

# GCIIG Cervix Committee: Chicago 2011

William Small Jr.  
Satoru Sagae



# Closed Trials

# S-1+CDDP vs single agent CDDP Phase3 study in Cervical cancer (IVB/Rec) Patient enrollment status (15/Fed/2011)

Japan&Taiwan:

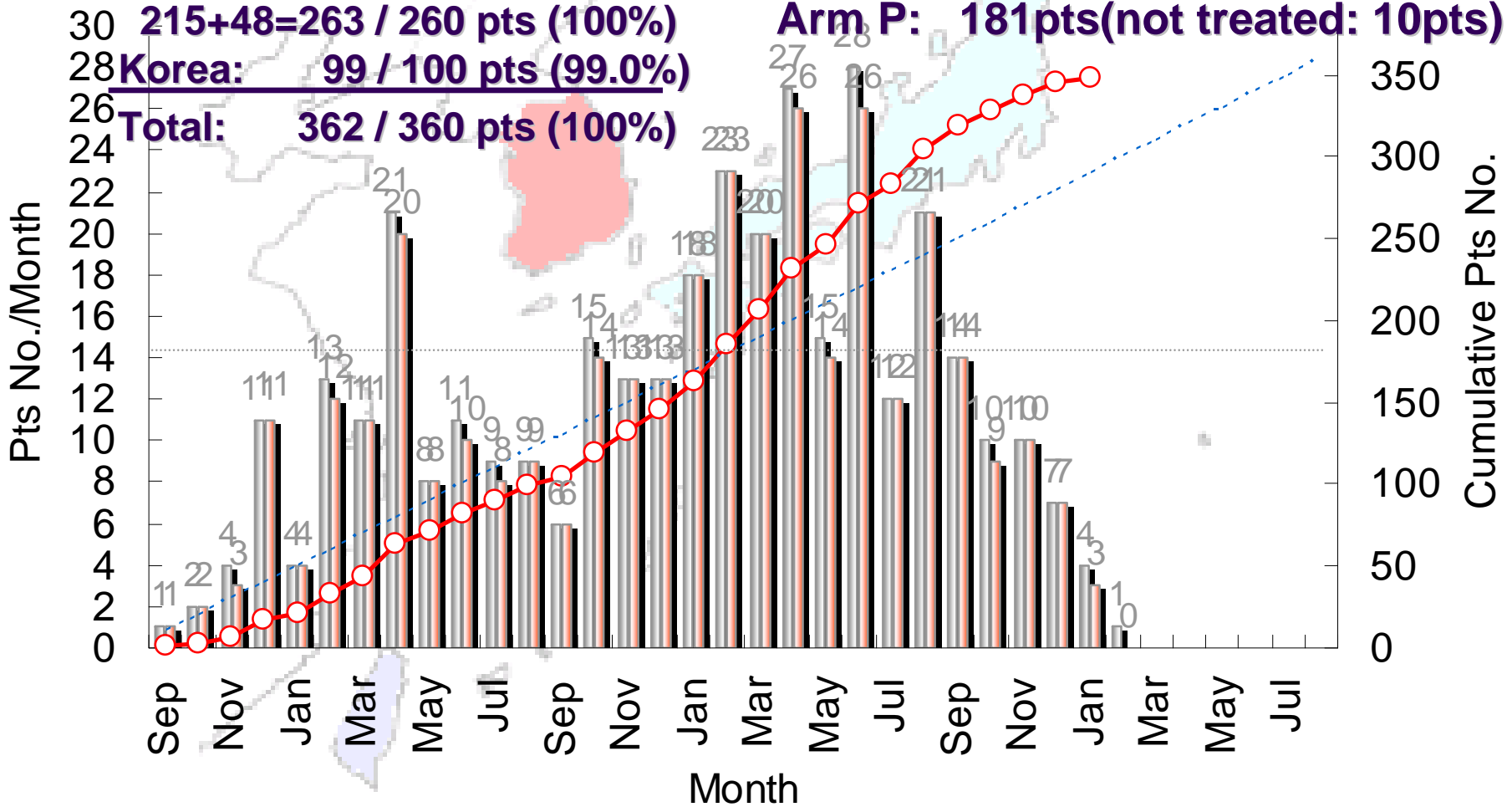
215+48=263 / 260 pts (100%)

Korea: 99 / 100 pts (99.0%)

Total: 362 / 360 pts (100%)

Arm SP: 181pts(not treated: 1pts)

Arm P: 181pts(not treated: 10pts)



# ACTIVE RANDOMIZED TRIALS WITHOUT GCIG PARTICIPATION



# Cervix Cancer. Treatment Scheme

N=680

Eligibility Check

Randomization

*EORTC 55994*

## Arm 1: Neoadjuvant QT

Cisplatin based chemotherapy :

-min. cumulative cisplatin dose of 225 mg/m<sup>2</sup>

-25 mg/m<sup>2</sup> per week,

-final dose no later than D64

Followed by surgery (radical hysterectomy)

## Arm 2: concomitantly QT/RDT

Cumulative cisplatin dose 200-240 mg/m<sup>2</sup>.

- Max 6 administrations.

- Dose 40 mg/m<sup>2</sup>, max 80 mg

External radiotherapy (45-50 Gy) in fractions of 1.8 Gy to 2 Gy + external boost or brachytherapy

- min. 75 Gy EQD2 to point A (80 Gy to High Risk PTV) is mandatory

- overall treatment time ≤ 50 days

# ACTIVE GCIG TRIALS





# **GOG-GCIG Cervical Cancer Trials**

**Bradley J. Monk, M.D.**

**Chair - GOG Cervical Cancer Committee**

**Professor - Division of Gynecologic Oncology**

**Department of Obstetrics and Gynecology**

**Creighton University School of Medicine at St. Joseph's  
Hospital and Medical Center, a member of Catholic  
Healthcare West**



# GOG 263

Stage IA2-IB2:  
 Large, deeply  
 invasive tumors  
 with vascular  
 invasion limited to  
 the cervix after  
 radical  
 hysterectomy

PI = SANG YOUNG RYU

N = 480

Primary Endpoint = RFS

R  
A  
N  
D  
O  
M  
I  
Z  
E



Pelvic Radiation



Pelvic Radiation and  
 Weekly cisplatin (CCRT)



# RTOG/GOG 0724

Stage IA2-IB2:  
 Positive nodes,  
 parametrial  
 extension,  
 positive  
 margins after  
 radical  
 hysterectomy

PI = Anuja Jhingran

N = 400

Primary Endpoint = DFS

R  
A  
N  
D  
O  
M  
I  
Z  
E

Pelvic Radiation and  
 Weekly cisplatin (CCRT)

Pelvic Radiation and  
 Weekly cisplatin (CCRT)  
 followed by carboplatin +  
 Paclitaxel x 4 cycles



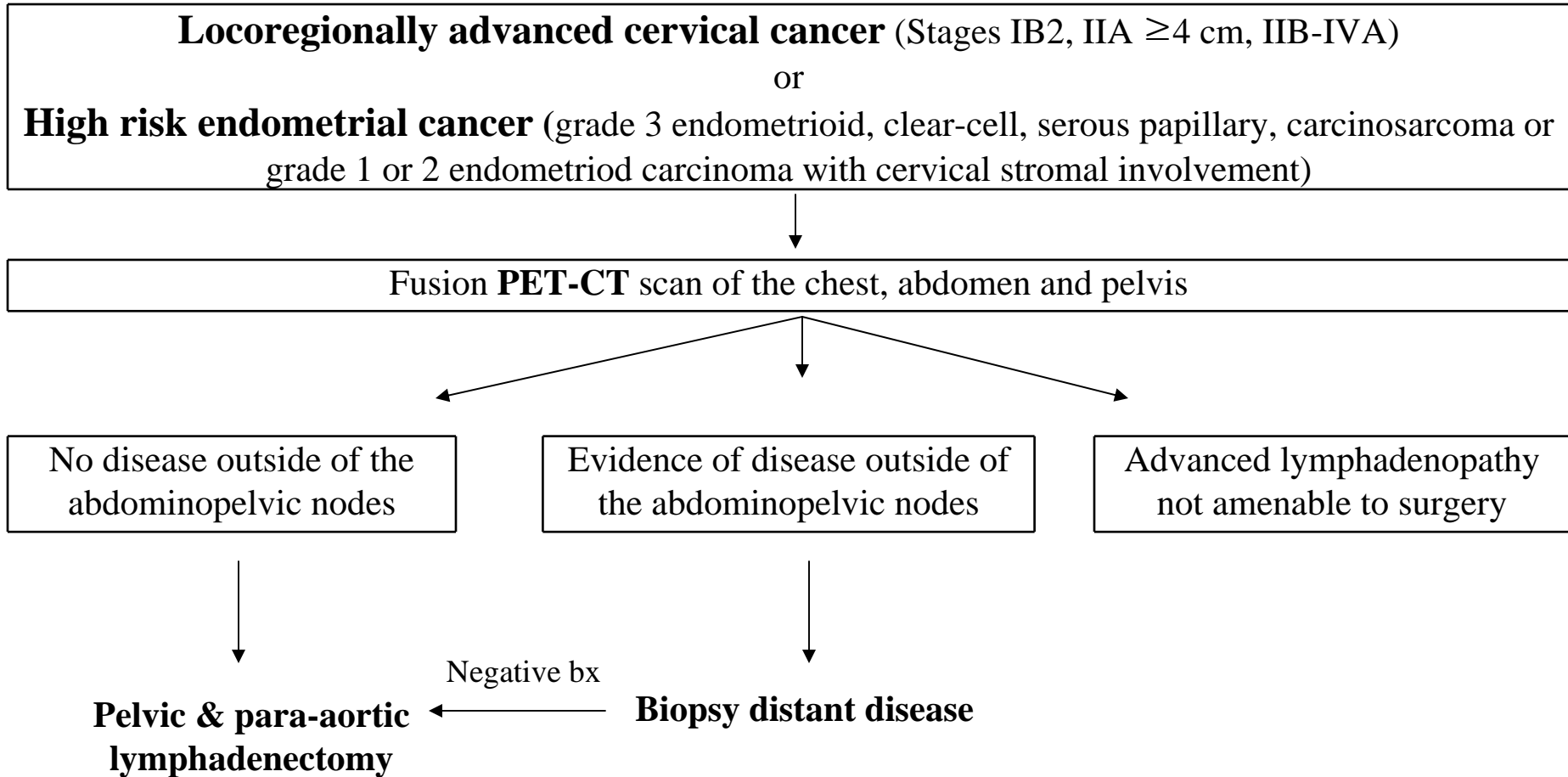
# GOG 240

- 2 x 2 Factorial Design
  - First randomization: Winner of GOG 204 (Cisplatin + Paclitaxel) vs Topotecan + Paclitaxel
  - Second Randomization: Bevacizumab vs No Bevacizumab
- Primary Endpoint = survival, superiority trial (30% reduction in HR)
- Accrual Goal = 450 patients
- Activated = April 6, 2009

KS Tewari Study Chair

# GOG233/ACRIN6671

## Utility of PET/CT in Cervix & Endometrial Cancer



# GOG233-ACRIN6671

- Activated for cervix September 2007
- Amended to expand to endometrium January 2010
- 15/24 open sites accruing
- 4 sites recently activated
- 5 KGOG sites open; JGOG about to open

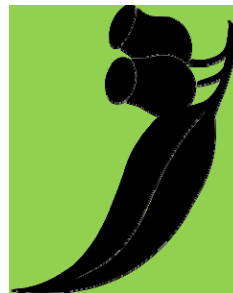
	Cervical	Endometrial	Total
Target accrual	165	215	380
Accrued so far	89	48	137
Accrual rate (per month in 2011 so far)	2	4	6
Projected accrual completion	April 2013	January 2016	



# THE OUTBACK TRIAL

A Phase III trial of adjuvant chemotherapy following chemoradiation as primary treatment for locally advanced cervical cancer compared to chemoradiation alone

*(ANZGOG 0902 / GOG 0274)*





# Study Schema

Patients with stage IB1 & positive nodes, IB2, II, IIIB or IVA cervical cancer who have given informed consent

Eligible patients

**RANDOMISE**

Max 6 weeks

Arm A – Control Arm  
Concurrent chemoradiation

Arm B – Intervention Arm  
Concurrent chemoradiation followed by  
adjuvant chemotherapy

Follow up for a minimum of 3 years



## Current Status

- Trial has opened in Australia with seed funding from ANZGOG
- One site activated with 3 patients recruited
- More sites to be activated soon
- NZ sites have started ethics processes
- Grant to support central data management and analysis re-submitted
- Trial submitted to CTEP by GOG



# International Participation



- GOG
- RTOG – US, Canada as well as Brazil, Saudi-Arabia
- DGOG
- GEICO
- India
- Romania

# Developing Concepts – Discussions

the **SHAPE** Trial:  
Simple **H**ysterectomy **A**nd **P**elvic node dissection in **E**arly cervix cancer

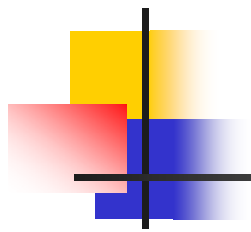
Comparing **radical** hysterectomy and pelvic node dissection against **simple** hysterectomy and pelvic node dissection in patients with **low risk cervical cancer**

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Chair: Marie Plante  
Laval University, Quebec City

*An NCIC Clinical Trials Group proposal for the Gynecological Cancer Inter Group (GCIG)*

Prague – October 2010



Patient Population  
Stage IA2-IB1 Cervix cancer  
Squamous, Adeno & Adenosquamous ca  
< 2cm and < 50% stromal invasion  
Grades 1,2 & 3  
MRI/ CT node negative

**RANDOMIZATION**

Stratification  
Centers (performing SN mapping vs not )  
Mode of surgery (abd vs non-abd route )  
Stage (IA2 vs IB1)  
Histology (squamous vs adenoca)  
Grade (1-2 vs 3)

Control Arm  
Radical Hysterectomy &  
PLND\* +/- SLN Mapping\*\*

Experimental Arm  
Simple Hysterectomy with  
Upper Vaginectomy &  
PLND\* +/- SLN Mapping\*\*

Post surgical quality of life & disease outcomes measured 3 monthly X 2 years, and 6 monthly for further 3 years

\* PLND - Pelvic lymph node dissection  
\*\*SLN - Sentinel lymph node mapping optional



# the SHAPE Trial: International collaborators

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## Co-op groups

AGO-Austria  
AGO-Germany  
ANZGOG-Australia  
GEICO-Spain  
MRC/NCRI-England  
NSGO-Scandinavia  
SGCTG-Scotland  
SGOG-China

## Specialty groups

Belarus  
Czech Republic  
Latria  
Lithuania  
Romania  
Serbia



# **INduction ChemoThERapy in Locally Advanced Cervical Cancer**

**INTERLACE**

***Mary McCormack***  
**for the NCRI Gynaecological**  
***Clinical Studies Group***

GCIG Chicago 2011

# INTERLACE

Randomise (n=770)

Carboplatin AUC<sub>2</sub> &  
Paclitaxel 80mg/m<sup>2</sup>  
Weeks 1-6

Standard CRT

Weeks 7 – 13  
Standard CRT

Standard CRT : 40—50.4Gy in 20-28 fractions  
plus Intracavitary brachytherapy to give total  
EQD2 dose of 78-84Gy to point A/volume.  
Weekly cisplatin 40mg/m<sup>2</sup> x 5 weeks

Follow-up  
3 monthly for 2 years; 6 monthly for 3 years



# Current Status

- CTAAC funding secured
- Ethical/regulatory submission – summer 2011
- Open to recruitment – end 2011
- Collaborators- UK, Eire, France  
India  
South Africa  
Mexico

Contact: Mandy Feeney - [m.feeney@ctc.ucl.ac.uk](mailto:m.feeney@ctc.ucl.ac.uk)  
Cancer Research UK and UCL Cancer Trials Centre

Randomized Clinical Trial of Weekly versus Tri-  
Weekly Cisplatin based Chemoradiation in  
Locally Advanced Cervical Cancer

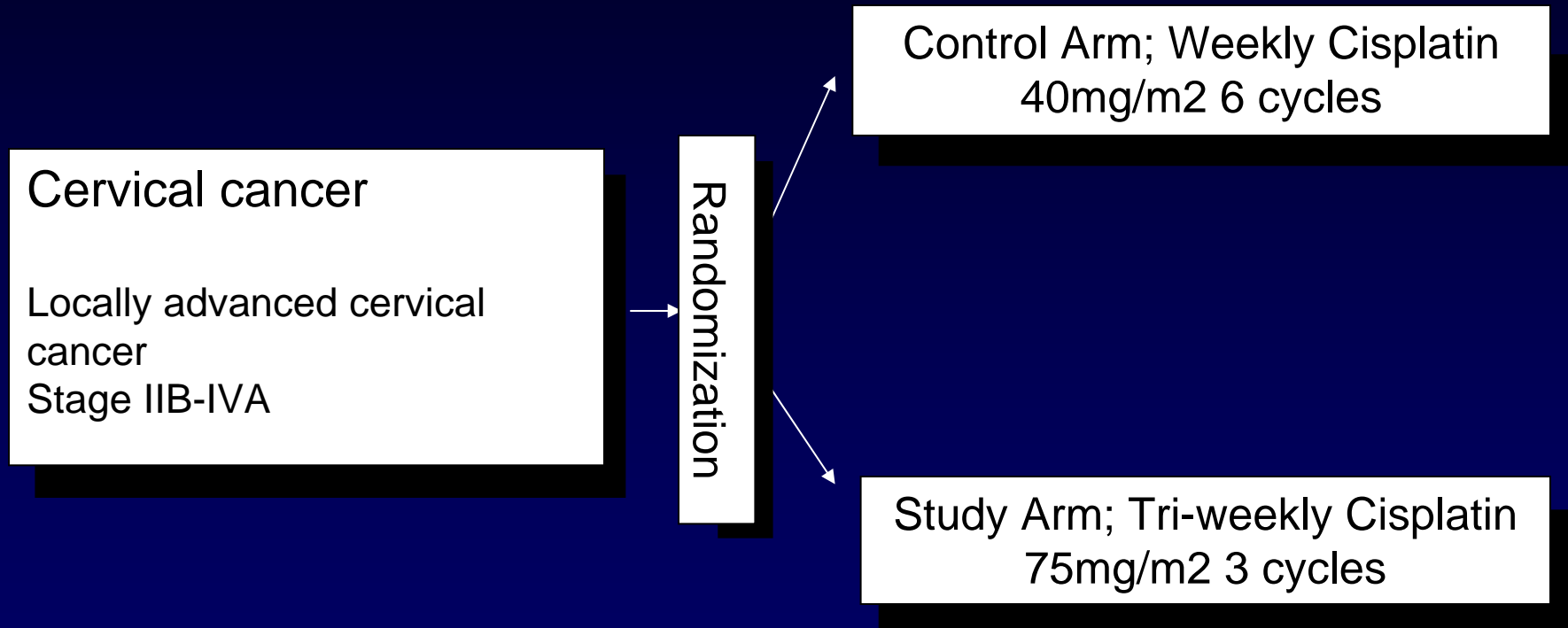


TAKO/TACO Trial

Sang Young Ryu, MD

Korea Cancer Center Hospital  
Seoul, Korea

# Weekly versus Tri-weekly Cisplatin based Chemoradiation



Phase 1 / 2 clinical trial development of  
3-aminopyridine-2-carboxaldehyde  
thiosemicarbazone (3-AP, NSC #6632  
49) for locally advanced cervical and v  
aginal  
cancer

Please attend the site  
specific trials