

# History of the Gynecologic Oncology Group



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## Introduction

The early 1970's saw the formulation advent of Gynecologic Oncology as a discipline and specialty – the creation of a board certifying process for Gynecologic Oncology, the founding of the Society of Gynecologic Oncology (originally the Society of Gynecologic Oncologists), and most importantly the formalization of the Gynecologic Oncology Group (GOG), a cooperative group funded by the National Cancer Institute (NCI) through their Cancer Therapy Evaluation Program (CTEP) program.

## Initial Organizational Efforts

Probably, the seminal event in the formation of the GOG began in 1963 with the creation of the Endometrial Cancer Study championed by George Lewis, MD, initially of Hahnemann University Hospital, and later of Jefferson University Medical School. In this study, patients with endometrial adenocarcinoma, Stage I, were randomized to receive standard therapy with surgery and, possibly, radiation followed by Depo-Provera versus placebo by intramuscular injection in a double-blind study. The purpose of the study was to see whether the addition of hormone therapy (Depo-Provera) to standard therapy for endometrial adenocarcinoma improved the disease-free interval and survival. A statistician was recruited from Roswell Park/SUNY Buffalo to review all data and assist in publication of the results. Forms, operative notes, pathology reports with their description of the disease were reviewed/processed by the statistician in consultation with the principal investigator. The final analysis revealed no significant difference between the placebo and the Depo-Provera group. Although a negative trial, this prospective, randomized trial was conducted by 20 institutions across the United States (U.S.), accruing over 500 patients. This trial set the role model for the

formation of the GOG.

Records of the events that came next are still available in the GOG Administrative headquarters in Philadelphia, Pennsylvania. The details of the historical evolution of the GOG are detailed in the preceding publication, "The Gynecologic Oncology Group: 43 Years of Success," available on the GOG Foundations website. ([gog.org/wp-content/uploads/2023/05/GOG-43rd-Annv-Publctn.pdf](http://gog.org/wp-content/uploads/2023/05/GOG-43rd-Annv-Publctn.pdf)).

It was decided the new Group would be called the Cooperative Gynecologic Oncology Group (GOG). Myron Hreshchyshyn, MD, was chosen as the first Group Chair, as he was familiar with the grant submission process, and had worked at the SUNY/Buffalo Statistical Center; the former site of the Cancer and Leukemia Group B (CALGB). The first organizational meeting, immediately preceding the submission of a grant, occurred in February 1970 at the New York Medical Center, hosted by Dr. Sanford Sall. Philip DiSaia, MD,



Philip DiSaia, MD

the Group's fourth Chair, was one of the youngest attendees.

It was agreed that "... the function of the group was to accelerate progress made in gynecologic oncology during the recent years and it was felt that using the potential of the group, many of the problems related to currently employed therapy modalities could be quickly resolved and at minimal cost."

The first official meeting of the GOG was in Bethesda,

Maryland, June 25-26, 1970. The NCI was supportive, but no funding was available until May 1, 1971. During the early 1970's, meetings were held bi-annually, and the meeting sites rotated throughout the U.S. The American College of Obstetrics and Gynecology (ACOG) served as the GOG's headquarters and financial center, and there were initially ten (a number suggested by the NCI) participating institutions. By 1975, there were 34 members and 23 protocols had been activated. Member Institutions were funded by CTEP grants and not based on accrual to the studies. In 1975, George Lewis, MD, was elected to serve as the new Chair. Concurrently, the Group appointed a Lead Statistician, John Blessing, PhD, from the Statistical Section at SUNY/Buffalo. The process for protocol development and approval was refined into a process embracing much peer review and open discussion with final approval occurring at the "Protocol Committee", chaired by a Medical Oncologist from Mississippi, Tate Thigpen for decades. Phase I and II Committees were created.

In the 1980's, funds were directed to the new AIDS programs, resulting in funding cuts. The viability of the GOG was in question with each funding cycle.



**Robert Park, MD**

As the 1980's passed, Robert Park, MD, became the Group Chair and Clarence Ehrlich, MD, was selected to serve as the Group Vice Chair. Dr. Ehrlich, who also chaired the Membership Committee, developed a new point system for accrual and steps were taken to embrace wider participation of medical centers across the country.

During this time there was a significant increase in accrual to GOG.

**GOG Foundation**

In 2001, Dr. Park announced that he would not be a candidate for re- election after 12 years of service, and Dr. DiSaia succeeded him in 2002. Larry Copeland, MD, became the Vice Chair with Dr. DiSaia. This was also the year where the GOG Foundation, Inc. (GOG-F) was incorporated as a 501(c)(3) non-profit corporation with the purpose of promoting excellence in the quality and integrity of clinical and basic scientific research in the field of gynecologic malignancies, including cancers that arise from the ovaries, fallopian tubes, uterus, cervix, vagina, and vulva.

The Mission of the GOG-F is, "To conduct clinical and

**Table 1.**

Date	Activity
June 25-26, 1970	First official, NCI-sponsored meeting of the GOG
July 3, 2002	GOG-F incorporated as a 501(c)(3)
July 14, 2010	GOG Partners established
December 15, 2011	First GOG-Partners study activated (protocol 3001)
March 1, 2014	NRG formed
October 28, 2017	GOG Foundation retreat (1 <sup>st</sup> )
May 31, 2018	GOG Partners reorganized (G8 formed)
July 17, 2019	GOG Foundation retreat (2 <sup>nd</sup> )
November 8, 2019	GOG Partners retreat (1 <sup>st</sup> )
April 10, 2021	GOG Partners retreat (2 <sup>nd</sup> )

translational research that positively impacts women through the prevention and treatment of gynecologic malignancies." Its vision is, "To be the premier collaborative network for transformative research in gynecologic malignancies." The GOG-F was constituted from the legacy Gynecologic Oncology Group, Inc. members (Table 1).

Beginning in 2001-2, the Group grew rapidly; such that by 2010 the GOG involved close to 200 Institutions across the country. Protocols requiring as many as 5,000 patients were successfully completed. The Developmental Therapeutics Committee became very active in Phase I and Phase II trials. The Committee on Experimental Medicine attached translational science protocols to most of the Phase III and some of the Phase II studies. Attendance at biannual meetings approached 1000 individuals.



**Larry J. Copeland, MD**

Based on a recommendation by the Institute of Medicine,

NCI/CTEP required merger and reorganization of the clinical trial program. Attempts to claim that GOG was similar to the Children's Oncology Group (COG), who was exempt from the merger expectation, were unsuccessful, even though it was clear that GOG, similar to COG, served a select population with unique cancer processes. The GOG joined the National Surgical Adjuvant Breast-Colon Project (NSABP) and the Radiation Therapy Oncology Group (RTOG) to form NRG Oncology and this

new Group successfully competed for a CTEP grant, effective March 1, 2014.

In 2017 Dr. Copeland was unanimously elected as president of the GOG-F. He has overseen expansive growth and championed a culture of hard work by leading through example. As a leader he has promoted fairness and accountability as the Foundation and Partners programs have grown by leaps and bounds.