

NRG/GOG Foundation

Uterine Corpus Subcommittee



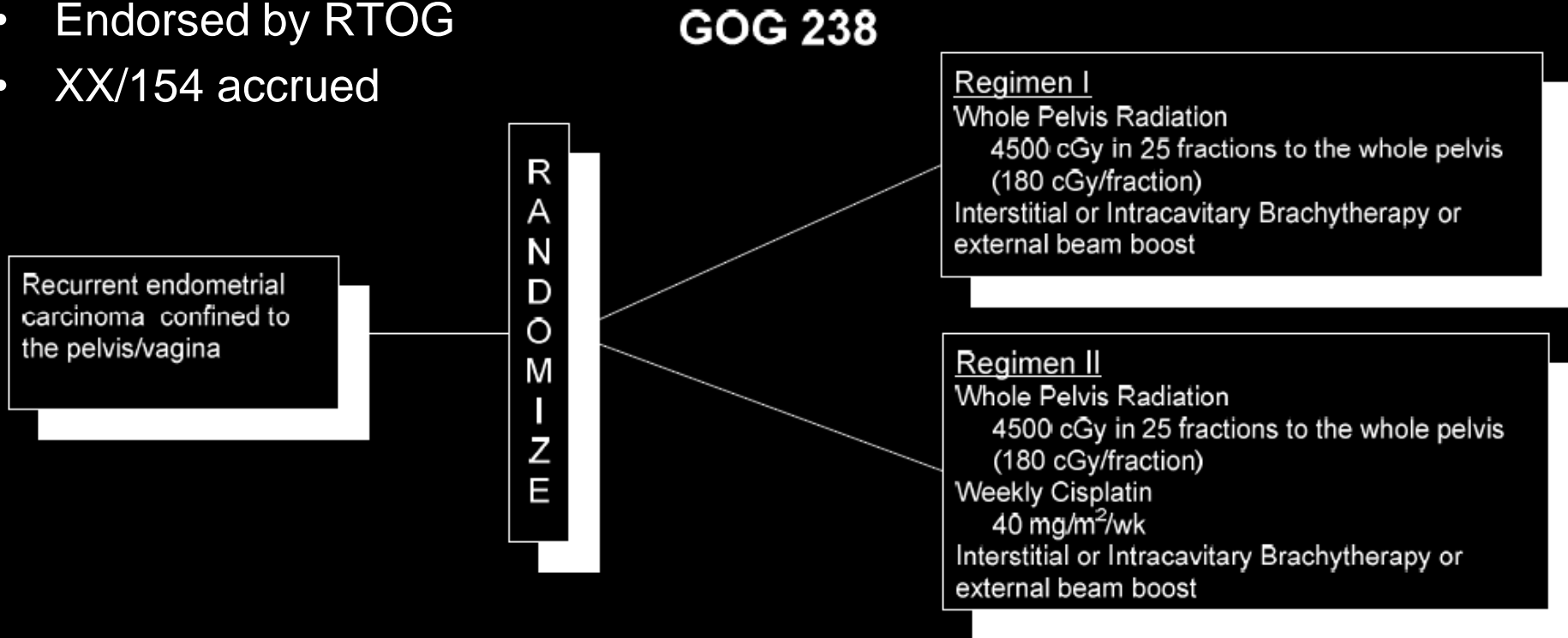
NIRG ONCOLOGY

Advancing Research. Improving Lives.™



Pelvic Recurrence

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



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

6/4/2012 opened
XX/216 accrued

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

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Regimen I

Gemcitabine

900 mg/m² IV day, 1 and 8

Docetaxel

75 mg/m² 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/m² IV

Every 21 days for Cycles 5-8

Regimen II

Observation

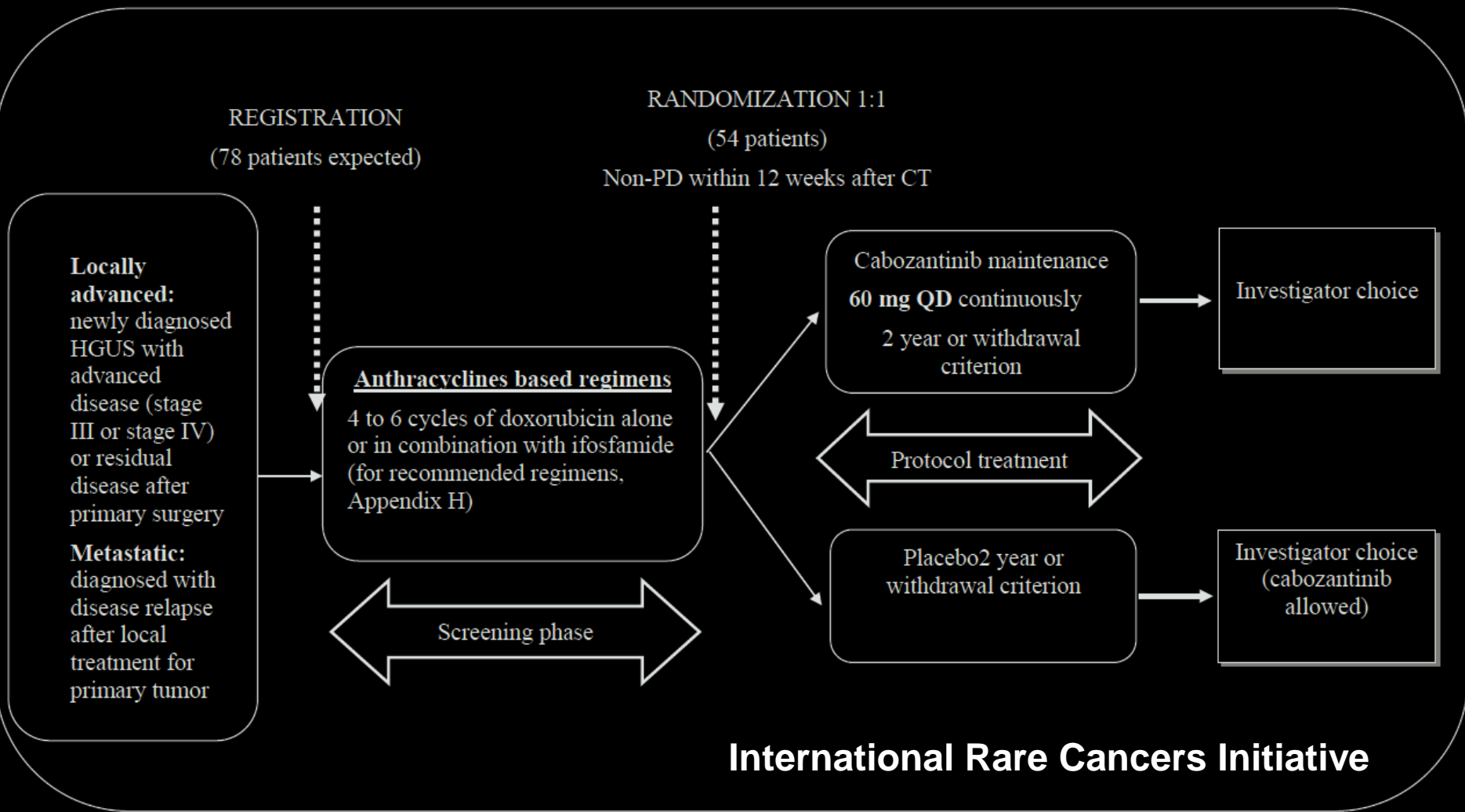
GOG TRIALS IN DEVELOPMENT

- **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 / GOG UC1306

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/m², 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.

6/18/2012

XX/381 accrued

GCIG collaboration