

The RTOG was established in 1968 as a cooperative effort of physicians, physicists, biologists, and biostatisticians to pursue clinical investigations designed to increase survival and improve the quality of life of patients with cancer. Over 250 academic and community-based facilities in the United States and Canada participate in RTOG clinical trials, including nearly 90% of all NCI-designated comprehensive and clinical cancer centers. Since its inception, RTOG has opened 270 protocols and enrolled over 40,000 patients to its studies.

RTOG maintains a roster of 40 active studies centered around the group's primary disease sites: central nervous system, head & neck, lung, gastrointestinal (esophagus, rectum, anal canal and stomach), genitourinary (bladder and prostate), breast, and cervix.

Over 50 RTOG staff members provide administrative, data management, statistical, quality assurance, and protocol development support for group investigators. The administrative and biostatistical staff is headquartered in the American College of Radiology Clinical Research Office in Philadelphia. RTOG receives funding from the National Cancer Institute as well as corporate support.

Radiation Therapy Oncology Group
Philadelphia, Pennsylvania
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RTOG Leadership

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Radiation Therapy Oncology Group



*A Leader in Defining
More Effective
Cancer Therapies*

www.rtog.org

RTOG Mission

- Improve the survival outcome of adults with cancer through the conduct of high-quality clinical trials.
- Evaluate new forms of radiotherapy delivery, including stereotactic radiotherapy, brachytherapy, 3-dimensional conformal radiotherapy (3-DCRT), and intensity-modulated radiotherapy (IMRT) in the context of clinical research.
- Test new systemic therapies in conjunction with radiotherapy, including chemotherapeutic drugs, hormonal strategies, biologic agents, and new classes of cytostatic and cytotoxic therapies.
- Employ translational research strategies to identify patient subgroups at risk for failure with existing treatments and identify new approaches for these patients.

Information

- Semi-annual membership meetings feature discussions of current and planned research as well as scientific and educational symposia.
- Electronic newsletters, protocol updates, press releases and informational broadcasts keep members up-to-date with group activities.

To receive periodic electronic updates on RTOG activities send an email to:

info@rtog.org

To participate in or support the RTOG contact:

RTOG Group Administrator
1818 Market Street - Suite 1600
Philadelphia, PA 19103
215-574-3205

www.rtog.org

Recent Accomplishments

During its 35-year history RTOG has conducted many studies that have improved the survival and quality of life of cancer patients. Each of the studies listed below has defined new national standards of care for cancer patients and led to the development of new strategies to improve patient care.

Cervix Cancer - RTOG demonstrated that combining chemotherapy with pelvic radiation improves the five-year survival rate for women with locally advanced cervix cancer from 58% to 73%.

Lung Cancer - RTOG found that healthier patients with inoperable non-small-cell lung cancer did better if they received chemotherapy during their course of radiotherapy rather than prior to radiotherapy.

Head and Neck Cancer - In completing the largest prospective trial for patients with locally advanced head-and-neck squamous-cell carcinoma, RTOG demonstrated the superiority of concomitant boost radiotherapy and hyperfractionated radiotherapy for this group of patients.

In an RTOG-led intergroup study for patients with advanced operable laryngeal cancer, investigators found that radiotherapy with concurrent administration of cisplatin is superior to induction chemotherapy followed by radiotherapy or radiotherapy alone for laryngeal preservation and locoregional control.

A study for patients with high-risk head and neck cancer found that participants who received chemotherapy together with their radiotherapy after surgery were far less likely to have a recurrence of their cancer.

Prostate Cancer - RTOG determined that radiotherapy combined with long-term hormone suppression significantly improves survival for men with high-grade prostate cancer (Gleason Score 8-10). However, men with locally advanced prostate cancer (Gleason Score 2-6) benefit most from hormonal suppression prior to their radiotherapy.

Brain Metastasis - RTOG improved survival for patients with a single brain metastasis more than 33% by treating with whole brain radiotherapy followed by a stereotactic radiosurgery boost instead of surgery.

CNS Lymphoma - RTOG improved the median survival for patients with non-AIDS related primary central nervous system (CNS) lymphoma from 11.6 months to 30.4 months by giving high dose chemotherapy for 10 weeks prior to radiotherapy.

How Can You Participate?

Patients - Talk to your doctor about participating in an RTOG sponsored research study. Visit our Web site to find out more information about RTOG, clinical trials, and other NCI sponsored groups.

Researchers - Join RTOG and participate in the future of national clinical trials research. Members have access to RTOG protocols as well as treatment drugs and devices that are only available through the RTOG. Membership is open to academic and community-based facilities.

Corporate Supporters - Support from industry allows RTOG to pursue research in emerging pharmaceuticals and technologies. Corporate sponsorship of group meetings, study-specific research and educational programs helps RTOG fund projects not supported by grants. In addition, the RTOG Foundation allows corporate and private donors to give unrestricted contributions to further the Group's mission.

Visit our Web site or contact the RTOG Group Administrator for more information.

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