

PORTEC-3 -closed on 20-12-2013 at 686 randomised patients – is awaiting events

At the October 2015 Data and Safety Monitoring Board meeting, a (confidential) progress report with event projection was discussed.

- Median follow-up was about 30 months
- Data on toxicity and quality of life up to 2 years after randomisation were considered complete and mature
- Projected date for analysis of primary endpoint (overall survival): 2019
- Projected date for analysis of second primary endpoint (failure-free survival): late 2016 or - more probably - 2017
- An protocol amendment with specific plan for statistical analysis of FFS will be prepared.

ASCO abstract and oral presentation on toxicity and quality of life results of the PORTEC-3 trial

An abstract was submitted and accepted to ASCO Annual Meeting, Chicago, June 1, 2015 – see attached.

Similar, updated data were presented on a poster at the Biannual ESGO Meeting, Nice, October 2015

Publication of toxicity and quality of life results of the PORTEC-3 trial

A manuscript has been prepared and approved by all groups, and has very recently been submitted for publication.

Radiotherapy QA

The analysis of radiotherapy QA is well underway, although some plans are still pending, and these investigators have been contacted.

Database checks, queries, reporting of events

All CRF data on chemotherapy, radiotherapy and pathology have been checked and queries have been sent where needed. Missing CRF are being urgently chased.

- Most important request to all groups and all investigators to **ensure timely follow-up and prompt reporting of events**, as this makes all of the difference for the timing of final analysis of the trial.

Next DSMB meeting

October 2016, with (confidential) progress report and event projection

Adjuvant chemotherapy and radiation therapy (RT) versus RT alone for women with high-risk endometrial cancer: Toxicity and quality-of-life results of the randomized PORTEC-3 trial.

Meeting: 2015 ASCO Annual Meeting

Session Type and Session Title: Oral Abstract Session, Gynecologic Cancer

Abstract Number: 5501

Citation: J Clin Oncol 33, 2015 (suppl; abstr 5501)

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Background: PORTEC-3 is an intergroup trial investigating survival improvement with adjuvant chemotherapy given during and after pelvic RT (CTRT) versus RT alone (RT) for women with high-risk endometrial cancer (HR-EC). Primary endpoints are overall and failure free survival, secondary endpoints toxicity and health-related quality of life (HRQL). Accrual was completed Dec 2013. Toxicity and 2-year HRQL results are presented.

Methods: 686 women with HR-EC were allocated to RT (48.6 Gy in 1.8 Gy fractions) or CTRT (2 cycles of cisplatin 50 mg/m² during RT, followed by 4 cycles of carboplatin AUC5 and paclitaxel 175 mg/m²). Adverse events (AE) were graded using CTCAEv3.0. HRQL was evaluated using EORTC QLQ-C30 and symptom scales from CX 24 and OV28 at baseline, after RT and at 6-12 month follow up (FU) intervals.

Results: 674 patients met eligibility criteria, and 572 (85%) were evaluable for HRQL. Median FU was 30 months. Rates of AE were significantly higher for CTRT vs RT. During RT, grade ≥ 2 AE were found in 79 vs 44%, and grade ≥ 3 in 36 vs 13% of patients, both p < 0.001. During FU, any grade ≥ 3 AE were reported in 67% (CTRT) vs 32% (RT), especially hematologic (32 vs 8%), neurologic (10 vs 2%) and GI AE (14 vs 5%, all p < 0.001). AE decreased over time; at 1 yr differences for CTRT vs RT were only significant for grade ≥ 2 neurologic (12 vs 1%, p < 0.001) and musculoskeletal AE (3 vs 0%, p = 0.015). Rates of any grade ≥ 2 and ≥ 3 AE were 47 vs 39% (p=0.06) and 12 vs 8% (ns). At 2 years, grade ≥ 2 neurologic AE persisted (10 vs 2%, p<0.001) without differences in grade ≥ 3 AE. QLQC30 functioning scores were lower and HRQL symptom scores were higher for CTRT vs RT after RT and at 6 months, improving with time. At 1 and 2 years, small (mean 5-6 points) but significant differences in physical, role, emotional and social functioning remained. Most striking differences at 2 years were tingling/numbness (24 vs 7%, p < 0.001) and weakness arm/legs (14 vs 9%, p < 0.001).

Conclusions: CTRT for high-risk endometrial cancer causes significantly higher AE and symptom ratings and reduced HRQL during and after treatment as compared with RT, but with recovery over time, without differences in grade ≥ 3 AE at 2 years. Clinical trial information: [NCT00411138](https://clinicaltrials.gov/ct2/show/study/NCT00411138)