst gynecologic oncologists.