FROM THE EDITOR

Dear NSGO members,

In the beginning of 2012, the changes done to NSGO by-laws face real life. For the first time in NSGO history, the election of board members and a president-elect will be done as online voting. The voting period will be in January, and the results of the election will be announced in the 25th Annual Meeting in Tampere, Finland 26.-27.April 2012.

In order to be able to vote, the membership fee for 2011 has to be paid. If you have attended the Annual Meeting 2011, your membership fee is covered. If you have not attended the meeting, the membership fee can be paid through the NSGO web site.

Please follow your email for further information and guidance about the online voting.

Newsletter Editor
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FROM THE PRESIDENT

In September 2009 the NSGO Board had its first strategic meeting in Sigtuna setting the goals and planning activities for the coming three years. We have since then had a yearly follow-up meeting most recently in September 2011. The achievements have been reported at the General Assembly meetings and in the Newsletters. We hope that there are many of you who would like to participate in this work and continue the forces to improve the care of gynecologic cancer patients. We therefore encourage you to nominate candidates to the NSGO Board, and President-Elect and that the candidates will accept the nominations.

Considering the global economic instability the Board have taking measures to safeguard the NSGO capital so that bank insurances will cover our full capital in case of bankruptcy.

The preparations for our 25th Anniversary and NSGO Annual Meeting in Tampere are intense and Johanna Mäenpää our local organizer is doing an excellent job! Personalized medicine in ovarian cancer and individualized radiotherapy in gynecological cancer will be the two main topics. The top international lecturers in these fields has been invited. We will continue with the successful session for research nurses and encourage you to help them get their expenses covered. Our highly appreciated tumor boards will continue
to address clinically relevant questions. The ongoing and planned clinical trials will be discussed during the NSGO CTU session and I hope you all will participate.

As you know FIGO will revise the staging classification for ovarian cancer. The NSGO survey previously sent out was answered by 21 centres/individuals; 61 % recommend that stage 1C be subcategorized according to time of capsule rupture, 66% recommend that retroperitoneal LN metastasis be separated out from stage IIIC and 62% that stage IV should separate between positive pleural effusion and parenchymal metastasis. The results will be forwarded to FIGO.

ESGO organized the first Patient seminar in Milan to promote a network among patient organisations. NSGO invited patient organisations from all Nordic countries to participate. Maude Anderson, from the Swedish Gynsam and Birthe Lemley from KIU in Denmark participated together with myself and Gerda Andersen. Collaboration between professional societies, like NSGO, and patient organisations are important and there are many successful models for such a collaboration. We will address this issue at the General Assembly in Tampere.

Finally, I wish you all a Merry Christmas and a Happy New Year!

See you in Tampere!

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 theme will be:

- Personalized Medicine in Ovarian Cancer
- Individualized radiotherapy

For a detailed program, please follow NSGO website. Updated program should be available after December 6th.

CONFERENCE REPORTS

ESGO international meeting
Milano, Italy September 11-14, 2011

The 17th ESGO meeting was held in Milan, Italy in September. It was the biggest ESGO meeting ever with over 3500 participants. Helga Salvesen from Bergen had been a member of the organizing committee and represented the Nordic countries excellently in different occasions. Many research groups had their meeting in connection with the ESGO meeting, including ENTRIGO (European network for translational research), ENITEC (European network for
individualized treatment of endometrial cancer) and ENGOT (European network for gynaecological oncological trial groups).

In the State of the art – session for ovarian cancer, Jonathan Ledermann from the UK held a comprehensive review of the current state of chemotherapy. His talk focused on 6 issues:

1. Neoadjuvant chemotherapy. The rate of patients with advanced ovarian cancer being treated with neoadjuvant chemotherapy should not exceed 30%.

2. Maintenance therapy. Good quality clinical trials are not available yet.

3. Weekly paclitaxel with carboplatin. The good results obtained from the Japanese study (Katsumata et al Lancet 2009) are currently being validated by GOG 262 confirmatory study (weekly paclitaxel+carboplatin q3w+bevacizumab), ICON-8 study (ongoing, compares weekly paclitaxel-weekly carboplatin, paclitaxel-carboplatin q3w and weekly paclitaxel-carboplatin q3w)

4. Intraperitoneal chemotherapy. Still no consensus. Studies ongoing (GOG 252, NCIC-OV21 and a Japanese study)

5. Chemotherapy in different histological subtypes of ovarian cancer. In clear cell ca, cisplatin-irinotecan –study ongoing, in mucinous ovarian cancer, mEOC –study ongoing (paclitaxel-carboplatin +/- bevacizumab vs oxaliplatin-capecitabina/- bevacizumab)

6. Targeted therapy. Currently, studies with antiangiogenetic agents are closest to clinical benefit

On endometrial cancer lectures, the differences in the behaviour, molecular biology and prognosis of type I and type II endometrial cancer were emphasized. A point raised by pathologist Jaime Prat from Spain was detection on lymphovascular invasion in endometrial cancer samples. Care should be taken not to define vascular pseudoinvasion (possibly a consequence of uterine manipulation, sample preparation for example) as true lymphovascular invasion. If tumor cells are detected in vascular structures in for example stage IA grade 1 tumors, the occurrence of this artificial finding should be kept in mind. The value of tumor marker HE4 in endometrial cancer is under study. A study by Moore et al (Int J Gyn Cancer 2011) suggests that HE4 might be useful in preoperative evaluation of the extent of myometrial invasion (and thus the need for pelvic lymphadenectomy).

As for ovarian cancer, the concept of the origin of ovarian cancer from the surface epithelium of ovary has been revisited, and in light of new data it is now thought, that serous tumors originate from tubal epithelium, endometroid and clear cell tumors from endometrium and mucinous and Brenner tumors from the tubomesothelial junction.

The program of the meeting was very comprehensive and included both numerous practical sessions and sessions focused on challenges of risk assessment and treatment planning based on different histological subtypes and biological profiles of the tumors.

Seija Grénman, Turku University Hospital
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 paid 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.

NSGO WEB PAGE

NSGO website is currently being updated. This means a new layout and a new way of navigating around the website. This is done to make the website more accessible, so that it is easier to find what you are looking for. Besides updating the looks of the website, an introduction of new features will also be conducted over the next months. The key word for the update is sharing of information. One way of sharing information will be a calendar where the members can suggest interesting meetings or events. This means that if you, as a member, have something relevant information you want to share with the NSGO society or maybe ideas to the website please feel free to contact

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Has Your Email Address Changed?

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