

## A Word from the President



*Dear members and other friends of NSGO!*

I'm writing this column on the last day of Christmas Season, or on Epiphany. I hope that everybody has had a relaxing Christmas time. I was happy to see my both grandchildren; the greatest pleasure of Christmas is to see the joy and happiness in children's eyes. After the second Christmas ("Boxing") Day I went skiing to the north (Kuusamo), where there was plenty of snow – and fortunately not too cold. It is a pity that due to the climate change it has been virtually impossible to ski in Southern Finland during Christmas time. I reckon that situation is the same with Sweden and Norway (of course excluding mountains), not to say anything about Denmark.

Yesterday Solveig opened the NSGO Election period, which is exceptionally important this time, because besides the national Board candidates, we have to choose a new President-Elect, and a new representative for both pathologists and physicists. I gave my vote today, and I encourage all members to vote. Please remember that you can vote only on condition that you have paid your membership fee!

We had our traditional Investigator Meeting in December. Unfortunately I had a force majeure: I fell on slippery pavement resulting in two broken ribs and pneumothorax, on the evening before the Meeting, which precluded my participation.

However, I have been told that the Meeting was a great success thanks again to Mansoor.

It is hard to believe that this is my last column as the President of NSGO; my term will end in April in Lund. Time flies fast, even frighteningly fast, and it seems that it was only yesterday when I started, although it was three years ago. During my term the division of our Society into an educational and networking platform or NSGO, and a trial organization or NSGO-CTU has become even more evident than previously. Some may consider this development as a risk to the integrity of the Society but I don't share this fear. On the contrary, I think that it should be considered as richness. Thanks to Mansoor's continuing efforts, CTU has become to one of the big players in ENGOT and GCIG, and the significance of the whole NSGO has increased accordingly.

It is not an easy task to run a society like NSGO. It would have been impossible without the support by the Board and NSGO Office. My sincere thanks to everybody, and especially to Solveig who has been my real right-hand woman. The co-operation with Mansoor has always been smooth – I don't remember any occasion at all, when we two would have disagreed upon something. And last but not least, I'd like to thank Annika, my Vice-President, for being on the spot always when needed. I leave the NSGO to your hands with great confidence.

*Johanna Mäenpää, President of NSGO*



### NSGO Annual Meeting

April 19-20, 2018

*Radiotherapy and Surgery in Gynecological Malignancies*

Elite Hotel Ideon - Lund, Sweden

*On-line registration opens the 1:st of February*

## Words from the Medical Director



*Dear NSGO colleagues,*

NSGO-CTU has considerable accomplishments during 2017. Statistically NSGO-CTU is now one of the largest gynaecological trial groups within ENGOT (European Network of Gynaecological Oncological Trial Groups) and within GCIG (Gynecologic Cancer InterGroup). NSGO-CTU is actively involved in international collaboration through Executive Board of GCIG, Strategic Group of ENGOT and through ESGO Council.

NSGO had several publications in 2017, several oral & poster presentations in major congresses like ASCO, ESMO & ESGO including invited “meet the professor” session on PARP inhibitors at ASCO 2017. This success will not be possible without your active participation, without tremendous work by the NSGO office staff and without our collaborators.

***NSGO-CTU is sponsor / lead group of the following on-going and planned clinical trials:***

### OVARIAN CANCER

#### **ENGOT-OV16 / NOVA**

Phase 3 Randomized Double-Blind Trial of Maintenance with Niraparib Versus Placebo in Patients with Platinum Sensitive Ovarian Cancer  
*Primary End-Point is published in NEJM*

#### **ENGOT-OV24-NSGO / AVANOVA**

Niraparib versus niraparib-bevacizumab combination in Women with platinum-sensitive epithelial ovarian, fallopian tube, or peritoneal cancer.

*Enrolment is successfully completed in December 2017.*

#### **ENGOT-OV30-NSGO / Umbrella**

A phase II umbrella trial in patients with relapsed ovarian cancer  
*First patient is expected in Q1 2018*

#### **ENGOT-OV42-NSGO / AVANOVA-Immune1**

A randomized phase II trial of TSR042, niraparib and bevacizumab for patients with platinum-sensitive recurrent ovarian cancer.  
*Anticipated initiation in Q3 2018.*

### ENDOMETRIAL CANCER

#### **ENGOT-EN1 / FANDANGO**

A randomised double-blind placebo-controlled phase II trial of first line combination chemotherapy with nintedanib/placebo for patients with advanced or recurrent endometrial cancer.  
*Successfully enrolling. Enrolment expected to complete in June 2018*

#### **ENGOT-EN2-DGCG**

Postoperative chemotherapy or no further treatment for patients with node-negative stage I-II intermediate or high-risk endometrial cancer.  
*Enrolment is slow. Enrolment expected to complete in Dec 2018*

#### **ENGOT-EN3 / PALEO**

A randomized phase II trial of Palbociclib in combination with letrozole versus letrozole for patients with oestrogen receptor positive recurrent endometrial cancer.  
*Enrolment is slow. Enrolment expected to complete in Dec 2018*

#### **ENGOT-EN6 / NSGO**

A Phase 3 Randomized Open-Label Study of TSR-042, an anti-PD-1 Monoclonal Antibody, Versus Investigator’s Choice Chemotherapy in Advanced/Recurrent Endometrial Cancer  
*Anticipated initiation in Q2 2018.*

### CERVICAL CANCER

**ENGOT-Cx7 / MaRuC:** A randomized double-blind placebo-controlled phase II trial of Rucaparib maintenance therapy for patients with locally advanced Cervical cancer.  
*Anticipated initiation in Q3 2018.*

I congratulate all of you with this great success and looking forward to our continuous collaboration in 2018.

Happy 2018!

*Mansoor Mirza, Medical Director*

## The NSGO Surgery Group

First I want to thank you all for your attendance at the annual meeting in Helsinki! The main activities in the surgery group are planned to coincide with the NSGO annual meeting and I am looking forward to see you all in Lund in April this year! If you have any proposals for the agenda of the meeting in Lund please let me know in due time.

As you may all know, it was decided in Helsinki to wait another two years for evaluating the Nordic database possibilities concerning a Nordic registry of sentinel lymph node biopsy in endometrial cancer (NORSEC). It may appear that we have missed the opportunity to establish the registry as the procedure is introduced in many centers as a routine procedure and will be part of the 'normal' management of endometrial cancer.

### **ERAS SURVEY - A NSGO-MANGO INTERNATIONAL SURVEY IN COLLABORATION WITH AGO AUSTRIA.**

*Kristina Lindemann*

*Oslo University Hospital, Norway*

*Elisa Piovano*

*Ospedale Regina Montis Regalis, Mondovì, Italy*

Last year we contacted centres treating advanced ovarian cancer in a joint collaboration of NSGO, MaNGO and AGO Austria to assess patterns of perioperative care on an European level. The participation rate of 61% for the 100 centres (65%, 15/23, for NSGO) was considerably high for an online survey. The degree of implementation of ERAS protocols varies across cooperative groups. Centralization of care as in the Nordic countries seems to facilitate standardization of perioperative protocols. Particularly anaesthetic aspects of management still vary considerably within and in between countries and may hamper the full benefit of an

ERAS pathway also in countries with otherwise standardized pathways. The high heterogeneity may challenge a multicentre, international approach to generate procedure specific evidence for ERAS protocols in ovarian cancer. Still, efforts for Nordic collaborations should be made to further improve perioperative care.

Two abstracts were presented at the ESGO Annual meeting in Vienna 2016 and a publication is in draft. We like to acknowledge the participation of all NSGO centres in this survey and appreciate their contribution to this project.

### **NSGO SURVEY**

The NSGO survey examining the staging of cervical cancer in the Nordic countries is very close to submission for publication under the heading "Cervical Cancer Staging in the Nordic Countries – Survey from the Nordic Society of Gynecological Oncology (NSGO)". We have got many valuable remarks from the co-authors and Katrine Fuglsang is preparing the manuscript for submission in the early 2018.

The next survey from the Surgery Group is in preparation and deals with the management of rare gynecologic tumors in the Nordic centers. You will be informed in detail about this survey in Lund.

Another topic in Lund will be the EURACAN (European network for Rare adult solid Cancer). Do we need to have a better representation from the NSGO in this network and how can NSGO contribute to EURACAN? Let's discuss this in Lund.

I am looking forward seeing you all in Lund!

*Jan Blaakaer,*

*Odense, January the 10<sup>th</sup> 2018*

**NSGO Election 2018****NSGO President Elect and NSGO Board**

On-line voting is open between the 5:th of January and 2:nd of February 2018 for NSGO members within the Nordic countries.

*President elect:*

Line Bjørge (NO)      New Candidate

*Norway:*

Olesya Solheim      New Candidate

Elisabeth Berge Nilsen      New Candidate

*Sweden:*

Päivi Kannisto      Reelection

Gabriel Lindahl      Reelection

*Denmark:*

Isa Niemann      Reelection

Gitte-Bettina Nyvang      New Candidate

*Finland:*

Titta Joutsiniemi      New Candidate

Henna Kärkäinen      New Candidate

*Iceland:*

Asgeir Thoroddsen      Reelection

Katrin Kristjandottir      New Candidate

*Pathologist:*

Ben Davidson (NO)      New Candidate

*Physicist:*

Eeva Boman (FI)      New Candidate

Jan Palmgren (FI)      New Candidate

**A Final Word from the Editor**

Dear colleagues,

When I write this it is Boxing Day and Christmas holidays are coming to an end. It is the time for remembrance and unconditional sharing, hopefully in the company of family and friends. It is for many of us as well a moment to rest (at least when the last Christmas guests have left and the kids are in bed) and reflect on our doings the past year and possibly regain some energy for workdays to come.

In our profession we meet people in distress who rely on our advice and guidance but who also often evoke our compassion. This is often the case when we have to terminate active treatment and refer a patient to palliative care. We must support the patient and her family in every way but without deviating from what is evidence-based medicine and we must keep in mind the words of Hippocrates, "First, do no harm", in the sense that we shall not over-treat our patients in a supposed act of doing good.

With the rapid development of targeted therapies the hope of our patients lingers that there always will be a new treatment at hand. Hence, one of the major clinical challenges we struggle with almost every day is to explain why we cannot use new drugs off-label outside clinical trials. And even though it is easy to feel sympathy with our patients' wishes or put into words by the late Frank Zappa, "Without deviation from the norm, progress is not possible", we must be true to our structured scientific thinking, otherwise there will be no progress at all.

**Please visit [NSGO.org](http://NSGO.org) to cast your vote**

*Gabriel Lindahl, Linköping.*

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