Cervix Cancer Research Network
GCIG: General Assembly

November, 2015

Chair: David Gaffney

Steering Committee: Henry Kitchener, Sang Young Ryu, Bill Small, Carien Creutzberg, D. Thinh, Anuja Jhingran, Linda Mileshkin, A.Covens (IGCS) and Monica Bacon
Why do we need the Cervix Cancer Research Network (CCRN) 

- Too many women die from cervix cancer
- Too many women suffer from cervix cancer
- Research is difficult, but possible in cervix cancer

Cervix cancer is a leading cause of death in women from Low “Development Index” countries, but not in High and Medium “Development Index” countries.

Cervix Cancer Research Network (CCRN)

- Managed by the Gynecologic Cancer InterGroup
- Aim is to promote high quality clinical research
- Literature search was performed to evaluate best practices
- Data input required (form developed by the Radiologic Physics Center, Houston, Tx)
- Participation in a beam measurement program (TLD/OSLD) is required every 2 yrs
- Site visits performed by an audit team from GCIG
- QA performed according to trial
CCRN Trials

• TACO (KGOG/Thai)
• OUTBACK (ANZGOG)
• INTERLACE (NCRI)
• SHAPE (NCIC CTG)

> 60 accruals as of August 2015
Wellcome to TACO!

GCIG/KGOG1027/TGCS2012: Randomized Phase III Clinical Trial Comparing Weekly vs Tri-weekly Cisplatin Based Concurrent Chemoradiation in Locally Advanced Cervical Cancer
TACO

(Tri-weekly Administration of Cisplatin in LOcally Advanced Cervical Cancer)

Cervical cancer
Locally advanced cervical cancer
Stage IB2, IIB-IVA

Randomization

Control Arm; Weekly Cisplatin
40mg/m² 6 cycles

Study Arm; Tri-weekly Cisplatin
75mg/m² 3 cycles
Accrual of TACO 2015.09.30

Golobal
OUTBACK (ANZGOG0902/GOG 0274 / RTOG 1174)

A Phase III trial of adjuvant chemotherapy following chemoradiation as primary treatment for locally advanced cervical cancer compared to chemoradiation alone.

<table>
<thead>
<tr>
<th></th>
<th>Aust</th>
<th>NZ</th>
<th>USA</th>
<th>Canada</th>
<th>Saudi Arabia</th>
<th>Singapore</th>
<th>CCRN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Sites open</td>
<td>12</td>
<td>3</td>
<td>238</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>260</td>
</tr>
<tr>
<td>No. of patients</td>
<td>116</td>
<td>13</td>
<td>488</td>
<td>20</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>643</td>
</tr>
</tbody>
</table>
Randomise

Carboplatin AUC2 & Paclitaxel 80mg/m²
Weeks 1-6

Standard CRT

Weeks 7 – 13
Standard CRT

Follow-up
3 monthly for 2 years; 6 monthly for 3 years

Standard CRT: 40—50.4 Gy in 20-28 fractions plus Intracavitary brachytherapy to give total EQD2 dose of 78-86 Gy to point A/volume. Weekly cisplatin 40 mg/m² x 5 weeks
Eligibility criteria summary

• All patients suitable for CRT, FIGO IB1 with +ve nodes-IVA unless:
  - Nodes above aortic bifurcation
  - Disease involves lower third of vagina (FIGO IIIA)
• IMRT permitted

Current status

• 27 sites (UK) open to recruitment (6 in set-up)
• 83 patients recruited (Target recruitment – 770)

INTERNATIONAL

• GICOM (Mexico) – INCAN
• MaNGO (Italy) – 3 sites in setup
SHAPE  Oct 2015
RADICAL HYSTERECTOMY AND PELVIC NODE DISSECTION VS
SIMPLE HYSTERECTOMY AND PELVIC NODE DISSECTION IN
PATIENTS WITH LOW-RISK, EARLY-STAGE CERVICAL CANCER

<table>
<thead>
<tr>
<th>Country</th>
<th># Patients Accrued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>5</td>
</tr>
<tr>
<td>Belgium</td>
<td>4</td>
</tr>
<tr>
<td>Canada</td>
<td>68</td>
</tr>
<tr>
<td>China</td>
<td>2</td>
</tr>
<tr>
<td>France</td>
<td>7</td>
</tr>
<tr>
<td>Ireland</td>
<td>4</td>
</tr>
<tr>
<td>South Korea</td>
<td>7</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>103</strong></td>
</tr>
</tbody>
</table>
## SHAPE/CX.5 Sites Active as of Oct 5, 2015

<table>
<thead>
<tr>
<th>Country</th>
<th># Sites Activated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>7</td>
</tr>
<tr>
<td>Belgium</td>
<td>5</td>
</tr>
<tr>
<td>Canada</td>
<td>17</td>
</tr>
<tr>
<td>China</td>
<td>1</td>
</tr>
<tr>
<td>France</td>
<td>15</td>
</tr>
<tr>
<td>Ireland</td>
<td>1</td>
</tr>
<tr>
<td>South Korea</td>
<td>1</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
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</tbody>
</table>
CCRN Meeting

- Symposium planned: January 2016
- Support via Elekta/Varian/Bebig
- Bangkok, Thailand
- ~70 delegates from Thailand, China, Philippines, Korea, India, Malaysia, Taiwan, Pakistan, Singapore, Vietnam, Bangladesh, US, Canada, UK, IAEA, NIH, and UICC

- Goals:
  - To promote clinical research in cervix cancer
  - To provide education regarding brachytherapy
CCRN: Initiatives

• 2 papers describing CCRN published
• IAEA (October 2015)
  – Clinical Research Projects
    • EMBRACE like registry stratified by resources
    • Hypofraction trial completed (CRT vs RT, 9 Gy x 2 vs 7 Gy x 4)
  – Technical projects
  – Develop a relationship
  – Attending CCRN Bangkok meeting
• ASTRO 2016: D Gaffney to speak on Global Health and Cervix Cancer
CCRN: Significant Issues

• Money (Funding Sources)
  – IGCS (current support)
  – GCIG (current support)
  – Center for Global Health, NIH, USA
  – Gates Foundation
  – Industry (Elekta/Varian/Bebig)
    • Burgeoning market
• Per case reimbursement?
• Accrual
• Ongoing oversight (QA and FU)
• Insurance/Indemnity issues
• Site Selection
• Infrastructure (clinical trials management)
<table>
<thead>
<tr>
<th>Site</th>
<th>Trial</th>
<th>Auditors</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tata India</td>
<td>OUTBACK</td>
<td>Narayan/Martyn</td>
<td>Approved Not activated</td>
</tr>
<tr>
<td>Bangalore India</td>
<td>OUTBACK</td>
<td>Narayan/Martyn</td>
<td>Approved Not activated</td>
</tr>
<tr>
<td>Lucknow India</td>
<td>OUTBACK</td>
<td>Narayan/Martyn</td>
<td>Not approved Action pending</td>
</tr>
<tr>
<td>Ramathibodi Thailand</td>
<td>TACO</td>
<td>Gaffney/Martyn</td>
<td>Approved Activated</td>
</tr>
<tr>
<td>Cluj Romania</td>
<td>INTERLACE</td>
<td>McCormick/Bacon</td>
<td>Pending (infrastructure)</td>
</tr>
<tr>
<td>Minsk Belarus</td>
<td>INTERLACE</td>
<td>McCormick/Bacon</td>
<td>Pending (infrastructure)</td>
</tr>
<tr>
<td>Trivandrum India</td>
<td>OUTBACK</td>
<td>Jhingran</td>
<td>Approved Not activated</td>
</tr>
<tr>
<td>Lahore Pakistan</td>
<td>OUTBACK</td>
<td>Narayan/Mirza</td>
<td>Pending</td>
</tr>
<tr>
<td>Siriraj Thailand</td>
<td>TACO</td>
<td>Small/Bacon/Stonebraker</td>
<td>Approved*</td>
</tr>
<tr>
<td>Pramongkutklao Thailand</td>
<td>TACO</td>
<td>Stonebraker/D.Kim</td>
<td>Approved</td>
</tr>
<tr>
<td>Ho Chi Ming Vietnam</td>
<td>TACO</td>
<td>Bacon/Stonebraker</td>
<td>Approved Activated</td>
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</tbody>
</table>
## CCRN Sites

<table>
<thead>
<tr>
<th>Location</th>
<th>Trial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hertzen, Moscow</td>
<td>TACO/SHAPE</td>
</tr>
<tr>
<td><strong>Russian Scientific Center of Roentgenoradiology, Moscow</strong></td>
<td>TACO</td>
</tr>
<tr>
<td>Blokhin, Moscow</td>
<td>TACO</td>
</tr>
<tr>
<td>Zambia, Africa</td>
<td>Not approved -- in progress</td>
</tr>
</tbody>
</table>

### Possible Future Sites

- Nairobi, Kenya
- Capetown, S. Africa
- South America (Colombia, Brazil, Argentina)
- Accra, Ghana
- Prague, Czech Republic
- Puerto Rico
CCRN: Summary

• 4 publically funded Cervix Cancer trials
• > 60 Accruals to date
• Site Selection is challenging
• Many willing expert volunteers
• Participation in cervix trials may improve care for regions and countries
• Very grateful for support from GCIG, IGCS, and Industry (Elekta, Varian, and Bebig)
Thank You