FROM THE EDITOR

Dear NSGO members,

This year’s annual meeting was held in Oslo, Norway in the beginning of April. A brief report from the meeting can be found in this newsletter. In the General Assembly, one very important decision was made concerning becoming a member. From now on, a person wishing to become a member can fill in an application form (www.nsgo.org) and either email it or send by mail to the NSGO Data Center. A short personal résumé is requested but the previous demand of recommendation has been omitted. The NSGO Board will constitute the membership committee. After approval the membership will be activated after membership fee has been payed.

From the year 2009, NSGO has started to collect membership fees (25 euros for 2011). Just to remind you about the procedure of how to pay:
1. if you attend the Annual Meeting, your membership fee for that year is covered
2. if you do not attend the Annual Meeting, please go to the NSGO web site and pay through internet there.

In 2012, NSGO celebrates its 25th Anniversary. The Annual Meeting will be held 26.-27. April 2012 in Tampere, Finland. As a Finn myself, I wish as many of you as possibly could take a trip to East to visit us and enjoy a (hopefully) superb Meeting!

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FROM THE PRESIDENT

The NSGO Board finalised a number of decisions during 2010, among them, a simplified membership application, implementation of membership fee, launching a new NSGO logo and further developments of the NSGO website. It is my pleasure to conclude that the website has been a great success as measured by the escalating number of hits. Much of this work has been done by Carsten Jeppesen, who has been our distinguished data manager assistant for the last 7 years, and from 1.1.2010 also our webmaster. Carsten has retired May 1st 2011 and we are very grateful for his excellent work. New webmaster is Kasper Skriver Gravesen. Welcome aboard Kasper!

The NSGO Annual Meeting in Oslo was a great success and for the first time a parallel session was organized for research nurses. We sincerely hope that the NSGO will attract many nurses who wish to share and develop their knowledge in the care of women with gynecologic cancer. For those of you who wants to join this network please contact Gerda Andersen. Great thanks to Gunnar Kristensen and Svein Vossli, our local organizers.

Next year it is time to elect a new NSGO Board as well as a President-Elect. The nominating committee will start the preparation for the on-line voting during the autumn by requesting membership proposals of candidates. The candidates will be presented and posted on the website at latest January 5th, 2012. The on-line voting will be completed by March 1st, 2012. It is also soon time (February 2012) to announce the
position as medical Director for the NSGO CTU. The NSGO Foundation Committee has together with the Board defined criteria for qualifying as Medical Director. These criteria can be found on the NSGO website, under the CTU section.

A lot of things are happening within the Society but it is you, all NSGO members, that built up the Society! We appreciate your views, suggestions of improvements and engagement. For many it is increasingly difficult to get free from hard clinical work to attend conferences but with good planning I hope to meet you all at the Annual Meeting 2012 in Tampere where we will celebrate our 25th Anniversary.

Elisabeth Åvall Lundqvist, MD, PhD
President

UPCOMING CONFERENCES

NSGO 25th Anniversary Meeting in Tampere, Finland April 2012

Next year´s annual meeting will be held in Tampere, Finland April 26th -27th 2012. The main themes will be:
- Personalized Medicine
- Specialist training in Gynecologic Oncology in the Nordic Countries

CONFERENCE REPORTS

NSGO Annual Meeting April 7th -8th, 2011 Holmen Fjordhotel, Oslo, Norway

This year´s Annual Meeting attracted 138 participants. For the first time, study nurses were invited to attend and a parallel session for the study nurses took place.

The conference started with a session asking “Is there a prize for a prolonged life?” focusing on the role of bevacizumab in ovarian cancer. Prof Michael Bookman from Arizona presented the results of ICON7 and GOG-0218 trials exploring bevacizumab in 1st Line treatment. Although both trials are positive uncertainty remains concerning the magnitude of the effect, patient selection (suboptimal versus optimal), dose and duration. In addition, a randomized trial evaluating bevacizumab in platinum-sensitive ovarian cancer, the OCEAN trial, reported positive in a press release. Results will be presented at ASCO and highlights the question of timing i.e., maybe the role of bevacizumab is in the recurrent setting. In conclusion, it is too early to change any standard of care. Mature data are awaited.

The next speaker in this interesting session was Eva Skovlund from the Norwegian Medicines Agency, who informed us about the principles for registration of new drugs. Overall survival as endpoints is mandatory in case of short life expectancy but progression-free survival can be acceptable during some circumstances. Guidelines for Evaluation of anticancer medical products in man can be found on http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2009/12/WC500017748.pdf.

Dr Stein Kaasa from Norwegian State Directorate for Health gave a clinicians and a health authority point of view on introduction of new drugs. His main point was that all interventions (not only drugs) needs to be evaluated in a structured way (the effect, side-
effects and cost). Each country should strive for national cancer plans and guidelines for cancer care. Maybe it is not always “all about the money” if a new drug is not implemented in routine care.

A most touching presentation was given by Mette Groholdt on the subject “The patient perspectives” who illustrated the situation of being a patient amidst all, sometimes misleading, information about new drugs and their promises. Patients consult Google as often as their doctors and the information is often contradictory or strongly exaggerated. Who will she choose to trust? The answer is that she will most likely choose to believe in those who give her hope. However, the experienced patient may be fed up with side-effects and being a patient and thinks the possible benefits of many new drugs are too small. Mette concluded and reminded us that the patient perspective is always subjective and the patient will often choose hope. To be able to take a wise decision, patients need: accessible objective information and empathic communication with a doctor they trust!

As for surgery in recurrent ovarian cancer, Prof du Bois showed the results of the DESKTOP II –study, in which 3 factors were found to be predictive of a successful surgery in recurrent cancer: 1. Less than 500 ml of ascites 2. Good performance status 3. No macroscopic residuals in the primary operation. A prospective study, DESKTOP III, randomizing patient to either surgery of no surgery in this setting is ongoing.

MD, PhD Jan Persson from Lund evaluated the use of robotic surgery in the treatment of ovarian cancer. In local disease, staging operations can be performed. In these cases, the tumor should be less than 13 cm (size of the largest laparoscopic bag), there should be no ascites and the disease should be local.

Prof Claus Hogdall presented survival outcomes of ovarian cancer in Denmark, based on the data from DGCD. A constant improvement in the percentage of R0 (no residual tumor) operations is seen in Denmark, from 23 % in 2005 to 54 % in 2010. This is also translated to better survival.

The last session on Thursday consisted of two parallel sessions. Two tricky cases of the role of surgery was presented, discussed and voted
during the Tumor Board. In parallel, the session for study nurses was held.

13 study nurses from Norway, Sweden and Denmark participated the section for study nurses together with 2 representatives from the industry and Gerda Andersen NSGO Data Center. The meeting was a success and the study nurses were happy to attend NSGO Annual Meeting. The aim is to build up a Nordic working group to force the collaboration in NSGO clinical trials. At the first meeting the possibility for allowance and economic support for study nurses were discussed. It should be easier for study nurses to attend NSGO meetings, especially because NSGO bylaws have been changed, and study nurses can apply for NSGO membership. Also update and information of new treatments and results of clinical trials in gyn. cancer are valuable, because the patients often discuss their treatment, situation and hope with the study nurses.

A new meeting in the working group is planned to take place at Annual Meeting 2012 in Finland.

On Thursday, the study nurses had their own session headed by Gerda Andersen, daily leader, NSGO Data Center.

Friday started with the General Assembly Meeting (see the website for the Minutes) and proceeded with Clinical Trial Session. The Annual Meeting ended with a nice presentation on the problematic with mucinous tumors, put together by gynoncologist Susanne Malander and pathologist Anna Måsbäck from Lund.


**GENERAL INFORMATION**

**About the new voting system**

According to our By-Laws new members of the Board and the President-Elect (automatically installed as President after 3 years in office) will be elected using an online internet voting procedure, via a password protected voting template on the NSGO web site. The web site will be open for online voting during at least 4 weeks, with beginning in the second week in January. The whole online voting procedure including any repetitive voting should be completed before March 1st. The received votes should be formally counted under supervision by a voting committee, composed of the two past Presidents.

New board members were elected in Copenhagen in April 2010, so the next time to vote for Board members will be in January/February 2012. Each Board member can serve only 2 terms (length of term 2 years). The next voting for the president-elect will also be in January/February 2012.

**About the Membership fee and how to pay**
A membership fee was introduced for NSGO members in 2010 and the amount is decided by the General Assembly. From now on fees shall be paid to NSGO immediately after the membership application has been approved, and thereafter before 1st of February every year. The membership fee has however, and will continued to be, included in the registration fee for the NSGO Annual meetings, so for those who attend the meeting you can wait with your payment. The NSGO Board will re-evaluate membership status in case fees have not been payed the recent two years.

Those who did not participate in the Annual meeting, please pay the membership fee through the internet banking system on the NSGO web page.

**Has Your Email Address Changed?**

Please be sure the NSGO Data center has your correct email address. Just send a message to gandersen@health.sdu.dk with your correct email address and any changes in contact details.