Update on NRG Oncology Rare Tumor Committee Activities

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MALIGNANT OVARIAN GERM CELL TUMORS

Surveillance

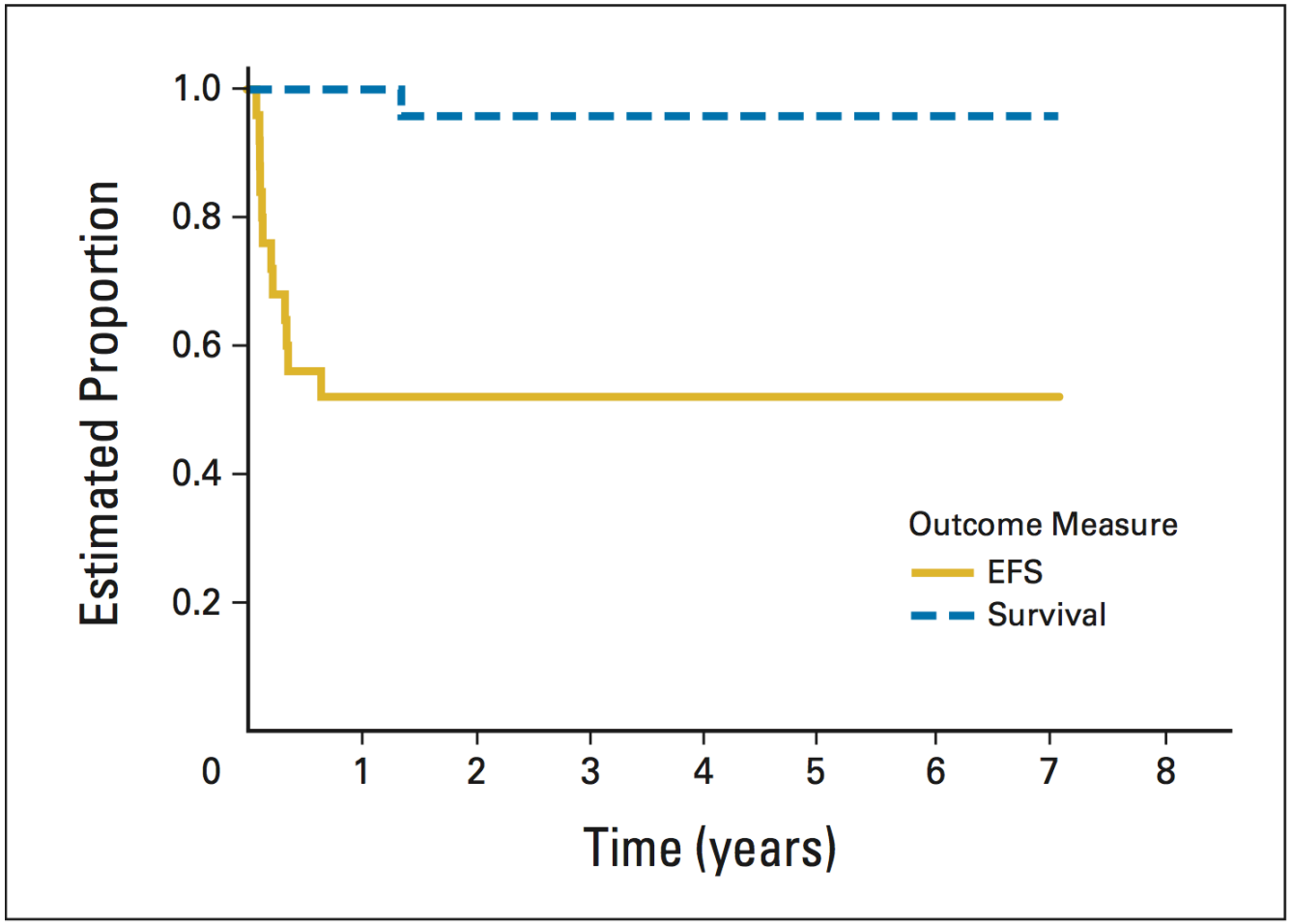
- **Current status for adults in US:**
  - **Postoperative BEP for all except:**
    - **Stage IA pure dysgerminoma**
    - **Stage IA, grade 1 immature teratoma**
- **Over past 2 decades, several reports have focused on surveillance**
- **Critical issue is ultimate outcome**
- **Obvious benefits:**
  - **Spare chemotherapy in most patients**
  - **Avoid acute and late toxicities—secondary leukemia, premature ovarian failure, physical deficits**

Study	No. Pts.	Stages	Tumor Types	Relapse	Outcome
Bonazzi et al. 1994	22	I, II	IT—G1 & G2	2 (9%)	Both salvaged with surgery (G0)
Mitchell et al. 1999	9	I	IT—G2 Mixed GCT—all with YST	1 (11%)	IT ? Grade Refused further therapy
Cushing et al. 1999	44	I	IT—G1,2,3 Mixed GCT—IT + YST	1 (2%)	Salvaged with chemo
Patterson et al. 2008	36	I	IT—G0,1,2,3 Dysg, YST, EC, Mixed	11 (30%)	All salvaged with chemo except 1 (IT, G2) & 1 (PE)
Mangili et al. 2010	19	I	IT—G1,2,3	4 (21%)	2 (G0) salvaged with surgery; 2 salvaged with surgery + chemo

Children's Oncology Group AGCT0132

- **Study Period: 2003-2011**
- **Stage IA**
- **Histology: YST, EC, Choriocarcinoma**
- **25 pts age $\leq$ 16 yr.**
- **Surgery (pediatric guidelines) followed by surveillance**
- **12 pts had persistence or recurrence at median time of 2 mo.**
- **4-yr. EFS = 52%**
- **All 12 pts had elevated AFP**
- **11/12 pts (96%) salvaged with chemotherapy**

Chidlren's Oncology Group AGCT0132



Proposed International Malignant GCT Trial

- **Low risk (FIGO Stage IA/B): observation only after surgery**
- **Intermediate Risk (FIGO Stage II, III): RCT of JEB vs. BEP**
- **Poor Risk (FIGO Stage IV): RCT of BEP vs. T-BEP vs. Accelerated BEP or TIP.**

SCCOHT

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- Rare and highly aggressive
- Most patients die within 2 yr. of diagnosis
- Mean age = 24 yr.
- Usually unilateral (option for FSS)
- More frequently advanced stage
- Germline and somatic SMARCA4 mutations characterize this tumor
- SCCOHT = malignant rhabdoid tumor

SCCOHT: Treatment

- **Surgery**
  - **Early stage: Comprehensive surgical staging**
  - **Advanced stage: Maximum CRS**
- **Chemotherapy**
- **Consolidation RT**

SCCOHT: Chemotherapy Options

- Platinum/etoposide
- Platinum/etoposide+ bleomycin
- Platinum/etoposide+ ifosfamide
- Carboplatin, etoposide, vincristine, actinomycin, ifosfamide and doxorubicin +/- HD-SCR
- Cisplatin, vinblastine, cyclophosphamide, bleomycin, doxorubicin and etoposide (VPCBAE) +/- HD-SCR

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- **Prospective clinical trial**
- **27 pts.**
- **Median age = 25 yr.**
- **Stage: I (5), IIC (4), IIIC-IV (17), unknown (1)**
- **Cisplatin, doxorubicin, etoposide, cyclophosphamide +/- HDC & SCC**
- **PD = 8 pts.**
- **CR = 18 pts.**
  - **10 received HDC**
  - **8 relapses**
- **Overall survival: 58% @ 1 yr., 49% @ 3 yr.**

Pautier et al.
Ann Oncol 2007

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- **Retrospective analysis**
- **47 pts.**
- **Median age = 30 yr.**
- **Stage: I (16), II (6), III (23), IV (2)**
- **Chemotherapy: Platinum doublet (23) or multi-agent with ≥ 3 drugs (16)**
- **Median OS = 14.9 mo.**
- **5-yr. survival = 29%**

Callegaro-Filho et al.
ASCO 2015

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- The NRG Oncology **Rare Tumor Committee** is seeking protocol concepts for the treatment of newly diagnosed small cell carcinoma of the ovary hypercalcemic type—all stages. These concepts may include phase II, randomized phase II, or other novel trial designs.