

Gynecologic Oncology Group Meeting Report July / 2013

Cancer Prevention and Control Committee

The Gynecologic Oncology Group (GOG) recently held their semi-annual meeting in San Antonio, TX. The GOG is a non-profit international organization with the purpose of promoting excellence in the quality and integrity of clinical and basic scientific research in the field of gynecologic malignancies. The Group includes gynecologic oncologists, medical oncologists, pathologists, radiation oncologists, nurses, statisticians, basic scientists, quality of life experts, data managers, administrative personnel and patient advocates. The Group is committed to maintaining the highest standards in clinical trials development, execution, analysis and distribution of results. The goal of the meeting is to discuss innovative plans for the development of the next clinical trials to prevent, control, or more successfully treat gynecologic malignancies.

Following changes recommended by the Institute of Medicine (IOM), the GOG will merge with the National Surgical Adjuvant Breast and Bowel Project (NSABP) and the Radiation Therapy Oncology group (RTOG) and will be known as NRG. The NRG will primarily focus on women's cancers. The leadership of GOG, NSABP and RTOG feel the combined Group's effectiveness will be greater than each group working individually.

Studies discussed in the Cancer Prevention and Control (CPC) committee:

GOG-0225, the Lifestyle Intervention for Ovarian Cancer Enhanced Survival (LIVES) Study with the purpose of determining if lifestyle intervention (low fat/high fruit & vegetable, including cruciferous, diet, plus increased daily activity, such as an additional 4,000 steps per day) can enhance survival and quality of life in ovarian, fallopian tube and primary peritoneal cancer survivors in comparison to a control group. 1070 patients will be enrolled in this 24 month study, currently 220 sites across the country are trained to accrue patients who are in a clinical remission from 6 weeks to 6.5 months following last treatment. 133 patients are currently enrolled. For further information visit the National Cancer Institute Clinical Trials www.clinicaltrials.gov, study no. 00719303. Within the survivor community, patients are curious how implementing lifestyle changes may prolong a period of remission.

GOG-0244, the Lymphedema and Gynecologic Cancer (LEG) Study: Incidence, Risk Factors and Impact is also accruing patients. The purpose of the study will prospectively estimate the incidence of lower extremity lymphedema in patients undergoing radical surgery with a concurrent lymphadenectomy for a gynecologic malignancy. For further information, go to: www.clinicaltrials.gov, study no. 00956670. Lymphedema can be a debilitating result for some women following ovarian debulking with lymphadenectomy. Sites across the country are actively accruing patients to this study.

Pilot Study Under Discussion:

The CPC is discussing the potential for ovarian cancer risk reduction in the entire healthy population by the advocacy of oral contraceptive use and bilateral salpingectomy (removal of the entire fallopian tube) in all women at the completion of childbearing. There is new evidence that the most lethal ovarian cancers originate from cells in the fallopian tube and by the combination of these two strategies we may reduce the deaths from ovarian cancer by half over the next 10-20 years.

The prospective trial under development is to pilot this concept and enroll just 300 women with BRCA 1 & 2 genetic abnormalities. BRCA positive women will be offered salpingectomy between the ages of 30-50 years if they currently refuse the standard of care procedure, bilateral salpingo-oophorectomy (removal of both the ovaries and the tubes). We hope women will go ahead and have the standard bilateral salpingo-oophorectomy at the recommended 35-40 years of age, however we know many will choose to delay until after menopause for fear of symptoms. Our goal is to eventually prove that BRCA positive women can retain ovarian function for a few more years and still see a beneficial ovarian cancer risk reduction, but fear that women will have a higher breast cancer risk if they do not remove their ovaries or their breasts. Ideally, BRCA positive women will choose to have their tubes removed after their last child, a mastectomy for breast cancer prevention, and remove the ovaries at age 45-50. This may be the best option, but proof is needed

Respectfully submitted,
Laurel J. Pracht, Cancer Prevention and Control Committee, Patient Advocate