

# ***NRG/GOG Foundation***

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## **Uterine Corpus Subcommittee**



# NIRG ONCOLOGY

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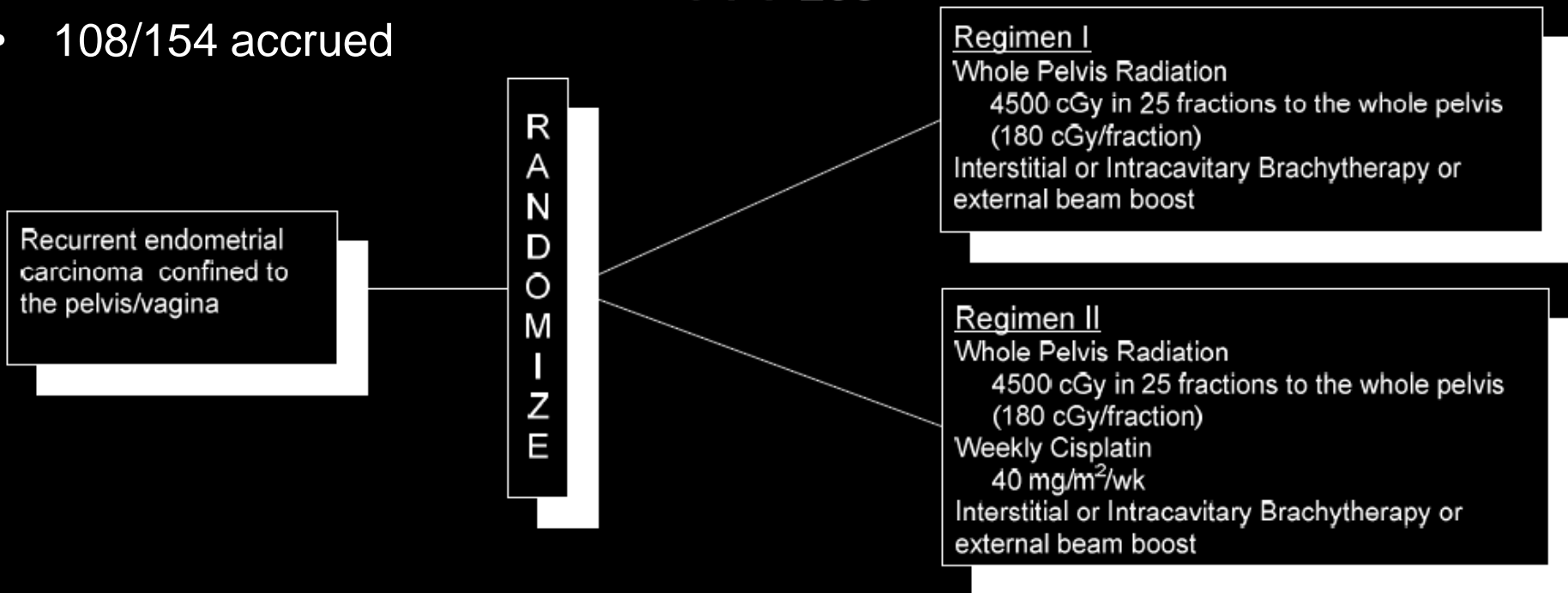
*Advancing Research. Improving Lives.™*



# Pelvic Recurrence

- 2/25/2008
- Endorsed by RTOG
- 108/154 accrued

## GOG 238



Institution IMRT Credentialing is required when IMRT is to be used before registering any patient on this trial. A Knowledge Assessment for this study must be completed by the treating radiation oncologist before registering patients on this trial.

For patients with tumors involving the distal vagina and clinically negative groins, the bilateral inguino-femoral lymph node regions should be treated to 4500 cGy.

3-D conformal or IMRT boost is allowed for patients who are not candidates for brachytherapy.

# Leiomyosarcoma: Stage I

## GOG 277

- High-grade uterine LMS
- FIGO Stage I (uterus +/- cervix)
- Hysterectomy +/- BSO

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### Regimen I

#### **Gemcitabine**

900 mg/m<sup>2</sup> IV day, 1 and 8

#### **Docetaxel**

75 mg/m<sup>2</sup> IV day 8

GCSF 5 mc/kg days 9-15 or pegfilgrastim 6mg day 9 or 10

Every 21 days Cycles 1-4

*CT/MRI imaging to confirm disease-free*

#### **Doxorubicin**

60 mg/m<sup>2</sup> IV

Every 21 days for Cycles 5-8

### Regimen II

#### **Observation**

4 Jun 2012 opened  
38/216 accrued  
9 Sep 2016 closed

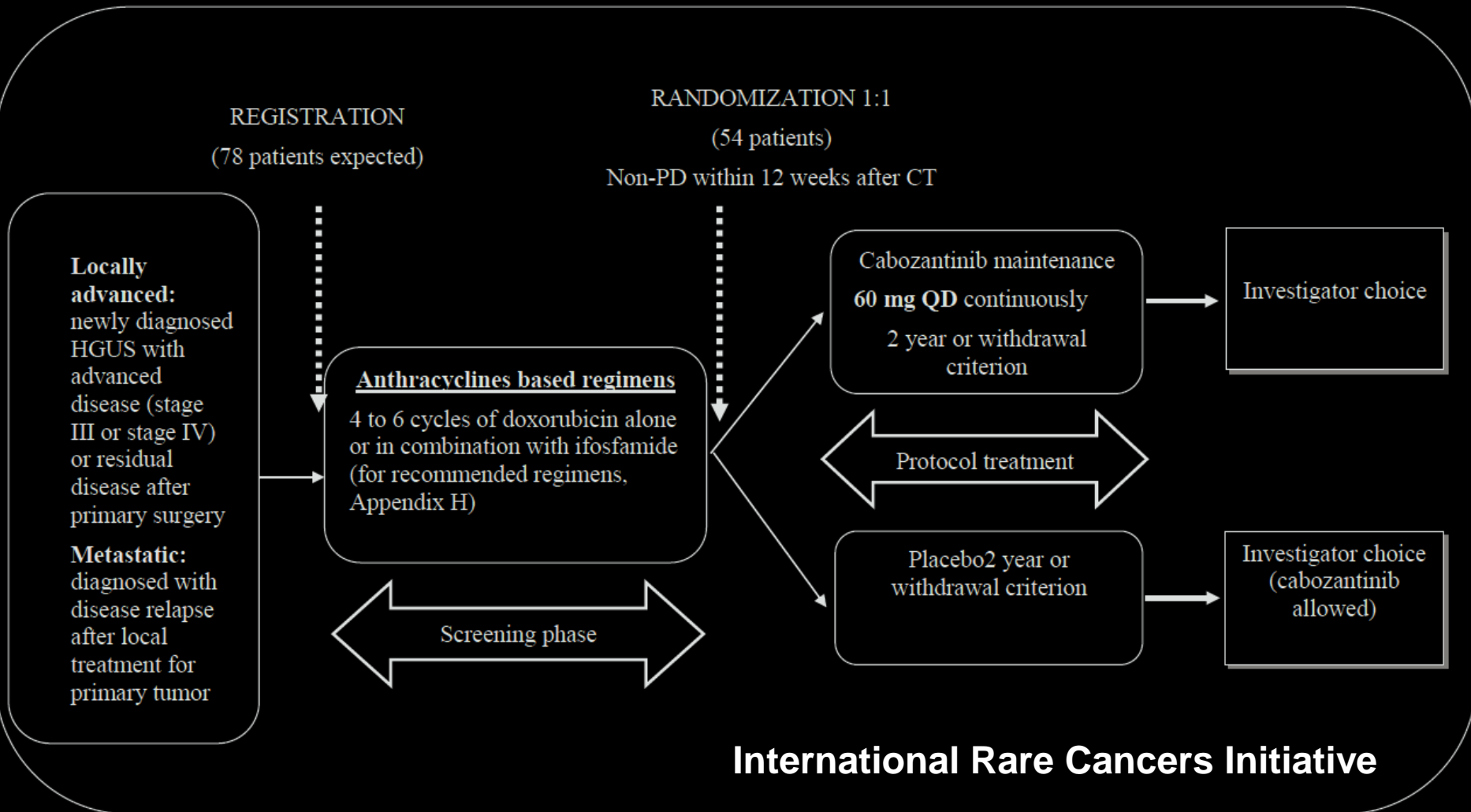
# GOG TRIALS IN DEVELOPMENT

- **NYG- GY011 (UC 1306):** A randomized phase II study evaluating the role of maintenance therapy with cabozantinib in High Grade Uterine Sarcoma (HGUS) after stabilization or response to chemotherapy following surgery or in metastatic first line treatment

Approved by CTEP

# EORTC 62113-55115 / NRG-GY011

## High Grade Undifferentiated Uterine Sarcoma



# LOW-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA

## GOG 275

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-Low-risk persistent GTN  
-FIGO Stage I, II, and III  
-WHO Score 0-6

### Regimen I

#### **Actinomycin-D**

1.25mg/m<sup>2</sup>, IV pulse  
Every 14 days (2 mg max dose)

### Regimen II

Patients will receive their institutional preference of either:

#### **Methotrexate**

0.4 mg/kg, IV  
Daily for 5 days every 14 days. (25 mg max daily dose)

OR

#### **Methotrexate**

50 mg, IM  
Days 1, 3, 5, 7 (4 doses per cycle) with  
Leucovorin (15 mg) on Days 2, 4, 6, 8.  
Repeat every 14 days.

Continue study treatment for three cycles after hCG < 5mIU/ml or until evidence of biologic or disease progression or adverse effects prohibit further therapy.

18 Jun 2012 opened  
GCIG collaboration  
57/384 accrued  
20 Sep 2016 closed