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Malignant Germ Cell  
International Consortium

# Roundtable - Challenges and Initiatives for Data Partnership

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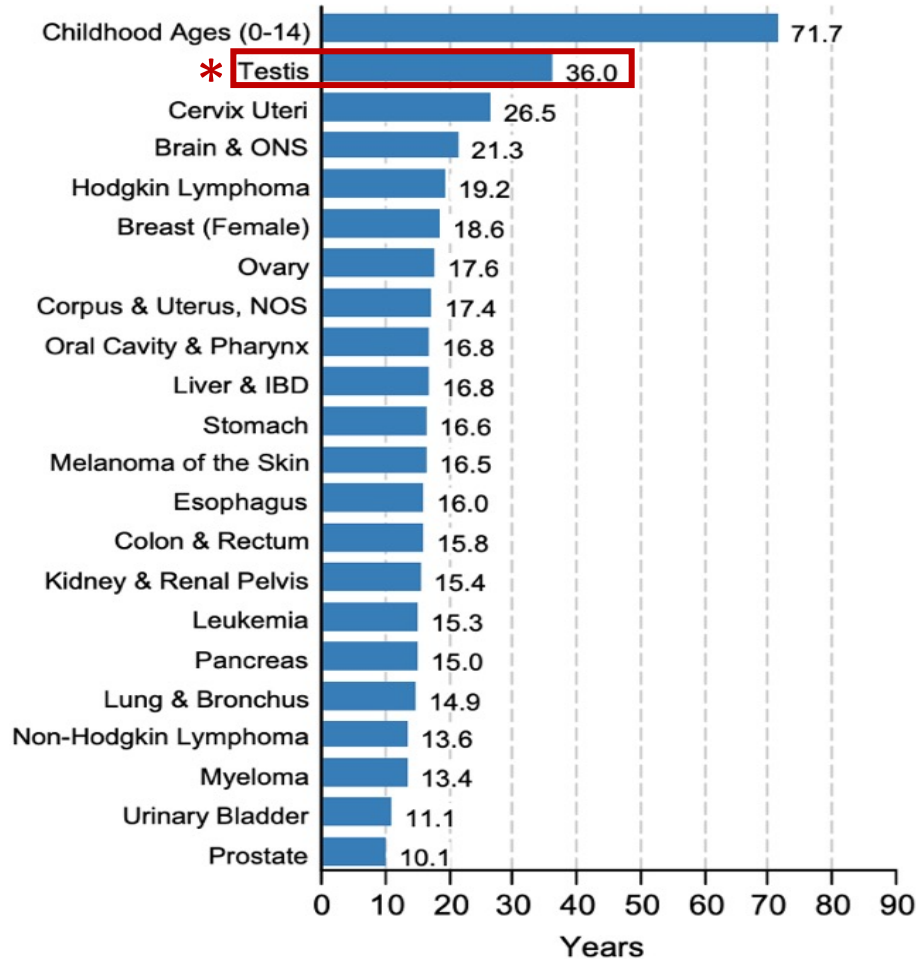
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*Chair, Malignant Germ Cell International Consortium*

# If so effective, why does the therapy for Germ Cell Tumors need to change?

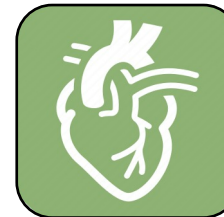
Average years of life lost per person dying of cancer (SEER data)



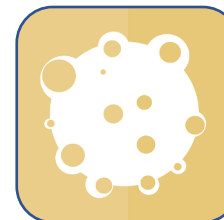
Ototoxicity (80%)  
Tinnitus (40%)



Neuropathy (56%)



Early-onset Cardiovascular Disease  
(2-fold increased risk)



Secondary Malignant Neoplasms  
(2-fold increased risk)

# Having International, and Cross-age and Cross-gender data has Allowed MaGIC to Chip Away at “Fixed Beliefs”

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## **Pediatric Oncology (3,734 patients):**

Children’s Oncology Group (COG)

Children’s Cancer and Leukaemia Group (CCLG)

Societe Francaise des Cancers de l’Enfant (SFCE)

Sociedade Brasileira Oncologia Pediátrica (SOBOPE)

Associazione Italiana Ematologia Oncologia Pediatrica (AIEOP)

## **Testicular Cancer (2,070 patients):**

Medical Research Council (MRC)

Dana-Farber Cancer Institute (DFCI)

## **Gynecologic Oncology (280 patients):**

NRG Oncology

# MaGIC has used data (rather than anecdote) to challenge “fixed beliefs”

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- Adolescent germ cell tumors may be different than adult testicular germ cell tumors and therefore should not be included on the trials being conducted in men.

(ditto for ovarian germ cell tumors)

**Data Solution:** Model risk of recurrence and show that both “poor risk” adolescent men AND women have same expected outcomes as adult men with “poor risk” testicular cancer. Result: Added AYA to trials which only used to include men >18y.

- It is not possible to conduct a trial in men with “poor risk” germ cell tumors because there are only 500 cases per year in the United States.
- It is not clear that adding adolescents to the trials of men with testicular germ cell tumors would significantly help with accrual.

**Data Solution:** Calculate the percentage of adolescents eligible for a clinical trial in US who are actually enrolled on a trial. Result: 35% of the patients on current poor risk trial AGCT1532 have been enrolled by the Children’s Oncology Group.

- Carboplatin is inferior to cisplatin.
- Cisplatin -or BEP- should be the standard of care for women with dysgerminoma.
- All immature teratomas of the ovary greater than stage I, grade 1 require treatment with cisplatin-BEP.

**Data solution:** Use clinical trial data to compare different strategies and prove this orthodoxy is incorrect. Use as scientific justification for next set of clinical trials.

# The "magic" of MaGIC



Friendship

Bowling

Committees

Statistical Support

Administrative Support

