Living with and beyond cancer – The NCRI CSGs and other groups

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Head of Clinical Research Groups, NCRI
The NCRI Clinical Studies Groups

18 NCRI CSGs

Primary Care
Psychosocial Oncology & Survivorship
Supportive & Palliative Care
Teenage, Young Adults & Germ Cell
Screening, Prevention & Early Diagnosis (SPED)

Bladder & Renal
Brain
Breast
Colorectal
Children’s Cancer & Leukaemia
Gynaecological
Haematological Oncology

Head & Neck
Lung
Lymphoma
Prostate
Sarcoma
Skin
Upper Gastro-intestinal

Psychosocial Oncology
Supportive & Palliative Care
Primary Care
Teenage, Young Adults & Germ Cell
Screening, Prevention & Early Diagnosis (SPED)
The NCRI Clinical Studies Groups

- Develop a **national portfolio of clinical trials** and **high quality research**
- Liaise with **funding bodies**
- Interact with the **UK clinical research networks** to optimise delivery of cancer clinical trials
- Add an **expert voice** to the development of national initiatives, strategic partnerships and national consultations relevant to cancer clinical trials
- Act as thought leaders
NCRI Clinical Studies Groups - Developing high quality studies

Professor Andrew Biankin, Lead Researcher, PrecisionPANC, A £33m platform for that aims to identify different types of pancreatic cancer and develop tailored treatments.

We would be nowhere without this. The NCRI Infrastructure is vital to work like this – research simply couldn’t deliver at that cost without the NCRI infrastructure support.

We can never know for sure, but it is highly likely there are people alive today who would not have been so without this body of work.

Professor Hisham Mehanna, Lead researcher on PET-Neck which showed that PET-CT can be used to monitor disease after chemoradiotherapy avoiding surgical neck dissection in 80% of patients. Now standard care benefiting 2,500 patients each year.

Professor Richard Neal, Ex-chair of Primary Care CSG through which the DISCOVERY Early Diagnosis Programme was developed

The CSG was essential in developing the idea, applying for funding, running the study and ensuring and encouraging recruitment. The study would have ... probably not happened if there had not been the input and coordination of the CSG.

70% of patients in academic cancer clinical trials in the UK are on a trial that has been developed or reviewed by an NCRI Clinical Studies Group.
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Prostate

Sarcoma

Skin
## Current Cross-cutting CSG structures

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<th>Psychosocial Oncology &amp; Survivorship CSG (Galina Velikova)</th>
<th>Supportive &amp; Palliative Care CSG (Sam Ahmedzai)</th>
<th>Primary Care (Richard Neal)</th>
<th>Acute Oncology (Pauline Leonard) &amp; CUP (Natalie Cook)</th>
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<td>Early stage disease and acute treatment toxicities (Gillian Prue)</td>
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<td>Lifestyle and behavioural change (Gill Hubbard)</td>
<td>Advanced Disease and end of life (Matthew Maddocks)</td>
<td>Survivorship (Eila Watson)</td>
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<td>Interventions to improve outcomes in people affected by cancer (Mary Wells)</td>
<td>Survivors and late consequences (Sara Faithfull)</td>
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<td>Long term effects of Immunotherapy (Working Party)</td>
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*Note: The table represents a simplified overview of current cross-cutting structures involving various aspects of cancer care.*
New cross-cutting CSG structure

**Executive Group**
- Chair
- Workstream Chairs (plus a Primary Care rep, if not a Workstream Chair)
- RDM
- Consumer member
- Funding representative(s)
- Mainly TC

**LWBC Implementation Group**

**Methodology**
- PROMs
- Touch Screen/Apps
- Quality of Life/Health Economics
- Output Measures/Trial Design
- Qualitative Research
- Modelling
- Primary Care Data Linkage

**Network**

10 Core Members

**MUO/CUP**
- Acute Oncology Type 1 Primary Care Pathway
- CUP Biology & Therapy

**Acute Care & Toxicities**
- Acute Treatment Toxicities
- Acute Cancer Toxicities
- Psychosocial Impacts of Treatment
- Prehabilitation
- Primary/Secondary Care Interface

**Late Consequences**
- Late Toxicities
- Psychosocial Aspects
- Primary Care follow-up

**Advanced Disease & End of Life Care**
- Palliative Care
- Hospice
- Bereavement Care

**Workstreams**
- More support: F2F 2x per year, TC as required
- Wider network: Annual meeting

**Executive Group**: F2F 2x per year, regular TC (every 6-8 weeks)

**Workstreams**: More support: F2F 2x per year, TC as required

**Wider network**: Annual meeting
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<td>- Primary Care Pathway</td>
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<td>- CUP Therapy</td>
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