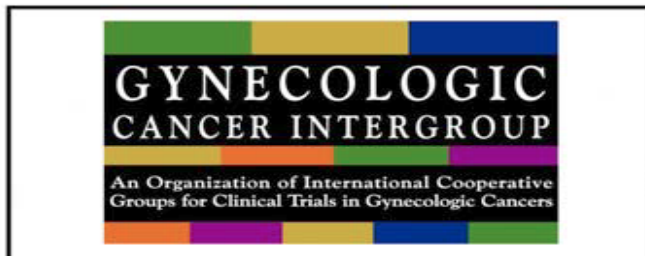


GCIIG Rare Tumor Working Group Milan, IT September 2011

Isabelle Ray-Coquard

David M. Gershenson



Agenda

- 1. Call to Order**
- 2. Review of Minutes, June 2, 2011**
- 3. Disclosure of COI**
- 4. Report on GCIG Strategic Planning Session**
- 5. Review of GOG Rare Tumor Experience: Gershenson**
- 6. Update on IRCI Gyn Sarcoma Trials : Ray-Coquard**
- 7. Update on BIBF 1120 Protocol: Glasspool**
- 8. mEOC/GOG 241 Trial: Ledermann**
- 9. CART-Wheel: Scott**
- 10. Open Discussion on National Rare Gyn Cancer Initiatives**
- 11. Other Business**
- 12. Adjournment**

GCIIG Strategic Planning Session

- **Working groups should spend more time in brainstorming, clinical trial development**
- **Strengthen the role of consensus conferences**
- **One General Assembly annually and biannual meetings of working groups**
- **Potential annual consensus conferences**
- **Clinical trial concepts should be brought to the group earlier**
- **Missing out on major opportunities in translational science**

GOG 239: Phase II Trial of AZD6244 in Women with Recurrent Low-Grade Serous Carcinoma of Ovary/Peritoneum

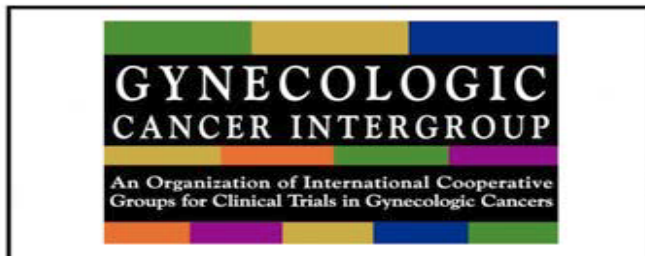
- **Activated 12-07**
- **Completed 1st stage accrual of 27 pts. in 9 mo.**
- **Second stage opened on 5-26-09**
- **Accrual (52 pts.) completed in 11-09**
- **ESGO Late Breaking Abstract 9-11**
- **Schema: AZD6244 for pts. with recurrent low-grade serous carcinoma with measurable disease**

GOG 251: Phase II Trial of Bevacizumab for Recurrent Sex Cord-Stromal Tumors of the Ovary

- **Activated 9-08**
- **Completed accrual (36 pts.) in 4-11**
- **Pending analysis**
- **Schema: Bevacizumab 15 mg/kg IV Q. 21d for pts. with measurable disease**

GOG 254: Phase II evaluation of SU 11248 (sunitinib malate) in the treatment of persistent or recurrent clear cell ovarian carcinoma

- **Target accrual: 36-43 pts. in 2-stage design**
- **Measurable disease**
- **Activated in 4-10**
- **Accrual to date: 13 pts.**
- **Schema: Sunitinib 50 mg QD**



GOG 0268: A phase II evaluation of temsirolimus (CCI-779) in combination with carboplatin and paclitaxel followed by temsirolimus (CCI-779) consolidation as first-line therapy in the treatment of stage III-IV clear cell carcinoma of the ovary

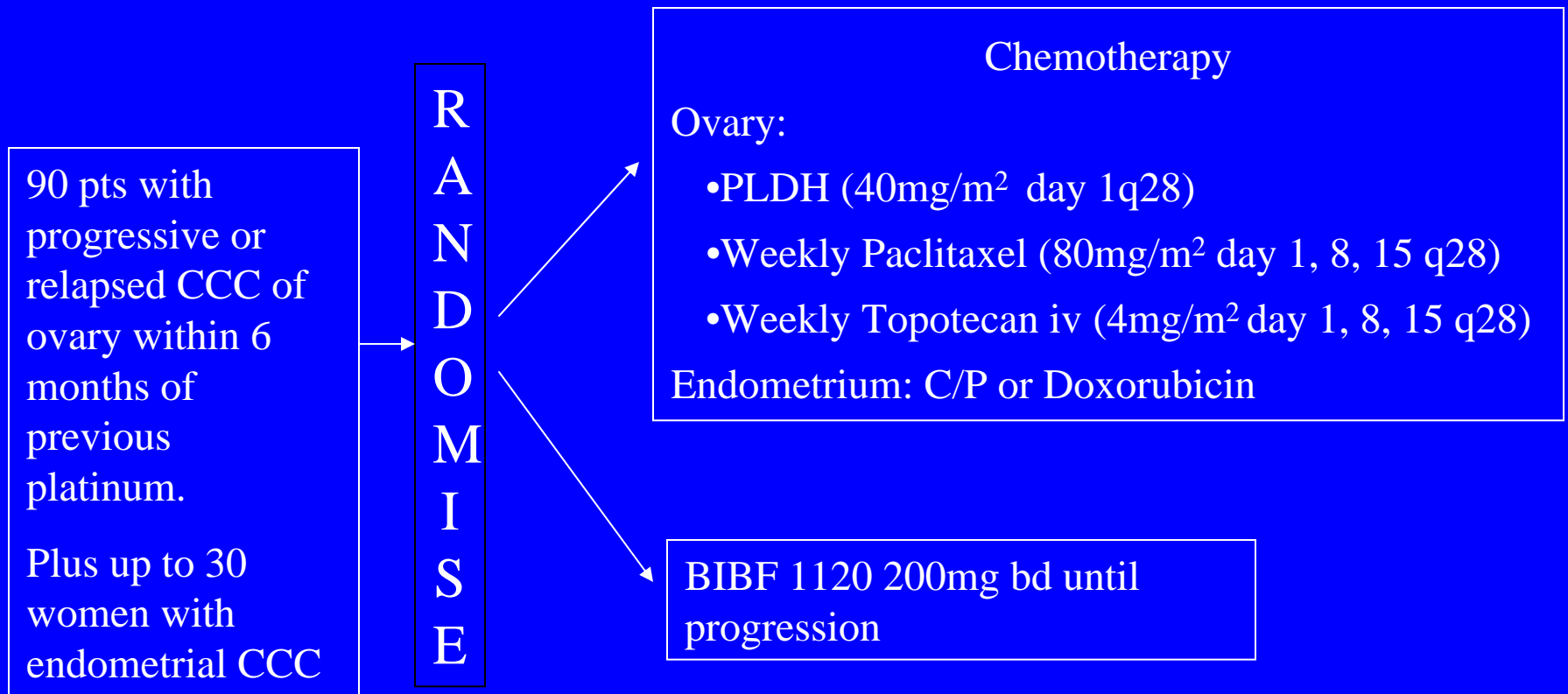
- **Schema: Temsirolimus (CCI-779) 25mg IV Days 1 and 8, Carboplatin AUC = 6 IV Day 1 and Paclitaxel 175 mg/m² IV on Day 1 every 3 weeks for cycles 1-6 or disease progression. Followed by consolidation therapy with temsirolimus (CCI-779) 25 mg/kg weekly on Days 1, 8 and 15 every 3 weeks, cycles 7-22 or until disease progression**
- **Target accrual: 45 pts.**
- **Activated 8-10**
- **Accrual to date: 11 pts.**

International Rare Cancers Initiative

Gynaecological sarcoma meeting

- 3 topics identified:
 - Adjuvant chemotherapy for uterine leiomyosarcoma (phase III trial) lead group : GOG /NCI
 - adjuvant letrozol in low-grade ESS and low-grade uLMS (rand PII trial) lead group: UK-CTU
 - Maintenance pazopanib in HGUS (rand PII trial) lead group STBSG- EORTC

Trial Design



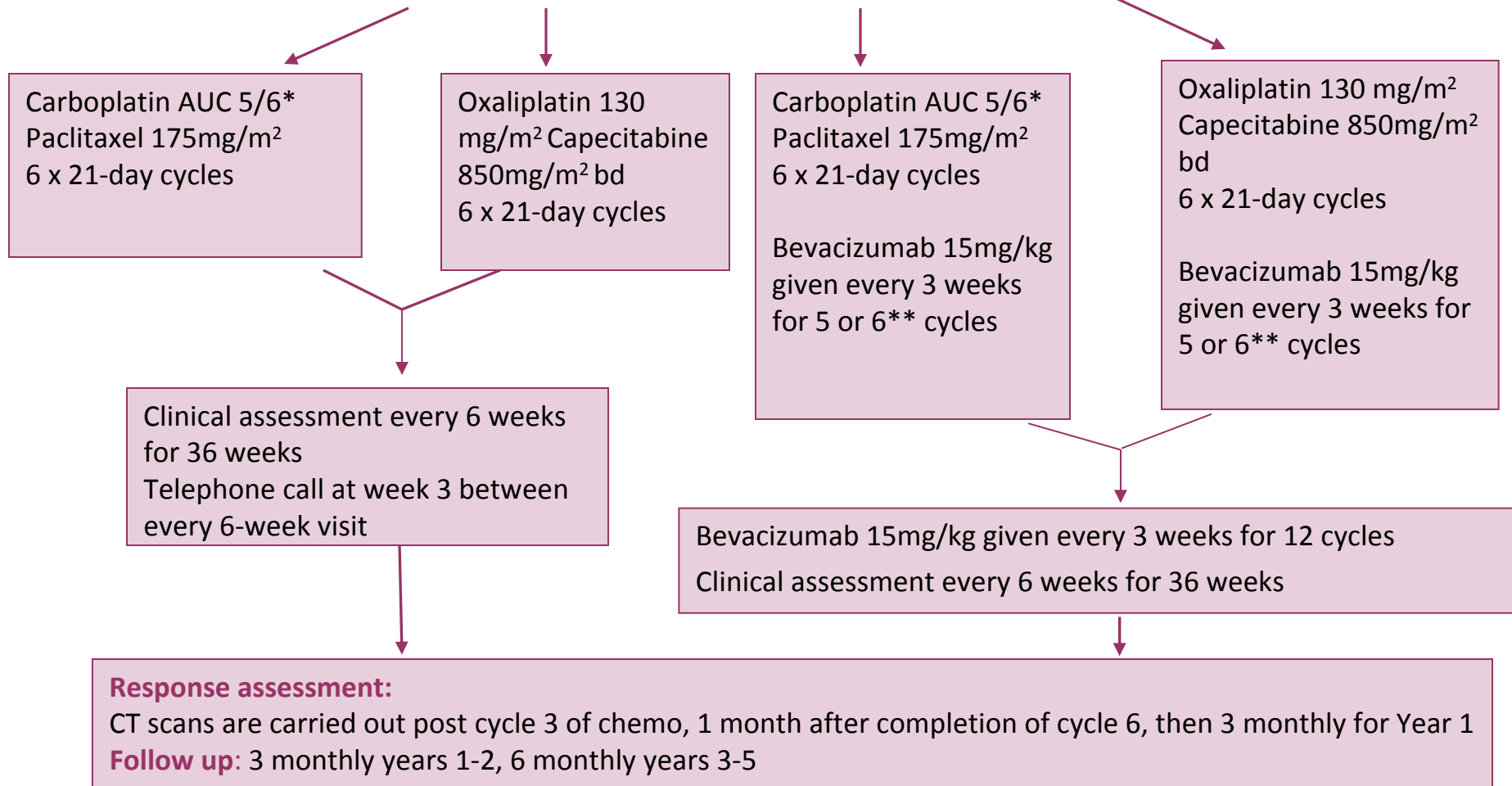
Primary Endpoint: PFS

Secondary Endpoints: OS, Toxicity, RR, QoL, Q-Twist

2x2 Factorial Trial Design

mEOC FIGO stages II–IV OR recurrent stage I; No previous chemotherapy; >18yrs; PS=0-2

Randomise
(332 patients – 83 patients in each arm)



*The carboplatin dose depends on the method used to obtain GFR. If GFR has been estimated, AUC=6, if GFR has been measured, AUC=5

**Bevacizumab can be omitted from the first cycle if chemotherapy must be started within 4 weeks of surgery.

Targets: Start date – January 2010; Planned end date – May 2014

First patient in – 4th March 2010

UK Sites: 11 patients in the trial. 35 sites open. Further 14 sites in set-up.

European Sites:

NSGO: Denmark (2), Finland (3), Sweden (4), Norway (2) - contracts signed

MANGO/MITO: Italy (21) – contract agreed

GINECO: France (20-35) – contracts in negotiation

DGOG: Holland (5-8) – awaiting registration form

GOG-0241 sites: 2 patients in the trial. 164 sites open.

Potential issues with site-up:

- European funding to run the trial has taken a long time to source
- Cut backs in UK hospital staffing and resources has caused delays in processing local R&D applications. In this situation rare tumour trials have low priority
- Oxaliplatin and Capecitabine funding – not standard treatment for ovarian cancer
Some sites have had difficulty in claiming the Excess Treatment costs, but this has improved following a letter from the National Director of R&D and Director of NCRN.



CART-WHEEL
Center for Analysis of Rare Tumors



**BIOGRID
AUSTRALIA**
Health through information

CART-WHEEL

Center for Analysis of Rare Tumors

Approved by
Human Research Ethics Committee (HREC)
Melbourne Health

The Internet in the Medical Landscape

Most prolific Internet users:

1. those with **Rare Diseases**
2. those caring for someone with a rare disease





CART-WHEEL
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**Consumers
Health Forum
of Australia**



NHMRC
*National Health &
Medical Research Council*

Benefits of involving consumers in researching their tumours

- the involved community is likely to be better informed, recognise the value of research and have greater understanding of research strategies;
- consumers gain influence over research questions and priorities so that research is relevant to community needs and contributing in a meaningful way to improving health outcomes;

Summary Statement on Consumer and Community

Participation in Health and Medical Research

How does CART-WHEEL work?



MELBOURNE HEALTH

HREC approved (Melb Health 2007)

Website/database design started in 2008

Provides information to consumer about research

Patients or their representative can:

- register
- enter their data into streamlined questionnaire
- down-load, sign and post consent form



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How does CART-WHEEL work?

Data obtained focuses on:

- accurate histologic diagnosis
- location of histology report
- location of biopsy / surgical block

Collection of treatment, toxicity, follow-up data

General morbidity, family history of cancer

Molecular testing of patient/family or tumour





CART-WHEEL
Center for Analysis of Rare Tumors

CART-WHEEL

Center for Analysis of Rare Tumors

[Home](#)[Participants](#)[Health Professionals](#)[Research](#)[Support](#)[Contact](#)

Click here for a summary of the whole page, or place the cursor over any of the underlined words for a description

3. What type of tumor do you have?

If you have a [Biopsy/Histology report](#) from your doctor please type in the diagnosis as shown on the report.
If you have had any other tumors apart from this tumor you can specify this in Question 15.

Start typing [the name of the tumor](#) into the text field. You can choose one of the suggested types which will appear or enter another name.

3a. When was your tumor first diagnosed?

Please select the date corresponding to the date on which your tumor was diagnosed. If you are not sure, please select a date around the time that you recall your tumor was first diagnosed and click on the box saying 'Estimated Date'.

Day Month Year

[Estimated Date](#)

[< PREVIOUS](#)[SAVE](#)[SAVE AND NEXT >](#)

Patient chooses level of consent

I give my permission for my data to be stored in the Rare Tumour Database and **to be used in a re-identifiable** (coded) way

YES NO

I give permission for BioGrid Australia to **contact me for updates** of my personal information

YES NO

I give my permission for BioGrid Australia to **contact my doctor to obtain my histologic report(s) and medical details** to confirm tumour type

YES NO

I give my permission for BioGrid Australia to **contact me regarding participation in an ethically-approved research project**

YES NO



Advantages for Consumers

Learn about research

Contribute their data for research

Signal their wish to be involved in research

Contacted for a clinical trial or research study

Print off their **pdf summary** anytime

Help to **drive the direction** of research into areas which currently are “too hard”



Process for data access

Researcher applies to BioGrid for access
to CART-WHEEL data:

- HREC-approved project (eg international IRB)
- Description of type of patient, type of data/tissue
- Data can be made available on a regular basis eg nightly, once approved

Project review – BioGrid/Cart-wheel committee

Approval – help with preparation of access proposal, google ticks to improve patient identification



Small Cell Cancer Ovary

Patients with Small Cell Cancer of the Ovary (SCCO)



CART-WHEEL rare cancer database is inviting people from all over the world to submit information about their particular tumor so that more research can be done in these understudied rare tumors.

Patients can easily register and fill out the **user-friendly online questionnaire** which asks them about their tumor type, treatment received and aspects of family history.

Small cell ovarian cancer (SCCO) is a very rare, highly aggressive type of ovarian cancer. Due to its rarity, not much is known about how best to treat it.

CART-WHEEL.org is facilitating an exciting study for this cancer type.

Two collaborating sites, the Translational Genomics Research Institute ([TGen](#)) and Van Andel Research Institute (VARI), are studying the molecular/genetic pathways driving small cell ovarian cancer, and hope to translate this information into effective treatments for women with SCCO.



If you are diagnosed with small cell ovarian cancer and want to be part of this important study, please **join CART-WHEEL and fill out the online questionnaire**. Please provide us with your written consent to contact you and we will be able to connect you with TGen.

[Participant Information](#)

[Join CART-WHEEL](#)

Gene expression profiling of rare **high-grade** mucinous ovarian cancers (HG-MOC): a CART-WHEEL approach

HYPOTHESIS

Advanced stage **high-grade** HG-MOC will be more similar by gene expression to metastatic mucinous cancers of gastrointestinal origin than to early stage low-grade mucinous EOC

Identify this rare cancer subgroup:

- Path review of potential cases: criteria fairly strict
- Obtain RNA from at least 10 HG-MOC
- RNA Seq
- Compare with relevant control datasets:
 - Low grade / borderline mucinous EOC
 - Mucinous adenoca from colorectal tract
 - Mucinous adenoca from gastric origin
 - Pseudomyxoma Peritoneii incl appendiceal primary

PI Yoland Antill



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Center for Analysis of Rare Tumors