L'essai DESKTOP III

Fabrice Lécuru,
Gwenaël Ferron, Christophe Pomel, Frédéric Selle, Eberhard Stoeckle
Nathalie Le Fur, Bénédicte Votan, Eric Pujade Lauraine
Philip Harter

Hôpital européen Georges Pompidou, Paris,
Institut Claudius Regaud, Toulouse
Centre Jean Perrin, Clermont Ferrand
Hôpital Tenon, Paris
Institut Bergonié, Bordeaux

ARCAGY GINECO
AGO
www.cancerologiegynecologique.eu

QUESTION

- Who is a good candidate ?
- Which surgical objective ?
- Which benefits ?

MORBIDITY OF SURGERY FOR RECURRENCE

- Bleeding: 500cc (300 – 1000)
- Operative length: 233 min (130 – 288)
- Bowel resection : 40% (0 – 80)
- “significant” perioperative morbidity: 19.2% (0 – 88)

- Median survival: 30 month (10 – 62)

Bristow R et al. 2009

DESKTOP – OVAR I
predictors of complete resection

TABLE 5. *Multivariate analysis of factors for achieving complete resection*

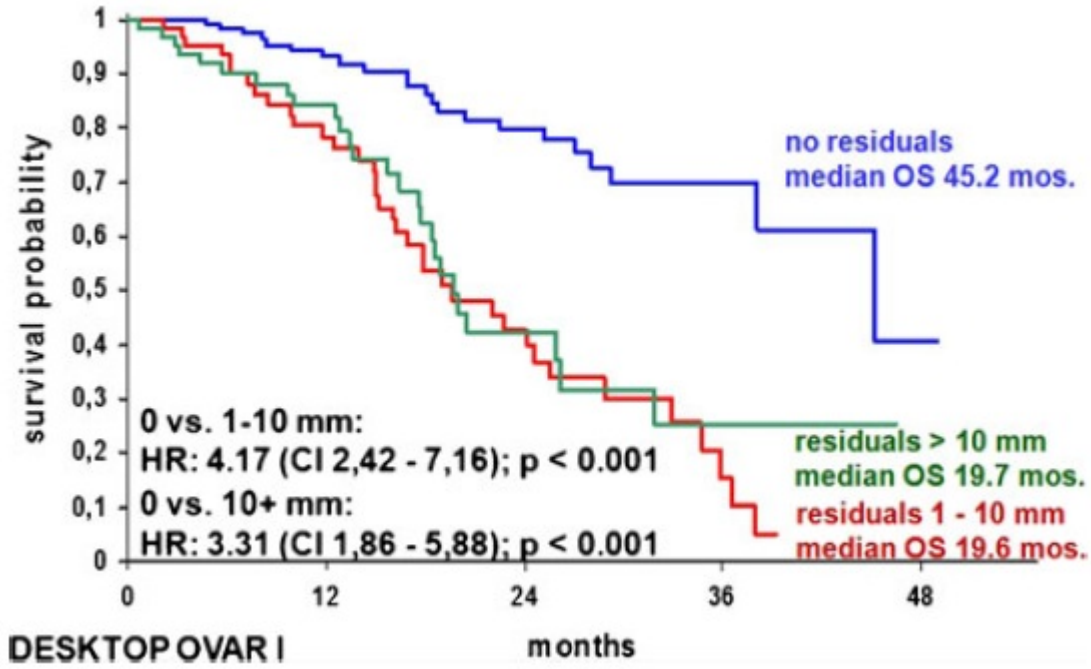
Parameter	Estimate		OR	95% CI	*P* value
Eastern Cooperative Oncology Group (ECOG)	.98	.27	2.65	1.56–4.52	< .001
Residual disease after primary surgery (mm)*	.90	.27	2.46	1.45–4.20	< .001
Ascites	1.63	.48	5.08	1.97–13.16	< .001
Localization of recurrence in preoperative diagnostics	.44	.31	1.55	.85–2.82	.155

OR odds ratio, *CI* confidence interval.

* Alternatively International Federation of Gynecology and Obstetrics (FIGO) stage if residual disease after primary surgery is unknown [hazard ratio (HR) 1.87 (95% CI 1.04–3.37); $P = .036$].

Harter P & al 2006

DESKTOP – OVAR I
impact of surgical outcome



DESKTOP II : DESIGN

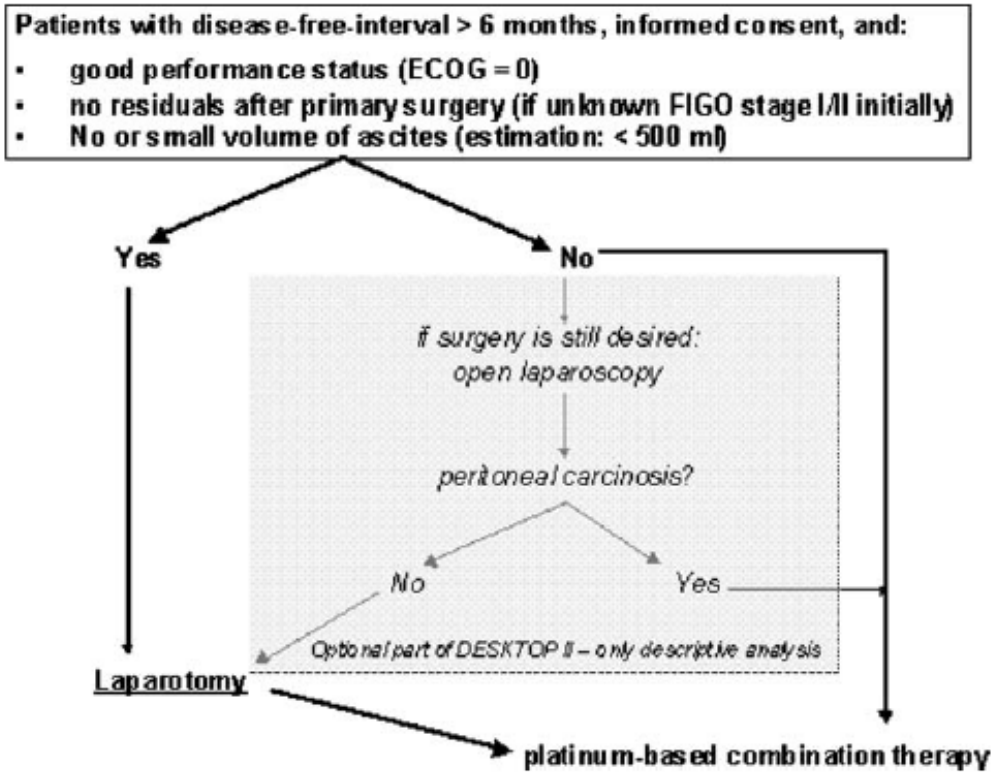
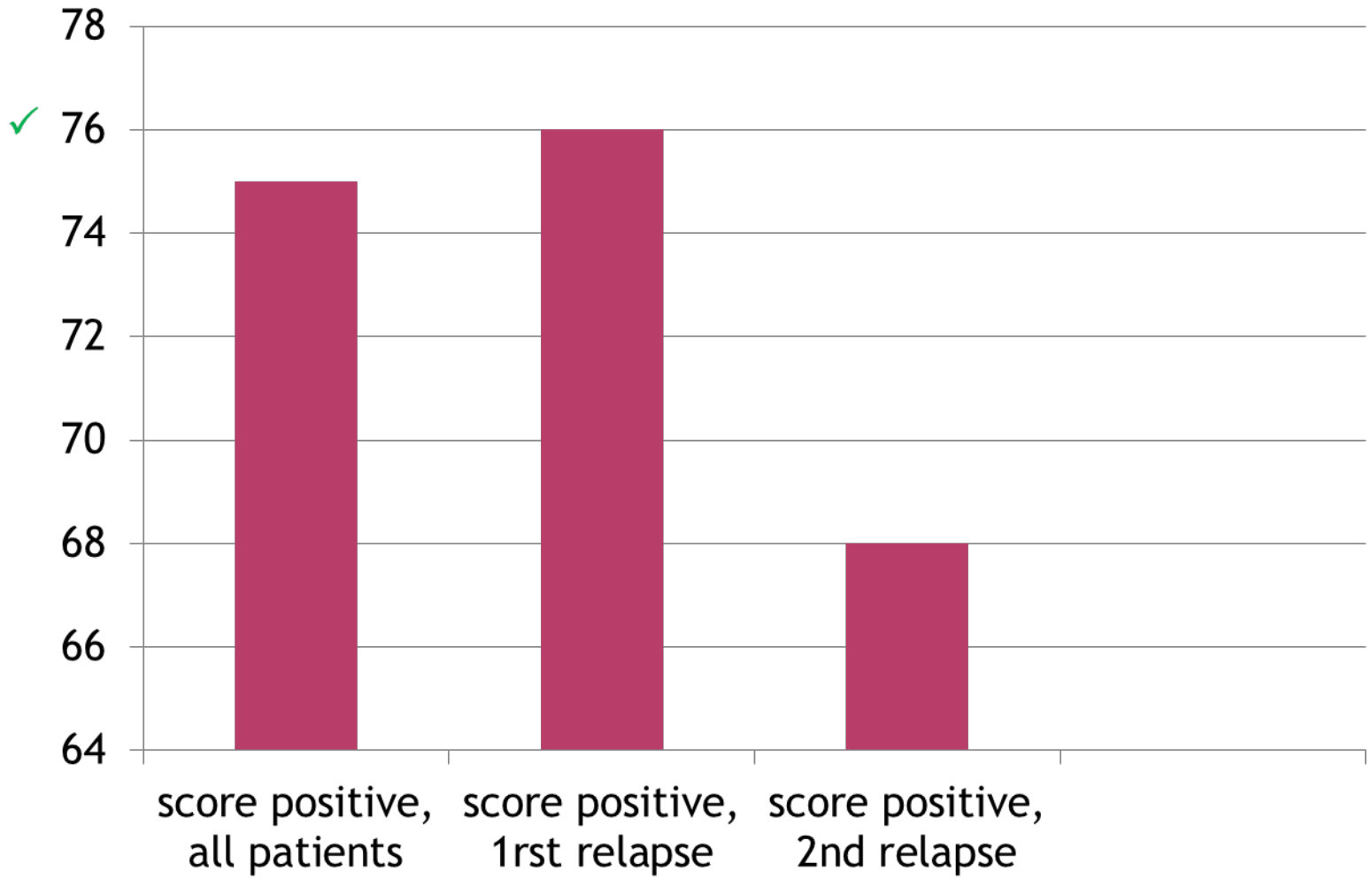


FIG. 2. Design of the Arbeitsgemeinschaft Gynaekologische Onkologie Ovarian Committee *D*escriptive *E*valuation of preoperative *S*election *Kri**T**eria* for *O**P**erability* in recurrent *OVAR*ian cancer (AGO OVAR DESKTOP II).

Complete cytoreduction in 76% of patients with a first recurrence

AGO DESKTOP OVAR II
SURGICAL RESULTS



THE REFERENCE

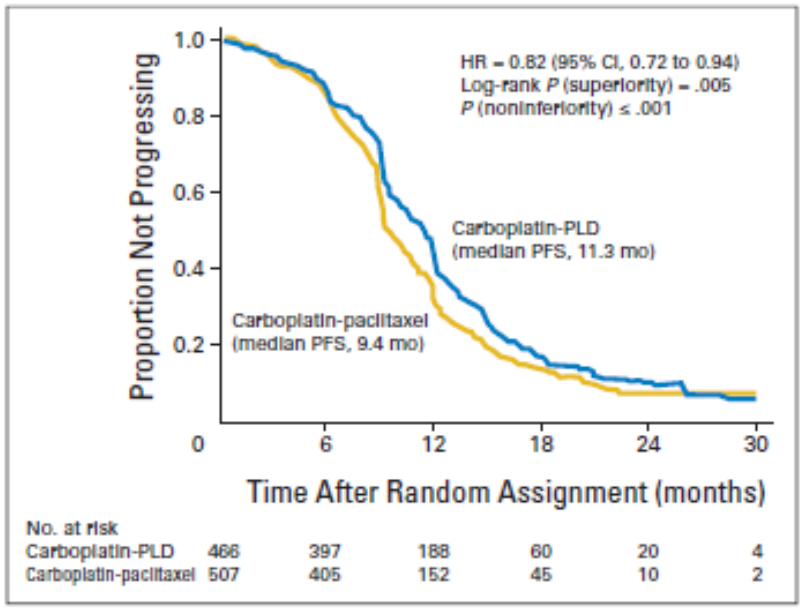


Fig 2. Progression-free survival (PFS). HR, hazard ratio; PLD, pegylated liposomal doxorubicin.

Prognostic factors:

Univariate: age, nb lines, platinum free interval, surgery for recurrence; measurable tumour, size < *vs.* >5cm, nb sites (1 or +), grade, ECOG, treatment

Multivariate : treatment

CALYPSO 2005 - 2007
Recurence sensitive to platinum, DFS : 11.3 month

Pujade Lauraine E et al. 2010

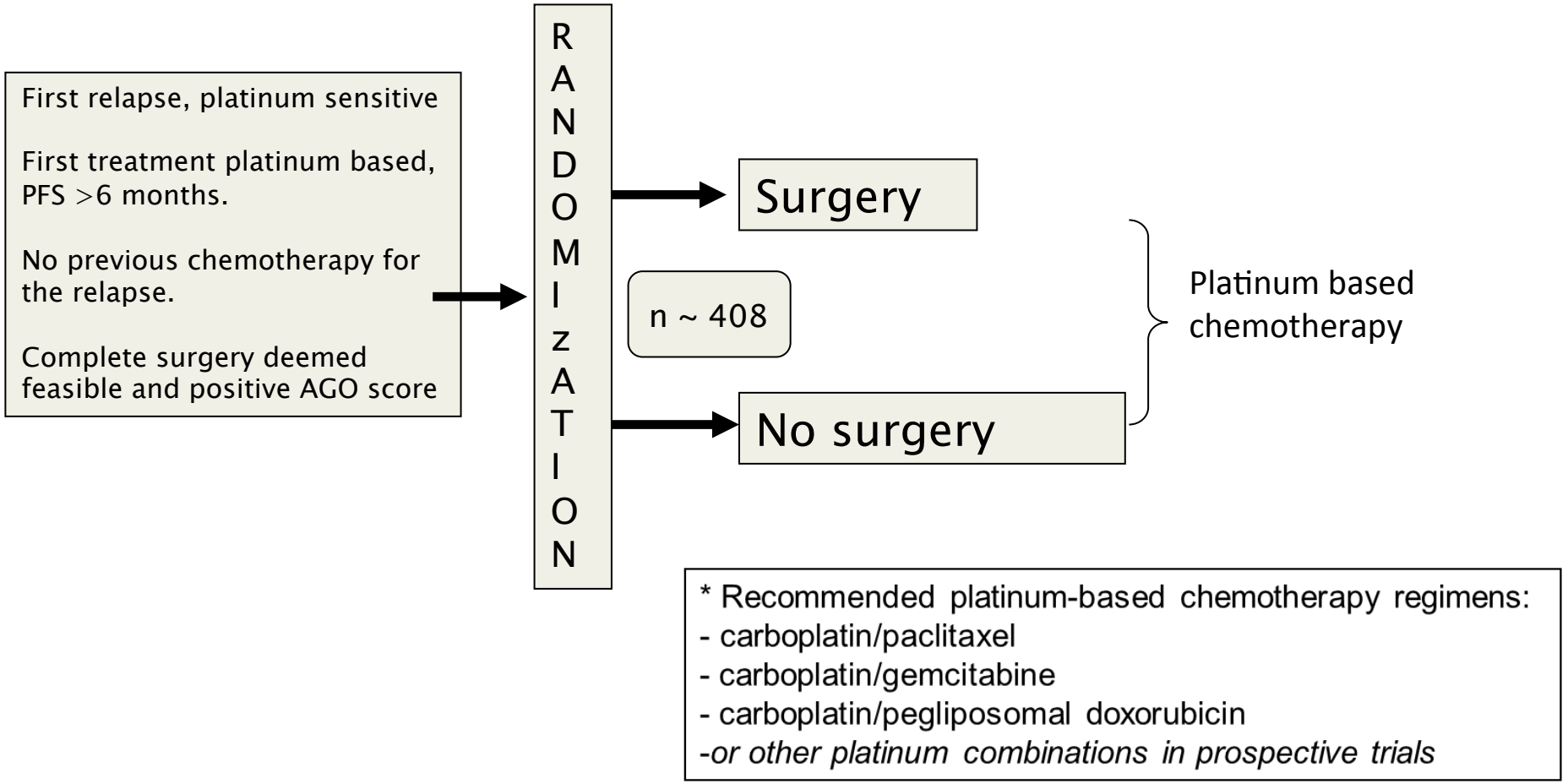
DESKTOP III: OBJECTIVES

- Main objective
  - Overall survival

- Secondary objectives
  - Progression free survival
  - Quality of life (baseline, 6, 12 month)(EORTC QLQ 30 & NCCN FOSI)
  - Prognostic value of residual disease
  - Postoperative morbidity
  - Exploratory analyses of surgical characteristics and chemotherapy, prognostic factors

DESKTOP III

Randomized trial assessing the impact of surgery in patients with a first relapse of platinum sensitive ovarian cancer.



DESKTOP III: inclusion criteria

- 1rst recurrence of platinum sensitive, invasive epithelial ovarian, fallopian tube- or primary peritoneal cancer of any inital stage

- Progression-free interval of at least 6 months after end of last platinum based chemotherapy
- OR recurrence within 6 months or later after primary surgery if the patient has not received prior chemotherapy in patients with FIGO I. Non cytostatic maintenance therapy not containing platinum will not be considered for this calculation

DESKTOP I: AGO-OVAR OP.1

- descriptive analysis in a multi-centre setting
- identify an appropriate endpoint
- creation of a model for a predictive score for resectability (allowing pts. selection for further studies)

DESKTOP II: AGO-OVAR OP.2

- Validation of the predictive score
- descriptive analysis of the selection bias for offering surgery to ROC pts.

DESKTOP III: AGO-OVAR OP.4

- Prospectively randomized trial to evaluate the impact on OS

AGO-OVAR DESKTOP III (Protocol AGO - OVAR OP.4)

Studienleiter: Dr. med. P. Harter

Zentrales Studienmanagement
Kaiser-Friedrich.Ring 71
65185 Wiesbaden
Tel.: 0611 880467-0
Fax: 0611 880467-67
office-wiesbaden@ago-ovar.de
www.ago-ovar.de

GYNECOLOGIC CANCER INTERGROUP
An Organization of International Cooperative Groups for Clinical Trials in Gynecologic Cancers

Essai International

Promoteur: ARCAGY-GINECO

Coordinateurs scientifiques France:

Pr F. Lécuru,
Service de Chirurgie Cancérologique Gynécologique et Sénologique, HEGP, Paris.
Faculté de Médecine, Université Paris V René Descartes, Paris.
UMR S 747, Université Paris V René Descartes, Paris.

Pr E. Pujade Lauraine
Service d'Oncologie Médicale, Hôtel Dieu, Paris
Faculté de Médecine, Université Paris V René Descartes, Paris.
ARCAGY - GINECO

Centre		Randomized
Charite Berlin		27
Leuven		18
EVK Düsseldorf		15
Toulouse	▲	14
Napoli		10
Clermont-Ferrand		9
KEM Essen		9
Stockholm		8
Paris (Hopital Tenon)		7
Bordeaux		6
Milan (Inst.tumori)		6
Shanghai		5
Odense		5
St Herblain		4
Freiburg		4
Seoul		4
Kopenhagen		4
Kiel UFK		4
Paris (GPEH)		4
HSK Wiesbaden		3
Bad Homburg		3
Nice		3
Valencia		3
Wolverhampton		3
Herlev		3
Barcelona (Llobregat)		3
Hannover		3
Oslo		3
Diakonie Düsseldorf		2
UFK Dresden		2
Rouen (914)		2
Suzhou		2
Linköping		2
Rennes		2
Caen		2
Wien		2
Ravensburg		2
London (Imperial)		2
Cambridge		2
Aviano		2
Guildford		2
München Großhadern		2
London (UCL)		2
Rouen (915)		1
Greifswald		1
Kempten		1
Hangzhou		1
Fürth		1
München 3. Orden		1
Graz		1
Paris (HPSJ)		1
Barcelona (Sant Pau)		1
Göttingen		1
Badalona		1
Schweinfurt		1
Mainz		1
Margate		1
Pamplona		1
London (St Barth.)		1
Sheffield		1
Gateshead		1
London (Royal Marsden)		1

DESKTOP III 17.10. 2013

Country	Pts	centres
	84	20
	55	12
	18	1
	18	3
	16	10
	12	3
	10	3
	10	7
	8	3
	4	1
	3	1
	3	2

DESKTOP III

- Contact : bvotan@arcagy.org
- Contact : nlefur@arcagy.org

ARCAGY - GINECO