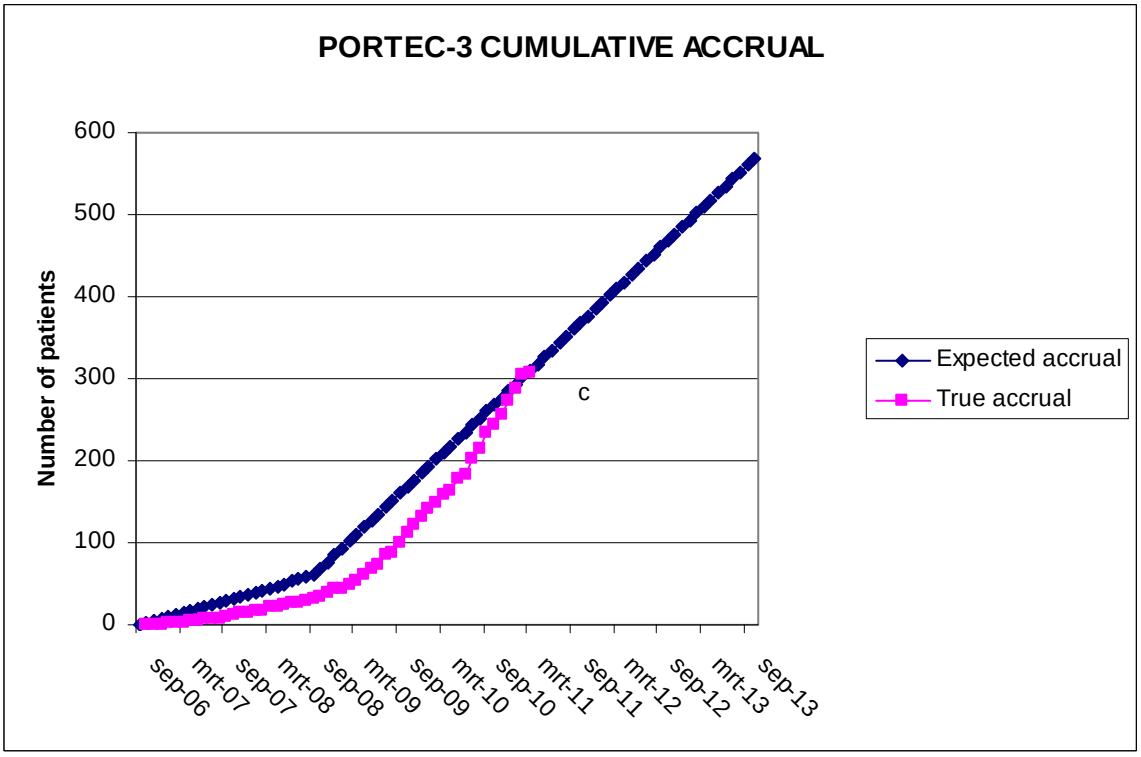
PORTEC-3 Newsletter no 7 28 March 2011

Accrual to PORTEC-3 has exceeded 300!

Accrual to PORTEC3 has shown continued acceleration thanks to the active international participation to the study. On February 17, the 300th patient was randomized in the trial!
Total accrual in 2009 was 87, and in 2010 133: more patients have been recruited in 2010 than in all previous years combined! The graph below shows that the actual recruitment is at this moment crossing the expected rate.
See the Table on the next page showing the accrual by site and by group, as well as the accrual over the last year.



Group	Arm 1	Arm 2	Total on 5-3-2011	Since 1-3-2010
Netherlands	43	44	**87**	20
Italy	18	29	**47**	21
Australia/NZ	33	27	**60**	25
Canada	16	19	**35**	23
UK	33	25	**58**	49
France	11	9	**20**	19
Total	**154**	**153**	**307**	**157**

Top recruiting sites (≥10 patients) of each group are:

ANZGOG:	Peter McCallum, Melbourne	17
MaNGO:	S Anna, Torino	15
	Lecco	13
Netherlands:	UMC Utrecht	15
	UMC Groningen	10
NCIC CTG:	Sherbrooke	10
UK:	Norfolk & Norwich	7
	Cambridge, Addenbrooke	7
France:	Reims, Jean Godinot	4

PORTEC-3 site activations and accrual

Most of the sites from the MaNGO group (Italy), ANZGOG (Australia and New Zealand), and NCIC-CTG (Canada) have been activated. See the Table on page 3 for activated sites and those actively recruiting.
Over the past year, many NRCI (UK) and FNCLCC (France) sites have been activated and more are expected over the next months, especially from UK.

Group	Listed sites	Activated sites	Sites closed	Recruiting
Netherlands	19	18	1	17
Italy	21	15	0	12
Australia/NZ	21	19	1	15
Canada	17	12	1	10
UK	44	27	0	19
France	20	16	0	10
Vienna	1	0	0	0

DSMB

The Data and Safety Monitoring Board have received a Safety and Toxicity update (mainly directed at update of neurotoxicity rates) in April 2010, and the annual confidential Safety Report in October 2010. They have held their annual teleconference on October 8, 2010. The DSMB have subsequently sent a memo stating they were pleased to see the substantial increase in trial accrual. As this may, nevertheless, require slightly more than the funded 5 years to achieve target, the DRMB would be willing to support an application for extended funding if justified by updated statistical power calculations. Furthermore, that it was too soon for the DSMB to confirm that levels of grade 3 or 4 neuropathy have reduced since the protocol modification (November 2009; implemented by most groups early 2010).

Inclusion period and target number

The Dutch Cancer Society has approved extension of the planned inclusion period until December 31, 2013.
After the 2011 Annual Report, based on the accrual rate and number of events it will be discussed within the TMG, participating groups and DSMB whether the total target number for the trial will be extended to 670, as specified in the protocol.

SAE

55 SAE have been reported to date. 32 have been discussed during the Investigator's meeting. Updated overviews are sent at 6-month intervals. Please do not forget to report any SAE according to the guidelines provided in paragraph 9.3 of the protocol. SAE reports should be sent to the Trials Office *by fax.*

Protocol violations RT

First reviews of the Radiotherapy Forms have demonstrated a number of protocol violations without appropriate reason, such as use of brachytherapy for other indications than cervical invasion (e.g., 'department protocol', 'grade 3, LVSI+'), and use of higher or lower doses than the protocol dose (e.g., boost dose)
It should be noted that any deviation from the protocol treatment is a protocol violation and is not allowed without previous consultation. This is essential to the quality of the trial as if too many violations would occur, this would reduce the quality and credibility of the trial. Specific queries will be sent to the sites.

Radiotherapy QA

ANZGOG have incorporated thorough QA of the radiotherapy plans from the start of their participation, in collaboration with TROG. The QA is done by uploading the plan via DICOM RT, which is subsequently read by one of the TROG RT coordinators. Minor and major violations have been pre-defined.
As RT quality control is essential for a multicenter Intergroup trial such as PORTEC-3, we are very happy that ANZGOG/TROG have consented to taking on the QA of the 3D plans (excluding IMRT) of the PORTEC-3 trial, provided a grant application will be successful. The Radiotherapy coordinators of the participating groups have received information on the plans, to be discussed with their member sites.

PORTEC-3 Investigator's Meetings

The 2010 PORTEC3 Investigator's Meeting has been held during IGCS, Prague, on October 22, after the GCIG meetings. Minutes have been sent to all groups.
The 2011 PORTEC3 Investigator's Meeting will be organized just before the ESGO meeting in Milan, after the GCIG meetings in Atahotel Executive, Milan, on September 9, 2011.
Specific information and aformal invitation will follow.

TRIAS database program

A new web-based data management program TRIAS has been implemented by the IKW Trial Centre. TRIAS is a dedicated, user-friendly data base program using electronic CRF. TRIAS has successfully been introduced to Dutch participating centres, and centres are very positive about the program. Over the next 1-2 years it is planned to introduce this web-based program with e-CRF to the coordinating centres of the international groups.

PORTEC3 trial website: www.clinicalresearch.nl/portec3

All updated documents, relevant information and links are available on the trial website. Please check the website regularly for most recent versions the protocol and CRF.

Data management and central trial coordination

Karen Adema is the PORTEC-3 central datamanager and coordinator at the Trial Office and first responsible person, please email her at k.w.adema@lumc.nl and always copy the message to trialbureau_hemato-oncologie@lumc.nl

Data management issues

- Always use the most recent **CRF version Oct 26, 2009**
- Please remember that for any patient for whom the interval between date of surgery and date of first Radiotherapy session will exceed 8 weeks, a **waiver** should be requested before considering inclusion and randomisation.
- Please do not forget that **SAE reports should always be sent by fax to +31 71 526 6712.** A confirmation of receipt is sent within 24 h (working days).
- **Toxicity Form**: this covers the period of each treatment **including** 3 wks follow-up thereafter, so RT toxicity is scored 3 weeks after completion of RT; toxicity for each chemotherapy cycle is scored 3 weeks after the cycle (often on the date of the next cycle), etc. Only toxicities **grade 2 or greater** have to be reported: please score both the toxicity type(s) and their CTC grade(s).
- **Date off treatment** (Form 5) is 3 weeks after the date of last treatment, to include the 3-week follow-up period to assess toxicity.
- Please do **complete ALL boxes**, do not leave any box blank or crossed. Appropriate answers are “0”(e.g. for zero nights in hospital), “uk”(unknown), “nd”(not done, e.g. for an investigation), “na”(not applicable)
- Please check the **appropriate units** for lab investigations, please report in the units stated on the CRF.