NEW NSGO NEWSLETTER EDITOR
Kathrine Woie

The NSGO newsletter is issued twice a year and highlights recent and upcoming events in the Society. I have now taken over as Editor after Annika Auranen, Turku, who is acknowledged for her great work with the Newsletter.

One of the NSGO missions is to promote professional collaboration across the Nordic borders. We have some differences but also a lot in common. We have a successful Nordic collaboration within the trial organization. The NSGO Board has appointed Caroline Lundgren to set up a working group for radiotherapy with the aim to update Nordic guidelines for radiotherapy. If you like to join or want more information please contact Caroline Lundgren (caroline.lundgren@karolinska.se). We are also very pleased that an initiative has been taken by Swedish pathologists to establish a Nordic network for gynecologic pathologists. For more information please contact Anna Måsbäck (anna.masback@skane.se). Yet another Nordic collaboration that has started is the network between Nordic research nurses led by Christel Dahle. Are you interested to know more about their work, please contact Christel (christel.dahle@helse-bergen.no). The Newsletter will report from these initiatives and you are all very welcome to send in contributions that you wish to share.

With these lines I wish you all a Merry Christmas and a Happy New Year.
May we all meet in Stockholm!

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FROM THE PRESIDENT

Dear NSGO members,

It is my great privilege to announce that Chief Oncologist Mansoor Raza Mirza, Rigshospitalet, Copenhagen has been appointed, by the NSGO Foundation Committee, as new Medical Director of NSGO-CTU from April 1st, 2013. Dr Mirza has been very active in the NSGO Clinical Trial organization during many years and I am confident that under his leadership NSGO CTU will continue as a successful and respected international trial organization. Since chief data manager Gerda Andersen will retire the end of September 2013 preparations have begun to find a replacer and also to move the NSGO Data Center to Copenhagen. This will be effected by april 2013. Dr Mirza will continue as President-Elect until a new President-Elect has been chosen by the NSGO members through online voting.

The new NSGO Board had its first Strategic meeting September 28, 2012 and planned goals and activities for the coming 3 years. The economy of our Society is a concern and new ways to secure a sound economy while maintaining all activities were addressed. For many reasons payment of NSGO fees is essential. It is very important that NSGO continues to perform high quality clinical trials. Study nurses are essential to achieve this goal and Christel Dahle will take the lead and explore unmet needs and expectations among Nordic study nurses. The Board strongly encourages investigators to help our study nurses to attend NSGO meetings. Although our Society is growing each year we need to improve and spread information about NSGO and our activities, such as the Annual Meeting. One way is through national Societies but all NSGO members can help spreading the program and advertise our meeting locally.

The program for the NSGO Annual Meeting April 11-12, 2013 in Stockholm has been finalized (www.nsgo.org). Ovarian cancer has been treated as one disease too long so we all need to Rethink.
“Rethinking ovarian cancer” will be the first session of the program covering a wide area. We are proud and grateful that so many distinguished speakers will attend. Personalized medicine is further addressed in the session about cancer in the young and elderly. The knowledge in these areas is moving quickly and our patient population is more and more complex so I hope you will receive many take home messages. We will also have a special session for our Nordic pathologists and hope that this will be a starting point for networking among Nordic pathologists and that they will continue their engagement in NSGO. For the third year, study nurses will have their own session. In addition, we will continue with the highly appreciated Tumor Boards. Friday April 12 is scheduled for General assembly, and investigator meeting the latter to which of course you all are invited to attend.

On Wednesday April 10th, 2012 there will be a Satellite symposium “Expanding the therapeutic landscape for ovarian cancer” organized by MSD and Roche. Speakers will be Professor Amit Oza, Princess Margaret Hospital, University of Toronto, Canada and Professor Stan Kaye, Royal Marsden Hospital, London United Kingdom.

It is with great sorrow that I announce the death of Mark Baekelandt, our former President of NSGO. Mark was a good colleague and friend of our Society to which he devoted time and interest. He was during several years a member of the NSGO Board and will be remembered with warmth and gratefulness of all who knew him.

Elisabeth Åvall Lundquist, MD, PhD, Prof.
President NSGO

The NSGO Board 2012-2014 held its first face-to-face meeting in Copenhagen 28.09.12. The new Board is presented in the picture (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 Lundquist, President (S), Mansoor Raza Mirza, President-Elect (DK), Anna Salvardsdottir (ISL), Jan Blaakær (DK), Gunnar Kristensen, Medical Director NSGO (NOR), Anna Måsbäck (S), Svein Vossli (NOR), Eva Stabell Bergstrand (NOR)
Missing: Thorarinn Sveinsson (ISL), Jørn Herrstedt (DK)

CONFERENCE REPORT

Reflections from IGCS, Vancouver Oct 13-16, 2012

Vancouver in the fall is beautiful scenery. The city is situated at the coastline with the mountains to the north. The trees, especially the maple trees, are all changing into different colours and shades.

This year’s meeting had about 3000 attendees. There was a huge program with many parallel sessions. The breaks were limited and even less time to discuss and to look at the posters. This year had a massive Poster Session with about 300 posters each day (three days). Many of the posters were not displayed and the quality of the posters was variable.

The quality of the lectures was much better. But with so many parallel sessions you could not reach everything you wanted to listen to.

The overall impression of the meeting was that there was no big news. I will just highlight a few points here:
The first days they focused on the Importance of surgical skills, know your anatomy and avascular spaces. This is old knowledge, but cannot be emphasized enough. There was also a large plenary session on surgical techniques in cervical cancer. This was followed up with a session on advanced laparoscopy. Some impressive videos emphasized again the need of exact anatomical knowledge as well as nerve-sparing technique in cervical cancer. For endometrial cancer the treatment of choice is laparoscopy.

The other main focuses were: ovarian cancer, cervical cancer, the importance of Individualized therapy, PARP inhibitors and antiangiometric use in 2012. There was little focus about vulvar cancer.

For cervical cancer there was an interesting interactive session about treatment for stage IIIB cervical cancer: Current and Future. There were representatives from different continents and truly these patients receive different treatments. The treatment choices for this group varied between primary chemoradiation, neoadjuvant chemotherapy and surgery or surgery plus chemoradiation (three-modality). For some surgery was not an option while others discussed the best timing for surgery after radiotherapy. The moderator was Konishi from Japan. He opened with the statement that radical hysterectomy with postoperative radiation therapy has been the standard treatment for stage IIIB cervical cancer in European an Asian countries including Japan. They had abandoned postoperative radiotherapy, but used neoadjuvant chemotherapy followed by surgical resection of resistant cancer cells. Jurgenliemk-Schulz from Netherlands on the other hand said that chemoradiation is the state of the art for advanced cervical cancer patients. There were no conclusions on the future, but we should consider to find modalities that maximize local control and survival as well as and improving quality of life.

Different from many previous meetings there was only one session dedicated to HPV. In this session they talked about the vaccination program throughout the world. Many countries have incorporated it into the National vaccination program and it is paid by the Government. Despite this only 35% of American girls received the suggested 3 doses. The National coverage is 53% for one dose in the USA. In Norway about 70% receive three doses. In South Africa a representative told they had almost full coverage. They vaccinated the girls at school. In Saudi Arabia a survey of 600 patients with children aged 12-18 years visiting one Hospital, only 12 parents out of 600 interviewed vaccinated their children. 60% were not aware about the relationship between HPV infection, genital warts and cervical cancer (Addar).

In ovarian cancer the question is to find the suitable patients for surgery and how to predict the extent of the disease. Michielsen from Belgium presented a study which aimed to evaluate whole-body diffusion-weighted MRI (WB-DWI) for non-invasive staging and operability assessment in ovarian cancer patients. WB-DWI demonstrated specifically higher accuracy for detection of small bowel and colon serosal implants and retroperitoneal lymphadenopathies than CT or PET/CT. It also had excellent correlation with PET/CT for detection of extraperitoneal metastases. The improved accuracy of WB-DWI for detecting serosal and extraperitoneal metastases might reduce the need for surgical staging procedures in selected patients suspect for ovarian cancer.

Most reports presented in “Late Breaking Abstract Presentation” were reports on Phase II trials. In this session a further analysis of the Aurelia Trial was presented. This trial investigates platinum-resistant ovarian cancer with the effect of bevacizumab added to chemotherapy. The progression-free-survival was improved by 2.1 months, but in the same group receiving bevacizumab less woman needed paracentesis during treatment (2% versus 19%). This may be important as symptomrelief.

One interesting Norwegian study presented is a follow-up study of “the Aalders study” from the Norwegian Radiumhospital (1980). Originally, the study differentiated between external radiation vs no radiation in early stage endometrial cancer. External radiation gave local control of the disease, but no effect on overall survival. In the follow-up study they find that for woman younger than 60 years, pelvic radiation actually decreased long-term survival, probably due to secondary neoplasms.

The prevalence of obesity is increasing and in the United States more than 35% of U.S. men and women are obese. This is also a growing epidemic in Europe. One session focused on Obesity and Gynecologic oncology: a growing epidemic. They
focused on anesthesia and position concerns and the pros of laparoscopy versus laparotomy for these patients. The recommendation is, especially in endometrial cancer, that Minimal Invasive Surgery (MIS) should the method of choice.

Obesity increases the risk of a number of health conditions including hypertension, adverse lipid concentrations, and type II diabetes. Chronic hyperinsulinemia, linked to both obesity and metabolic syndrome, influences endometrial proliferation through direct and indirect actions. One study reported by Lentz found that the use of Metformin in combination with other anti-diabetic therapy to woman with type II diabetes reduced the risk of endometrial cancer and breast cancer. Metformin alone was not associated with reduced risk of cancer.

*Kathrine Woie*

**IN MEMORY OF MARK BAEKELANDT**

Mark Baekelandt passed away all too early on August 15, 2012 only 50 years old.

He was born in Belgium in 1962.

He achieved his Medical Degree from University of Antwerp in 1987 with the mention “Great Distinction”.

He received training in gynecology and obstetrics in Antwerpen, Belgia and Pretoria, South Africa from 1987 to 1992.

After having received his Belgian diploma as specialist in gynecology and obstetrics, he started to work at The Norwegian Radium Hospital in Oslo, Norway in 1992. He learned Norwegian very fast and was quick to achieve great skills in surgical and medical gynecologic oncology. He took very good care of the patients and was very popular among them.

He was appointed Consultant at the Department for gynecologic oncology at the Norwegian Radium Hospital in 1996. From 2000 to 2001 he served as head of the Department for gynecologic oncology at the University Hospital in Antwerp, Belgia, but decided to return to Norway.

Mark was very interested in scientific work in addition to being a brilliant clinician. He defended his thesis in 2001.

He developed interest in the work within NSGO. He was substitute member of the board from 2001 and became regular board member in 2005. In 2009 he was elected as President for NSGO.

During the last 3 years he had problems with illness and unfortunately passed away in August 2012.

Our warm thoughts go to his family and their loss.

*Gunnar Kristensen*

Oslo

**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 adress 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 will be paid in connection with the conference fee.

For 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.

**About the voting system**
2012 was the first time a new voting system was used. The Board and President-Elect of the Society are elected using an online voting procedure on the NSGO web page. The voting is password protected. The Board members are elected for 2 years and they can serve only 2 terms. The President-Elect is elected every third year.

The next election of new Board members will be in January/February 2014. The next voting for President-Elect is scheduled to 2014.