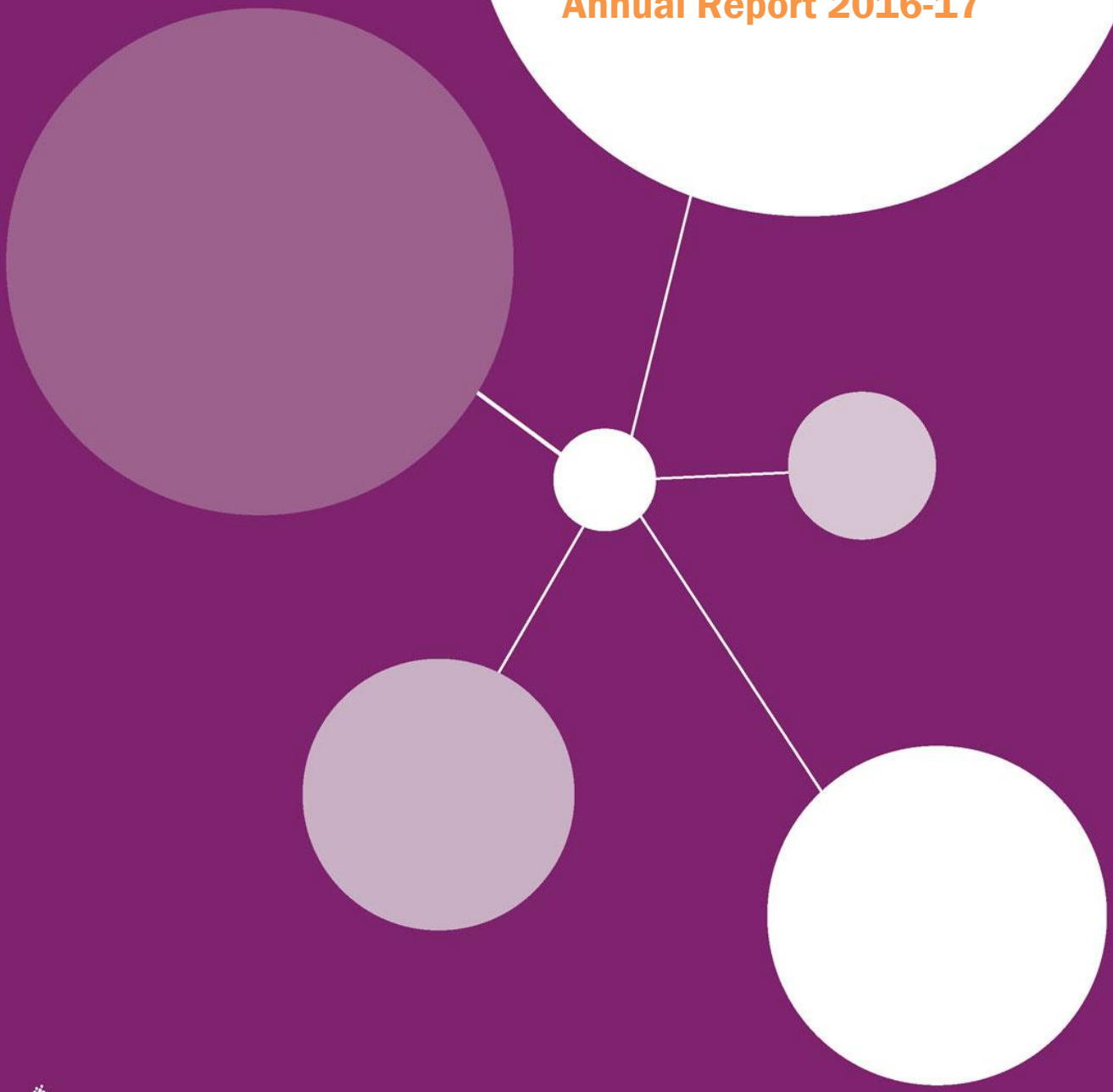
NCRI
National
Cancer
Research
Institute

NCRI Gynaecological Cancer Clinical Studies Group

Annual Report 2016-17



Partners in cancer research

NCRI Gynaecological Cancer CSG
Annual Report 2016-17

1. Executive Summary (including top 3 achievements in the year)

The NCRI Gynaecological Cancer CSG has a long history of leading and recruiting to academically-driven trials that have defined current standard of care treatment. We aim to run a portfolio of innovative and practice-changing studies in all gynaecological malignancies.

Highlights of this year included continued excellent recruitment to ICON8B, as well as two subtype specific ovarian cancer trials, NiCCC (clear cell) and LOGS (low grade serous carcinoma), the latter in collaboration with the US Gynaecologic Oncology Group. We lead on INTERLACE, an international trial in cervical cancer, providing an opportunity to improve outcome in this disease not only by introducing a new treatment, but also through better quality control of radiotherapy. The CSG also participates in SHAPE, a trial of simple versus radical surgery in early cervix cancer and has just opened STATEC, a new international surgical trial in endometrial cancer. With large-scale studies in each major disease area, we remain an internationally competitive Group.

We have had significant publications, with ARIEL2 and the safety data from PORTEC3 published in Lancet Oncology. Translational research remains of great importance to the CSG, with results from ICON7 and initial BriTROC data published recently. The PETROC primary analysis and updated overall survival data from Study 19 featured as oral presentations at ASCO in 2016, and further data from ICON6 will be presented as an oral abstract at ASCO 2017. The primary data from ICON8 and ARIEL3 will be presented at ESMO 2017.

The Group is developing a new suite of trials in risk and prevention. These include chemo-prevention and active weight reduction studies in obese women at high risk of endometrial cancer, and prophylactic salpingectomy in germline BRCA1/2 mutation carriers as primary prevention. The latter studies are extremely timely given the introduction of routine germline BRCA1/2 testing in women with ovarian cancer that CSG members have spearheaded.

2. Structure of the Group

The main structure of the Group has not altered, with three subgroups (Ovary, Endometrium and Cervix/Vulva) based upon primary disease site. The three Subgroup Chairs, Dr Ros Glasspool (Ovary), Professor Richard Edmondson (Endometrium) and Dr Emma Hudson (Cervix/Vulva) remain unchanged. However, there are a number of changes to Subgroup membership –

members are appointed to a Subgroup for three years to encourage newer investigators to become involved in CSG trials. The main CSG has a space for a gynaecological pathologist (currently Dr Naveena Singh), and we are pleased to welcome Professor Kinta Beaver, a Professor of Cancer Nursing, to the CSG. The main specialty not represented in the current membership is imaging and we shall actively seek applications from radiologists in the next recruitment round.

The second pair of trainee members, Kezia Gaitskell and Sarah Kitson, joined the CSG in 2016, selected from a strong application list. Overall, the Gynaecological CSG is an enthusiastic supporter of the trainee member programme.

3. CSG & Subgroup strategies

Main CSG

The main CSG strategy document written in 2015 (see appendix) details the seven overall strategic aims of the CSG. A new CSG strategy for 2018–20 will be written at the beginning of 2018.

1. Application to be sought from radiologist and CNS at next round of advertisements. Progress – Professor Beaver has been appointed and brings a wealth of nursing and psychosocial oncology experience to the Group. We shall actively target applications in 2017 from gynaecological radiologists.
2. Develop a more formal and transparent process for subgroup approval. Progress – all three subgroups have developed clear criteria for formal subgroup approval of trial ideas.
3. New Cervix Subgroup Chair position. Progress – Emma Hudson commenced as Chair in January 2016. A new Endometrial Subgroup Chair will be appointed within the next two years.
4. Active mentoring, greater education, earlier involvement for consumer representatives. Progress – there is currently only one consumer representative on the CSG and failed to appoint a second at the most recent appointment round. A further appointment process is underway.
5. Improved recruitment in currently low recruiting networks by end 2016. Progress – this continues to be a challenge but we have good recruitment to ICON8B across networks with new interest in trials from previously under-represented areas. As with other CSGs, links with the Subspecialty Leads (SSLs) remains patchy.
6. Increase Gynae CSG applications to NIHR and MRC funding schemes over the next three years. Progress – the MROC (PI: Professor Rockall) and ROCkeTS (PI: Dr Sundar) studies are both funded by NIHR. The failure of gynaecological applications to CRUK's CRC this year highlights the need to seek funding from a wide range of sources.
7. To ensure that translational sample collection is embedded in all trial designs at first draft. Progress – this is now routine in all new trial proposals from the CSG. It is essential that these sample collections are underpinned by robust scientific hypotheses relating to the clinical trial outcome.

Cervix/Vulva Subgroup (Chair, Dr Emma Hudson)

Recruitment to the flagship trial INTERLACE has improved with international collaboration. Sites in Mexico are open and recruiting well, with sites in set up in Norway, and ongoing discussions with Brazil, Peru, India and Cuba. Attempts have been made to address the large variation to

recruitment across the UK with use of promotional videos, newsletters, regular teleconferences and promotional lectures at national conferences.

SHAPE, which investigates the feasibility of less radical surgery in early cervical cancer, initially struggled to recruit but is slowly improving across the UK.

Following the CiRRCa trial, which demonstrated the activity of antiangiogenic agents in relapsed cervical cancer, the COMICE trial has been developed in collaboration with AstraZeneca. COMICE investigates maintenance cedarinib and olaparib after chemotherapy for advanced or recurrent cervical cancer and is due to open in September.

DEPICT, a phase II trial of dose escalated IMRT in locally advanced cervical cancer, completed recruitment last year and the results will be published later this year. The follow-on phase III trial is in development. A further trial of IMRT followed by a stereotactic boost for recurrent cervical and endometrial cancer is in development.

In vulval cancer, the GROINS V-II international trial of sentinel node surgery closed in October having achieved its target recruitment, including 320 patients from the UK. The follow-on trial is in development. There remains interest in developing aetiology-driven trials in both VIN and vulval cancer. A vaccine trial to prevent HPV-related disease post treatment is in development with the Flemish group, however, ROVER, the trial of steroids in lichen sclerosis associated disease, was unfortunately not funded.

Endometrial Subgroup (Chair, Professor Richard Edmondson)

The Subgroup has held two CSG meetings and an open workshop in Manchester in 2016, and is planning a "Targeting Endometrial Cancer" study day in London in May.

The endometrial portfolio has continued to grow over the last year and now has trials covering prevention, first line treatment, and management of recurrent and metastatic disease. There is increasing interest in developing trials in survivorship, which are being encouraged.

STATEC is the flagship endometrial trial which has now opened. Recruitment to STATEC will represent a significant challenge for the Subgroup over the coming years but also represents a unique opportunity to provide important answers related to the role of lymphadenectomy and adjuvant therapy in endometrial cancer, as well as to allow the development of sentinel node techniques, an area in which the UK is lagging internationally.

The Subgroup is pleased to announce that COPELIA, a trial of cediranib and olaparib in relapsed and metastatic disease, is due to open imminently and brings trials of new targeted therapies to endometrial cancer for the first time in an investigator-led study developed through the Subgroup.

Recruitment of endometrial cancer into the Genomics England 100,000 genomes project has commenced and consideration needs to be made as to how this will be linked with clinical trials.

Ovarian Subgroup (Chair, Dr Ros Glasspool)

The Subgroup has held two well-attended meetings this year. New study proposals were supported, including SCOTROC6, an umbrella study investigating novel agents in women who do not respond to neoadjuvant carboplatin and paclitaxel. AstraZeneca have confirmed support for the trial design and offered the wee1 inhibitor, AZD1775, in combination with olaparib for the first cohort. In rare tumours, trials of the ATR inhibitor AZD6738 with olaparib in clear cell and endometrioid carcinomas, pembrolizumab in clear cell tumours and hormonal therapy in the first line therapy of low grade serous tumours were all supported, as were two trials in women with

malignant bowel obstruction (CEBOC and Edmund). Recruitment to ongoing studies remains good and we have had successes with funding of OCTAGON, RaNGO and PROTECTOR. The latter marks an important development in the area of prevention.

There have been disappointments. AstraZeneca's decision not to pursue a license for cediranib resulted in a change in the design of ICON9, which has further delayed opening. The PRIMROSE study could not proceed due to cardiac toxicity in one of the compounds in phase I, whilst the proposal for a study of AZD9496 was halted due to drug stability issues. An application to CRUK's CRC for an international trial of radiotherapy in ovarian clear cell carcinoma was unsuccessful.

The Subgroup membership includes several clinician scientists, which has allowed us to develop translational studies (e.g. BriTROC) and embed translational science into our clinical trials. We now have an invaluable bank of samples from trials (e.g. TRICON8, TRICON8B) with high quality linked clinical data, which will enable important questions about the value of diagnostic, prognostic and predictive biomarkers to be addressed. The STRATROC consortium has been invited to submit a full application to the MRC, but, unfortunately, PREDICTION, which aimed to validate existing prognostic markers and identify predictive markers of response to neoadjuvant platinum chemotherapy, has not yet been successful in securing funding.

Cross-cutting trials

There are currently three studies that have been designed principally in ovarian cancer but which allow overlap into certain types of endometrial cancer. These studies are NiCCC (Nintedinib in Clear Cell Carcinoma), GARP (ATR inhibition and PARP inhibition in *ARID1A*-mutated cancer) and PEACOCC (Pembrolizumab in Clear Cell Carcinomas). These trials, driven by pathology and critical mutations rather than anatomical location alone, are an important step in clinical trial evolution in gynaecological cancer.

4. Task groups/Working parties

There are three Task Groups (TG) in ovarian cancer which will run for an initial pilot period of three years. The TGs will report back to the Ovarian Subgroup and thence to the CSG. There is no financial support for these meetings.

Surgical Task Group (Chair, Sudha Sundar)

The Surgical TG has a remit to develop surgical trial/study protocols, review surgical trial/study proposals and work with teams proposing trials/studies to develop proposals for funding.

Elderly Studies Task Group (Chairs, Dr Susie Banerjee and Dr Agnieszka Michael)

The Elderly Studies TG aims to develop trials in elderly patients to identify causes of poor outcome, to investigate the feasibility and added value of geriatric assessment tools and other service developments, as well as to investigate potential biological differences in ovarian cancer in the elderly. Ros Glasspool and Susie Banerjee also plan to attend the NCRI Improving outcomes for older people with cancer Workshop in May 2017.

Biomarker Task Group (Chairs, Dr Ros Glasspool and Professor Iain McNeish)

The Biomarker TG aims to identify to investigate and validate prognostic and predictive biomarkers in ovarian cancer and to develop biomarker led trials. An outline application (entitled PREDICTION) to CRUK Experimental Medicine programme was made, but was not invited for full application (May 2017). However, some funding and support has been secured from

AstraZeneca for a clinical trial (SCOTROC6) investigating novel agents in women who do not respond to neoadjuvant chemotherapy. Additional funding will now be sought from other sources.

Within the Endometrial Subgroup, two new Task Groups are in development:

Prevention Task Group (Chair, Emma Crosbie)

The screening and prevention task group will work over the coming 18 months to develop a prospective, multi-centre trial of primary prevention in high risk groups.

Endometrial Targeted Treatments Task Group (Chairs, Richard Edmondson and Rebecca Kristeleit)

This task group will develop new stratified biomarker-led trials in first line and relapsed endometrial cancer. Already, the previous PORTEC-4 proposal is being redeveloped to allow for biomarker-directed therapy.

5. Patient recruitment summary for last 5 years

Recruitment into Gynaecological CSG portfolio trials continues to be healthy. Since 2012, there has been a 46% increase in the number of cancer patients recruited to interventional trials, representing an increase from 4.3% to 6.3% of all gynaecological cancer patients in the UK. Ovarian cancer trials continue to dominate recruitment, in particular ICON8B, which has recruited over 200 patients in the past 12 months. The STATEC study in endometrial cancer has recently opened and has the potential to contribute significantly to overall portfolio recruitment. INTERLACE recruitment (cervix cancer) is improving steadily, especially since the inclusion of sites in Mexico.

In the Gynaecological Cancer CSG portfolio, 16 trials closed to recruitment and 16 opened.

Table 1 Summary of patient recruitment by Interventional/Non-interventional

Year	All participants		Cancer patients only		% of cancer patients, relative to incidence	
	Non-interventional	Interventional	Non-interventional	Interventional	Non-interventional	Interventional
2012/2013	335	10750	183	754	1.0	4.3
2013/2014	1809	823	1628	823	9.3	4.7
2014/2015	899	891	705	869	4.0	5.0
2015/2016	930	1312	883	1058	5.04	6.04
2016/2017	1053	2297	953	1100	5.44	6.28

6. Links to other CSGs, international groups and network subspecialty leads

The Gynaecological CSG has a prominent international outlook. There are two international consortia to which the Group contributes: GCIG (the Gynecologic Cancer InterGroup) and ENGOT (European Network of Gynaecological Oncology Trials). The CSG sends four members (and the MRC two) to these meetings and members hold prominent positions of leadership in both organisations. In GCIG, Jonathan Ledermann is co-Chair of the Rare Tumour Committee, Charlie Gourley is Chair of the Translational Committee and Ros Glasspool leads the Meta-analysis Working Group. Dr Mary McCormack has just been appointed as Chair of the GCIG Cervix Cancer Research Network (CCRN), which aims to extend involvement in cervical cancer trials to countries

with little experience in clinical research protocols. Through CCRN, the Instituto Nacional de Cancerología in Mexico City is now the second best recruiter to INTERLACE. In ENGOT, Ros Glasspool chairs the phase I/II group, whilst Iain McNeish leads the translational committee. Members of the CSG self-fund travel to these meetings and the MRC pays the annual subscription to the GCIG.

The CSG will send two new members (Emma Crosbie and Emma Hudson) to the ENGOT Gynaecological Cancer Academy from 2017-2019. ENGOT seeks to develop the next generation of leaders in gynaecological cancer in Europe and meets three times per year. CSG members (Jonathan Ledermann [Chair], Christina Fotopoulou, Iain McNeish) also participated in the first ESMO Gynaecological Cancer Preceptorship meeting in April 2017.

The CSG is developing a new focus on prevention and risk. Emma Crosbie is particularly active in primary prevention studies in endometrial cancer, whilst Ranjit Manchanda is leading studies on primary ovary/fallopian tube cancer prevention in known germline BRCA1/2 mutation carriers as well as population-based germline testing in high risk groups. He also attended the NCRI/NHS England workshop on Cancer Screening and role of germline genetic profiling for risk based prevention in May 2017.

Links to other CSG continue to evolve. A joint proposal with the TYA CSG in germ cell tumours is under development and there remains enthusiasm for a joint vulval/anal cancer study with the Colorectal CSG. In addition, the Gynae CSG is participating in the HORIZONS study looking at long term recovery in patients with cancer, run by the Macmillan and the Survivorship Research Group at the University of Southampton.

The issues relating to the CRN network gynaecological cancer leads are described above.

7. Funding applications in last year

The CSG has not had success in applications to CRUK committees in 2016-17. However, there were successful applications to other charity funders. Members are being encouraged to apply to a wide range of potential funders including NIHR and MRC to improve the probability of successful funding.

Table 2 Funding submissions in the reporting year

Cancer Research UK Clinical Research Committee (CRUK CRC)			
Study	**Application type**	**CI**	**Outcome**
May 2017			
PREDICTION – Predictive Biomarkers to Improve Response to Neoadjuvant Chemotherapy in Ovarian Cancer	CRUK Experimental Medicine Programme outline application	McNeish, Glasspool, Brenton, Paul, Pharoah, Gourley	Not invited to full
November 2016			
Radiotherapy in Ovarian Clear Cell Cancer	Outline application	Dr Mary McCormack	Not invited to full
Reduction Of Vulval Epithelial Cancer Recurrence (ROVER). Randomised controlled trial evaluating the effectiveness of topical corticosteroids in reducing the risk of local disease recurrence	Outline application	Professor Sean Kehoe	Not invited to full

following treatment of squamous cell carcinoma of the vulva (VSCC)			
Feasibility Study of Monotherapy with Disulfiram in Patients with known BRCA-defective Breast and Ovarian Tumours	Full (Feasibility Study)	Dr Shibani Nicum	Withdrawn
Phase 1b/II trial of Checkpoint InhibitoR (Pembrolizumab an anti PD-1 antibody) plus standard IMRT in HPV induced stage III/IV carcinoma of anus (CoRInTH)	Full (Feasibility Study)	Dr Marcia Hall	Preliminary
Epigenetic prognostic biomarkers for second-line platinum response in ovarian cancer patients	Full (Biomarker Project Award)	Dr James Flanagan	Not Supported
Earlier detection of ovarian cancer using novel genomic technology: The ROCKETS-GEN study	Full (Biomarker Project Award)	Dr Sudha Sundar	Not Supported
Other committees			
Study	**Committee & application type**	**CI**	**Outcome**
RANGO: Rare Neoplasms of Gynaecological Origin	Target Ovarian Cancer	Marcia Hall	Funded
PROTECTOR: Preventing Ovarian Cancer through early Excision of Tubes and late Ovarian Removal	Eve Appeal	Ranjit Manchanda	Funded

8. Collaborative partnership studies with industry

The CSG has a history of a successful collaboration with industry partners such as Roche, AstraZeneca (AZ), Pfizer, Clovis Oncology and Boehringer Ingelheim, who have all supported trials in gynaecological cancer. New trials have opened in the past year, including the first arm of OCTOPUS (Ovarian Cancer Trials of Paclitaxel – Umbrella Study), a rolling trial for women with platinum-resistant ovarian cancer with weekly paclitaxel as the control arm, to which arms containing novel agents can be added, either as single agent or in combination with the paclitaxel. Discussions with several companies are under way for the next OCTOPUS arm. Another weekly paclitaxel-based trial is HIPROC, a phase I study developed with the CRUK Centre for Drug Development and Eli Lilly.

ICON9 and OCTOVA are new studies in platinum-sensitive and BRCA-mutated ovarian cancer respectively, in partnership with AZ. OCTOVA is now open to recruitment but, as noted above, ICON9 has been delayed due to internal decisions by AZ. ARIEL4, a trial of comparing rucaparib to standard-of-care chemotherapy in BRCA-mutated ovarian cancer has just opened, whilst ARIEL5, a first line study, is in development. These are both collaborations with Clovis Oncology and have a UK lead investigator (Rebecca Kristeleit). The CSG has participated successfully in its first phase III immuno-oncology trial (JAVELIN-200) and multiple immuno-oncology combination studies are in development.

Overall, the number of commercial studies on the portfolio continues to rise, both in absolute numbers and proportion of the overall portfolio. The CSG remains enthusiastic about collaboration with industry; however, there needs to be vigilance to ensure that commercial studies are not adopted onto the portfolio where there is a direct clash with academic studies and also to encourage industry to open studies beyond a narrow range of sites. The CSG, in particular the Ovary Subgroup, has developed lists of new centres with experience in large studies such as ICON8 which are keen to participate in industry studies.

9. Impact of CSG activities

The Group has led several practice-defining trials over the last five years, with an excellent record of presentation at international meetings and publication in high-impact journals. The key results are:

The ICON7 trial of bevacizumab in front-line treatment of ovarian cancer was key in assisting clinicians with decision-making about selecting the most appropriate patients for therapy. This was not evident in the data submitted for licensing. Also, the dose used was 50% of the licensed dose. However, this dose and the identification of the group most likely to benefit from the drug have been instrumental in guiding the Cancer Drug Fund process for approval. The Scottish Medicines Consortium has now approved routine use of bevacizumab in women with stage 4 disease, partially based upon ICON7 data.

The Group developed and led CHORUS, a trial comparing primary (neoadjuvant) chemotherapy with primary surgery followed by chemotherapy, and also contributed to an earlier study, EORTC 55971, with a very similar design. The EORTC trial has led to a significant change in practice, confirming the absence of detriment in survival by delaying surgery in a group of women who present with advanced disease. CHORUS showed similar results and, as a result UK, European and to some extent US practice has changed, with a significant proportion of patients receiving primary chemotherapy. CHORUS has also shown that postoperative hospital stay is reduced in those undergoing delayed surgery.

The CSG also contributed to critical studies of the PARP inhibitors olaparib, niraparib and rucaparib. Study 19, a trial of maintenance olaparib, led to the European licensing of olaparib in 2015, and approval by NICE and SMC for NHS use in BRCA1/2-mutated ovarian cancer following response to second-line (SMC) or third-line (NICE) platinum-based chemotherapy. CSG members contributed to NOVA, a trial of niraparib as maintenance following response to platinum-based chemotherapy in the relapsed setting. Positive data from this trial led to FDA authorisation of niraparib in March 2017. Finally, the CSG contributed to ARIEL2 and ARIEL3 using rucaparib in relapsed ovarian cancer: positive data from ARIEL2 contributed to the FDA authorisation of rucaparib as single-agent treatment for BRCA1/2-mutated ovarian cancer in December 2016.

Finally, data from CSG clinical trials, as well as expert input from CSG members, has led to widespread availability of germline BRCA1 and BRCA2 mutation testing for women with ovarian cancer in the UK. Testing remains variable, but knowledge of germline mutation status is increasingly used as a stratification factor in clinical trials. Testing of patients also leads to testing of unaffected relatives, which may reduce the overall incidence of high grade ovarian/fallopian tube carcinoma and drives our interest in primary prevention and risk studies.

10. Consumer involvement

The CSG contains only one consumer member, Beryl Elledge, at present. Angela Stagg left the Group in 2016, and we would like to express our thanks for Angela for her input into the CSG.

As well as being a member of the Gynaecological CSG, Beryl co-Chairs the South East London Consumer Research Panel for Cancer at Guys & St Thomas', is an active member of the Cicely Saunders Institute PPI group and is PPI member for the Macmillan Horizons programme: understanding the impact of cancer diagnosis and treatment. Beryl is also an active member of the Independent Cancer Patients Voice 'Use My Data' group.

In the past year, Beryl has Chaired South East London Research Panel for Cancer at Guys NIHR BRC, attended the Macmillan Horizons Programme tumour-specific expert panel in gynaecology meeting and attended the Cicely Saunders Institute meeting entitled 'Difficult conversations with regard to End-of-Life Care'. Finally, she attended a meeting of the Guys Patient Reference Group to explain the purpose of the South East London Consumer Panel for Guys & St Thomas, with the aim of encouraging new members to join the panel.

11. Open meetings/annual trials days/strategy days

There have been no open meetings or annual trials days in the past year. However, the CSG will hold its third Annual Trials meeting in November 2017 and a further CSG strategy day will be held in autumn 2017 which will set the strategic direction of the Group for 2018–20.

12. Priorities and challenges for the forthcoming year

In February 2015, the CSG set out its strategy for 2015–18. The priorities and challenges in the coming year, set against the strategic goals, are as follows:

1. Core trials role - ICON9, the new flagship trial in platinum-sensitive relapsed ovarian cancer, was due to open in the first quarter of 2017 but was delayed by AstraZeneca's decision not to pursue a licence for cediranib. However, this trial remains on course to open in 2017 and will be of great importance to the group. STATEC, a critical trial in endometrial cancer, has opened to recruitment and again is of importance to the Group. Similarly, COMICE and COPIELA in relapsed cervix and endometrial cancers respectively are critical, and a study in vulval cancer remains a major requirement.
2. Trial recruitment - the trials that are open simply need to recruit to time and to target; ICON8B is doing so and INTERLACE is improving, whilst others are doing less well. Similarly, recruitment nationally is uneven. The CSG will continue to engage with the gynae cancer leads in the fifteen Clinical Research Networks to maximize recruitment opportunities.
3. Diversity of membership - the CSG now includes a gynae-pathologist (usually the chair of the British Association of Gynae Pathologists) and a nurse specialist. Inclusion of a radiologist is important and a wider geographical spread of members, where possible, remain important priorities.
4. New trials grant funding – ICON8B will complete in 2019 so it is imperative that we develop a new flagship first-line ovarian cancer study in the next year. Ideally this will be a biomarker-directed first-line trial in high grade serous carcinoma, although this remains a significant challenge. In addition, the Group will also be encouraged to submit grant applications to NIHR and MRC.

13. Appendices

Appendix 1 - Membership of main CSG and subgroups

Appendix 2 – CSG and Subgroup strategies
- A – Main CSG Strategy
- B – Cervix/Vulva Subgroup Strategy
- C – Endometrial Subgroup Strategy
- D – Ovarian Subgroup Strategy

Appendix 3 - Portfolio Maps

Appendix 4 - Publications in previous year

Appendix 5 - Major international presentations in previous year

Professor Iain McNeish (Gynaecological Cancer CSG Chair)

Appendix 1

Membership of the Gynaecological Cancer CSG

Name	Specialism	Location
Dr Emma Hudson	Clinical Oncologist	Cardiff
Dr Susan Lalondrelle	Clinical Oncologist	London
Dr Alexandra Taylor	Clinical Oncologist	London
Ms Beryl Elledge	Consumer	Winchester
Dr Emma Crosbie	Gynaecological Oncologist	Manchester
Professor Richard Edmondson	Gynaecological Oncologist	Manchester
Professor Christina Fotopoulou	Gynaecological Oncologist	London
Dr Maria Kyrgiou	Gynaecological Oncologist	London
Dr Susana Banerjee	Medical Oncologist	London
Dr Rebecca Bowen	Medical Oncologist	Bath
Dr Ros Glasspool	Medical Oncologist	Glasgow
Dr Marcia Hall	Medical Oncologist	Middlesex
Professor Jonathan Ledermann	Medical Oncologist	London
Dr Rosemary Lord	Medical Oncologist	Merseyside
Professor Iain McNeish (Chair)	Medical Oncologist	Glasgow
Dr Agnieszka Michael	Medical Oncologist	Guildford
Dr Shibani Nicum	Medical Oncologist	Oxford
Dr Naveena Singh	Pathologist	London
Professor Kinta Beaver	Professor of Cancer Nursing	Lancashire
Dr Michelle Lockley	Medical Oncologist	London
Mr Jim Paul	Statistician	Glasgow
Dr Kezia Gaitskell*	Pathology	London
Dr Sarah Kitson*	Gynaecological Oncologist	Manchester

* denotes trainee member

Membership of the Subgroups

Ovarian Subgroup		
Name	**Specialism**	**Location**
Dr Sanjiv Manek	Consultant Pathologist	Oxford
Mrs Sundha Sundar	Gynaecological Oncologist	Birmingham
Dr Ros Glasspool (Chair)	Medical Oncologist	Glasgow
Dr Susie Banerjee	Medical Oncologist	London
Professor Jonathan Ledermann	Medical Oncologist	London
Dr Rosemary Lord	Medical Oncologist	Merseyside
Professor Iain McNeish	Medical Oncologist	Glasgow
Dr Shibani Nicum	Medical Oncologist	Oxford
Dr Sarah Williams	Medical Oncologist	Birmingham
Dr Nafisa Wilkinson	Pathologist	Leeds

Endometrial Subgroup		
Name	**Specialism**	**Location**
Dr Jane Orton	Clinical Oncologist	Leeds
Dr Melanie Powell	Clinical Oncologist	London
Dr Nick Reed	Clinical Oncologist	Glasgow
Dr Alex Taylor	Clinical Oncologist	London
Dr Emma Crosbie	Gynaecological Oncologist	Manchester
Professor Richard Edmondson (Chair)	Gynaecological Oncologist	Manchester
Dr Andrew Clamp	Medical Oncologist	Manchester
Dr Rebecca Kristeleit	Medical Oncologist	London
Professor Jonathan Ledermann	Medical Oncologist	London
Dr Axel Walther	Medical Oncologist	Bristol
Dr Raji Ganesan	Pathologist	Birmingham
Dr Naveena Singh	Pathologist	London

Cervix/Vulva Subgroup		
Name	**Specialism**	**Location**
Ms Emma Hudson (Chair)	Clinical Oncologist	Cardiff
Dr Jackie Martin	Clinical Oncologist	Sheffield
Professor Nick Reed	Clinical Oncologist	Glasgow
Dr Alexandra Taylor	Clinical Oncologist	London
Dr Tara Barwick	Consultant Radiologist	London
Dr Jenny Forrest	Gynaecological Oncologist	Devon
Mr Jeremy Twigg	Gynaecological Oncologist	Stockton-on-Tees
Dr Asma Faruqi	Histopathologist	London
Dr Susana Banerjee	Medical Oncologist	London
Dr Rosemary Lord	Medical Oncologist	Merseyside
Professor John Tidy	Gynaecological Oncologist	Sheffield

* denotes trainee member **denotes non-core member

Appendix 2

CSG & Subgroup Strategies

A formal Gynae CSG strategy review took place in February 2015. A series of strategic aims was developed, some of which apply to the whole CSG, and some specific to each subgroup. A new formal CSG strategy meeting will take place in early 2018 to define the strategy for the coming three years. The aims set out below remain as in last year's annual report.

A – Main CSG Strategy

1. To broaden membership and encourage applications from radiologists and clinical nurse specialists in particular.
2. To develop a more formal and transparent process for subgroup approval.
3. Succession plan for the Cervix Subgroup Chair position.
4. Active mentoring, greater education and earlier involvement for consumer representatives.
5. Improved recruitment in currently low recruiting networks by end 2016.
6. To increase Gynae CSG applications to NIHR and MRC funding schemes over next three years.
7. To ensure that translational sample collection embedded in all trial designs at first draft.

B – Cervix/Vulva Subgroup Strategy

1. Develop a new trial in relapsed disease.
2. Develop a new trial targeting HPV disease, possibly in conjunction with anal cancer (Colorectal CSG).
3. Develop a one therapy trial in relapsed vulva cancer with associated tissue collection.

C – Endometrial Subgroup Strategy

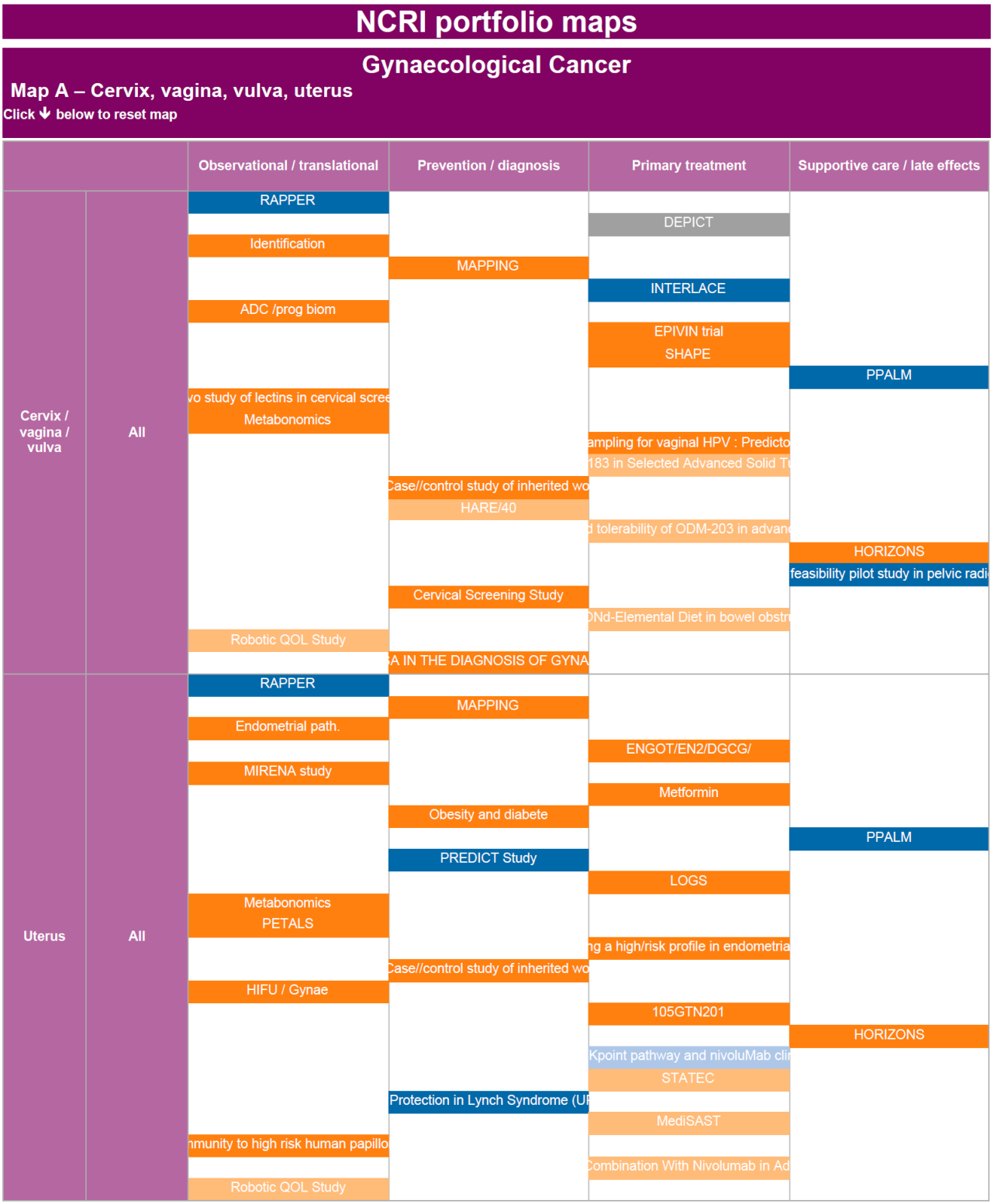
1. Develop a new first-line biomarker-driven study.
2. To launch new study of primary prevention of endometrial cancer within three years.

D – Ovarian Subgroup Strategy

1. Develop new trials for elderly patients.
2. Develop a first-line biomarker-driven study.

Appendix 3

Portfolio maps



NCRI portfolio maps

Gynaecological Cancer

Map B – Ovary, fallopian tube

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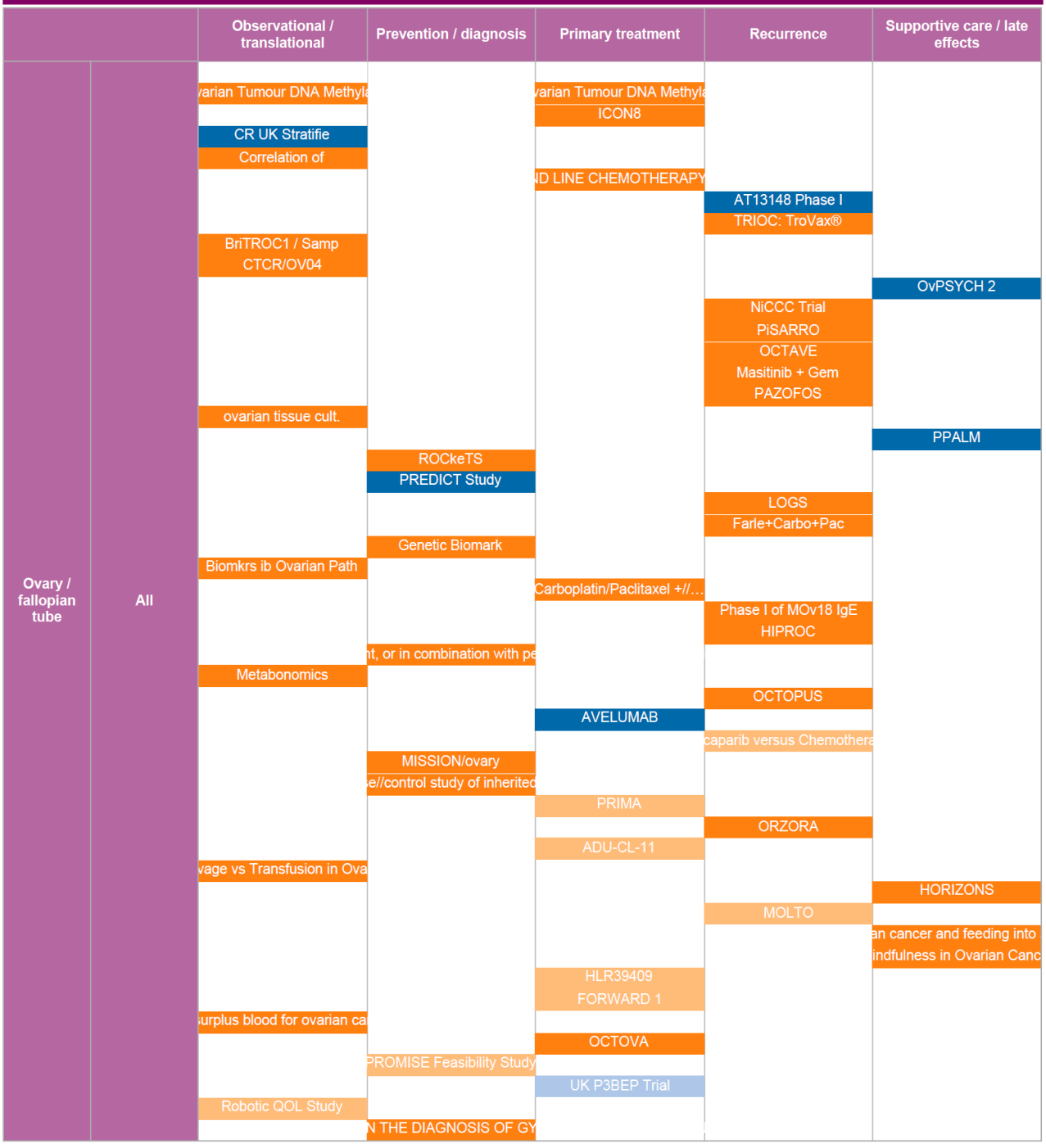

Filters Used:
Active Status: All, **CSG Involvement**: All, **Funding Type**: All, **Phase**: All

Open Multi CSG | Null | In Setup, HRA Ap.. | In Setup, Waiting ..
Open Single CSG | In Setup, HRA Ap.. | In Setup, Waiting ..

Appendix 4

Publications in the reporting year

Study	Reference
Ariel-2	Rucaparib in relapsed, platinum-sensitive high-grade ovarian carcinoma (ARIEL2 Part 1): an international, multicentre, open-label, phase 2 trial. Swisher EM, Lin KK, Oza AM, Scott CL, Giordano H, Sun J, Konecny GE, Coleman RL, Tinker AV, O'Malley DM, Kristeleit RS, Ma L, Bell-McGuinn KM, Brenton JD, Cragun JM, Oaknin A, Ray-Coquard I, Harrell MI, Mann E, Kaufmann SH, Floquet A, Leary A, Harding TC, Goble S, Maloney L, Isaacson J, Allen AR, Rolfe L, Yelensky R, Raponi M, McNeish IA. Lancet Oncol. 2017 Jan;18(1):75-87. doi: 10.1016/S1470-2045(16)30559-9. Epub 2016 Nov 29.
BriTROC	Safety and utility of image-guided research biopsies in relapsed high-grade serous ovarian carcinoma-experience of the BriTROC consortium. Goranova T, Ennis D, Piskorz AM, Macintyre G, Lewsley LA, Stobo J, Wilson C, Kay D, Glasspool RM, Lockley M, Brockbank E, Montes A, Walther A, Sundar S, Edmondson R, Hall GD, Clamp A, Gourley C, Hall M, Fotopoulou C, Gabra H, Freeman S, Moore L, Jimenez-Linan M, Paul J, Brenton JD, McNeish IA. Br J Cancer. 2017 Mar 30. doi: 10.1038/bjc.2017.86.
DISCOVAR	Winfield JM, Collins DJ, Priest AN, Quest RA, Glover A, Hunter S, Morgan VA, Freeman S, Rockall A, deSouza NM. A framework for optimization of diffusion-weighted MRI protocols for large field-of-view abdominal-pelvic imaging in multicenter studies. MEDICAL PHYSICS. 2016; 43(1): 95.
ENDCAT	Beaver K, Williamson S, Sutton C, Hollingworth W, Gardner A, Allton B, Abdel-Aty M, Blackwood K, Burns S, Curwen D, Ghani R, Keating P, Murray S, Tomlinson A, Walker B, Willett M, Wood N, Martin-Hirsch P (2017). Comparing hospital and telephone follow-up for patients treated for Stage I endometrial cancer (ENDCAT Trial): a randomised, multicentre, non-inferiority trial. BJOG: An International Journal of Obstetrics and Gynaecology. Vol. 124 (1), pp. 150-160
ICON 6	Quality of life with cediranib in relapsed ovarian cancer: The ICON6 phase 3 randomized clinical trial. Stark DP, Cook A, Brown JM, Brundage MD, Embleton AC, Kaplan RS, Raja FA, Swart AM, Velikova G, Qian W, Ledermann JA. Cancer. 2017 Mar 24. doi: 10.1002/cncr.30657. [Epub ahead of print]
	Cediranib in patients with relapsed platinum-sensitive ovarian cancer (ICON6): a randomised, double-blind, placebo-controlled phase 3 trial. Ledermann JA, Embleton AC, Raja F, Perren TJ, Jayson GC, Rustin GJ, Kaye SB, Hirte H, Eisenhauer

	E, Vaughan M, Friedlander M, González-Martín A, Stark D, Clark E, Farrelly L, Swart AM, Cook A, Kaplan RS, Parmar MK; ICON6 collaborators. Lancet. 2016 Mar 12;387(10023):1066-74. doi: 10.1016/S0140-6736(15)01167-8. Erratum in: Lancet. 2016 Apr 23;387(10029):1722.
ICON 7	Bevacizumab may differentially improve ovarian cancer outcome in patients with proliferative and mesenchymal molecular subtypes. Kommoss S, Winterhoff B, Oberg A, Konecny GE, Wang C, Riska SM, Fan JB, Maurer MJ, April C, Shridhar V, Kommoss F, du Bois A, Hilpert F, Mahner S, Baumann K, Schroeder W, Burges A, Canzler U, Chien J, Embleton AC, Parmar M, Kaplan R, Perren T, Hartmann LC, Goode EL, Dowdy SC, Pfisterer J. Clin Cancer Res. 2017 Feb 3. pii: clincanres.2196.2016. doi: 10.1158/1078-0432.CCR-16-2196. [Epub ahead of print]
	Evaluation of Prognostic and Predictive Significance of Circulating MicroRNAs in Ovarian Cancer Patients. Halvorsen AR, Kristensen G, Embleton A, Adusei C, Barretina-Ginesta MP, Beale P, Helland Å. Dis Markers. 2017;2017:3098542. doi: 10.1155/2017/3098542. Epub 2017 Feb 15. Systematic analysis of circulating soluble angiogenesis-associated proteins in ICON7 identifies Tie2 as a biomarker of vascular progression on bevacizumab.
	Zhou C, Clamp A, Backen A, Berzuini C, Renehan A, Banks RE, Kaplan R, Scherer SJ, Kristensen GB, Pujade-Lauraine E, Dive C, Jayson GC. Br J Cancer. 2016 Jul 12;115(2):228-35. doi: 10.1038/bjc.2016.194. Epub 2016 Jun 28.
	The Cost-Effectiveness of Bevacizumab in Advanced Ovarian Cancer Using Evidence from the ICON7 Trial. Hinde S, Epstein D, Cook A, Embleton A, Perren T, Sculpher M. Value Health. 2016 Jun;19(4):431-9. doi: 10.1016/j.jval.2016.01.013. Epub 2016 Mar 24.
Metformin	Sivalingham, V.N., Kitson, S., McVey, R., Roberts, C., Pemberton, P., Gilmour, K., Ali. S., Renehan, A.G., Kitchener, H.C. & Crosbie, E.J. Measuring the biological effect of presurgical metformin treatment in endometrial cancer. BJC 2016; 114, 281-289
PORTEC 3	Toxicity and quality of life after adjuvant chemoradiotherapy versus radiotherapy alone for women with high-risk endometrial cancer (PORTEC-3): an open-label, multicentre, randomised, phase 3 trial. de Boer SM, Powell ME, Mileshkin L, Katsaros D, Bessette P, Haie-Meder C, Ottevanger PB, Ledermann JA, Khaw P, Colombo A, Fyles A, Baron MH, Kitchener HC, Nijman HW, Kruitwagen RF, Nout RA, Verhoeven-Adema KW, Smit VT, Putter H, Creutzberg CL; PORTEC study group. Lancet Oncol. 2016 Aug;17(8):1114-

	26. doi: 10.1016/S1470-2045(16)30120-6. Epub 2016 Jul 7.
RAPPER	Ahmed M, Dorling L, Kerns S, Fachal L, Elliott R, Partliament M, Rosenstein BS, Vega A, Gomez- Caamano A, Barnett G, Dearnaley DP, Hall E, Sydes M, Burnet N, Pharoah PD, Eeles R, West CM. Common genetic variation associated with increased susceptibility to prostate cancer does not increase risk of radiotherapy toxicity. Br J Cancer. 2016 May 10;114(10):1165-74 .Epub 2016 Apr 12.PubMed PMID: 27070714; PubMed Central PMCID: PMC4865979.
ROCkeTS	Sudha Sundar ,Caroline Rick, Francis Dowling, Pui Au, Kym Snell, Nirmala Rai, Rita Champaneria, Hilary Stobart, Richard Neal, Clare Davenport, Susan Mallett, Andrew Sutton, Sean Kehoe, Dirk Timmerman, Tom Bourne, Ben Van Calster, Aleksandra Gentry-Maharaj, Usha Menon, Jon Deeks. Refining Ovarian Cancer Test accuracy Scores (ROCkeTS) - protocol for a prospective longitudinal test accuracy study to validate new risk scores in women with symptoms of suspected ovarian cancer. BMJ Open 2016;6:e010333. doi:10.1136/bmjopen-2015-010333
SOCQER2	Satyam Kumar, Joanna Long, Sudha Sundar, Carole Cummins. Quality of life outcomes following surgery in advanced ovarian cancer. PROSPERO 2016:CRD42016048139 http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016048139 .
Study 19	Long-term responders on olaparib maintenance in high-grade serous ovarian cancer: Clinical and molecular characterization. Lheureux S, Lai Z, Dougherty BA, Runswick S, Hodgson D, Timms KM, Lanchbury JS, Kaye SB, Gourley C, Bowtell DD, Kohn EC, Scott CL, Matulonis UA, Panzarella T, Karakasis K, Burnier JV, Gilks B, O'Connor MJ, Robertson JD, Ledermann J, Barrett JC, Ho TW, Oza AM. Clin Cancer Res. 2017 Feb 21. pii: clincanres.2615.2016. doi: 10.1158/1078-0432.CCR-16-2615. [Epub ahead of print]
	Overall survival in patients with platinum-sensitive recurrent serous ovarian cancer receiving olaparib maintenance monotherapy: an updated analysis from a randomised, placebo-controlled, double-blind, phase 2 trial. Ledermann JA, Harter P, Gourley C, Friedlander M, Vergote I, Rustin G, Scott C, Meier W, Shapira-Frommer R, Safra T, Matei D, Fielding A, Spencer S, Rowe P, Lowe E, Hodgson D, Sovak MA, Matulonis U.

	Lancet Oncol. 2016 Nov;17(11):1579-1589. doi: 10.1016/S1470-2045(16)30376-X. Epub 2016 Sep 9
	Quality of life during olaparib maintenance therapy in platinum-sensitive relapsed serous ovarian cancer. Ledermann JA, Harter P, Gourley C, Friedlander M, Vergote I, Rustin G, Scott C, Meier W, Shapira-Frommer R, Safra T, Matei D, Fielding A, Bennett B, Parry D, Spencer S, Mann H, Matulonis U. Br J Cancer. 2016 Nov 22;115(11):1313-1320. doi: 10.1038/bjc.2016.348. Epub 2016 Nov 8.
	Olaparib maintenance therapy in patients with platinum-sensitive, relapsed serous ovarian cancer and a BRCA mutation: Overall survival adjusted for postprogression poly(adenosine diphosphate ribose) polymerase inhibitor therapy. Matulonis UA, Harter P, Gourley C, Friedlander M, Vergote I, Rustin G, Scott C, Meier W, Shapira-Frommer R, Safra T, Matei D, Fielding A, Spencer S, Parry D, Grinsted L, Ledermann JA. Cancer. 2016 Jun 15;122(12):1844-52. doi: 10.1002/cncr.29995. Epub 2016 Apr 8
Publications from the 5th Ovarian Cancer Consensus Conference, Tokyo 2015	Fifth Ovarian Cancer Consensus Conference of the Gynecologic Cancer InterGroup: first-line interventions. Karam A, Ledermann JA, Kim JW, Sehouli J, Lu K, Gourley C, Katsumata N, Burger RA, Nam BH, Bacon M, Ng C, Pfisterer J, Bekkers RLM, Casado Herráez A, Redondo A, Fujiwara H, Gleeson N, Rosengarten O, Scambia G, Zhu J, Okamoto A, Stuart G, Ochiai K; participants of the 5th Ovarian Cancer Consensus Conference. Ann Oncol. 2017 Apr 1;28(4):711-717.
	Fifth Ovarian Cancer Consensus Conference: individualized therapy and patient factors. McGee J, Bookman M, Harter P, Marth C, McNeish I, Moore KN, Poveda A, Hilpert F, Hasegawa K, Bacon M, Gatsonis C, Brand A, Kridelka F, Berek J, Ottevanger N, Levy T, Silverberg S, Kim BG, Hirte H, Okamoto A, Stuart G, Ochiai K; participants of the 5th Ovarian Cancer Consensus Conference. Ann Oncol. 2017 Apr 1;28(4):702-710.
	Fifth Ovarian Cancer Consensus Conference of the Gynecologic Cancer InterGroup: recurrent disease. Wilson MK, Pujade-Lauraine E, Aoki D, Mirza MR, Lorusso D, Oza AM, du Bois A, Vergote I, Reuss A, Bacon M, Friedlander M, Gallardo-Rincon D, Joly F, Chang SJ, Ferrero AM, Edmondson RJ, Wimberger P, Maenpaa J, Gaffney D, Zang R, Okamoto A, Stuart G, Ochiai K; participants of the Fifth Ovarian Cancer Consensus Conference. Ann Oncol. 2017 Apr 1;28(4):727-732.
	Fifth Ovarian Cancer Consensus Conference of the Gynecologic Cancer InterGroup (GCIG): clinical trial design for

	rare ovarian tumours. Leary AF, Quinn M, Fujiwara K, Coleman RL, Kohn E, Sugiyama T, Glasspool R, Ray-Coquard I, Colombo N, Bacon M, Zeimet A, Westermann A, Gomez-Garcia E, Provencher D, Welch S, Small W, Millan D, Okamoto A, Stuart G, Ochiai K; participants of the Fifth Ovarian Cancer Consensus Conference. Ann Oncol. 2017 Apr 1;28(4):718-726.

Appendix 5

Major international presentations in the reporting year

Study	Conference details
CORAL	Banerjee S, Kilburn L, Bowen J, Tovey H, Hall M, Kaye S, Rustin G, Gore M, McLachlan J, Attygalle A, Tunariu N, Lima JP, Chatfield P, Jeffs L, Folkerd E, Hills M, Perry S, Attard G, Dowsett M, Bliss J. AR targeted therapy in ovarian cancer: first results with abiraterone in the phase II Cancer of the Ovary Abiraterone (CORAL) Trial (CRUKE/12/052). Meeting Abstract: NCRI Conference, Nov 2016, Liverpool #618
	Banerjee S, Kilburn L, Bowen R, Tovey H, Hall M, Kaye S, Rustin G, Gore M, McLachlan J, Attygalle A, Tunariu N, Lima JP, Chatfield P, Jeffs L, Folkerd E, Hills M, Perry S, Attard G, Dowsett M, Bliss J (2016). Principal results of the cancer of the ovary abiraterone trial (CORAL): A phase II study of abiraterone in patients with recurrent epithelial ovarian cancer (CRUKE/12/052). Meeting Abstract: Ann Oncol 27(suppl 6):#LBA33 - ESMO, Copenhagen Sept 2016
SOLO2	Pujade-Lauraine E, Ledermann JA, Penson RT, Oza AM, Korach J, Huzarski T, Poveda A, Pignata S, Friedlander M, and Colombo C (2017) Treatment with olaparib monotherapy in the maintenance setting significantly improves progression-free survival in patients with platinum-sensitive relapsed ovarian cancer: Results from the Phase III SOLO2 study - SGO, National Harbor MD, USA, 12–15 March 2017
PETROC	Helen J. Mackay, Christopher J. Gallagher, Wendy R Parulekar, Jonathan A. Ledermann, Deborah K. Armstrong, Charlie Gourley, Ignacia Romero, Amanda Feeney, Paul Bessette, Marcia Hall, Johanne I Weberpals, Geoff Hall, Susie K. Lau, Philippe Gauthier, Michael Fung-Kee-Fung, Elizabeth A. Eisenhauer, Chad Winch, Dongsheng Tu, Diane M. Provencher. OV21/PETROC: A randomized Gynecologic Cancer Intergroup (GCIG) phase II study of intraperitoneal (IP) versus intravenous (IV) chemotherapy following neoadjuvant chemotherapy and optimal debulking surgery in epithelial ovarian cancer (EOC) - ASCO, Chicago IL, USA, June 2nd 2016