

# Questions – Urgent & Timely?

- Molecular alterations really involved as genetic drivers of the disease
- Impact of lymph node dissection (pelvic and/or lumboaortic) on overall survival
- Uterine: impact of pelvic RTE on OS
- Impact of adjuvant chemotherapy on survival for early stages.
  - Do all UCs, even stage IA, and all OCs need chemotherapy?
  - Impact of adjuvant multimodality therapy on PFS and OS?
- Is paraplatine-paclitaxel or paclitaxel- ifosfamide the best regimen?
- Place of other drugs (liposomal doxorubicin, trabectedin...) and targeted therapy (VEGF inhibitors, mTOR inhibitors, parp inhibitors, in selected subgroups?) alone or in combination.

# Discussion

- Be ambitious
- Randomized study easier to fund than observational
- More likely to make progress – asking a question
- Aggressive disease and short time to enrol if study is recurrence only
- Molecular characterization at presentation and recurrence is key – define biomarkers
- Build on uterine and ovarian carcinoma trials
  - Anti-angiogenics
- If not Carcinosarcoma studies – allow these patients on other ovarian and uterine studies
  - Define minimal dataset

Patients can enrol  
At Randomization  
1 or 2

**Carcinosarcoma  
Uterine and Ovarian**

Molecular  
Pathology, Staging

**Randomization 1  
At initial diagnosis  
Stage and Pathology**

n= 100s

SOC: Surgical  
staging +TC

SOC+  
Anti-angiogenic

+/-RT

+/-RT

**Recurrence**

Experimental 1

Experimental 2

Chemotherapy

**Randomization 2  
At Recurrence\  
Stage and Bx**

N=100s

# Standard of Care

- Surgical staging
  - Uterine: LND
  - Ovarian: Ovarian surgical staging
- Radiation
  - Ovarian : No
  - Uterine:
    - Brachytherapy: Acceptable
    - Pelvic?? – question remains for Stage I/II
      - If enough patients: bifactorial randomization
      - If not enough, comfortable to define no RT
- Chemotherapy
  - Carboplatin and paclitaxel - community standard
    - (GOG261 – will complete in 6m)
- Embed PROs - define

# Design Characteristics

- Single protocol
- Nested randomized clinical trials
- Good for patients – all patients
- Good for centres
  - Multiple cohorts can participate within a single protocol
- More likely to make progress – as asking multiple questions
- Model for other rare tumour types

# Tissue Issues

- National/International Path review
  - Panel
- Tissue essential
  - Also at recurrence
- Some centres – can collect fresh frozen as well

# Challenges

- Agree on research arms
  - SOC
  - Experimental
  - Define PRO
- Funding agency
- Regulatory Authorities

Questions?