

GCIG

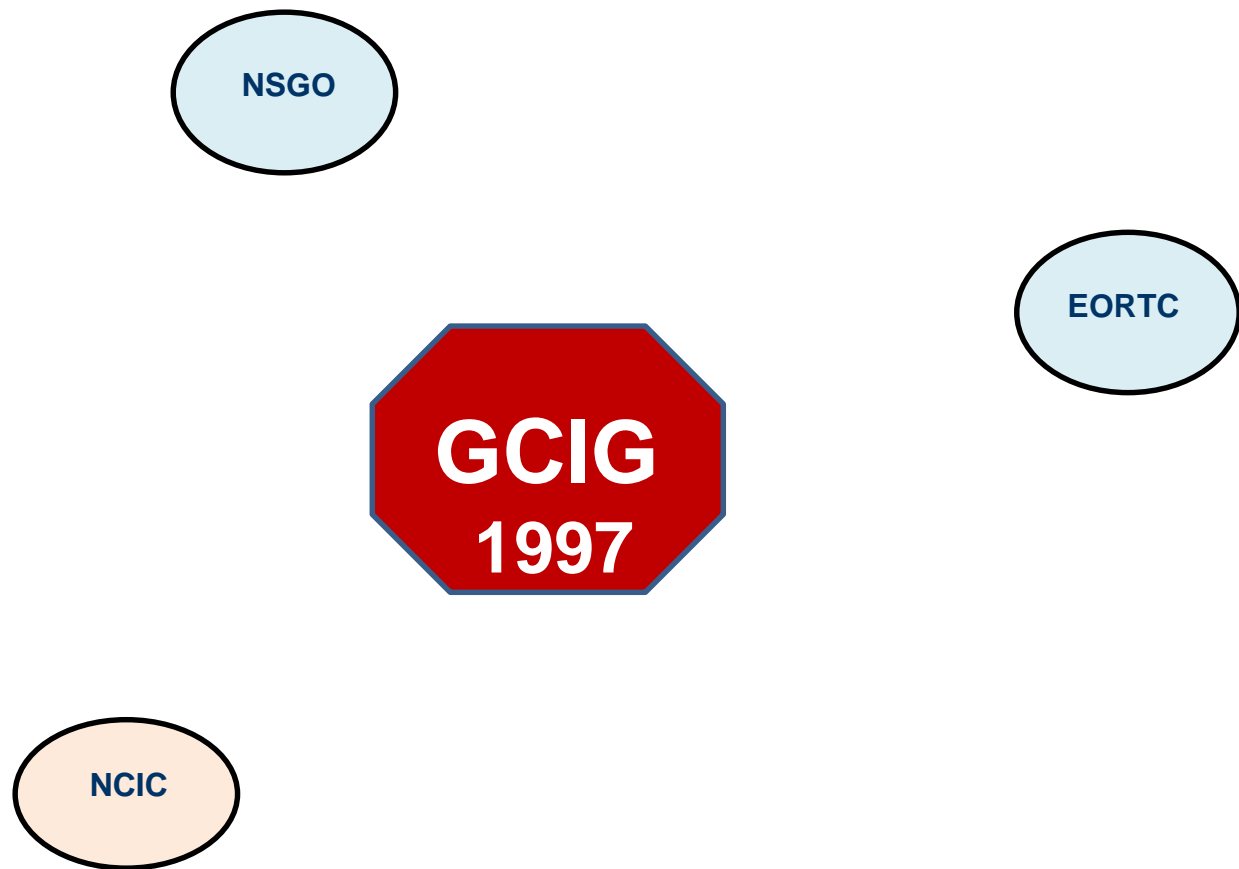
Who we are and what we do

Andres Poveda, MD
GCIG Chair

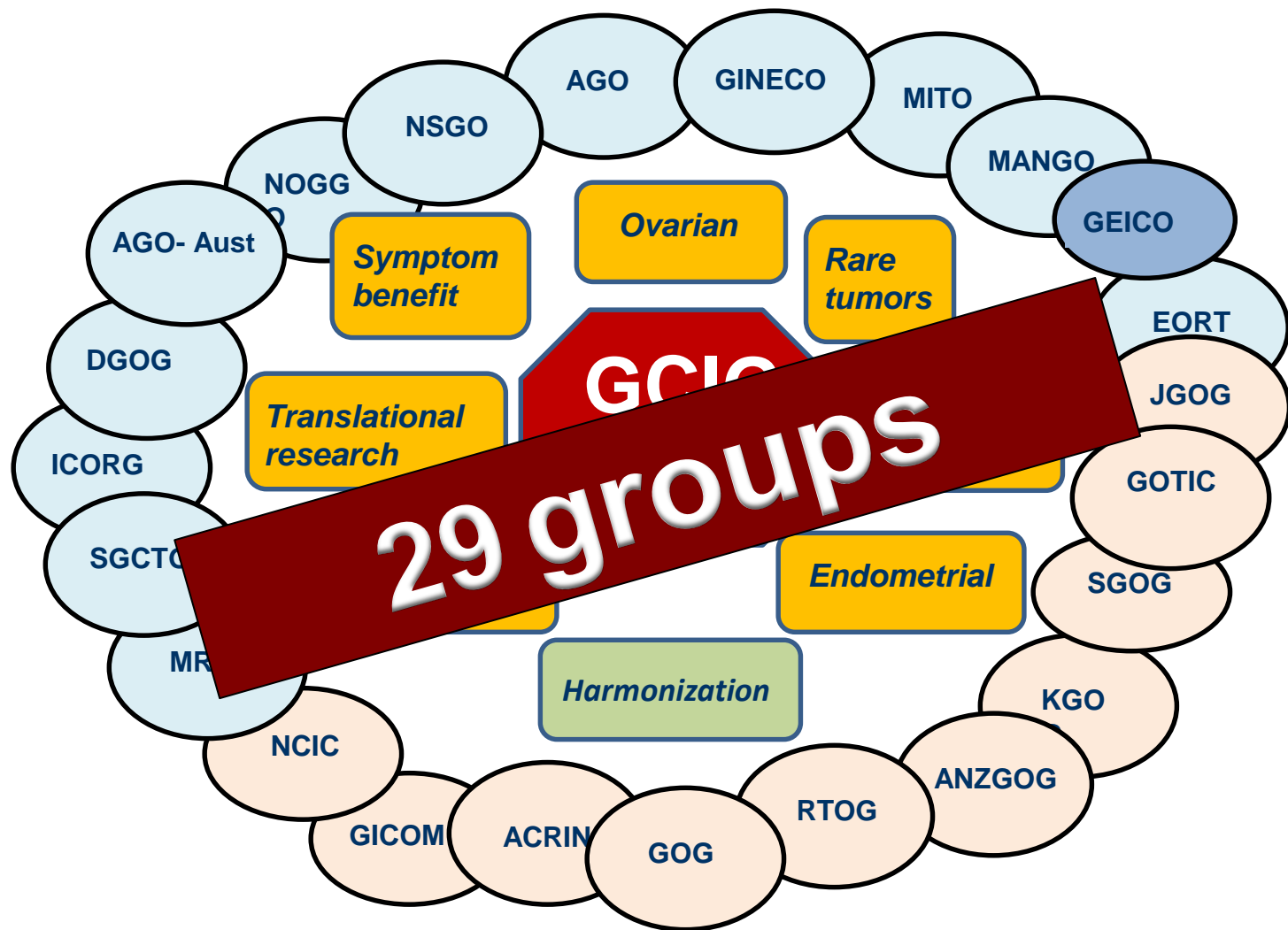
Introduction

History of GCIIG Collaboration

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- **1992 Collaboration** on two studies of paclitaxel in ovarian cancer between Europe and Canada
 - **In 1993**, it was felt that a network of national or international groups could facilitate this
 - Need for an ongoing structure to facilitate intergroup activities discussed **1995-1997**
 - Formalized in **1997**
 - Constituted in **1997** according to "Canada not-for-profit Corporations Act".



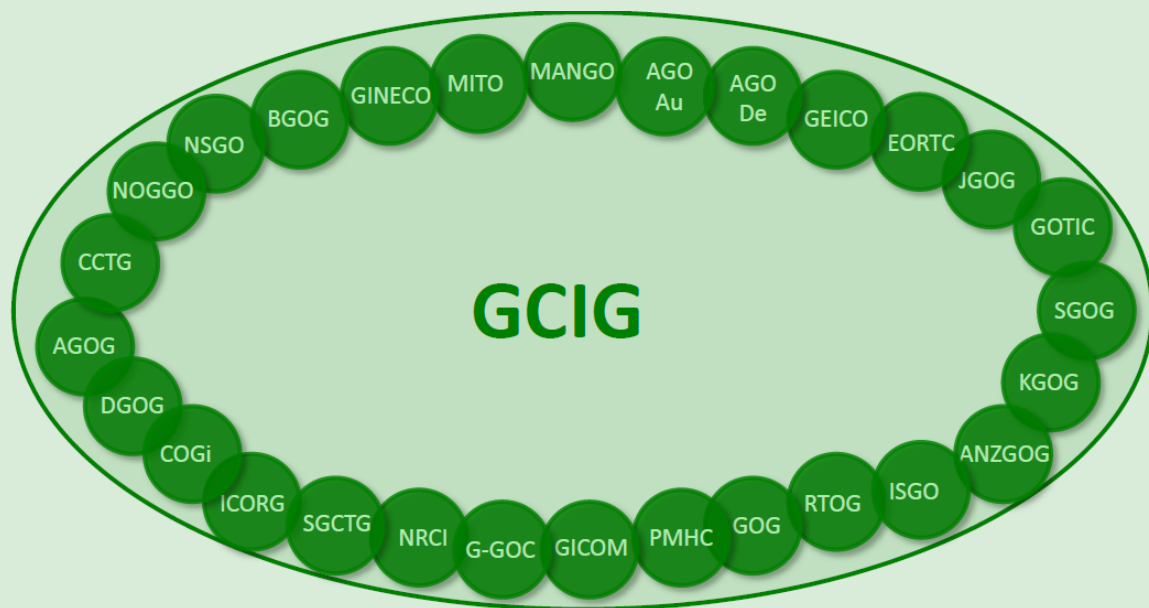
- European-Canadian Randomized Trial of Paclitaxel in Relapsed Ovarian Cancer: High-Dose Versus Low-Dose and Long Versus Short Infusion**
- By Elizabeth A. Eisenhauer, MSc, Wm Wm Boland-Ross, Kenneth D. Swenerton, John Dixon, James Hynes, Margaret W. Lee, Ian K. Chan, Richard A. Gelber, and the International Ovarian Cancer Trialists
- Purpose:** To compare paclitaxel 135 mg/m² versus 175 mg/m² and 3-hour versus 24-hour infusion in patients with relapsed ovarian cancer, including a subgroup analysis of patients with platinum-based relapse. The primary end point was progression-free survival (PFS).
- Design:** A randomized, controlled, phase III trial. Patients were stratified by platinum-based relapse (yes/no) and by performance (good/poor). Patients were randomized to paclitaxel 135 mg/m² or 175 mg/m² administered over 3 hours or 24 hours. The primary end point was PFS. Secondary end points were overall survival (OS), quality of life, and toxicity.
- Results:** The primary end point was PFS. In the overall population, PFS was significantly better in the 175 mg/m² group than in the 135 mg/m² group (P = .001). In the platinum-based relapse subgroup, PFS was significantly better in the 175 mg/m² group than in the 135 mg/m² group (P = .001). In the performance subgroup, PFS was significantly better in the 175 mg/m² group than in the 135 mg/m² group (P = .001).
- Conclusion:** The 175 mg/m² group had a significantly better PFS than the 135 mg/m² group. The 175 mg/m² group also had a significantly better OS than the 135 mg/m² group. The 175 mg/m² group had a significantly better quality of life than the 135 mg/m² group. The 175 mg/m² group had a significantly better toxicity profile than the 135 mg/m² group.
- Key Words:** paclitaxel, ovarian cancer, relapsed, platinum-based, high-dose, low-dose, long infusion, short infusion.
- J Clin Oncol 23:1817-1824. © 2005 by American Society of Clinical Oncology**
- 0732-183X/05/2312-1817/\$20.00**
- DOI: 10.1200/JCO.2004.08.1817**



Current Status

GCIG is a **collaborative network** of international and national **research groups** performing **clinical trials in gynecologic cancers**.

- Ovarian
- Cervix
- Endometrial
- Rare tumors



GCIG is a **non-profit organization**.

GCIG is organized in **Committees and Working Groups:**

- Ovarian Cancer
- Cervical Cancer
- Endometrial
- Translational Research
- Symptom Benefit
- Meta-analysis
- Phase II
- Rare Tumors
- Education
- Harmonization
- Quality Assurance
- Financial
- Nominations & Meetings
- Membership

Mission

The Gynecological Cancer InterGroup aims to promote and facilitate **high quality clinical trials** in order to **improve outcomes** for women with gynecological cancer.

Vision

Improving quality and duration of life for women with gynecologic cancers is accomplished through a focused common purpose, shared expertise, mutual respect among members, recognition and accommodation of cultural, geographic, and clinical diversities amongst, and between members and patients.

Main Working Strands

GCIG is organized in **Committees and Working Groups**.

GCIG **Principles of Independence** guarantee the independence of GCIG studies.

Educational activities in order to help developing countries to create national working groups.

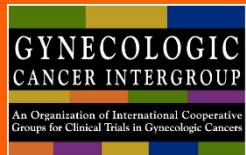
Advocacy meetings, which provides GCIG with the opportunity to listen to patients.

Cancer Consensus Conferences: Ovarian, Cervical, Endometrial...

CCRN (Cervix Cancer Research Network)

Pathologists meetings.

In the **future**: GCIG Foundation, mentorship of research groups in developing areas, such as Peru, Brazil, Costa Rica, Panamá, Cuba, Singapore, Vietnam, India, Morocco...



Achievements

Achievements 1997-2017

Promotion of **international cooperation**, being present, nowadays, in countries of almost all continents.

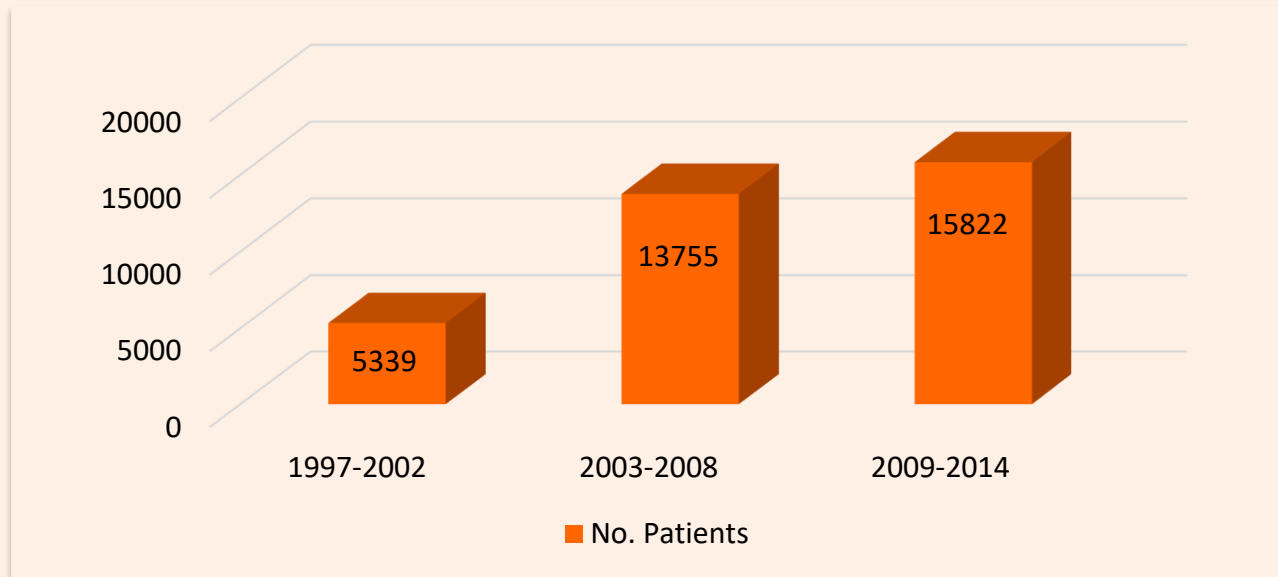
Promotion of **clinical research** (Consensus Conferences, State of Science meetings; rapid and large patient accrual; big increase in number of trials, covering all gynecological cancers; large RCT's, more Phase II, Translational studies, PRO, etc.)

Performance of **studies in rare tumors** (e.g.: Alienor, LGSC, Mucinous, CCC; GCIIG-Consensus Reviews).

Stimulation of **evidence-based medicine** (the results contribute to evidence-based medicine and to change standard of care).

Support of **educational activities** (presentations in main meetings, mentorship of new groups, CCRN...

GCIIG published RCT Phase III trials 1997-2014



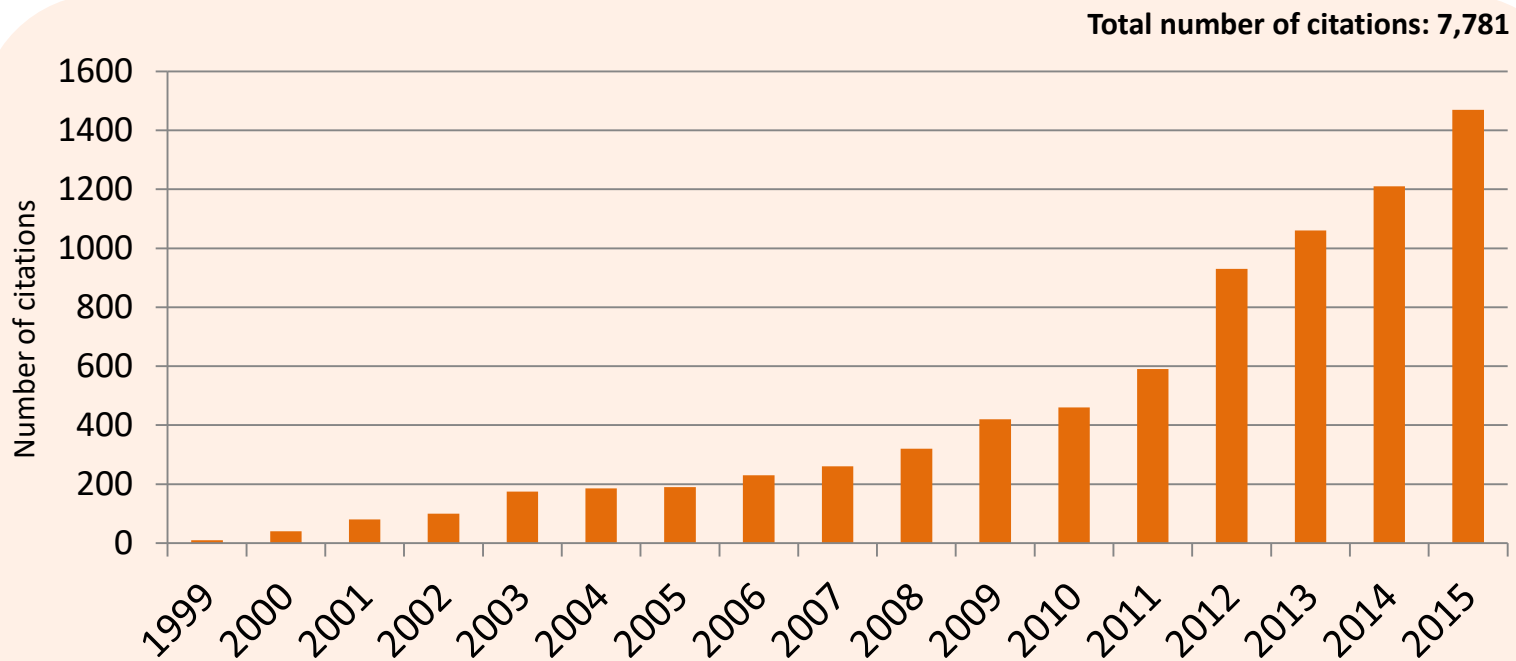
Source: <https://gcigroup.com/bibliography>

Rapid accrual Phase III OC > 800 Pts

Study	N	Accrual time
NCIC CTG OV 9 TAXOL (Eisenhauer)	407	1991-1992
GOG182-ICON5 (Bookman)	4312	2001-2004
MITO-2 (Pignata)	820	2003-2007
SCOTROC 4 (Banerjee)	964	2004-2009
CALYPSO (Pujade-Lauraine)	976	2005-2007
TARCEVA (Vergote)	835	2005-2008
ICON 7 (Perren)	1528	2006-2009
MITO-7 (Pignata)	822	2008-2012
OVAR 16 (DuBois)	940	June 2009-August 2010
AURELIA (Pujade-Lauraine)	360	October 2009-April 2011
DESKTOP-III (DuBois)*	400	March 2012-March 2015

*80 sites in 12 countries

Total number of citations for GCIg publications per year (1999-2015)



Source of citation data: Thomson Reuters Web of Science v.5.23.2

GCIIG at a glance

Year of
Foundation
1996

29
Members
(groups)

Europe _____	15
US and Canada ____	7
Asia _____	5
Oceania _____	1
Latinamerica ____	1

Publications
Up to year 2015
10 most cited
NEJM n=3 (IF=53)
Others with IF >12 n=6
175 Peer reviewed

>100
Studies

Patients
XXX

GCIG THE FUTURE





GCIG

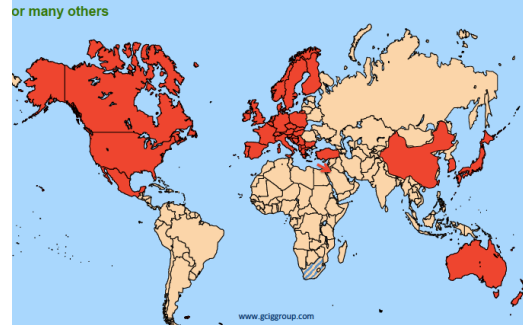
Current situation and Challenges

- Currently 29 groups are GCIG members.

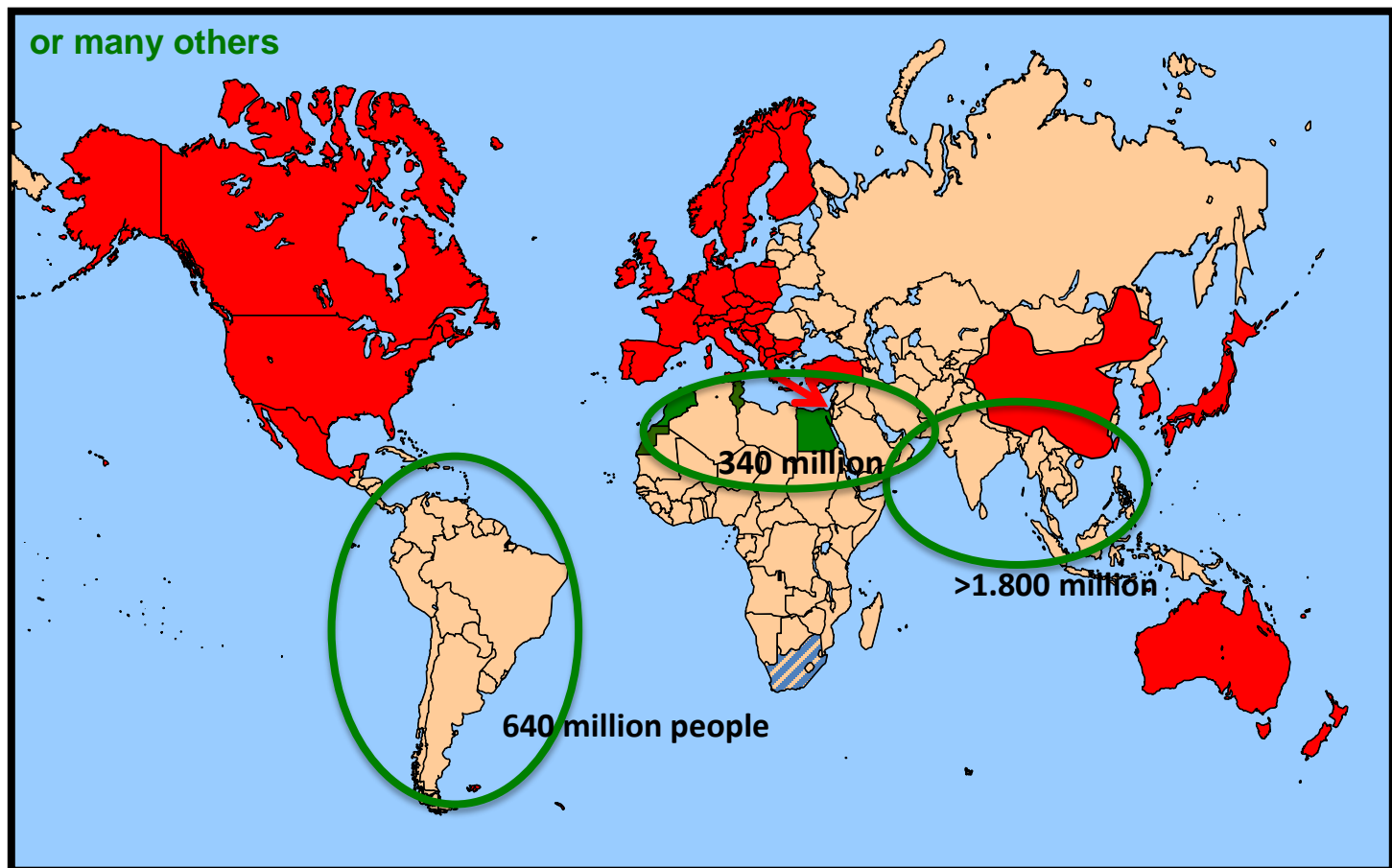
- 15 Europe
- 7 US and Canada
- 5 ASIA
- 1 Australia/New Zealand
- 01 Latin America
- 00 Africa



Countries represented in the GCIG 2015



Countries represented in the GCIG future?





GCIG

Current situation and Challenges

- Why do some countries with good individual training are not incorporated?
 - Lack of habit of teamwork
 - Lack of resources to start (Technical secretariat, Data Center,..)
- How to attract more countries / Groups?
 - Showing what GCIG has been achieved and can get
 - Educational development program



GCIG

New Challenges

GCIG FOUNDATION

- It is NOT TO FINANCE CLINICAL TRIALS
- It is TO CREATE TOOLS to
 - Dedicate resources in countries that
 - do not have infrastructure or methodology in teamwork
 - interested in joining GCIG.
 - Develop an important **communication** tool for GCIG

JOIN GCIG

Gynecologic Cancer InterGroup

