

**EORTC RADIATION ONCOLOGY GROUP MEETING, HELD ON NOVEMBER 6-8, 2008  
AT THE ST. JAMES'S ONCOLOGY INSTITUTE, LEEDS, UNITED KINGDOM**

**MINUTES**

**Present:**

AIRD (Northwood), BAUMERT (Maastricht), BOEHMER (Berlin), BOLLA (Grenoble), BOSSI (Villejuif), BUDACH W (Düsseldorf), CHRISTIAN (Nottingham), COLLETTE (Brussels), COSTA (Brescia), DEMEERLEER (Gent), DHERMAIN (Villejuif), DIELEMAN (Amsterdam), DUCLOS (Lausanne), ERRIDGE (Edinburgh), FAIVRE FINN (Manchester), GERBER (Vienna), GIRO (Düsseldorf), GODSON (Lausanne), GOLLRAD (Berlin), GOSSELIN (Brussels), GREGOIRE (Brussels), GROSU (Freiburg), GULYBAN (Brussels), HALLET (Brussels), HATFIELD (Leeds), HAUSTERMANS (Leuven), HENRY (Leeds), HOOGENRAAD (Nijmegen), HURKMANS (Eindhoven), JANCAR (Ljubljana), JOSEPH (Leeds), KONOPA (Gdansk), KUMAR (Leeds), KUTEN (Haifa), LANGENDIJK (Groningen), LE PECHOUX (Villejuif), LOUGHREY (Leeds), MADLUNG (Bern), MAINGON (Dijon), MATZINGER (Brussels), MENTEN (Leuven), MIRIMANOFF (Lausanne), MORREN (Brussels), MURACCIOLE (Paris), NESTLE (Freiburg), ONG (Enschede), ORTON (Leeds), OSANTO (Leiden), OST (Gent), OZSAHIN (Lausanne), PESCE (Bellinzona), PIERART (Lausanne), POORTMANS (Tilburg), POVALL (Leeds), RUSSELL (Amsterdam), SCRASE (Ipswich), SEBAG MONTEFIORE (Leeds), SEN (Leeds), SYNDIKUS (Liverpool), VAN DEN BERGH (Groningen), VAN DEN WEYNGAERT (Antwerp), VAN DER HULST (Tilburg), VAN TIENHOVEN (Amsterdam), VILLA (Badalona), WEBER (Geneva), WESTENBERG (Arnhem), WEYTJENS (Antwerp), ZOUHAIR (Lausanne)

**Notification of absence received from:**

ABACIOGLU (Istanbul), ARRIAGADA (Stockholm), GEZ(Haifa), LEER (Nijmegen), MORGAN (Nottingham), SHILKRUT (Haifa), SENAN (Amsterdam), VALLI (Como), VAN DER STEEN (Arnhem).

**Opening**

A minute's silence was observed in memory of J. Bernard Davis, who died on September 26, 2008

• **EORTC Affairs (K. Haustermans)**

- **EGAM:** will be held in 2009 from 18-20 March (see EORTC website for details and registration).
- **Clinical Research Physician:** the ROG is at present without a CRP and the EORTC HQ is in the process of interviewing candidates. It is hoped to fill this post by the end of 2008. In the meantime, other CRPs from other groups have been enlisted to help for the various studies of the ROG.
- **Pfizer Advisory Board:** Group chairs have received confidential details of the compounds which Pfizer has in development. These have been reviewed by the ROG chair and notification will be sent to HQ concerning the views of the ROG.
- **NOCI:** A call for projects has been issued (deadline December 1, 2008). A project is under development in the Head and Neck/ROG group and will be submitted for this grant. It is a translational research project within the new

head and neck cancer study and will link treatment outcomes with quality of life evaluations (see below)

- **New Emmanuel van der Schueren Fellow:** as the term of the current fellow will expire at the end of March 2009, a new fellow is being actively sought.
  - **Quality assurance:** all centres are asked to complete/update their Facility Questionnaires and external dosimetry audit results if not done recently (they are valid for 2 yrs). When a commitment form is submitted for a given trial, it should have been completed with the full knowledge of all the disciplines concerned within a department/hospital.
- **HQ Report (A. Gulyban, QA RT Manager)**
    - A study has been carried out at HQ with the aim of optimizing resources at HQ, the ROG Steering Committee and those involved with QA RT; past problems have been analyzed, together with the workflow in the development of a new protocol. Finally, standard lines of communication and action will be set up. Also the challenges for QA RT in intergroup studies will be addressed. Solutions for current problems in protocol development, protocol outline and QA RT level definition, CRF development and QA RT follow-up and reporting in ongoing studies are proposed ([slides](#))
  - **Report Membership Committee (A.C. M. van den Bergh)**
    - In 2007 there were 73 departments in the ROG membership list, 27 of these having voting rights (more than 15 patients in ROG studies). Arnhem had the highest accrual of all centres with 124 patients entered in 2007. The following new members are welcomed to the ROG: Y. Belkacémi (Créteil), A. Doneux (Jolimont), D. Aebersold (Bern), O. Matzinger (Lausanne).

#### **BRAIN TUMOUR SESSION** (Chair: B. Baumert, Maastricht)

##### *Status of closed studies:*

\*26052-22053: Phase III trial comparing conventional adjuvant temozolomide with dose-intensive temozolomide in patients with newly diagnosed glioblastoma (RTOG 0525) (R. Stupp, S. Erridge): the study now closed, accrued quickly within 18 months up to 190 patients from EORTC centres. Tissue provision was an issue, with too many samples containing necrotic tissue.

##### *Status of ongoing studies:*

\*22033-26033: Primary chemotherapy with temozolomide vs. radiotherapy in patients with low grade glioma after stratification for genetic 1p/19q loss: a phase III study. (B. Baumert, R. Stupp): 248 patients have been randomized to date. Insufficient quantities of tumour material have been provided. This should be avoided as it may mean exclusion of patients (this is an exclusion criterion). An interim analysis will be carried out for an IDMC which will be held during December 2008. As far as RT treatment is concerned, there are only a few minor deviations and one major deviation so far. The dummy run has been a problem – it has to be done

within the first year or after the first 5 patients and is after 3 years of accrual not yet finished for all accruing centers.

\*22042-26042: Adjuvant postoperative high-dose radiotherapy for atypical and malignant meningioma: a phase II and observation study (D. Weber): 21 centres from 10 countries have committed to participate in this study. December 31 is the deadline for authorization: all centres not authorized before that date will not be permitted to enter patients. To date 3 patients have been entered by only 2 centres which are authorized. All the others are missing one or more items from the regulatory affairs procedure. Centres are urgently asked to attend to the missing items as soon as possible so that they can be authorized before year end.

\*26053-22054 CATNON: Concomitant TMZ/RT with or without adjuvant TMZ in anaplastic glioma without 1p/19q loss (EORTC/NCIC/RTOG/HUB) (M. van den Bent/B. Baumert): the study is running well. Not all registered patients go on to randomization (depends on pathology/genetic testing results).

\*26071-22072: CENTRIC: Multicentre, phase III study in Cilengitide in newly diagnosed GBM with methylated MGMT gene promoter (R. Stupp, S. Erridge/M. Shikrut): This is a difficult study with 2x per week infusions plus RT. MGMT screening is done prior to randomization and it is expected that about 1/3 of patients will go to randomization. The European and US investigators meetings have been held and the meeting in Singapore is in progress at this moment.

*Status of new studies:*

\*26062-22061: Phase III study of temozolomide and radiation vs radiation alone in the treatment of newly diagnosed glioblastoma multiforme in elderly patients. NCI-C /EORTC (Alba Brandes/Johan Menten): A total of 200 patients will be needed for this study which is led by the NCI-C. Schering Plough is providing an educational grant. The full protocol is almost complete. Elderly patients are defined as 65 yrs or over.

\*26082-22081: Temozolomide (CCI-779) with concomitant RT followed by temozolomide maintenance treatment versus radiochemotherapy with concomitant and adjuvant temozolomide in subjects with newly diagnosed GBM without methylation of the MGMT gene promoter – phase II study (B. Baumert on behalf of W. Wick, G. Pesce): This study is for patients with an unmethylated MGMT promoter. They will be randomized to receive either RT/TMZ or RT + continuous and adjuvant temozolomide. The full protocol is under development. It is hoped to start the study in early 2009.

*Report from Brain Tumour working party (B. Baumert, S. Villa)*

- Change of chairs: The new chair of the working party will be D. Weber (Geneva) with co-chair S. Erridge (Edinburgh).
- 22073-26072: Amino-acid PET versus CT/MRI-guided re-irradiation in patients with recurrent glioblastoma multiforme – a randomized phase III study (A. Grosu, S. Short, B. Baumert): 240 patients will be needed for this study and funding is currently being sought. Two grants have been applied for (DKG Germany and NCI

USA). The German grant was not granted although a fairly positive review was provided. The grant has been resubmitted with a few amendments. The study aim as well as the financial aspects (arguments for funding bodies) were discussed in length.

- 26081-22086: 1p/19q deleted anaplastic oligodendroglioma (Co-Del study) (W. Wick, M. van den Bent): conducted by the US with participation of the EORTC. A new study which is complementary to the CATNON study (for those patients WITH deletions. A 3-arm study: RT alone vs Stupp schedule vs TMZ alone for 12 cycles. The primary goal is to assess whether patients who receive TMZ with concomitant RT have a significantly longer overall survival time than patients who receive RT alone. In the second place, to assess whether patients who receive TMZ alone have a significantly longer time to neuro-cognitive progression than patients who receive RT alone. 544 patients will be needed and budget discussions are underway.
- New project/proposal: A pooled analysis of the 4 international randomised low grade glioma studies will be undertaken by EORTC HQ to identify surrogate end points (such as therapeutic response, PFS rate at x yrs.)
- A new project developed at the Flims course, entitled: "Identifying functional MRI parameters for the prediction of pseudoprogression in glioblastoma patients with tumour recurrence after radio-chemotherapy" was proposed and it was discussed how the ROG could participate: progression and pseudoprogression in glioblastoma could be integrated as a side study which could be appended to one of the existing GBM studies. This protocol proposes repeated biopsy after chemoradiation in glioblastoma patients in case of suspected pseudo-progression.
- A study on perfusion MRI was proposed by F. Dhermain: a prospective study of the prognostic value of rCBV (relative Cerebral Blood Volume) estimate in e.g. unfavourable anaplastic glioma patients (or other high grade glioma). The rCBV estimate is the most relevant perfusion parameter in terms of grading, reflecting tumour angiogenesis, a key physiological feature in glioma. In the only one large and cornerstone study assessing rCBV in low- and high-grade gliomas, its evaluation strongly suggested that "higher" rCBV values were significantly associated with a worse outcome and were more predictive of prognosis than conventional histopathology [Law 2008]. An early and major decrease of initial rCBV value, measured at the first MR evaluation (4 weeks after the end of RT) could predict outcome. Primary and secondary endpoints would be to assess whether an initial "high" rCBV is an independent prognostic factor, whether a "major decrease" of rCBV at 4 weeks after the end of radiation therapy (RT) predicts a better outcome, whether sites of initial "high" rCBV values are correlated with sites of recurrences. This study has the advantage that it can easily be integrated into other studies where regular imaging is part of the follow-up. Furthermore, it would not necessitate additional budget as measurement of rCBV can be done by adding just a sequence to the already scheduled MRI. High interest in this study was expressed and it was proposed to integrate it into the new recurrent re-irradiation glioblastoma study as well as the ongoing CATNON study.

## HEAD AND NECK CANCER SESSION (Chair: W. Budach, Düsseldorf; H. Langendijk, Groningen)

### *Status of studies under development:*

\*22071-24071 Concomitant post-operative RT-CH versus RT-CH and panitumumab in high risk patients: study design (W. Budach): sample size 800 patients. Investigators must choose and adhere to either IMRT or 3D -CRT plus simultaneous integrated boost (SIB) RT treatment. Patient material, including tumour tissue (paraffin embedded), blood and serum will be collected and stored.

A translational research project integrating radiation-induced side effects/patient-rated quality of life and radiosensitivity prediction is under development and will be submitted under the NOCI call for projects 2009. For this purpose, blood and serum will be collected from all patients for SNP and apoptosis testing. Paraffin embedded tissue will also be collected. A pre-therapy FDG-PET will be taken before and after a test dose of panitumumab before surgery. 3D and IMRT dose plans from all participating centres will be reviewed via the Vodca system. A quality assurance program for surgery and pathology is under development. Amgen has agreed to provide the drug and an educational grant.

\*24081-22082 Randomized phase III study of induction chemotherapy followed by radiotherapy plus cetuximab (RTC) versus RTC versus RT plus cisplatin in patients with locoregionally advanced SCC of the head and neck (V. Grégoire/W. Budach on behalf of PI: J. Vermorken): this study is still under development although it is possible that it will be integrated into a global package with the above study. It is not expected to start before the end of 2009.

### *Status of new proposals:*

GORTEC proposal on re-irradiation (H. Langendijk): the study aims to evaluate relapse-free survival. Patients will be randomized between a Vokes schedule versus bi-fractionated XRT schedule. The proposal, positively received by the ROG H/N working party, will be presented to the Head and Neck Group in December and if positively received, both groups hope to take part.

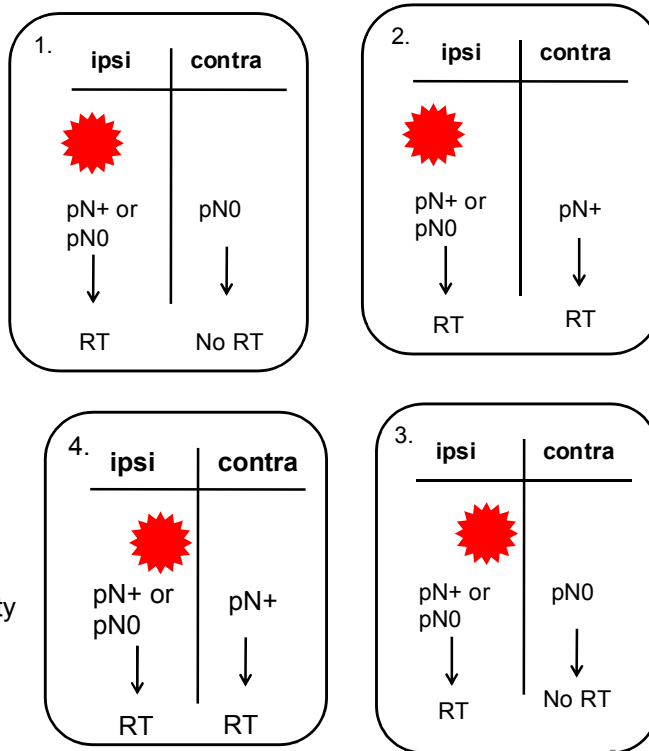
Report from the Head and Neck Cancer working party (W. Budach/H. Langendijk)

The further development of the EORTC 22071-24071 adjuvant trial was the central issue of the discussion during the working party. The study will be supported by Amgen. A first draft of the complete protocol is planned to be completed before Jan-16-2008. A meeting of the writing committee will take place in the data center on Jan-16-2008 in order to discuss further action and finalize the most important parts of the protocol.

In Leeds, based on the presentation of Christian Giro, a consensus on elective lymph node irradiation was reached after an interesting and in part controversial discussion (Figure 1):

## Elective lymph node irradiation treatment after bilat. ND

Consensus reached at the  
Head and Neck Working Party  
In Leeds Nov.-7-2008



**Legend: 1. and 2. depicts the recommendation for tumors >1 cm from the midline.  
3. and 4. . depicts the recommendation for tumors ≤1 cm from the midline**

The levels that need to receive elective lymph node irradiation differ by tumor site according to the GORTEC recommendations. The quality of the neck surgery and the pathological examination will be precisely defined in the protocol. A neck dissection that indicates a pN0 situation, but did not adhere to the quality guidelines for surgery and pathology, will be handled like a cN0 situation.

Furthermore it was agreed that patient material, including tumour tissue (paraffin embedded and frozen), blood and serum will be collected and stored centrally under defined conditions. The decision what kind of translational research will be done on the stored material will be made at the end of patient's accrual. As exception, additionally drawn blood sample will be used during patient's accrual for a translational research project trying to predict normal tissue radiosensitivity by radiation-induced CD8 apoptosis and SNPs (Figure 2):

## EORTC 22071-24071

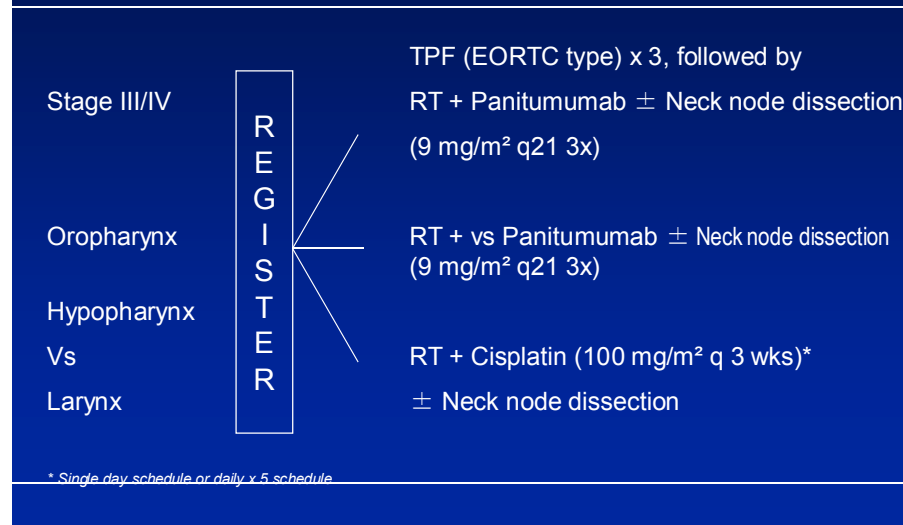
- Randomized phase III study comparing RT + CT vs. RT + CT + panitumumab in 800 operated LAHNC patients
- Prediction of intrinsic radiosensitivity using radiation-induced CD8 apoptosis
- Performance of a genome wide association study to identify SNPs with a high relative risk for an association with the development of late radiation effects (1000 SNPs in 137 candidate genes, then a secondary analysis in one million SNPs to identify any associations)
- Assess prospectively the correlation of all obtained data (apoptosis/SNPs) with treatment-induced side effects, dosimetry, and quality of life

Courtesy of Mahmut Ozsahin

Quality of life will also be prospectively investigated in the EORTC 22071-24071 trial. Hans Langendijk presented some details on the planned projects that were accepted by the group. These proposals will focus on NTCP models on xerostomia and swallowing dysfunction in the postoperative setting. In addition, the TR project as proposed by Mahmut Ozsahin will be connected to this proposal in particular to look at whether the NTCP models are different across the patients with different radiosensitivity. Furthermore, it was decided that 3D and IMRT treatment plans will be centrally collected from all patients via the VODCA system to promote translational research opportunities.

Vincent Grégoire briefly reported on the status of the planned study on unresected head and neck squamous cell cancer (Figure 3):

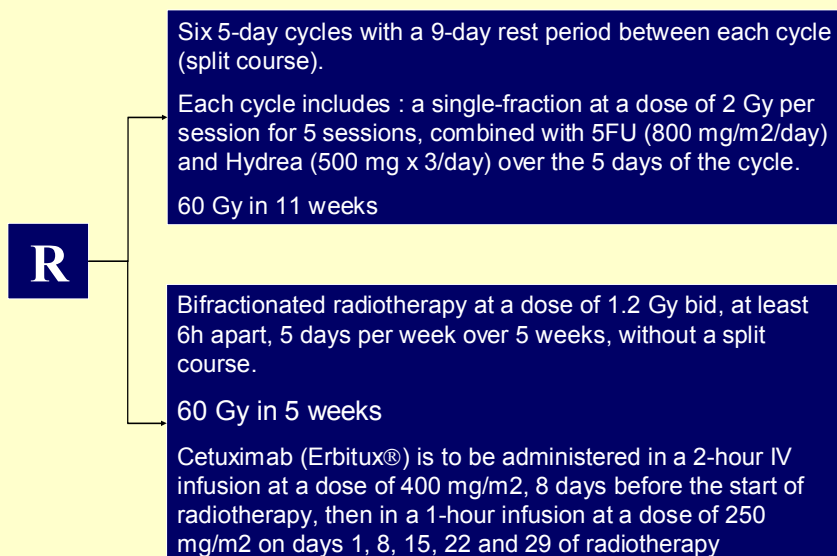
## H&N group and ROG EORTC Study



The further development of this study depends on the support by Amgen. No final agreement has been reached.

In the last presentation, Hans Langendijk reported on the planned GORTEC trial on “Reirradiation after surgery in an irradiated area for carcinoma of the upper aerodigestive tract”

## Design (GORTEC)



After discussion, the group concluded that a joint trial of EORTC ROG and GORTEC would be desirable.

### **LUNG CANCER SESSSION** (Chair: C. Le Pechoux, Villejuif)

#### *Status of closed studies:*

\*22033/08004 PCI-Eulint: Results of primary endpoint analysis (C. Le P  choux): this study randomized patients between high (36 Gy) versus standard dose (25 Gy) of prophylactic cranial irradiation (PCI) in complete responders with limited disease small cell lung cancer. The primary end point was incidence of brain metastasis at 2 yrs. A total of 720 patients was entered between 1999 and 2005 (EORTC contributed 223 patients) in this intergroup study. 36 patients (5%) had been lost to follow up at time of presentation however, there are at present only 4 patients lost. The study shows a non-significant lower incidence of brain metastases after higher-dose PCI (30% in the 25 Gy arm and 24% in the 36 Gy arm) and a significant increased mortality rate in the higher dose arm (42% versus 37%) so far biologically and clinically unexplained. PCI with a total dose of 25 Gy remains the standard of care in limited-stage SCLC. Participants are urged to continue following these trial patients. A paper is now in preparation.

#### *Status of ongoing studies:*

\*22055-08053: LungART (Lung adjuvant radiotherapy trial) evaluating the role of post-operative conformal thoracic radiotherapy after complete resection of non-small cell lung cancer with N2 mediastinal involvement (C. Le P  choux on behalf of D. de Ruyscher). QA and translational research ancillary study are included. A dummy run is mandatory before including any patient. As of now, there are no EORTC centres active yet, centres are open to randomisation in France and Spain. 23 patients have been included in France.

#### *Status of new studies/studies under development:*

\*08072-22074: CONVERT concurrent once daily versus radiotherapy twice daily in limited disease SCLC: a randomized phase III study (C. Faivre Finn): this is an intergroup study with 97 sites worldwide including the US and Canada. Thirty-five sites in the UK will participate of which 3 are already open, while 10 sites in Belgium, Holland, Poland and Slovenia will take part. The first patient from the EORTC has been entered by the Lung Group. QA is said to be slowing things down: the FQ must be completed and a dummy run must be carried out on one selected patient. Centres are urged to get this procedure completed as soon as possible so that accrual can begin.

### **GASTRO-INTESTINAL TRACT CANCER SESSION** (Chair: P. Maingon, Dijon)

#### *Status of closed studies:*

22011-40014: continuous fluorouracil plus mitomycin C versus mitomycin C plus cisplatin as chemotherapy combination in combined radiochemotherapy for locally

advanced anal cancer – a phase II study – final results (L. Collette): the response rate remains unchanged since the last analysis. Event-free survival is close to the anticipated level. The future of the project in the group for anal canal tumours will be discussed with the study PIs (Prof. J.F. Bosset, Prof. F. Roelofsen). This phase II trial will be published.

PARADAC Project: pooled analysis of radiotherapy parameters in phase II and phase III trials in anal cancer (O. Matzinger): after a joint meeting of investigators (from the UKCCR, FNCLCC, MRC, Nordic Groups) in past anal cancer studies, it was agreed to carry out a meta-analysis while awaiting the outcome of other studies. All RT studies in anal cancer will be reviewed (UKCCR, EORTC, RTOG, FNCLCC, SFOG). The project has been written and all (except the FNCLCC, as yet) have agreed to participate.

*Status of open studies:*

\*40054-22062: preoperative chemoradiotherapy and postoperative chemotherapy with capecitabine and oxaliplatin vs. capecitabine alone in locally advanced rectal cancer (PETACC-6) (H.J. Schmoll, K. Haustermans): 1090 patients are needed in this study and it is anticipated that this accrual will be complete in 2.8 yrs.

Arm 1: preoperative RT+oxaliplatin+capecitabine followed by surgery then adjuvant oxaliplatin/capecitabine

Arm 2: preoperative RT+capecitabine followed by surgery then adjuvant capecitabine.

The end points are DFS, OS, LC. The study aims to show that capecitabine/oxaliplatin can reduce recurrences by 27.7%. Also that DFS can be increased from 65% to 72% at 3 yrs. Regulatory procedures are in progress and it is hoped to open the first site in Belgium by the end of this year. All forms will be completed by remote data capture.

*Status of studies under development:*

- IMAGE: 40081/22083 Imaging in gastro-esophageal cancer (O. Matzinger): this study aims to use early PET to discriminate responders from non-responders. PET will be done pre CT and then again 2 weeks later. The response will be validated by a team in Germany. The MUNICON study demonstrated a 58% response to treatment in patients who showed response in PET (0% in non PET responders). The aim of the study is to define the role of salvage treatment. Participating centres will receive training on how to treat in this randomized phase II study. The study outline has gone for PRC review and the feasibility forms have already been sent. There will also be translational research aiming to demonstrate prognostic factors relevant after initial chemotherapy and associated with the analysis of response.
- RTOG 0848: Gemcitabine with and without erlotinib, followed by a second randomization with and without chemoradiation as adjuvant treatment for pancreatic head cancer: a phase III study (K. Haustermans): this protocol, joining the RTOG, the EORTC GI and ROG groups, remains under discussion in order to finalize the protocol with a contribution by the ROG group in the design of the quality assurance program which will be promoted in order to improve the

quality of radiation therapy delivered in the postoperative setting for pancreatic tumours.

- Resectable gastric cancer: A study by the AGITG/TROG (randomized phase III preoperative CT vs preoperative CRT followed by surgery and adjuvant chemotherapy in both arms) is under discussion. Discussions are also ongoing with the NCIC and the MRC. The study was positively received and the EORTC will therefore seek participation.

*Report from the GI working party (P. Maingon):*

During the GI working party, the PARADAC project was extensively discussed. It was clearly emphasized that the positive answers coming from all the groups, will be further analyzed in the data centre to collect all the data and to evaluate the feasibility of this pooled analysis.

The IMAGE protocol 40080/22083: the design has been validated without any modification in the protocol which was finalized during the Flims meeting by Oscar MATZINGER. It was emphasized that many objectives will be analysed through this protocol: the impact of PET to discriminate responders from non-responders after a neoadjuvant chemotherapy, the feasibility of the positioning of combined modality treatment, taxane based chemoradiation in a non-PET responder. The feasibility of such an important treatment, before surgery will be carefully analysed. The organisation of translational research has to be assessed with all partners involved in the protocol.

RTOG 0848: the proposal coming from the RTOG to join their trial with the EORTC GI and ROG Groups has been approved during the GI working party meeting. The impact of the quality assurance program, in order to homogenize and to validate the definition of the clinical target volume in the postoperative setting for pancreatic tumours, has been evaluated.

Resectable gastric cancer: Karin HAUSTERMANS presented the protocol promoted by the TROG group. This study which will be promoted by the TROG, will join the NCIC and the MRC. The GI working party of the ROG group positively received this proposal and Haustermans will promote ROG participation.

#### **RECTAL AND ANAL CANCER (CHEMO)THERAPY TRIALS – THE UK EXPERIENCE – PAST PRESENT AND FUTURE (D. Sebag Montefiori, Leeds)**

A review of current and past studies in rectal and anal cancer was presented. The similarities in outcome between the Dutch and the MRC trials, both looking at short course preoperative radiation versus surgery alone in rectal cancer, is impressive. Not only the data on loco-regional control and survival are very similar but also the QoL results are comparable. When looking at the time course of side effects, it is clear that part of the side effects is due to the surgery (similar in both groups and occurring 3 months after treatment) while other side effects are due to the radiation as they occur 2 years and more after treatment and only in the arm that received radiation.

Further research in rectal cancer is concentrating on the use of adjuvant chemotherapy (CHRONICLE which had to be closed at 110 patients due to poor accrual) and on the combination of several cytostatic drugs (eg RICE, ARISTOTLE) and biologicals (eg EXCITE where only K-ras wild type tumours are eligible) in the preoperative setting.

In anal cancer, the ACT 2 trial is almost closed to accrual. This trial is investigating the role of CCDP versus MMC in combination with radiation and 5-FU and is also studying the role of adjuvant chemotherapy. Six hundred patients will be randomised. Results are awaited especially in view of the results of the RTOG trial emphasizing again the important role of Mitomycine C in this disease.

#### **RADIOTHERAPY TECHNOLOGISTS GROUP** (Chair: F. Duclos, Lausanne)

- The RTT Section Board has met prior to the ROG meeting in Leeds
- The RTT section has organized a well-attended parallel session on Accuracy of Dose Delivery, as well as a joint session with the ROG Breast Cancer Working Party ([report](#)).
- The section aims to extend its network by contacting other centres and presenting the work of the section.
- Duclos has been invited to visit the IGR in Villejuif. This is a large centre with a large regional “reach” and it is hoped to encourage the technologists to get involved with our work.
- It is planned to continue the parallel sessions at the Tilburg, Barcelona and Lausanne meetings in 2009 and 2010.
- A large project on delineation of organs at risk is to be set up. The aim is to construct an atlas of all organs at risk with definitions of the standard way to delineate these, giving the impact on DVH analysis and acute and late side effects. It is hoped to collaborate with the disease-oriented working parties on this project.
- Data is now becoming available on the analysis of side effects in prostate irradiation.
- Radiation oncologists are encouraged to allow the technologists from their department to attend the RTT section meetings to take part in our activities.

#### **ROG WEBSITE** (A. Kuten, Haifa)

Zvi Bernstein (Haifa) has re-designed the ROG website which is now more attractive as well as more user-friendly.

#### **BREAST CANCER SESSION** (Chair: A. Kuten, Haifa; H. Westenberg, Arnhem)

##### *Status of ongoing studies :*

\*10981/22023 AMAROS: after mapping of the axilla radiotherapy or surgery (E. Rutgers, G. van Tienhoven): The sample size of this study has been extended by 1000 patients. Accrual stands now at 3845 and will continue up to 4700 patients. The first

2000 patients have been analysed for patterns of care – this work has won a prize for the Breast Group fellow.

\*22051-10052 SUPREMO phase III randomized trial to assess the role of adjuvant chest wall irradiation in “intermediate risk” operable breast cancer following mastectomy (Joint study with MRC, BIG and Scottish Cancer Trials Breast Group) (N. Russell, G. van Tienhoven): The study is still in its early stages after a slow start. 35 sites from 9 countries in the EORTC are participating. Accrual stands at 279 of the total 3700 required. There is a delay between the sending of the initiation packages and the authorization but in this case there is an allowance for this as Policy 18 was issued after the start of this study. The main reasons for patient exclusion are patient refusal due to either wanting RT or not wanting RT. Also some surgeons do not refer the patients. The Transupremo TR project will collect paraffin embedded tissue for microarrays and blood for freezing.

Report from Breast Cancer working party (A. Kuten):

- PCI in Her2+ breast cancer patients:
  - Tsarine (PI Y. Belkacémi, Créteil): the working party has discussed this and has decided to recommend participation in this study. The similar Scottish study, presented by C. Dodwell, was opened in 2007 with the aim of reducing the risk of brain metastases by half in Her2+ breast cancer patients. Around 23 patients have been recruited so far. Both studies have the same question, the difference being in the fractionation scheme. The working party prefers the Tsarine study also because of the first results of the Eulint study – in view of the lower RT dose in Tsarine - and will contact Belkacémi about collaboration.
- Partial breast irradiation: three options are open here – IRMA (Italian study, already open), TROG 3-arm study (Boon Chua) and a French proposal (Y. Belkacémi). The working party, after discussion, prefers the IRMA study. A link is already given on the ROG website for those interested in participating on an individual basis. It is regrettable that so many options are open in parallel; it would have been better to join forces on this.
- Prophylactic XRT to contralateral breast in BRCA+ patients: this is an Israeli study which is also under discussion.
- The ALLTO sub-study (BOOG, NL): this registers parameters for radiation treatment of patients enrolled in the ALTTO study. The primary objective is to establish whether there is any relationship between trial medication and the radiotherapy with regard to cardiac and pulmonary toxicity, particularly on long-term follow-up. The sub-study will be reviewed by the ALTTO steering committee at SABC in December. CRFs can be downloaded from the BOOG website (The Netherlands).
- DCIS: the background to the TROG study was presented, which needs 2000 patients. Funding for 500 patients accrued internationally has been approved and so it is recommended that the ROG starts as soon as possible to show the TROG that it is capable of recruiting a sufficient number of patients, with a view to attracting further funding.

### **GYNECOLOGY GROUP – STUDY UPDATE (J. Orton, Leeds)**

Awaiting the closure of the 55994 study on cervical cancer, the Gynecology Group (GG) is now discussing a new proposal in patients (FIGO 1 cervix carcinoma) who would be randomized between CDDP+optimal RT vs optimal RT only. There is a similar proposal to be run jointly by the KGOG, the RTOG and the GOG and the question is whether to continue developing our own study or join this intergroup study.

The ROG will await the GG's decision on this proposal. It supports the Gynecology Group and recognizes the difficulty to accrue patients in this entity.

### **QUALITY ASSURANCE (Chairs: E. Aird, P. Poortmans)**

- QA Manager at EORTC HQ: Akos Gulyban has started in this new function at HQ and his main task up to now has been the Facility Questionnaire program. There are still many centres that have not provided an up to date FQ/external reference dosimetry audit results and members are urged to comply as soon as possible. Gulyban works closely with the EvdS QA Fellow on pre- and post-study activities also reducing the workload of the data managers and clinical research physician (CRP) in the area of QA RT. Among other responsibilities are assistance with the implementation of the imaging platform.
- Emmanuel van der Schueren Fellow (O. Matzinger): since taking up this fellowship, Matzinger has worked on the following:
  - IMAGE study (40081-22083): developed and written at the Flims Workshop. The outline is now with the PRC for review
  - Gastric delineation project: using expert opinions, guidelines have been set up for the preoperative setting, used in the above study.
  - PARADAC meta analysis of anal cancer studies
  - Clinical research physician for the following studies (ad interim)
    - 22071
    - 22081
    - 22043
    - 22033
  - A paper has been written on the dummy run and individual case review in study 22991 (prostate): accepted without amendment by Radiother Oncol.
- Coen Hurkmans is working on an international directive for QA RT to make mandatory quality assurance in radiotherapy. He has been instrumental in the implementation of the Vodca platform for review and analysis of RT treatments which will also build a database for large scale QA analysis.
- Discussions are currently ongoing with regard to the foundation of an imaging platform to be installed at the EORTC HQ. This imaging platform should serve for central imaging review and as a base for imaging studies. A new imaging group (former PET CT group) is under formation and will set this up. The same platform and software shall undoubtedly be useful for image data exchange for radiotherapy as well.

### **GENITO-URINARY CANCER SESSION (Chairs: C. Scrase, Ipswich; F. van den Bergh, Groningen)**

*Status of closed studies:*

\*22863: 10 yr results of long term adjuvant androgen deprivation with goserelin in patients with locally advanced prostate cancer treated with radiotherapy – a phase III study (M. Bolla, L. Collette): the final results are now presented at 9.1 yrs. A sustained difference is observed in favour of the combination arm (RT + long term AD) with an OS difference of 18.3% in absolute terms. With regard to cardiovascular mortality, there are slightly more deaths in the combination arm. The clinical disease-free survival shows the same result as before. The conclusion is that the combined treatment gives improved overall survival compared to RT alone, without increase in late cardiovascular toxicity.

\*22911: phase III study of post operative external radiotherapy in pathological stage T3N0 prostate carcinoma (M. Bolla): this is now the largest study on adjuvant RT in the world (1005 patients). Investigators are urgently asked to complete missing FU and sent in to EORTC HQ as soon as possible so that the survival analysis can be made.

\*22991: phase III study in 3D CRT alone versus 3D CRT plus adjuvant hormonal therapy in localized T1b-c, T2a-b, N0, M0 prostatic carcinoma (M. Bolla): this study was closed in April 2008 and all FU forms must be completed for the 1<sup>st</sup> analysis (a mailing will be sent). 37 centres have contributed a total of 819 patients. Investigators are also asked to complete the missing QA forms as soon as possible.

*Status of new studies:*

\*22043/30041: Post-operative external radiotherapy combined with concomitant and adjuvant hormonal treatment versus postoperative external radiotherapy alone in pathological stage T3a-b, R0-1, N-/pT2R1N0, Gleason score 5-10 prostatic carcinoma. A phase III study (M. Bolla): the study is almost ready to open and will be presented once again at EGAM.

Report from the Genito-urinary Cancer working party (C. Scrase, F. van de Bergh)

The work of the GU working party is in a transition phase. Discussion has taken place on how to improve collaboration with other groups, the implementation of image-guided RT and about the gaps in the work of the group in GU cancer:

- Hypofractionation and the choice of schedules is of interest but funding is a problem
- Educational themes e.g. guidelines (i.e. expert opinions on postoperative definition of pelvic nodes in prostate cancer)
- Systemic therapies: the working party expressed interest in a phase II-III study in RT (CRT/IMRT 70 Gy) + conc. Dox+Adj. Dox. A question was raised concerning concurrent CT and hormonal therapy and it was recommended that medical oncologists should be involved in these discussions.
- Contribution to evaluation of new technologies
- Joining the debate on optimal management of LAPC (the suggested Baron study is still of interest and could be re-presented at EGAM). A decision should be taken rapidly on this as changes in surgical practice will overtake us.

- Bossi will represent the GU working party at the ASCO-ASTRO GU Symposium in February 2009.

Investigators interested in joining the GU working party are asked to contact the coordinators with their contact details (write to [christopher.scrase@ipswichhospital.nhs.uk](mailto:christopher.scrase@ipswichhospital.nhs.uk))

#### **LYMPHOMA AND SOFT TISSUE SARCOMA SESSION (P. Poortmans, Tilburg)**

##### *Status of closed studies:*

\*62991/22998: non randomized phase II pilot study in moderate dose irradiation for inoperable aggressive fibromatoses (W. Budach): study closed in April 2008 having accrued 44 patients.

##### *Status of ongoing studies:*

\*20971/22997: phase III randomized study on low-dose total body irradiation and involved field radiotherapy in patients with localized low grade non-Hodgkin's lymphoma (M. Beijert, P. Poortmans): 60% of patients have been recruited in this study but it is running very slowly. At the present rate it will take another 5 years to complete. The EORTC has suggested reducing the sample size to be able to complete sooner, provided however, that a further 20 patients must be recruited before the end of 2008.

\*20051: H10 EORTC/GELA randomized intergroup trial on early FDG-PET scan-guided treatment adaptation versus standard combined modality treatment in patients with supradiaphragmatic stage I/II Hodgkin's Lymphoma (P. Poortmans, Tilburg): The study is running very well with 591 patients entered.

#### **Next Meetings:**

- 2009 EGAM, Brussels, March 18-30 (ROG session on March 18)
- 2009 EORTC ROG Spring Meeting on Metabolic Imaging in Radiation Oncology (Haifa, Israel, May 14-15)
- 2009 Autumn meeting: Tilburg, The Netherlands, October 1-3
- 2010 Spring meeting: Barcelona, March 11-13
- 2010 Autumn meeting: Lausanne, date to be determined.