

A Word from the President

Dear members and other friends of NSGO,



The time has arrived for me to start fulfilling my duties as the President of NSGO. It is a very pleasant task. I have always enjoyed our Nordic meetings, and appreciated the excellent

work that is done in our countries for the benefit of women suffering from gynecological cancer. The multidisciplinary interaction in NSGO, including a wide range of different specialties, is an asset to our Society. This might sometimes make planning of our Annual meetings slightly difficult, as we try to come up with a program that would attract most of our members, but I hope that we will succeed with this in the future also. I want to thank the local organizers in Lund for an excellent and well organized Annual meeting 2018.

The new NSGO Board will have its Strategic Meeting in September. I wish all the new Board members welcome, and we will see, what ideas the new board comes up with. As the President, I have some ideas in my agenda. The surgical group, chaired by Jan Blaakaer, is thriving. There is now momentum to initiate surgical trials within the Nordic countries, and NSGO will do its best to support this. Also, benchmarking and quality registries are in focus. I was happy to find out, that a group of Nordic colleagues have already been discussing this. In a meeting in Lund, it was decided to continue this work, and Tine Schnack from Rigshospitalet in Copenhagen will head this Nordic Benchmark Group, which includes 2 participants from each Nordic country.

Finally, I want to thank all retired Board members for their work and also for their nice company in the meetings that we have had. Last but not least: the efforts of our NSGO-CTU Medical Director Mansoor Mirza, and our former President Johanna Mäenpää, on building up such a professional Clinical Trial Unit, are highly appreciated. The last three years have not been without surprises of various kinds, but always, their wise decisions and strategic actions have kept NSGO-CTU on the right tracks to success. Although Johanna has now left NSGO Board, I am really fortunate to have her by my side at work, for experienced senior advice. Another fortune for me is to have a good friend, Line Bjorge, by my side as the President-Elect.

I hope I have now convinced all readers, that it is really worthwhile to be a member in NSGO. This society is open for ideas, and active persons are always needed. Our strength comes from us feeling unite, like a big Nordic family of Gynecological cancer professionals. I look forward to working for this. With best wishes for a sunny summer,

Annika Auranen, President of NSGO

Words from the Medical Director

Dear NSGO friends,



It is Saturday morning 9:30am, June 30. 20 Celsius, sunshine and a latte on our terrace. Birds are singing and the little squirrel is flitting from tree to tree in our backyard, stopping for a nibble - I believe this is heaven.

The Clinical Trial Unit is keeping up the pace and we are proud that we are now one of the lead organisation within ENGOT and GCIG. This will not be possible without endless efforts of all NSGO office colleagues and without all your efforts.

I am proud to inform you that Johanna has accepted to work with me as Deputy Medical Director after that her period is over as NSGO President. I am also pleased to inform you that we have appointed two more project coordinators in the office expanding the office employees to 8 permanent project coordinators.

Short update on the clinical trials:

AVANOVA Part 2 primary analysis is accepted to be mature in late fall 2018 and can be presented in first major congress of 2019

We have received acceptance to amend and add part 3 in this trial, which is a triplet of niraparib, bevacizumab and a PD1 (TSR042). We will be submitting this amendment during summer in all Nordic countries and in the US.

We have received two great combinations for our Umbrella study, Doublet of ATR inhibitor + a PD-L1 (durvalumab) and triplet of ATRi+durvalumab+olaparib. Cohort A of the trial is enrolling well.

The MaRuC cervical cancer trial is to be submitted during summer to the authorities

We are looking forward to see you at the next NSGO-CTU Investigator Meeting on November 29-30 at BellaSky, Copenhagen.

*Have a great summer,
Mansoor*

The NSGO Pathology Group

Report of the pathology group meeting, NSGO annual meeting, Lund 2018

Only three pathologists attended the 2018 meeting, including one Norwegian and two Swedish delegates. There was consequently no organized activity in the form of department visit or case discussions. Prof. Davidson, the Norwegian delegate, presented two talks, previously given at other conferences, to the two Swedish delegates.

The topic of these talks was circulating tumor cells in gynecological malignancies and molecular changes in uterine sarcomas. Prof. Davidson further delivered a plenum talk focusing on the role of pathology in analyzing sentinel node status in gynecological cancers, which discussed vulvar, cervical and uterine corpus cancer in this setting.

Ben Davidson

The NSGO Radiotherapy Group

Dear friends, members and colleagues in NSGO,

It seems as summer is already well on its way, even it is just the end of May, due to the warmest and most beautiful spring in Finland I can ever remember. I believe it has been like that in other Nordic countries as well. I hope you all will enjoy the warm weather as long as it lasts.

I'm the new physicist member of the NSGO board and will focus on radiotherapy in gynecological oncology. I work as a medical physicist in the radiotherapy department in Kuopio University Hospital in Finland, and have been working with 3D MRI guided gynecological brachytherapy since 2007 with our very skillful gyn-oncologists. We were very fortunate to have a new radiotherapy building ready a couple of years ago, with state of the art facilities and equipment. Finally, all the many components and processes necessary for brachytherapy are in the same building and within a distance of few meters from each other. We are very pleased with the current situation and I believe this can offer better service and shorter treatment times for our patients.

Unfortunately I couldn't participate at the NSGO general meeting in Lund this year, because I was busy with the annual ESTRO meeting, but I look forward to future face to face meetings. I had a brief meeting with my predecessor Ivan Vogelius during the ESTRO meeting and he informed me of the ongoing discussions in the NSGO radiotherapy subgroup.

Setting up of the database for vulvar cancer radiotherapy is a very interesting project and, in my opinion, a much needed one. In the clinic we see these patients rarely and gathering data on how we treat these patients would be beneficial.

Another focus that I would like to bring up for the future is the MRI imaging sequences used with treatment planning of gynecological radiotherapy. There are an increasing number of different MRI scanners being used for treatment planning at the radiotherapy centers. Due to this, it might be difficult to quickly get the "best" possible images from the MRI system for contouring of the target. Also if there is a change to new MRI scanner in the hospital, transition from old to the new imaging system might cause problems on interpreting the images. It would be helpful to gather and share imaging parameters, which each center has found to be good ones, at least here in the Nordic countries. I believe this kind of library of imaging sequences for different types of MRI scanners, would be helpful to us when we set up new scanners and would improve our current imaging as well as eventually making target contouring more consistent.

That being said, I hope that we still have few nice summer days left of the short Nordic summer. Although in Finland we are afraid that we have now used up all of our warm days for many summers to come.

I wish you all a great and relaxing summer holiday season.

Jan-Erik Palmgren, Kuopio.

The NSGO Surgery Group

Twenty-two NSGO members participated in the surgery group meeting in Lund, Thursday 19 April 2018.

1: ERAS survey

Kristina Lindeman, Oslo informed about the ERAS survey and the advantages by patterns of uniform perioperative care on an European level. More of the representatives from the Nordic centers expressed their interest in a future collaboration regarding the perioperative care.

2: Cervical cancer staging – update

Jan Blaakær, Odense informed about an upcoming paper from the NSGO Cervical Cancer Task Force. The paper entitled: “Cervical cancer staging, pretreatment planning and surgical

treatment in the Nordic countries – survey from the Surgical Subcommittee of the Nordic Society of Gynecological Oncology.

Moreover, Jan informed about the FIGO meeting in Dubai with the participation of NSGO president Johanna Mäenpää. The meeting resulted in a proposal including imaging diagnostics and lymph node metastasis staging the woman in stage III as the other gynecological cancers.

Especially stage IB was subdivided and Jan Persson, Lund stressed the importance of remembering the initial stage if the woman later was up-staged to stage III because of lymph node metastasis being able to define high risk stages later on.

3: Sentinel node in cervical and endometrial cancer.

Senticol III & ABRAX protocols.

SGO Annual Meeting – New Orleans

Anne Gerda Eriksson, Oslo made a very careful presentation of the Senticol III protocol. This protocol is very interesting randomizing patients 1:1 with cervical squamous or adenocarcinoma

stage IA1 to IIA1 to the experimental arm with SLN only and radical hysterectomy or trachelectomy or to the reference arm with SLN, pelvic lymphadenectomy, radical hysterectomy or trachelectomy. The primary outcomes are DFS, RFS, OS and QOL.

The Danish centers have another on-going study; however, a NSGO feasibility survey has involved participation from Oslo, Gothenburg and Uppsala, but also Tromsø has been interested. The surgery group meeting showed interest from some of the other Nordic centers and Anne Gerda will continue the allocation.

The Abrax protocol was discussed but is a retrospective study covering the period 2005-2015 with only few hits per country. The evaluation was that it was too much effort and with an outcome of only minor interest.

The SGO Annual Meeting presenting a higher risk of recurrence and shorter OS for cervical cancer patients treated with robotic surgery was discussed but the topic was presented by Jan Persson, Lund later on at the annual meeting.

4: Management of rare gynecologic tumors in the Nordic centers

Jan Blaakær, Odense proposed a NSGO survey covering the diagnostics and treatment of granulosa cell tumors and sex-cord stromal tumors. The survey should also uncover the national organization with possible centralization in centers and information about the pathological evaluation.

There was support to this survey and the group agreed in one survey covering the rare gynecological cancers. The group also decided to uncover the organization of gynecological sarcomas.

5: EURACAN (European network for Rare adult solid Cancer)

Jan Blaakær, Odense asked for Nordic numbers of membership of the EURACAN. This membership is institutional and the NSGO board will take this task and examine the possible relations between NSGO and EURACAN.

6: HIPEC in ovarian cancer – the Dutch study

The Dutch study "Hyperthermic Intraperitoneal Chemotherapy in Ovarian Cancer" published in New England Journal of Medicine by van Driel,

WJ et al. was discussed. The study will be presented at the NFOG congress in June in Odense.

Different opinions and weaknesses of the study were presented but the conclusion was that a randomized protocolled study including neoadjuvant chemotherapy and interval surgery with HIPEC was recommended. This is a task for the CTU of NSGO.

Jan Blaakær, 23. april 2018.

A Final Word from the Editor

Dear NSGO members and friends,

I'm writing this column on the train back home from our annual meeting in Lund. After a long and cold winter it's like spring and summer arrived on the same day; the Swedish landscape is still in slumber but will soon burst into a symphony of colours.

Yet another inspiring and educational meeting lies behind us and as always I'm impressed by how all the practical arrangements proceeded so smoothly, all thanks to the immense effort by our incredible staff at the office.

One of the thoughts discussed at the subgroup meetings was the idea of a Nordic quality registry for gynaecologic malignancies.

I think this, in theory, would give us a great possibility to do epidemiological studies and to compare different treatment traditions. Though how this in practice should be arranged and administered is in my opinion the key question with no easy answer...

Our annual meeting had as a common thread, how to prevent and handle complications and side effects in both radiotherapy and surgery. This was discussed by several of our prominent speakers and I think we all brought some new insights with us home on how to make our daily work safer for our patients without compromising treatment efficacy.

Well met in Copenhagen 2019!

Gabriel Lindahl, Linköping.

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