FROM THE EDITOR

The NSGO Newsletter is released twice a year. I hope you all find some interesting to read in this update.

In this letter you can read about the work of NSGO and update yourself on the increasing number of trials. Some new drugs are also introduced and NSGO is the lead group in a couple of trials.

The next important matter is the election of the new Board and President elect of NSGO. There will be a online-voting in January/February 2014 for all Nordic members.

The next big happening is the Annual Meeting which will be held at Iceland in June. An updated programme will be found on the NSGO webpage. We hope to see you there!

With this I want to wish you all a peaceful Christmas and a Happy New Year.

Kathrine Woie, Editor, NSGO Newsletter
Kathrine.woie@helse-bergen.no

FROM THE PRESIDENT

Dear NSGO member,

Only a couple of weeks left to Christmas I hope you will take some time off and enjoy this NSGO Newsletter. The Fall activities of the Society has been intense starting in September with NSGO Strategic meeting following up the goals and planned activities for the Board. The NSGO Office has had full hands with the change from Odense to Rigshospitalet while succeeding taking care of Office matters and planning/starting up new trials.

Well done Mansoor and Tinne! I am very happy to welcome Solveig Ulstrup Ristinge as new NSGO Office Administrator. She has replaced Marsha Williams.

We are also preparing for the on-line election of new President-elect and NSGO Board members including two representatives from each country, one pathologist and one physicist. I am happy that we have several candidates to choose between, which is a good sign for the future of our Society.

The planning of the 27th Annual NSGO Meeting is soon finalized and we hope you will find the program as exciting as I do. The scope of the meeting is endometrial cancer and we have invited several international top speakers. In addition, we have parallel sessions for pathologists (with prof. Soslow from Memorial Sloan-Kettering Cancer Centre), study nurse session (please encourage and help your study nurses to come!) and a new session for PhD students. Under the auspice of Jan Blaakaer we hope to build a NSGO Network of PhD students. PhD students from all Nordic countries will be asked to send in abstracts for presentation. We have also updated the website and appreciate your comments for improvement. There you will also find the revised FIGO staging for ovarian-, fallopian tube-, and peritoneal cancer.

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

Yours sincerely,
Elisabeth Åvall Lundqvist
President NSGO

FROM THE MEDICAL DIRECTOR, NSGO-CTU

Dear colleagues

2013 is ending and it is time to evaluate what we have achieved during this year, as well as reflect on our future goals. I took over this office in April this year and at the Stockholm meeting I had put forward the future goals for the CTU. In this letter,
I would like to go through the current status to achieve these goals:

**NSGO as Lead Group in international trials**

1) ENGOT-OV16/NOVA trial: NSGO-CTU is lead group for this placebo controlled phase 3 pivotal trial on PARP inhibitors as maintenance therapy for platinum-sensitive relapsed. 9 NSGO sites and another 55 ENGOT sites are participating in this study with the following cooperative groups: AGO Austria, AGO Germany, BGOG, GEICO, GINECO, MaNGO, MITO and NCRI. The trial has been initiated in some of the NSGO sites as the first ex-US sites and NSGO has already randomized 9 patients.

2) ENGOT-EN1: A phase 2 randomized trial of chemotherapy + BIBF1120/placebo in stage 3-4 and relapsed endometrial cancer. NSGO is both sponsor and lead group for this Pan-European trial. The trial is expected to start recruitment in Q3, 2014. Other participating groups are NOGGO Germany, GINECO and BGOG.

**Initiate/Promote/Assist Investigator-Initiated Trials**

1) NSGO-CTU encourages the young investigators to discuss their ideas on clinical trials with the CTU. The executive Board of the CTU can help to finalize the initial synopsis, CTU can assist in the statistical analysis.

2) NSGO is part of the ENGOT initiative to educate young oncologists in clinical trial methodology through Gynecologic Cancer Academy. Three of the Nordic colleagues are attending this academy.

3) NSGO-AGO-GINECO has agreed to form a network of young oncologists to promote phase 1-2 trial ideas and translational research. The young doctors are meeting each other three times annually. ENGOT has as well formed such a group.

All these activities will prepare our next generation to take over NSGO activities in a smooth way.

**Continued international collaboration and implementation of new studies**

NSGO-CTU continues to actively collaborate with our European counterparts through ENGOT as well as with the rest of the World through GCIG.

**Balance in NSGO-CTU economy**

Despite all these new activities of NSGO-CTU, the burn-rate of CTU is in balance with the income. CTU require more hands for all the current and new activities. We plan to add a Project Manager/Research Nurse to the team early next year, though the economy of the organization will be kept in balance.

We shall continue to work further on our goals in 2014.

I’ll end my note by thanking all NSGO investigators and study nurses for their great support and enthusiasm, and our collaborators from the pharma industry for their continuous support.

Merry Christmas
Mansoor

Kind regards
Mansoor Raza Mirza
Medical Director, NSGO-CTU
President-Elect, NSGO
Treasurer, NSGO

FROM THE NSGO OFFICE
- a new member of the staff

My name is Solveig Ristinge, and I was 1 November 2013 employed in the NSGO CTU office to take over the position as Office Administrator/Webmaster. My position prior to the NSGO Office Administrator was being a quality consultant and accreditation coordinator in Region Zeeland. My job in Region Zeeland involved primarily tasks related to patient safety and quality programs such as The Danish Quality Model and The Danish Safer Hospital Program. I worked in the quality field for 7 years.

Prior to that I have worked as a trained medical secretary for 18 years in different hospitals, among others Næstved and Odense. I have also lived in Australia for 2 years where I worked in a Pathology

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Prior to that I have worked as a trained medical secretary for 18 years in different hospitals, among others Næstved and Odense. I have also lived in Australia for 2 years where I worked in a Pathology
Department as a medical secretary/data entry operator.
After being trained as a medical secretary at Odense University I have taken further training in Local Government Administration and 3 Health Diploma courses.

Solveig Ristinge
Office Administrator/Webmaster, NSGO-CTU

A MEETING REPORT
- From ESGO, Liverpool

The 18th International Meeting of the European Society of Gynaecological Oncology (ESGO) was held in Liverpool, UK from October 17 to 22 2013. Around 2500 attendees from more than 60 countries did arrive to Arena and Convention Centre. The centre has a historic setting next to Albert Dock and adjacent to the World Heritage Site on the Mersey riverfront. The Ferris wheel, wheel of Liverpool was waiting for tourists in front of the arena. But the congress guests seemed to be content with the wheel doors leading to auditoriums. Here I refer a couple of medical studies and clinical use of sentinel node cancer surgery.

On Saturdays’ Plenary session John K Chan presented the GOG 262 data, which was determined to show if Paclitaxel as weekly basis would improve PFS in comparison with conventional delivery. The secondary endpoints were OS, adverse events and Quality of life. Patients who had stage II, III or IV disease following surgery, stage III with macroscopic residual cancer or stage IV disease were randomized to have conventional Paclitaxel 175 mg/m² in q3 weeks or Paclitaxel 80 mg/m² weekly plus Carboplatin (AUC=6) x 6 cycles. Patients were allowed to take bevacizumab 15mg/kg as maintenance until progression or if they had such adverse effects that it had to be stopped. The results showed that weekly Paclitaxel did not improve PFS in the overall study population. However, in a subgroup who did not get bevacizumab, weekly Paclitaxel improved PFS by 4 months. OS results are yet immature. Weekly Paclitaxel is associated with more anemia and neuropathy but less neutropenia than if given every third weeks.

On Sunday as late breaking news E Pujade-Lauraine presented Icon 7 study Overall Survival (OS) results. The study randomized more than 1528 ovarian cancer patients to receive Carboplatin and Paclitaxel or Carboplatin and Paclitaxel in combination with bevacizumab 7.5mg/kg. Bevacizumab delays the time to disease progression for these women. In the entire study population there was no difference in OS. The presented data showed that a subgroup of women at highest risk of recurring (FIGO III residual >1cm, FIGO stage IV or non-operated) who received bevacizumab in combination with chemotherapy, and continued it as maintenance, lived on average 9.4 months longer. The survival average was 39.7 months compared with 30.3 months for women on chemotherapy alone.

On Monday evening there was a great possibility to meet experts of several special fields. We did attend the round table conversation with Nadeem Abu-Rustum from a Memorial Sloan-Kettering Cancer Center, New York. He works as Director of Minimally Invasive Surgery for the Gynecology Service and is highly respected researcher and lecturer. In their clinic they rely on sentinel node examination in endometrial cancer. It is performed for every patient in all histological subgroups. For finding the sentinels, intraoperative fluorescence imaging is currently most used. For this procedure, two components are needed: a fluorescent agent and a quantitative optical system for intraoperative imaging. As a fluorophore they have used indocyanine green (ICG) and it is injected under the cervical mucosa. If sentinel is found on both sides, they relay on it, otherwise lymphadenectomy of the non-sentinel side is done. The sentinels are ultrastaged, which detects additional low-volume metastases and also micrometastases that would otherwise go undetected with routine evaluations.

Päivi Pakarinen MD PhD
Helsinki University Central Hospital
Dept OB GYN
The NSGO Board 2012-2014

(from the left) Kathrine Woie (NOR), Maarit Vuento (FIN), Christel Dahle (Study nurse, NOR), Päivi Pakarinen (FIN), Maria Bjurberg (S), Caroline Lundgren (S), Gerda Andersen (NSGO Data Center), Elisabeth Åvall Lundqvist, President (S), Mansoor Raza Mirza, President-Elect (DK), Anna Salvarsdottir (ISL), Jan Blaakær (DK), Gunnar Kristensen, Medical Director NSGO (NOR), Anna Másbakk (S), Svein Vossli (NOR), Svein Stabell Berstrøm (NOR) Missing: Thorarinn Sveinsson (ISL), Jørn Herrstedt (DK)

Election 2014

Election 2014 will take place from 7 January – 4 February 2014 as an online voting. Voting is open for paying members from the Nordic countries.

Candidate for President Elect:
Johanna Mäenpää, Tampere University Hospital

The candidates for NSGO Board election are:

Denmark:
Jørn Herrstedt, Odense University Hospital
Jan Blaakær, Aarhus University Hospital

Finland:
Maarit Anttila, Kuopio University Hospital
Annika Riska, Helsinki University Hospital

Norway:
Line Bjørge, Haukeland University Hospital, Bergen
Anne Dørum, The Norwegian Radium Hospital
Torbjørn Paulsen, The Norwegian Radium Hospital
Marit Sundset, St. Olavs Hospital in Trondheim

Sweden:
Maria Bjurberg, Lund University Hospital
Caroline Lundgren, Karolinska University Hospital
Gabriel Lindahl, Linköping University Hospital

Iceland:
Anna Salvarsdottir, National University Hospital of Iceland, Reykjavik
Elisabet Arna Helgadottir, National University Hospital of Iceland, Reykjavik

Pathologist:
Agnes Kathrine Lie, The Norwegian Radium Hospital
Joseph Carlson, Karolinska University Hospital

Physicist:
Ivan Vogelius, Rigshospitalet, Copenhagen
Jan-Erik Palmgren, Kuopio University Hospital
Veronika Tømmerås, University Hospital of North Norway, Tromsø

Has Your Email Address Changed?
Please be sure the NSGO Office has your correct e-mail address. Just send a message to solveig.elisabeth.ulstrup.ristinge@regionh.dk with your correct address or any changes in contact details.

About the Membership fee and how to pay
From 2010 there has been a membership fee for NSGO members. All members shall pay annual membership fees set by the General Assembly. The membership fee is 25 Euros. The membership fee can be paid in connection with the Annual Meeting fee.

Those who do not attend the Annual Meeting will be able to pay the membership fee through the internet banking system on the NSGO web page. In order to vote at the upcoming election, membership fee for 2012 and/or 2013 must be paid.

NSGO GOLD LEVEL SPONSORS 2013