FROM THE EDITOR

Dear NSGO members,

During this passing year, first results of two large randomized ovarian cancer primary treatment trials, GOG 218 and ICON-7, have been published. Both trials have evaluated the role of adding a monoclonal antibody, bevacizumab to standard taxane-carboplatin treatment of primary ovarian cancer. Both studies (although with a slightly different regime) have been positive.

The most important trials guiding our treatment decisions are large randomized phase III trials. A collaborative effort is needed for such studies. One of the important roles of NSGO is to be an active participant in the community, which performs clinical trials. The CTU (Clinical Trial Unit) sessions are always included in NSGO Annual Meetings, and every clinicians contribution towards clinical trial participation is invaluable.

On behalf of the NSGO Board, I wish that you will find the program for Annual Meeting 2011 in Oslo interesting. Besides the scientific program, also the social aspects of these meetings should be kept in mind. It is always invigorating to meet friends and colleagues and exchange ideas. Please mark the date on your calendar and lets hope we’ll meet in Oslo!

Newsletter Editor
Annika Auranen, MD, PhD
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FROM THE VICE PRESIDENT/PRESIDENT ELECT

It is my privilege to report on the past several month’s progress in the activities of NSGO. In September 2010 the new NSGO Board had a follow-up Strategic meeting in Copenhagen to update goals and planning activities for the coming two years. Thanks to the outstanding work by our webmaster Carsten Jeppesen the new NSGO web site is a big success and the number of hits have doubled between May and September 2010. Since NSGO becomes more and more acknowledged and our logo is widely distributed e.g. to ENGOT, GCIG, ESGO we have noticed that the NSGO logo sometimes is difficult to discriminate. The Board have therefore approved and adopted a new NSGO logo, which is presented in this newsletter.

As NSGO Member you have access to password protected pages on the NSGO website where you can download documents, participate in on-line elections (2012), receive overview of new studies etc. Membership payment is also on-line and as soon as you have payed your membership fee you will receive a log-in code. On the web site you will also find the GCIG Consensus Statements from the 4th Ovarian Cancer Consensus Conference held in Vancouver June 2010 as well as a presentation of the NSGO-CTU Executive Board.

A NSGO survey of subspecialty training in surgical gynaecological oncology in the Nordic
countries have been performed. We hope that the results, which will be posted on the web site, will facilitate the exchange of fellows between the Nordic countries. We are grateful to Claus Høgdall for this excellent initiative. We also plan for a follow-up survey in which we hope you will all participate.

As you know, the next NSGO Annual Meeting will take place April 7-8, 2011 at Holmen Fjordhotel, just outside Oslo. The scientific programme will be outstanding. The program features the role of bevazicumab in 1st line ovarian cancer including perspectives from industry, health authorities, politicians and patients. Other sessions will address surgical advancements in gynaecological oncology and of course tumor boards. For the first time we also invite research nurses to participate and a special nurse session is planned for April 8th. Please inform and invite your research nurses and promote NSGO membership. I hope you will all be able to join us for this meeting!

Looking forward to see you in Oslo in April!

Elisabeth Åvall Lundqvist, MD, PhD
VicePresident/PresidentElect

UPCOMING CONFERENCES

NSGO Annual meeting 2011

Next years annual meeting will be held in Norway 7.-8.April 2011. The site for the meeting is Holmen Fjordhotel (approximately 20 km from Oslo). For program follow NSGOSs website.

CONFERENCE REPORTS

Sergs2010 Lund 8.-11.9.2010

The second European conference on Robotic Gynecological Surgery was held in Lund in September 2010. The conference was intended for both doctors and nurses, and attracted over 250 participants. The topics covered both benign and cancer-related indications of robotic gynaecological surgery.

The use of robot-assisted laparoscopic surgery is continuously increasing. Dr. Robert Holloway from the USA mentioned, that out of the 41 gynecological oncology fellow programs, 40 include training in robotic surgery. Several speakers presented their institutional experiences of robot-assisted surgery. In all, the biggest economical gains come from shortened operation and hospital-stay times, but some patience is needed, since in the beginning the operation times are bound to increase. A study from Lund showed, that after performing 160 robot-assisted radical hysterectomies, the price of the first 40 surgeries by procedure was 1650 € higher than for open surgery, whereas for the last 40, the price per procedure was 650 € lower than for open surgery.

Most of the presentations in the conference were videos, and we also saw nice live
surgery (complete staging with pelvic and para-aortic lymphadenectomy, and sentinel node detection). The web site for the Society of European Robotic Gynecological Surgery, sergs, is currently under construction, but I understood that this site might have some videos in the future. The next sergs conference will be in Leuwen, Belgium in the beginning of September 2011.

Annika Auranen,Turku,Finland

Reflections from IGCS
Prague 23.-26.10. 2010

Prague must be one of the most beautiful cities. Your neck is stiff after looking up on all the beautiful roofs and wall paintings of the houses. In this fantastic town the 13th biennial IGCS meeting was held. Nearly 3000 participants from all parts of the world attended.

Something that all participants waited for was the result from the ICON-7 GCIG (http://www.icon7trial.org) trial. In this 2-armed non-placebo controlled study bevacizumab was added to standard chemotherapy with maintenance of bevacizumab in women with newly diagnosed epithelial ovarian, primary peritoneal or fallopian tube cancer. The ICON 7 data was compared to the results of GOG 218 (http://clinicaltrials.gov/ct/show/NCT00262847). In contrast to ICON 7, GOG 218 was a 3-armed placebo-controlled study of which the majority of patients were suboptimally debulked and maintenance was given longer. In addition the dose was double. Both studies showed significantly longer PFS i.e PFS of 3.8 months in GOG 218 and 1.7 months in ICON 7. The question is if this will be enough for changing standard of care. The OS data from ICON 7 will come in 2012 but it is not anticipated that there will be any OS advantage in GOG 218 due to cross-over. In conclusion, we need more mature data.

Several presentations were focused around BRCA-mutations and BRCA-ness in ovarian cancer. Data shows that these tumors seem to be less chemoresistant, have longer PFS and are more platinum sensitive.

Very interesting studies of the PARP-inhibitors are ongoing and will come in the future. These inhibitors are effective in cells with homologous recombinant deficiency such as patients with germline mutations in the BRCA-genes but also serous ovarian cancer tumours with somatic BRCA mutations. A question to ask is, if we should screen all patients for BRCA-mutation in the future or at least all with serous ovarian cancer, where the mutation frequency is between 16-20%.

Several lectures also discussed the possibility to prolong the platinum free interval for patients with semi sensitive ovarian cancer i.e relapses between 6-12 month after platinumbased chemotherapy. A phase II study of non-platinum combination with pegylated liposomal doxorubicin and trabectidin has shown promising results.

Autumn regards from
Susanne Malander, Lund, Sweden

Has Your Email Address Changed?

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

About the Membership fee and how to pay

From 2010 onwards, there will be a membership fee for NSGO members. All members shall pay annual membership fees fixed by the General Assembly. In future, fees shall be paid to NSGO immediately upon
election as a member of the Society, and thereafter before 1st of February every year. For the year 2010, the membership is 25 Euros. For the year 2010, the membership fee was included in the Copenhagen conference fee, so you all who participated in the conference have paid your membership fee. This practice (paying the annual membership fee in connection with the conference fee) will also be in use in the future.

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

**About the new voting system**

After the General Assembly 2010, new members of the Board and the President-elect (who functions as a Vice President for the following 3 years, then will continue as the President) of the Society are 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.