

**Meeting Minutes
Oct 21, 2010**

**Gynecologic Cancer Intergroup
Harmonization Committee, Statistical Subcommittee
Corinthia Hotel
Prague, Czech Republic**

Participants: Mark Brady, Roland Fossati, Jim Paul, Wendi Qian, and Dongsheng Tu.

The meeting of the Statistical Section of the GCIG Harmonization Committee was called to order at 5:15 pm, October 21, 2010 at the Corinthia Hotel, Prague, Czech Republic. There were primarily four items on the agenda for discussion:

1. Define a list of “key” prognostic variables and values for ovarian cancer trials.

The purpose of this list is to facilitate data sharing for meta-analyses after the treatment has been completed.

- a. A proposal to add serum albumin was adopted. An updated list of variables is appended to these minutes.
- b. Second-, third- line treatment trials – Time did not permit a discussion of key variables for second line treatment trials.

2. Trial-level and patient-level unblinding procedures.

The procedures used by individual groups for reporting results to the study investigators, IDMC, and regulatory agencies were discussed briefly. While there are commonalities across Groups, each group also had its own idiosyncrasies. The Committee decided that a structured questionnaire would be needed in order to systematically characterize the procedures used by each group. This project was tabled until a questionnaire can be developed.

3. Quality of Life Analyses. Dongsheng Tu provided a presentation describing the challenges of analyzing and interpreting quality of life data. These data are typically longitudinal, may exhibit clumping at a particular score, and involve missing values that cannot be considered ignorable. He provided examples of analyses from the NCIC trials.

4. Topic for the Next Meeting - Clinical Trials in Rare Diseases. The next meeting of the Statistical division of the Harmonization Committee is scheduled for June 2011 in Chicago, Illinois. The topic for discussion will concern designing trials in Rare Diseases. Jim Paul will identify relevant published manuscripts and distribute these to the committee members prior to the meeting. He will also prepare presentation to guide the discussion.

Statistical Topics proposed for future meetings include:

1. Monitoring events, relationship to power and sample size (Qian).
2. Dose intensity (Ruess).
3. Designing trials in rare diseases (Brady/Paul).
4. The PFS/OS endpoint controversy for phase III front-line treatment trials (Brady).
5. Biomarker driven trials.(Paul).

The meeting was adjourned at 6:30 pm.

GCIG Harmonization Committee – Statistical Section

I. Standard Baseline Key Variables for First-line Trials in Epithelial Ovarian Carcinoma:

1. Age – Years from birth to date of randomization/registration.
2. Performance Status –
 - 0 – Fully active,
 - 1 – Restricted in physically strenuous activity, but able to carry out light work,
 - 2 – Ambulatory and capable of all self care, but unable to carry out work activities, Up and about more than 50% of waking hours.
 - 3 – Capable of limited self care, confined to bed or chair > 50% of waking hours,
 - 4 – Completely disabled, cannot carry on self care, totally confined to bed or chair.
3. FIGO Stage – I, II, III, IV, Ia, Ib, Ic, IIa, IIb, IIc, IIIa, IIIb, IIIc, unknown.
4. Surgically assessed extent of residual disease: None, Microscopic disease only, gross residual disease. The study may opt to distinguish between patients with gross residual disease where no lesions have a maximum diameter larger than 1 cm and those with at least one lesion larger than 1 cm.
5. Ascites (> 500 cc): Yes, no, unknown.
6. Malignant pleural effusion: Yes, no, suspicious, unknown.
7. Malignant ascites or cytologic washings: Yes, no, suspicious, unknown.
7. Histology: papillary serous, clear cell, mucinous, endometrioid, mixed epithelial, transitional cell, small cell, undifferentiated or unspecified adenocarcinoma, other, unknown.
8. Grade: 1, 2, 3, no grade (eg, clear cell)
9. Lymph node involvement:
 - a. Pelvic lymphadenectomy performed: Yes, no, unknown.
 - b. Para-aortic lymphadenectomy performed: Yes, no, unknown.
 - c. If either a pelvic or para-aortic lymphadenectomy was performed, were any nodes with metastatic disease identified?
10. CA-125 (and upper limit normal): Value in IU. (Jim to look at prognostic value in SCOTROC trial).
11. Serum albumin
12. Alkaline phosphatase.

II. For Early Stage (I, II) Disease Only:

Tumor capsule ruptured: Yes, no, unknown.