JGOG International

2010 Mar.
No.2

Newsletter of the Japanese Gynecologic Oncology Group (JGOG)

Table of Contents

JGOG recent activities

Kazunori Ochiai, M.D., Ph.D. President, JGOG

We held the Annual Meeting and General Assembly of the JGOG at the Hotel Grand Palace (Tokyo, Japan) on December 4, 2009. A lot of members attended to report or participate in discussions at individual committees. I would like to record some things that were important and symbolic of JGOG 2009.

First of all, JGOG3016 (Novel study) was published in Lancet. This paper was an epoch-making study reporting that modification of paclitaxel dose and administration schedule significantly improved the prognosis of advanced ovarian cancer patients without adding new cytotoxic agents to the current standard TC therapy. This paper has made a breakthrough in ovarian cancer therapy, so that the standard therapy will be changed.

We also set up a new Committee in this year, the Development Trial & Clinical Trial Promotion Committee, which is engaged in facilitating as well as screening of corporation-led clinical trials proposed to JGOG under the Chairperson, Vice President Dr. Sugiyama. This new Committee is obliged to make discussion as freely available as possible, to select executable trials in consideration of content, as well as progression of ongoing trials under each disease committee, and to submit selected trials to the President and Vice President Board. This Committee plays an important role in maintaining a good relationship between JGOG and corporations.

The Clinical Trial Review Committee performs very critical activities to guarantee the quality of clinical trials in which JGOG is involved. This Committee carried out onsite audits of 6 institutions and performed re-audit/document screening of 5 institutions. In addition, the Education Committee held an educational seminar for young gynecologic oncologists for 3 days last August and decided on drafts for study protocols which JGOG may consider in the

future after having enthusiastic discussions from early morning until late at night every day.

Furthermore, 5 gynecologists visited 3 institutions in Germany, including the Klinikum Bayreuth GmbH, the University of Leipzig, and Charite Campus Virchow Klinikum, Berlin through the 16th Overseas Study Program. They participated in surgical operations, learned from observation, delivered lectures, and exchanged views there. It was apparently a very beneficial study tour.

On November 21st, the 8th Japan-Korea Gynecologic Cancer Meeting and Asian Society of Gynecologic Oncology (ASGO) Coucil Meeting were held at the Toshi Center Hotel, Toyko, Japan. The next day, the first Biennial Meeting of the ASGO was held by Prof. Kamura, the congress chairperson. JGOG has supported their activities.

JGOG will also make enormous efforts in 2010 to promote clinical trials and educate and train young gynecologists.

Letter from United States National Cancer Institute

Edward L. "Ted" Trimble, MD, MPH

Head, Surgery Section, Clinical Investigation Branch, Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, National Cancer Institute, USA

Dear Colleagues,

I am delighted to have this opportunity to convey to the Japanese Gynecologic Oncology Group (JGOG) my congratulations on the publication of the landmark JGOG trial comparing weekly paclitaxel to paclitaxel given every three weeks as part of primary chemotherapy for women with advanced ovarian cancer. (Katsumata N et al, *Lancet* 2009; 374:1331-8). That trial has helped set the global standard for treatment of women with ovarian cancer.

This and many other JGOG trials underscore the importance of multi-institutional, academic clinical trials in advancing the care of women with gynecologic cancer. We have also learned the importance of intergroup and international collaboration in cancer clinical trials. The close contacts between the Japanese and Korean gynecologic oncology communities as well as between the JGOG and the KGOG also set a great example for the rest of the world. Through the international Gynecologic Cancer Intergroup (GCIG), representatives from clinical trials cooperative groups around the world have the opportunity to meet, exchange information on their current research, and plan joint studies for the future. One of the GCIG's most important projects in the future will be the inclusion of other groups and institutions in Asia, Africa, Eastern Europe, and Latin America.

Another critical issue is to ensure the support from national governments for academic clinical trials. We are working to share experiences from the UK, Korea, and the United States with the Government of Japan so that they can be aware of different national models to strengthen academic clinical trials and improve health care for all citizens.

I would also like to express how pleased I have been to see so many friends from the JGOG at the recent meetings of the GCIG in Belgrade, Serbia, the Japan Society of Clinical Oncology in Yokohama, and the Asian Society of Gynecologic Oncology in Tokyo.

Best wishes to all members of the JGOG for a happy and prosperous 2010.

About JGOG's activities

Clinical Research activities

Toru Sugiyama M.D., Ph.D. Vice President, JGOG

The Clinical Research has emphasis on multicenter studies undertaken by committees organized separately for individual organs. The disease committees organized to date include the Cervical Cancer Committee, the Uterine Cancer Committee and Ovarian Cancer Committee. Thus, all types of malignant tumors in the field of gynecology are covered by these committees.

The Data Management Committee, the Radiotherapy Committee, the Pathology Review Committee, and the Clinical Trial Audit Committee have been organized as units supporting clinical research. These committees deal with problems common for individual disease committees. One of the main roles of the JGOG is to support the development of clinical trials. To intensify these activities, the Development Trial and Clinical Trial Promotion Committee discuss whether pharmaceutical companies and the JGOG should conduct trials, keeping in mind the future development of molecular targeting therapy. This committee will also discuss what protocol concepts we should promote. At present, global trials including the S-1 trial concerning cervical cancer and the pazopanib trial concerning ovarian cancer are underway. The committees are having discussions about trials of several molecular target drugs aimed at the treatment of ovarian cancer. Furethermore, in the Committee, cutting-edge treatments for gynecologic cancer are reviewed by the Committee members and external specialists on a regular basis to try to hammer out a course of action for the future.

Clinical Research

Cervical Cancer (Vulva Cancer) Committee

Ken Takizawa, M.D., Ph.D. Chairperson, Cervical Cancer (Vulva Cancer) Committee

We have been implementing the most radical surgery for cervical cancer and have been performing multi—facility joint clinical trials aimed at establishment of the most appropriate therapy for cervical cancer in Japan in view of the world standard therapy.

We introduce 3 recent prospective clinical trials.

JGOG1065 is a phase II study that evaluates usefulness of neoadjuvant chemotherapy (NAC) for the treatment of stage Ib2-IIb cancers. We have already completed registration and follow-up observation of cases and found that the response rate at the primary endpoint was 79% and the 2-year progression-free survival was 73.6% (80% in stage Ib2-IIa cancers exclusive of stage IIb) at the secondary endpoint.

JGOG1066 involved stage III-IVa cancers, for which efficacy of CCRT combined with weekly CDDP (40 mg/m^2) was tried to be evaluated as phase II trial. The case registration was finished and it has been clarified that CDDP (40 mg/m^2) can be safely co-administered in more than 85% of the study patients. Response rates will be reported in the springtime of 2011.

JGOG1067 is a phase II study to evaluate efficacy of postoperative adjuvant chemotherapy using CPT-11+Nedaplatin for the treatment of stage Ib1-IIa squamous cell carcinoma patients who are positive for pelvic lymph node metastases post radical hysterectomy. It is expected that case registration will start in December 2009 and results of 2-year progression-free survival times will be reported in 3 years thereafter.

Finally, JGOG1068 now in preparation is based on JGOG1065 as well as JGOG1066. Namely, it will be a phase III study to treat stage Ib2-IIa cancers to evaluate NAC that follows radical hysterectomy compared to CCRT.

Uterine Cancer Committee

Nobuo Yaegashi, M.D., Ph.D. Chairperson, Uterine Cancer Committee

The Uterine Cancer Committee is now conducting JGOG2043 study. This project is a phase III comparative study to treat 600 post-operative patients with high and high-intermediate risk factors after randomization to the following 3 arms: AP regimen consisting of doxorubicine and cisplatin; TC regimen consisting of paclitaxel and carboplatin; and DP regimen consisting of docetaxel and cisplatin. Although adjuvant chemotherapy is considered as useful as radiotherapy or is assumed to exceed radiotherapy in efficacy for the treatment of endometrial cancer, actual best regimens remain to be established. This project is very unique internationally from the view point that 3 regimens of chemotherapy are compared excluding radiation as adjuvant therapy. When this booklet is published, patient enrollment will be completed. We are looking forward to results of the study.

On the other hand, we have published our past results smoothly. JGOG2041 was a phase II randomized comparable study composed of 3 chemotherapeutic regimens and formed the basis of JGOG2043. It was presented at ASCO. JGOG2044s trial was a nationwide questionnaire survey on adjuvant therapy for endometrial cancer and this trial gave birth to a study designed for placing priority on chemotherapy, leading to JGOG2043. We therefore considered it important to publish results of JGOG2043 as a product of our efforts. The results were recently published in Gynecologic Oncology.

Our Committee is planning to make a clinical study of sarcoma as well as carcinosarcoma of the uterus and also to study neoadjuvant chemotherapy (NAC) for endometrial cancer. We always consider originality essential and try to plan studies that should meet members' needs and attract them to the maximum.

Ovarian Cancer Committee

Fumitaka Kikkawa, M.D., Ph.D. Chairperson, Ovarian Cancer Committee

Of the several studies that we have been conducting, the most successful one is JGOG3016. This is a "Randomized phase III trial of conventional paclitaxel and carboplatin (c-TC) versus dose dense weekly paclitaxel and carboplatin (dd-TC) in women with stages II to IV epithelial ovarian, fallopian tube, and primary peritoneal cancers". This study has had a great impact on ovarian cancer treatment, because the dd-TC regimen improved survival over the conventional TC regimen which has been considered the gold standard. This trial was honorably selected as one of the best presentations at the 2008 ASCO meeting, and was published in *Lancet* 2009; 374:1331-8. We expect to confirm the superiority of dd-TC regimen in other randomized control studies conducted by other groups, and believe that dd-TC will become a standard regimen of the ovarian cancer in the world.

JGOG3017 is an ongoing randomized phase III trial to compare the survival impact between paclitaxel+carboplatin (TC) and irinotecan+cisplatin in clear cell adenocarcinoma of the ovary. Before starting this study, we conducted JGOG3014, a phase II trial. This trial showed a superior tendency of the irinotecan+cisplatin regimen compared to the TC regimen. JGOG3017 is the first global study designed by JGOG, since the incidence of clear cell adenocarcinoma of the ovary is relatively rare. As readers know, clear cell adenocarcinoma is resistant to anticancer drugs and is associated with a poor prognosis compared to serous and endometrioid adenocarcinomas. Thus, JGOG3017 is an important study to develop a new and effective regimen in clear cell adenocarcinoma.

We are now planning the next study, JGOG3018, which is a randomized phase III study comparing the impact on progression-free survival between 40 mg/m^2 and 50 mg/m^2 of pegylated liposomal doxorubicin(PLD)in platinum resistant epithelial ovarian, fallopian tube, and primary peritoneal cancers. PLD is one of the effective anticancer drugs in platinum resistant ovarian cancer. However, hand-foot syndrome is a major adverse effect, restricting continued treatment. Several retrospective studies showed that 40

mg/m² PLD had a remarkable reduction in the incidence of this adverse effect. However, no prospective study has been performed. Thus, we conducted a prospective non-inferior study comparing the progression-free survival obtained by 40 mg/m² and 50 mg/m² of PLD.

The ovarian cancer committee consists of 7 members and the membership is renewed every 2 years. The meetings of the ovarian cancer committee are held to plan new protocols and to check ongoing studies 5 to 6 times a year. Since phase III randomized control studies need a lot of cases, collaboration is sought with other groups.

Introduction to JGOG Clinical Research

Randomized phase III trial of pelvic radiotherapy versus cisplatin-based combined chemotherapy in patients with intermediate- and high-risk endometrial cancer; JGOG2033

Satoru Sagae, M.D., Ph.D.
JR Sapporo Hospital

Adjuvant therapy for early-stage endometrial cancer has been limited mainly to radiation therapy. In the National Comprehensive Cancer Network (NCCN) Guidelines, adjuvant therapy was selected based on a combination of characteristics such as surgical staging, grade and risk factors (advanced age, lymphovascular space invasion, tumor size, depth of invasion, etc). Radiation therapy was recommended for all patients except those with IA/G1 or G2 lesions, and those with IB/G1 lesions without risk factors. Chemotherapy was also not included as an adjuvant therapy for stage I/II endometrial cancers. In the FIGO annual report, adjuvant radiotherapy was selected roughly twice as often as adjuvant chemotherapy for patients with stage IC, IIA, or IIB endometrial carcinoma. Recently, three large randomized studies on adjuvant radiotherapy for early-stage endometrial cancers were performed; they are known as the NRH, PORTEC and GOG 99 studies. In these three studies , the loco-regional recurrence rate was significantly lower in the pelvic irradiation group than in non-irradiated or brachytherapy groups. However, none of the studies recognized a significant survival benefit. Moreover, the rate of adverse effects involving intestinal movement appeared to be higher in the pelvic irradiation group after pelvic lymphadenectomy or lymph node sampling in both the PORTEC and GOG studies.

In view of this background, physicians have been greatly concerned as to whether adjuvant therapy is effective in improving the progression-free survival (PFS) and overall survival (OS) of patients with early-stage endometrial cancer. The GOG began a randomized study consisting of treatment groups undergoing pelvic irradiation or chemotherapy (doxorubicin plus cisplatin) for patients with stage IB, IC, IIA, and IIB endometrial cancer. However, this trial was closed due to low accrual rates.

The Japanese Gynecologic Oncology Group (JGOG) began a randomized study, named JGOG2033, comparing pelvic radiotherapy to platinum-based combined chemotherapy to clarify which modality was more effective in improving the PFS and OS of endometrial cancer patients with deeper than 50% myometrial invasion, including FIGO stage IC to IIIC; most of the enrolled patients had IC, IIA, IIB or IIIA intermediate-risk endometrial cancer. Among 385 evaluated patients, 193 patients received pelvic radiation therapy (PRT) and 192 received cyclophosphamide-doxorubicin-cisplatin (CAP). The PRT group received at least 40 Gy of radiation. The CAP group received cyclophosphamide (333 mg/m²), doxorubicin (40 mg/m²) and cisplatin (50 mg/m²) every 4 weeks for 3 or more courses. As results, no statistically significant differences in progression-free survival (PFS) and overall survival (OS) were observed. The 5-year PFS rates in the PRT and CAP groups were 83.5 % and 81.8% respectively, while the 5-year OS rates were 85.3% and 86.7% respectively. These rates were also not significantly different in a low-intermediate risk group defined as stage IC for patients under 70 years old with G1/2 endometrioid adenocarcinoma. However, among 120 patients in a high-intermediate risk group defined as 1) stage IC in patients over 70 years old or with G3 endometrioid adenocarcinoma, or 2) stage II or IIIA (positive cytology), the CAP group had a significantly higher PFS rate (83.8% vs. 66.2%, hazard ratio 0.44, P=0.024) and OS rate (89.7% vs. 73.6%, hazard ratio 0.24, P=0.006). Adverse effects were not significantly increased in the CAP group versus the PRT group. We conclude that adjuvant chemotherapy may be a useful alternative to radiotherapy for intermediate-risk endometrial cancer. However, further study is needed to establish the most effective chemotherapy regimen.

This study was reported as an oral presentation at ASCO 2005 and finally published in Susumu et al. Gynecol. Oncol.108; 226-233, 2008 in early 2008. Now Japanese gynecologic oncologists prefer to select adjuvant chemotherapy in patients with intermediate and high-risk endometrial cancer (Watanabe et al. Gynecol. Oncol. 115; 456-459, 2009). However, it is still unknown which regimen of chemotherapy is the most appropriate in an adjuvant setting in endometrial cancer. We are currently conducting an ongoing phase III RCT, named JGOG2043, using 3 arms (Doxorubicine+CDDP, Docetaxel+CDDP, and Paclitaxel+CBDCA) in high-risk endometrial cancer.

Randomized phase III trial of conventional paclitaxel and carboplatin versus dose-dense weekly paclitaxel and carboplatin in women with advanced ovarian, fallopian tube, or primary peritoneal cancers; JGOG3016

Seiji Isonishi, , M.D., Ph.D.
The Jikei University Hospital

Background

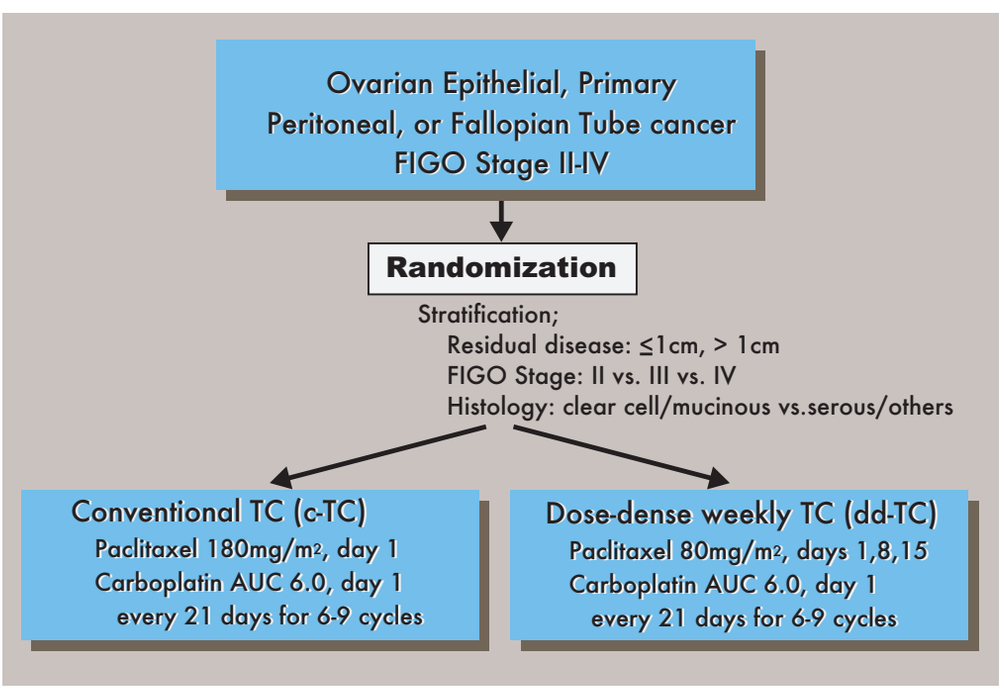
Paclitaxel and carboplatin given every 3 weeks is the standard treatment for advanced ovarian carcinoma. Efforts to improve patient survival by including other drugs have yielded disappointing results. We compared a conventional regimen of paclitaxel and carboplatin with a dose-dense weekly regimen in women with advanced ovarian cancer.

Methods and patients

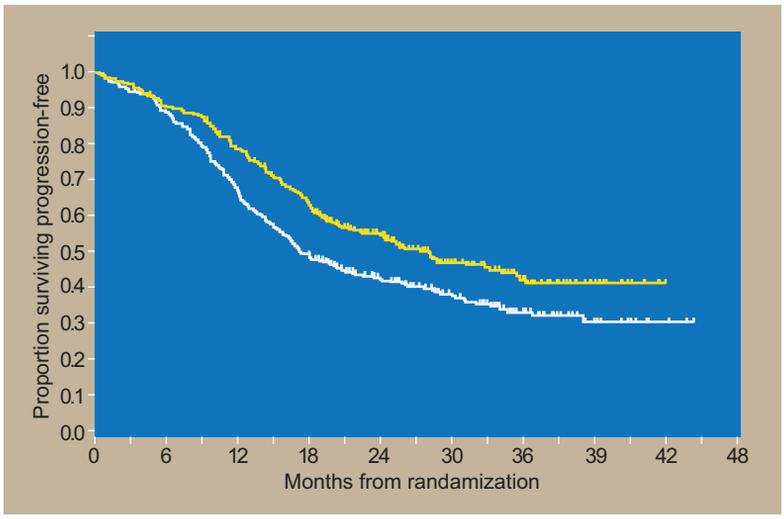
Patients with stages II to IV epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer were eligible for enrollment in this phase 3, open-label, randomized controlled trial at 85 centers in Japan. Patients were randomly assigned to receive six cycles of either paclitaxel (180 mg/m^2; 3-h intravenous infusion) plus carboplatin (area under the curve [AUC] 6 mg/mL per min), given on day 1 of a 21-day cycle (conventional regimen; n=320), or dose-dense paclitaxel (80 mg/m^2; 1-h intravenous infusion) given on days 1, 8, and 15 plus carboplatin given on day 1 of a 21-day cycle (dose-dense regimen; n=317). When response was observed during the treatment course, chemotherapy was extended to 9 cycles. The primary endpoint was progression-free survival. Secondary endpoints were overall survival, response rate, and adverse events. The planned analyses of progression-free survival and overall survival included data on eligible patients according to the intention-to-treat (ITT) principle.

Results

631 of the 637 enrolled patients were eligible for treatment and were included in the ITT population (dose-dense regimen, n=312; conventional regimen, n=319). With a median follow-up duration of 29 months, there were 160 disease progression events in the dose-dense treatment group and 200 in the conventional treatment group. Median progression-free survival was longer in the dose-dense treatment group (28.0 months, 95% CI 22.3–35.4) than in the conventional treatment group (17.2 months, 15.7–21.1; hazard ratio 0.71; 95% CI 0.58–0.88; p=0.0015). Although median overall survival had not been reached in either group with median follow-up period of 42 months, overall survival at 3 years was higher in the dose-dense regimen group (72.1%) than in the conventional treatment group (65.1%; HR 0.75, 0.57–0.98; p=0.03). Treatment was discontinued early in 165 patients assigned to the dose-dense regimen and in 117 assigned to the conventional regimen. Reasons for participant dropout were balanced between the groups, apart from withdrawal because of toxicity, which was higher in the dose-dense regimen group than in the conventional regimen group (n=113 *vs* n=69). The most common adverse event was neutrope-



Schema



Progression-free survival

nia (dose-dense regimen, 286 [92%] of 312; conventional regimen, 276 [88%] of 314). The frequency of grade 3 and 4 anemia was higher in the dose-dense treatment group (214 [69%]) than in the conventional treatment group (137 [44%]; p<0.0001). The frequencies of other toxic effects were similar between groups.

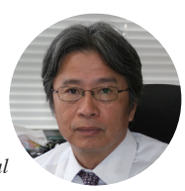
Conclusions

Dose-dense weekly paclitaxel plus carboplatin improved survival compared to the conventional regimen and represents a new treatment option in women with advanced epithelial ovarian cancer.

Ongoing Clinical Research

Randomized phase III trial of paclitaxel plus carboplatin(TC) therapy versus irinotecan plus cisplatin(CPT-P) therapy as a first line chemotherapy for clear cell carcinoma of the ovary; JGOG3017

Toru Sugiyama, M.D., Ph.D.
Iwate Medical University Hospital



GCIG/JGOG3017 is the clear cell carcinoma of the ovary (CCC)-specific international clinical trial. Patients with a histological diagnosis of CCC, FIGO Stages I to IV are eligible. The histological diagnosis will be confirmed by a central pathologic review (CPR) after registration. The primary endpoint of this study is progression-free survival (PFS). Treatment design is shown in **Fig.1**. Target number of patients in this trial is 326 patients in each arm, and 652 total. Participating institutions are JGOG, KGOG, GINECO, SGCTG, and MITO.

The Study Chair is Toru Sugiyama, M.D. (Iwate Medical University), while the Co-Study Chairs are Seiji Isonishi, M.D. (The Jikei University), Fumitoshi Terauchi, M.D. (Tokyo Medical University), Kyung-Tae Kim, M.D. (Hanyang University), Jae-Weon Kim, M.D. (Seoul University), John Green, M.D. (University of Liverpool), Sandro Pignata, M.D. (Instituto Nazionale Tumori de Napoli), and Jerome Alexandre, M.D. (Hopital Hotel Dieu). The KGOG addressed itself to the trial immediately after the GCIG/JGOG3017 was open and they made progress in the case registration **(Fig. 2)**. They have repeated logistic meetings at international conferences like ASCO (**Fig. 3**). Facilities in other countries took a long time to coordinate clinical trial regulations peculiar to their countries and medicine supplies as well but they are finally ready to start case registration. The accrual period began in September 2006 and is scheduled to end in December 2010. The follow-up will continue approximately until 2013 or 2.25 years after completion or discontinuation of the study

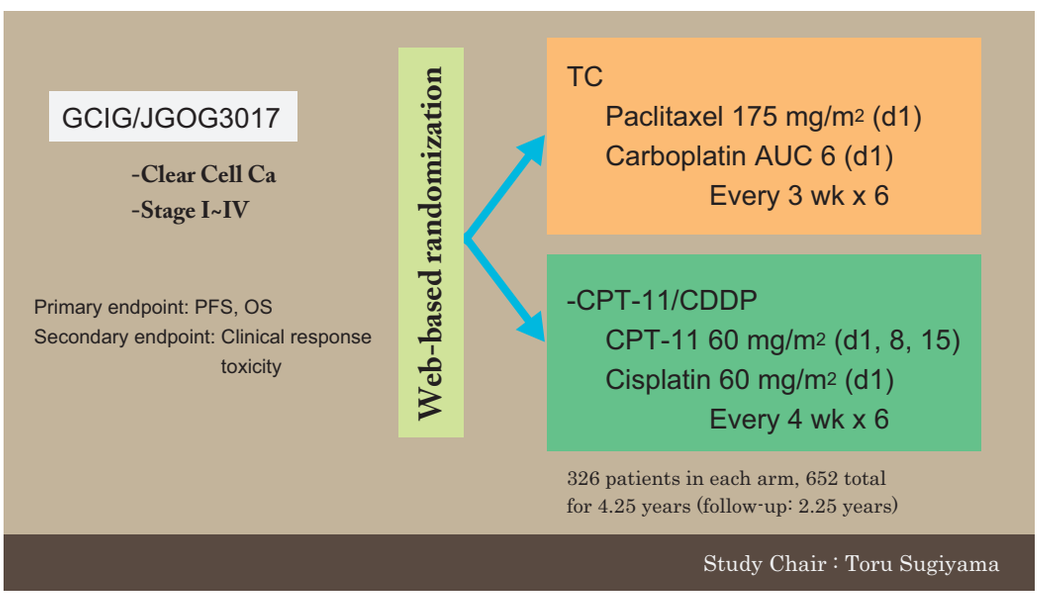


Fig.1 International Cooperative Phase III Study of Clear Cell Carcinoma

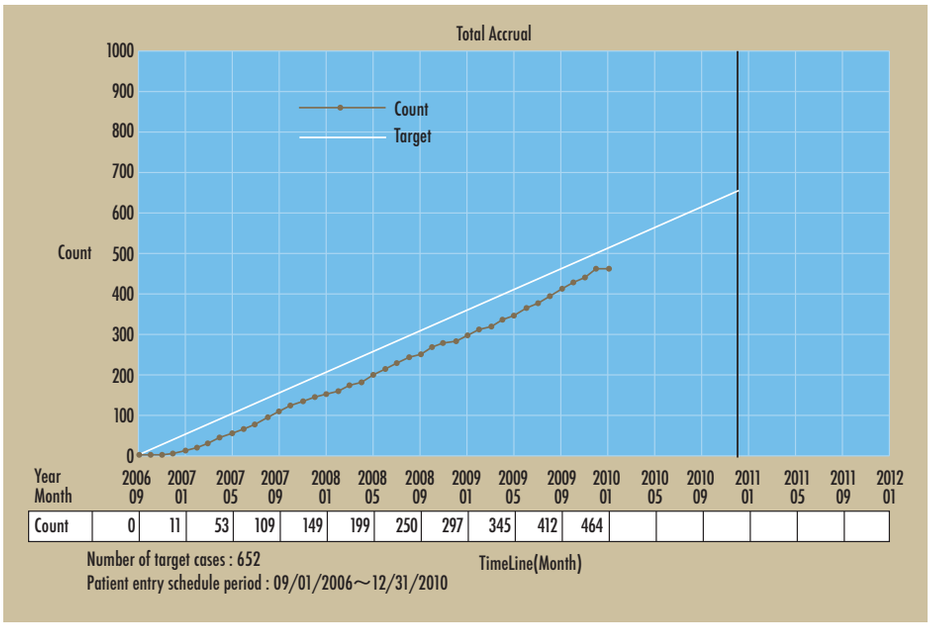


Fig.2

14 Oct/2006 (18:30~), Santa Monica
(at the IGCS)
Loews Santa Monica Hotel

Seoul National University

1st Independent Data Monitoring Committee (IDMC) for JGOG3017 at the 2008 ASCO in Chicago

Logistic (operation) Meeting of JGOG3017 at the 2008 ASCO in Chicago
Japan/UK/Italy/France

Fig.3 Logistic (operation) Meeting of JGOG3017

treatment. Case registration did not make any progress until half a year after the initiation of the trial because each facility was late for getting approval from the IRB but case registration is now going well later on. Four hundred and sixty-four cases were registered as of December 2009 (**Fig. 2**). We held CPR twice on the Web in order to secure the good quality of the trial. Only 15 cases were disqualified (6.3%) out of 239 candidate cases, thus validating proper pathological diagnoses that were made at CCC held at each facility (**Fig. 4**). The Independent Data Monitoring Committee (IDMC) was also held twice (**Fig. 3**). Furthermore, we revised the implementation program for translational research (TR) and explanations to acquire patients' agreement about their participation in trials. Although this TR requests participating facilities to submit tissue blocks (embedded in paraffin and freeze-preserved specimens) as well as blood samples, the TR welcomes facilities that can present only paraffin-embedded tissue blocks.

Fig.4 1st JGOG 3017 CPR

We would like to ask every facility for its cooperation in studies linked to future molecularly targeted therapy.

Ongoing Clinical Research

A randomized phase III trial of AP (doxorubicin plus cisplatin) versus DP (docetaxel plus cisplatin) or TC (paclitaxel plus carboplatin) as post-operative chemotherapy in patients with high and high-intermediate risk group of endometrial carcinoma; JGOG 2043

Daisuke Aoki, MD, PhD.
Keio University Hospital

Doxorubicin plus cisplatin has been used as one of the standard chemotherapy regimens for endometrial cancer. Recently, however, a paclitaxel plus carboplatin regimen (TC) has often been used due to its favorable feasibility and good response rates. Yet, there is insufficient evidence available regarding the survival benefits of a combination of taxane plus platinum. It also remains unclear whether carboplatin is superior to cisplatin for endometrial cancer treatment. GOG177 has demonstrated that TAP (doxorubicin plus cisplatin plus paclitaxel with G-CSF) is superior to AP in terms of both response rate and overall survival, but TAP is thought to be too toxic to be used in usual clinical practice. Thus GOG209 was conducted to demonstrate non-inferiority of TC compared to TAP, and patient enrollment has already been closed, but a conclusion is not yet available.

We have previously completed a phase II trial and determined the response rates of DP, DC, and TC to be 51.7% (15/29, 95%Cl: 32.5-70.6%), 48.3% (14/29, 95%Cl: 29.4-67.5%), and 60.0% (18/30, 95%Cl: 40.6-77.3%), respectively. From the beginning of the study a combination of paclitaxel and cisplatin was excluded due to its considerably high rate of neurotoxicity. Based upon the observed response rates we are currently conducting a phase III trial selecting DP and TC as the experimental arms and AP as a reference. This study was designated as JGOG2043, which is the JGOG protocol number after approval by the JGOG clinical trial review committee on August 31, 2006.

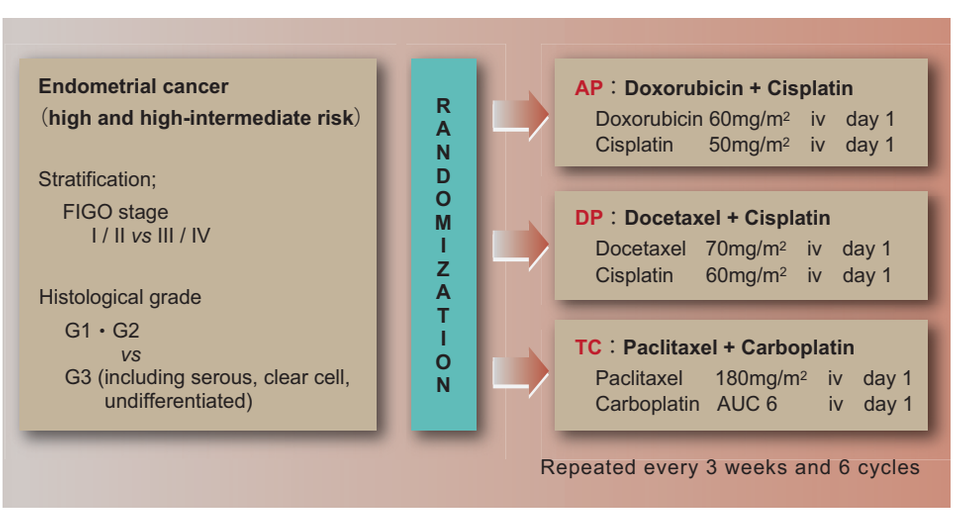
The purpose of this trial is to compare the progression-free survival of patients with high and high-intermediate risk group of endometrial carcinoma treated with AP as a post-operative chemotherapy regimen with that of patients treated with DP or TC. This trial was designed with the statistical consideration that AP vs. DP, AP vs. TC, or TC vs. DP can be directly compared if a significant difference is found in at least one of these combinations. A primary endpoint is progression-free survival and secondary endpoints are overall survival, toxicity profile, tolerability, and state of retroperitoneal lymphadenectomy performed together with hysterectomy.

Eligibility criteria are as follows: The patients must have primary endometrial carcinoma and have undergone surgery, including pelvic lymphadenectomy, while any residual tumors must be less than 2 cm. Patients must have a) stage I or II disease with myometrial invasion greater than 1/2 and grade 2 or 3 histology; b) stage III disease; or c) stage IV disease without distant metastasis beyond the abdominal cavity.

Regimens used are as follows;

1) Doxorubicin 60 mg/m^2 + Cisplatin 50 mg/m^2, day 1 q 3 weeks x 6 cycles
2) Docetaxel 70 mg/m^2 + Cisplatin 60 mg/m^2, day 1 q 3 weeks x 6 cycles
3) Paclitaxel 180 mg/m^2 + Carboplatin AUC 6, day 1 q 3 weeks x 6 cycles

The target patient numbers in this trial are 200 in each arm and 600 in total. At present, a total of 600 patients are already enrolled. So far, one patient with G4 stomatitis, one with G4 hyponatremia in the AP arm and one with hypocalcemia in the DP arm were reported as severe adverse effects (unknown G3, non-hematological G4). Currently revision of the total number of target patients and its relevance is being discussed.



Study design of JGOG2043

We here would like to introduce that the 8th Japanese Gynecologic Oncology Group Annual Meeting (General Assembly) was held according to the following program.

The 8th Japanese Gynecologic Oncology Group Annual Meeting (General Assembly)

Time: Dec 4, 2009 (Fri). 9:00 – 17:40
Place: Diamond Room, 2nd floor, Hotel Grand Palace

Opening Remarks (9:00 - 9:05)
President Kazunori Ochiai

I. Committee Report (9:05 – 11:07)
MC & Vice President Yasuhiro Udagawa

1. Steering Committee
Chairperson Masayuki Hatae
2. GOG Japan Committee
Chairperson Junzo Kigawa
3. GCIG Committee
Chairperson Satoru Sagae
4. Public Relations Committee
Chairperson Kazushige Kiguchi
5. Education Committee
Chairperson Noriaki Sakuragi
Education Seminar Report
(Cervical cancer, Uterine cancer, and Ovarian cancer)
Overseas Assignment Report
6. Development Trial & Clinical Trial Promotion Committee
Chairperson Toru Sugiyama
7. Facility Certification Committee Report (Roster WG)
Chairperson Daisuke Aoki
8. COI Committee Report
Chairperson Toshiko Jobo

——— Coffee break (11:07 – 11: 30) ———

II. General Assembly

1. Opening remarks & Chairperson Selection
President Kazunori Ochiai
2. General Affairs Report
JGOG Administration Office
3. Fiscal 2009 Operation Report and Fiscal 2010 Operation Plan (draft)
President Kazunori Ochiai
4. Fiscal 2009 Statement of Revenues and Expenses and Fiscal 2010 Balance Plan (draft)
Finance Officer Makoto Yasuda

——— Lunch break (12:00 – 13:00) ———

III. Disease Committee Open Discussion (including Committee Reports) (13:00 – 16:30)

1. Uterine Cancer Committee Report (13: 00 – 14:10)
2. Cervical Cancer Committee Report (14:10 – 15:20)
3. Ovarian Cancer Committee Report (15:20 – 16:30)

——— Coffee break (16:30 – 16:40) ———

IV. For appropriate practice of clinical trials (16:40 – 17:35)
General MC & Vice President Toru Sugiyama

Closing Remarks (17:35 - 17:40)
Vice President Masayuki Hatae

Editorial postscript

This issue will contain information on especially about Clinical Research among the three crucial projects of JGOG's activities including Clinical Research, International Collaboration, and Education, Publication and Public Relation. JGOG has Disease Committees for Cervical Cancer (Vulva Cancer), Uterine Cancer, and Ovarian Cancer. Each Committee designs and executes clinical trial protocols for studies of gynecologic cancer therapy. The various clinical trials, when completed or underway, will be published by each disease committee in this news letter.

It deserves special mention that this issue of the Newsletter carries information on the JGOG3016 trial (entitled *Dose-dense paclitaxel once a week in combination with carboplatin every 3 weeks for advanced ovarian cancer: a phase 3, open-label, randomized controlled trial*) that has been just published in *Lancet* 2009; 374: 1331-8. JGOG will operate a lot of projects of high quality for the benefit of gynecologic cancer patients in Japan and abroad as well. We will continue to provide public information on up-to-date activities of JGOG in this Newsletter.

Kazushige Kiguchi M.D., Ph.D.
Chairperson, Public Relation Committee

Japanese Gynecologic Oncology Group (JGOG) Administration Office
4F, Komatsu Building, 6-22, Kagurazaka, Shinjuku-ku, Tokyo, 162-0825, Japan
Phone: +81-3-5206-1982 Fax: +81-3-5206-1983
Website: http://www.jgog.gr.jp/