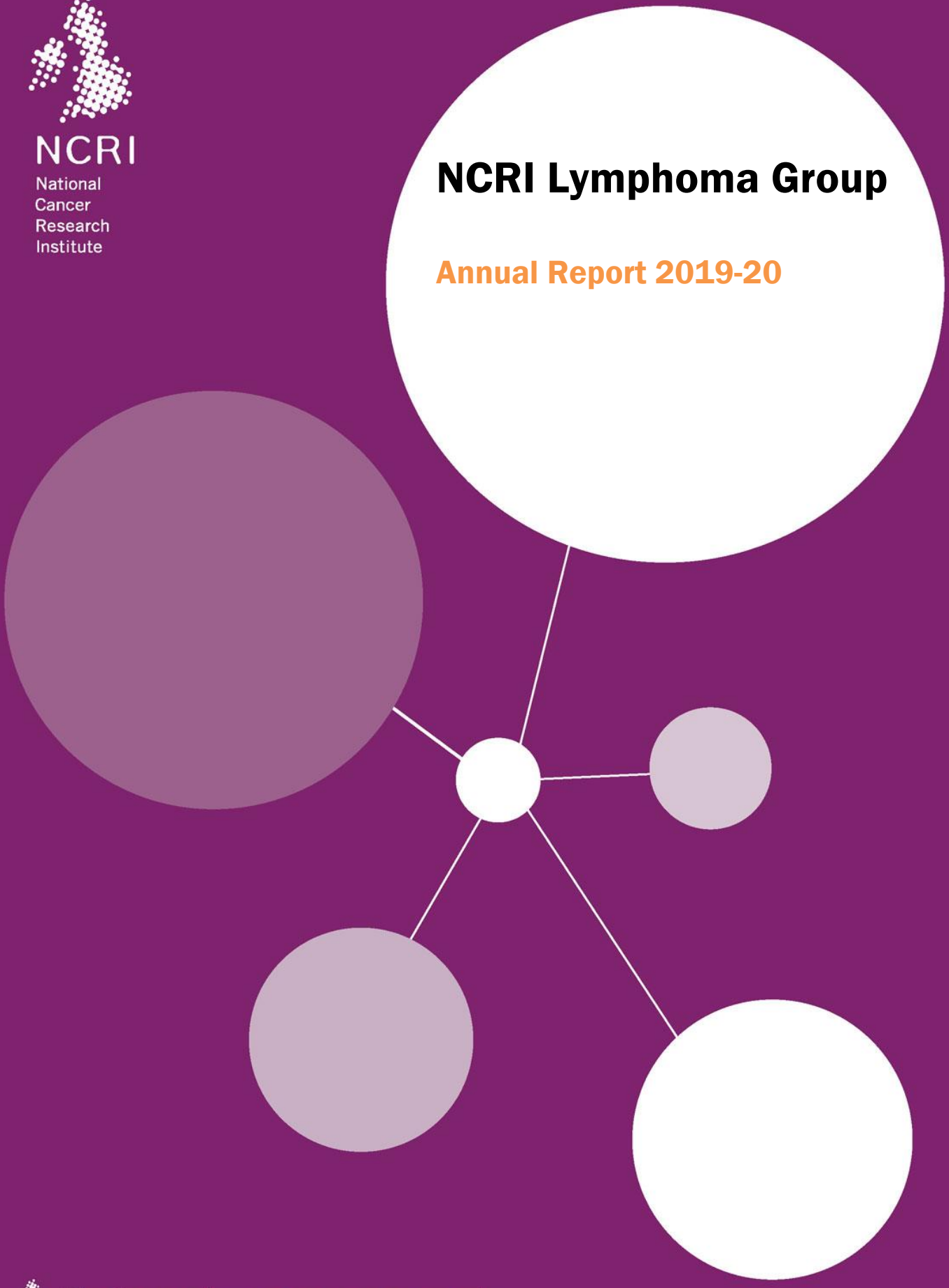
NCRI
National
Cancer
Research
Institute

NCRI Lymphoma Group

Annual Report 2019-20



Partners in cancer research

The NCRI Group Annual Reports 2019/2020 span the time period April 2019 – March 2020. The reports were submitted during a challenging time for all in the healthcare sector due to the COVID-19 pandemic. This has had an unprecedented impact on the activity of both the Research Group itself and wider research activities, ranging from the time available for research work versus clinical commitments to the funding of new trials and the recruitment of existing trials. Due to this the NCRI significantly extended the deadline for submission of annual reports and allowed the Groups to submit reduced reports, if time permitted, with the following sections at a minimum:

- Achievements (section 1 of the report)
- Funding Submissions over the last 12 months (section 5)
- Priorities and Challenges (section 7)

In addition to this, Consumer representatives of each Group were asked to only complete their sections if they feel able to. Most of our Consumers have submitted reports, however where reports have *not* been submitted this was due to extended periods of ill health, or additional work/home life constraints, as a result of COVID-19.

NCRI Lymphoma Group
Annual Report 2019-20

1. Top 3 achievements in the reporting year

Achievement 1 Favourable outcome of the QQR for 2014-2020, submitted in Jan 2020 (i.e. covers most of the current reporting period).
Achievement 2 Writing of guidelines for lymphoma treatment during the COVID surge and publicising them on the Lymphoma Action website.
Achievement 3 Implementation of Science Subgroup.

2. Structure of the Group

After exploring various options, it was agreed that the Paediatric NHL Subgroup would transfer to the Children's Cancer and Leukaemia (CCL) Group. To ensure a joined-up approach in the Teenage and Young Adult (TYA) and Paediatric population, there is cross-membership between the High-Grade NHL Subgroup and the TYA & Germ Cell Tumours Group and regular dialogue between the Chairs of the Adult High-Grade NHL Subgroup and Paediatric NHL Subgroup. These new arrangements are similar to those which have been successfully employed for Acute Lymphoblastic Leukaemia (ALL) as part of the Haematological Oncology Group.

The reconfiguration of the Paediatric NHL Subgroup was accompanied by the creation of a new Science Subgroup within the Lymphoma Group with a remit to drive, facilitate and co-ordinate the systematic integration of science across all Research Group activities. The Subgroup's four key objectives are:

1. Optimising and harnessing pre-clinical models to drive innovative phase I trials, linking in with the National Institute for Health Research (NIHR)/Cancer Research UK (CRUK) Experimental Cancer Medicine (ECMC) network.

2. Integrating high-quality science and sample collection into all new trials within the Group wherever possible.
3. Optimising, harmonising and joining up existing sample collections and associated databases to create a single platform that will support a co-ordinated programme of discovery science and biomarker development.
4. Ensuring that trial-related discovery science feeds back into preclinical models.

Our trainees continue to play a vital role in the Group's activities, and each has a specific project which is being developed within the Subgroups.

3. Lymphoma Group & Subgroup strategies

Lymphoma Group

Group membership & structure

- Improve interaction between the Paediatric NHL Subgroup and the High-grade NHL Subgroup. The Paediatric NHL Subgroup has been formally transferred to the CCL Group with whom the High Grade NHL Subgroup Chair has regular interactions.
- Establish a cross-cutting Science Subgroup to drive, facilitate and co-ordinate high-quality science across all areas of the Groups activity. The Science Subgroup has now been established. It is chaired by Prof Jude Fitzgibbon (Deputy Chair Cathy Burton) and has now been fully populated with members following an open call.
- Increase consumer involvement in trial development. A trial development roadmap is being developed which will include consumer involvement.

Trial development

- Formally agree on where the Paediatric NHL Subgroup would be best positioned within the Group structure. Completed - the Subgroup has been transferred to the CCL Group.
- Decision regarding the Group's request to the establish a Science Subgroup. Completed – Science Subgroup approved and operationalised.
- Ensure TMGs for all new trials include a lay rep and member of the Science Subgroup. Ongoing
- Aim to hold a patient engagement event prior to submitting funding application for all new trials, subject to availability of funding. Ongoing
- All future Group meetings will include an in-depth discussion for each Subgroup in rotation, specifically focussing on key gaps in the portfolio. Ongoing
- Appoint a designated Group representative on the ECMC haematology group. Completed – Dr Graham Collins
- Develop at least one new phase III trial that follows on from a Group portfolio phase II trial. Ongoing – may be difficult in current climate.
- Develop at least one new study based on PET-CT imaging. Ongoing – may be difficult in current climate.

- Develop at least one new umbrella/basket/MAMS study. Ongoing – may be difficult in current climate.
- Develop at least one study utilising a CRM (or similar) model-based dose-finding approach. Ongoing – may be difficult in current climate.
- Develop at least one study with a joint funding model between Industry and Charity. Ongoing – may be difficult in current climate.
- Develop at least one new study involving at least 2 Subgroups. Ongoing – may be difficult in current climate.
- Develop at least one new study involving CAR-T cells. Ongoing – may be difficult in current climate.
- Develop at least one new study involving PBT in collaboration with the CTRad PBT Steering Group. Ongoing – may be difficult in current climate.
- Develop at least one new study where routinely collected 'real world' datasets are used to inform the trial question or design. Ongoing.
- Develop a protocol for using routinely collected data for long-term follow-up of Group studies. Ongoing.
- Develop at least one study addressing a LWBC research question defined by the NCRI/JLA PSP, working in collaboration with the LWBC Group. Ongoing.
- Develop a study addressing delays in lymphoma diagnosis. Ongoing.
- Pathway for trial development agreed by the Group. Ongoing.
- Compile a checklist for engagement with other NCRI structures. Ongoing
- Establish a Group peer review panel. Ongoing
- Achieve funding application success rate of at least 50%. Ongoing.
- Arrange workshop for CTUs involved in lymphoma trials. Ongoing.
- Develop an agreed collaborative framework for lymphoma CTUs. Ongoing
- Arrange workshops with CTUs and trial investigators to support harmonised, efficient and effective trial development. Ongoing.

Trial delivery

- Organise annual trials review meetings and NCRI sessions at the annual BSH meeting. Ongoing.
- Develop a strategy for optimising engagement with NIHR CRN SSLs to address barriers in trial delivery. Ongoing.

Translational science (remit of Science Subgroup)

- Develop at least one new phase I/II trial based on preclinical science conducted in the UK. Ongoing.
- Ensure that the Group is represented on CT-PAG and CM-Path. Ongoing.
- Develop at least one new trial proposal that incorporates input from the Science Subgroup. Ongoing
- Develop at least one new trial proposal that incorporates cross-cutting science delivered by more than one complementary approach/research group. Ongoing
- Ensure that members of CT-PAG and CM-Path are included in the Science Subgroup. Ongoing.
- Develop a strategy for integrating trial-related biobanks and databases. Ongoing.

- Develop at least one new discovery/ correlative science project using clinical trial samples. Ongoing
- Develop at least one new preclinical science project based on trial-related discovery/ correlative science. Ongoing
- Establish a pathway for collaboration and engagement between clinicians and the wider scientific community. Ongoing.
- Ensure members of the Science Subgroup are well represented on the clinical subgroups and the Group. Complete – this is taken into account when appointing Subgroup members.

Industry engagement

- Establish a registry of existing industry collaborations across the Group. Ongoing
- Develop a Group strategy for building strategic partnerships with key industry partners. Ongoing.

Global impact and visibility

- Ensure that all relevant research outputs are explicitly attributed to the NCRI Lymphoma Group. Ongoing.
- Establish a registry of Group representation on relevant international groups. Ongoing.
- Reports from all relevant international groups to be a standing agenda item at Group meetings. Ongoing.

Leadership and succession planning

- Aim to ensure that all Group and Subgroup members have a specific role. Ongoing.
- All Group members to check the end date of their appointment and address any concerns with the NCRI Executive. Ongoing.
- Group and Subgroup Chairs to identify potential replacements for all Group and SG members with leadership roles at least 12 months before the end of their term. Ongoing.
- All NCRI trainees to be allocated a specific project which should be presented at a national or international meeting. Completed.

Consumer input

See above section on trial development.

High Grade Lymphoma Subgroup (Chair, Dr Chris Fox)

Ensure successful delivery of Subgroup portfolio, especially phase III studies

Exploit the new taxonomy of DLBCL - provides an opportunity for better stratifying patients

Develop large front-line study for main disease area (DLBCL)
Exploit the wealth of novel agents now available
Trials to support registration extension
Next generation proteasome inhibition is a possible opportunity

Hodgkin Lymphoma Subgroup (Chair, Dr Graham Collins)

Ensure successful delivery of Subgroup portfolio, especially phase III studies
Exploit the UK's reputation as internationally leading in PET adaptation
Apply development of biomarkers to early detection
Study biomarkers of late effects and explore how therapies affect these
Develop a strategy for relapse studies

Low Grade Lymphoma Subgroup (Chair, Dr Kim Linton)

Ensure successful delivery of Subgroup portfolio, especially phase III studies
Develop studies to fill portfolio gaps
Consider study development in the recurrent/relapse setting

4. Task groups/Working parties

The Lymphoma Group had no task groups or working parties in the reporting year

5. Funding applications in last year

Table 2 Funding submissions in the reporting year

Study	Committee & application type	CI	Outcome	Level of Group input	Funding amount
Cancer Research UK					
November 2019					
REMoDL-A: A Randomised Phase II Evaluation of Molecular Guided Therapy for Diffuse Large B-Cell Lymphoma with Acalabrutinib	Endorsement	Professor Andrew Davies	Supported	Group/Subgroup developed	N/A
CHAPTer: A Randomised non-comparative, Open Label, Multi-Centre, Phase I/II Study Evaluating the Safety and Clinical Activity of CHOP (Cyclophosphamide, Hydroxydaunorubicin, Vincristine and Prednisolone) in combination with ASTX-660 in the Front-line treatment for Peripheral T-cell Lymphoma	Clinical Trial Award	Dr Graham Collins	Not Supported - Offered Endorsement	Group/Subgroup developed	N/A

6. Consumer involvement

Consumer: Arzhang Ardavan

Arzhang Ardavan joined the Lymphona Group as a consumer member in 2019. He presented at the Annual Trials meeting in November 2019, speaking on the subject of "A patient perspective on patient participation in research".

As a continuing member of the Hodgkin Lymphoma Subgroup, he serves on the TMGs for ANIMATE and AVENuE; he has attended all meeting of the TMGs and reviewed drafts of, and amendments to, the patient information sheets for both.

From 2019, he joined the High-grade Lymphoma Subgroup, and has begun contributing to discussions with members of the group on future directions for research and clinical trials.

Beyond NCRI, he is, along with Kate Robinson, a Patient and Public Voice member of the NHS England CAR-T Clinical Panel (NCCP) for High Grade lymphoma, and a member of the haematology consumer rep group for UCL CTC.

Consumer: Katharine Anne Robinson

Kate Robinson is entering her third year as a member of the Lymphoma Group. She has attended all the Group meetings, as well as the Annual Trials meeting, the NCRI Conference and the Consumer Forum.

She has forged a good working relationship with Malcolm Rhodes, the consumer on the Low Grade Subgroup and together they are members of the PETRea TMG. They have both been involved with rewriting the patient information sheet of PETRea trial, following significant debate about the role of maintenance treatment in the clinical community. Kate has continued to assist the UCL Clinical Trials Group and is on the TMG of the Bloodwise/Oxford Brookes project on Emotional and Psychological support for people with blood cancer. She also wrote in support of a successful funding application to the Roy Castle Lung Foundation to search for later effects lung cancer in lymphoma patients.

Kate, along with Arzhang Ardavan, is a Patient and Public voice member of the NHS England CAR-T Clinical Panel (NCCP) for High Grade lymphoma. This panel has been functioning for over a year and is allocating CAR-T treatments with the NHS. The first data from this intervention was published at ASH 2019 and both Kate and Arzhang were cited as authors. It should be noted that three out of four members of the two CAR-T panels are from the NCRI Consumer Forum.

This year Kate has also widened her involvement to include work on the TMG of PeRSEVERE which is looking at patient withdrawal in trials (she also introduced the researchers to Dragon's Den). She has also joined the Advisory Board of the Welsh Cancer Research Centre.

During the COVID lockdown Kate has remained an active member of the Group and the Consumer Forum, looking at how the epidemic affects Lymphoma patients and the wider cancer community.

7. Priorities and challenges for the forthcoming year

Priority 1 Ensure that the Group continues to provide leadership and guidance to clinicians and patients during the COVID pandemic.
Priority 2 Optimise the delivery of the Group's ongoing studies in the context of the challenges presented by COVID.
Priority 3 Maintain momentum in developing and implementing new studies in the context of the challenges presented by COVID.
Challenge 1 Interruption of study recruitment from March 2020 due to COVID – implications for study delivery.
Challenge 2 COVID-related protocol deviations/amendments involving treatment/assessment interruptions and modifications - implications for data integrity.
Challenge 3 Limited NHS R&D capacity due to competition from COVID studies – implications for re-starting current studies and opening new ones.

8. Collaborative partnership studies with industry

Company	Drug	Trial	Status	Free drug	Funding
Acerta/AZ	Acalabrutinib	ACCEPT	open	+	+
		REMoDL-A	In set-up	+	+
		REMoDL-B	Closed	N/A	+
		TORCH	Closed	+	+
Adienne	Thiotepa	TIER	Open	+	
Astec Pharma	AX-660	CHAPTER	In set-up	+	
BioInvent	BI-1206	BI-1206	Open	+	

BMS	Nivolumab	ANIMATE	Open	+	+
CellDex Therapeutics	Varlilumab	RiVa	Open	+	+
Celgene	Lenalidomide	PETReA	Open	+	
		ReBeL	Open	+	
	CC-486	ORACLE	In set-up	+	+
	Romidepsin	ROMICAR	Open	+	
Celleron	CXD101	PLACARD	In set-up	+	
Epizyme	Tazemetostat	MaPLe	Open	N/A	+
Janssen	Ibrutinib	RAINBOW	In set-up	+	+
		ENRICH	Open	+	+
		SPARKLE	Open	+	+
		TiDaL	Open	+	
MSD	Pembrolizumab	PembroWM	In set-up	+	
		PORT	Open	+	+
		PR-ICE	In set-up	+	+
		PLACARD	In set-up	+	
Onyx (now Amgen)	Carflizomib	ROMICAR	Open	+	
Pfizer	Inotuzumab ozogamicin	INCA	Closed	+	+
	Avelumab	AVAIL-T	Open	+	
		AVENuE	In set-up	+	+
Roche	Atezolizumab	ARGO	Open	+	+
	Polatuzumab	APOLLO	In set-up	+	+
		POLA-RICE	In set-up	+	+
Takeda/Seattle Genetics	Brentuximab vedotin	RADAR	In set -up	+	+

9. Appendices

Appendix 1 – Lymphoma Group and Subgroup strategies

A - Lymphoma Group Strategy; High Grade Lymphoma Subgroup Strategy; Hodgkin Lymphoma Subgroup Strategy; Low Grade Lymphoma Subgroup Strategy

Appendix 2 – Top 5 publications in reporting year & Group involvement with NICE appraisals

Appendix 3 – QQR feedback

Professor Andrew Pettitt (Lymphoma Group Chair)

Appendix 1

A - Lymphoma Group and Subgroup Strategies

Theme	High-level actions	SMART objectives	Lead	Timeline
Group membership & structure	• Improve interaction between the Paediatric NHL Subgroup and the High-grade NHL Subgroup. • Establish a cross-cutting Science Subgroup to drive, facilitate and co-ordinate high-quality science across all areas of CSG activity. • Increase consumer involvement in trial development	• Formally agree on where the Paediatric NHL group would be best positioned within the CSG structure • Decision regarding the CSG's request to the establish a Science Subgroup • Ensure TMGs for all new trials include a lay rep and member of the Science Subgroup • Aim to hold a patient engagement event prior to submitting funding application for all new trials, subject to availability of funding	AP/MT/NK AP/KL/NK Cls Cls	Q3 2019 Q3 2019 Q1 annually Q1 annually
Trial development	• CSG and Subgroup Chairs to take a proactive and strategic approach to portfolio development to ensure a continuous pipeline of interventional studies in the most common disease settings and where there is most unmet need	• All future CSG meetings will include an in-depth discussion for each Subgroup in rotation,	AP and SG Chairs	Q3 annually

		specifically focussing on key gaps in the portfolio		
	• Establish clear pathways of transition from: ○ Preclinical science to early-phase trials ○ Early- to late-phase trials ○ All-phase trials to discovery science and biomarker development ○ Discovery science to preclinical models	• Appoint a designated CSG representative on the ECMC haematology group • Develop at least one new phase III trial that follows on from a CSG portfolio phase II trial • **See section on translational science for other objectives**	AP SG Chairs	Q3 2019 Q1 2022
	• Exploit: ○ National strengths, e.g. PET-CT network. ○ Innovative trials designs, e.g. basket, umbrella and multi-arm multi-stage trials. ○ Efficient dose-finding methodology such as Continual Reassessment Models (CRMs) ○ Relationships and interactions with Pharma partners to develop and support Investigator-Initiated Trials and shared industry-Charity funding models ○ Research opportunities that transcend individual diseases, e.g. survivorship, treatment toxicity. ○ Research opportunities involving new technologies, e.g. CAR-T cells and proton beam therapy	• Develop at least one new study based on PET-CT imaging • Develop at least one new umbrella/basket/MAMS study • Develop at least one study utilising a CRM (or similar) model-based dose-finding approach	SG Chairs SG Chairs SG Chairs SG Chairs AP and SG Chairs CAR-T cell lead	Q1 2021 Q3 2021 Q3 2021 Q3 2021 Q3 2021 Q1 2021 Q3 2021

	○ Routinely collected 'real world' datasets to support: ▪ Scoping work (e.g. size and demographics of study populations, treatment regimens used) ▪ High-level outcome data to inform on trial design and sample-size calculations ▪ Long-term follow-up of patients in trials	• Develop at least one study with a joint funding model between Industry and Charity • Develop at least one new study involving at least 2 Subgroups • Develop at least one new study involving CAR-T cells • Develop at least one new study involving PBT in collaboration with the CTRad PBT Steering Group • Develop at least one new study where routinely collected 'real world' datasets are used to inform the trial question or design • Develop a protocol for using routinely	CSG RT lead CSG NCRAS lead CSG NCRAS lead	Q1 2021 Q1 2021

		collected data for long-term follow-up of CSG studies		
	• Develop studies that address some of the 10 research priorities for living with and beyond cancer identified by the NCRI/James Lind Alliance Priority Setting Partnership. • Engage with the NCRI initiative for screening, prevention and early diagnosis (SPED)	• Develop at least one study addressing a LWBC research question defined by the NCRI/JLA PSP, working in collaboration with the LWBC Group • Develop a study addressing delays in lymphoma diagnosis	AP and consumer reps AP	Q1 2021 Q1 2021
	• Optimise trial development by establishing a clear pathway for early CSG involvement. Key elements for each trial proposal include: ○ Designating a named science advisor from within the Science Subgroup. ○ Designating a named consumer in consultation with the CSG consumer reps. ○ Applying a checklist to ensure engagement with other relevant parts of the NCRI structure (e.g. cross-cutting CSGs). ○ Agreeing on a funding strategy ○ Optimising the quality of funding applications by establishing a peer review group comprising CSG members with a track record of writing successful NIHR, Bloodwise or CR-UK funding applications.	• Pathway for trial development agreed by CSG • Compile a checklist for engagement with other NCRI structures.	AP and SG Chairs AP/NK AP and SG Chairs AP and SG Chairs	Q1 2020 Q3 2019 Q3 2019 Q1 2022

		• Establish a CSG peer review panel • Achieve funding application success rate of at least 50%		

	• Optimise CTU support for CSG activities by establishing a lymphoma CTU network. Key objectives are to:
	  ○ Harmonise and simplify trial documentation and processes
	  ○ Share innovative approaches to data collection and analysis
	  ○ Co-ordinate endeavour to maximise capacity for developing new studies and preparing funding applications
		• Arrange workshop for CTUs involved in lymphoma trials
		
		• Develop an agreed collaborative framework for lymphoma CTUs
		• Arrange workshops with CTUs and trial investigators to support harmonised, efficient and effective trial development
			CTU lead
			
			CTU lead
			
			CTU lead
				Q1 2020
				
				Q3 2020
				
				Q1 2021

Trial delivery	• Optimise engagement with local investigators and research teams to publicise the CSG portfolio and drive recruitment.
	• Optimise engagement with NIHR CRN Sub-speciality Leads to address any barriers to trial delivery:
	  ○ During trial development to address any issues with the trial design
	  ○ During trial delivery to address any issues with local R&D capacity
	  ○ Insufficient R&D time in job plans
		• Organise annual trials review meetings and NCRI sessions at the annual BSH meeting
		• Develop a strategy for optimising engagement with NIHR CRN SSLs to address barriers in trial delivery
			AP and SG Chairs
			
			AP and SG Chairs
				Q1 annually
				
				Q1 2020

Translational science (remit of Science Subgroup)	• Optimise and harness pre-clinical models to drive innovative phase 1 trials, linking in with the ECMC network	• Develop at least one new phase I/II trial based on preclinical science conducted in the UK	Science SG Chair	Q3 2021
	• Engage with CT-PAG and other national organisations and groups involved in translational science	• Ensure that the CSG is represented on CT-PAG and CM-Path	Science SG Chair	Q1 2020
	• Optimise the science component of all new CSG trials	• Develop at least one new trial proposal that incorporates input from the Science Subgroup • Develop at least one new trial proposal that incorporates cross-cutting science delivered by more than one complementary approach/research group • Ensure that members of CT-PAG and CM-Path are included in the Science SG	Science SG Chair Science SG Chair Science SG Chair	Q1 2021 Q3 2021 Q3 2021
	• Optimise, harmonise and join up sample collections and associated databases to create a single platform for a co-ordinated programme of correlative and discovery science.	• Develop a strategy for integrating trial-related biobanks and databases • Develop at least one new discovery/ correlative	Science SG Chair Science SG Chair	Q3 2020 Q1 2021

		science project using clinical trial samples		
	• Ensure that trial-related correlative and discovery science feeds back into preclinical models.	• Develop at least one new preclinical science project based on trial-related discovery/ correlative science	Science SG Chair	Q1 2021
	• Proactively engage with the wider scientific community to harness all relevant expertise and resource.	• Establish a pathway for collaboration and engagement between clinicians and the wider scientific community • Ensure members of the Science SG are well represented on the clinical subgroups and CSG	Science SG Chair Science SG Chair	Q1 2020 Q1 2020
Industry engagement	• Develop a more strategic and joined up approach to industry partnerships across the CSG in order to optimise access to new drugs.	• Establish a registry of existing industry collaborations across the CSG • Develop a CSG strategy for building strategic partnerships with key industry partners	AP and SG Chairs AP and SG Chairs	Q3 2019 Q1 2021
Global impact and visibility	• Promote the NCRI Lymphoma CSG as a successful international brand	• Ensure that all relevant research outputs are	AP and SG Chairs	Q1 annually

	• Ensure that the CSG actively engages with all relevant international groups, especially those that co-ordinate clinical trials for rare patient groups	explicitly attributed to the NCRI Lymphoma Group • Establish a registry of CSG representation on relevant international groups • Reports from all relevant international groups to be a standing agenda item at CSG meetings	AP and SG Chairs AP and SG Chairs	Q1 annually Q1 2020 Q1 annually
Leadership and succession planning	• Maintain a collective approach to leadership within the CSG and SGs • All CSG members (especially Subgroup Chairs) to have absolute clarity regarding the duration of their appointment • Ensure early succession planning for CSG and SG Chairs • Optimise the learning experience for NCRI trainees	• Aim to ensure that all CSG and SG members have a specific role • All CSG members to check the end date of their appointment and address any concerns with the NCRI Executive • CSG and SG chairs to identify potential replacements for all CSG and SG members with leadership roles at least 12 months before the end of their term • All NCRI trainees to be allocated	AP and SG chairs AP and SG Chairs AP and SG Chairs AP and SG Chairs	Q3 annually Q3 annually Q3 annually Q3 annually

		a specific project which should be presented at a national or international meeting		
Consumer input	• Consumers to be fully involved in the process of trial development	• **See section on trial development**		
Subgroup specific objectives (Subgroup Chairs to populate with anything not captured in the themes above)	• **High-grade Lymphoma SG (CF)** • Ensure successful delivery of Subgroup portfolio, especially phase III studies • Exploit the new taxonomy of DLBCL - provides an opportunity for better stratifying patients • Develop large front-line study for main disease area (DLBCL) • Exploit the wealth of novel agents now available • Trials to support registration extension • Next generation proteasome inhibition is a possible opportunity	• Actively publicise and support REMoDL-A • Integrate high quality DLBCL biological questions into first-line NCRI-led DLBCL studies; focus on risk stratification • Initiate a NCRI-led RCT for treatment-naïve DLBCL • Initiate at least one academic-led RCT(s) incorporating a novel agent in relapsed and/or rare lymphoma sub-type • Initiate at least one study with academic and/or commercial partners with a clear aim of supporting registration or	CSG and SG members CF and SG members CF and SG members CF and SG members CF and SG members CF and SG members	Q1 annually Q1 2021 Q3 2020 Q3 2020 Q3 2020 Q1 2020

		registration extension • Explore this as an opportunity in high-risk or relapsed DLBCL		
	• **Low-grade Lymphoma SG (KL)** • Ensure successful delivery of Subgroup portfolio, especially phase III studies • Develop studies to fill portfolio gaps • Consider study development in the recurrent/relapse setting	• Actively publicise and support PETReA, ENRICH and RAINBOW • Develop a successful grant application for a randomised trial in relapsed/refractory FL to develop new effective therapies, with high risk FL a key component • Submit a grant proposal for a study in post ibrutinib MCL • Submit a grant proposal for a study evaluating outcomes and response predictors after ASCT in FL	CSG and SG members SG members SG members SG members	Q1 annually Q4 2020 Q4 2019 Q2 2020

	Hodgkin Lymphoma SG (GC) • Ensure successful delivery of Subgroup portfolio, especially phase III studies • Exploit the UK's reputation as internationally leading in PET adaptation • Apply development of biomarkers to early detection • Study biomarkers of late effects and explore how therapies affect these • Develop a strategy for relapse studies	• Actively publicise and support RADAR • Develop a successful grant application for a trial with PET-adaptation as a key component • Submit a grant application for an early detection study • Build in late effects biomarker assessments (e.g. of cardiac damage, second cancer risk) as components of therapeutic studies • Produce a document outlining relapse strategy	CSG and SG members SG members SG members SG members GC	Q1 annually Q2 2021 Q3 2020 Q4 2020 Q1 2020

Appendix 2

Top 5 publications in the reporting year

Trial name & publication reference	Impact of the trial	Group involvement in the trial
1. Davies A, Cummin TE, Barrans S, Maishman T, Mamot C, Novak U, Caddy J, Stanton L, Kazmi-Stokes S, McMillan A, Fields P, Pocock C, Collins GP, Stephens R, Cucco F, Clipson A, Sha C, Tooze R, Care MA, Griffiths G, Du MQ, Westhead DR, Burton C, Johnson PWM. Gene-expression profiling of bortezomib added to standard chemoimmunotherapy for diffuse large B-cell lymphoma (REMoDL-B): an open-label, randomised, phase 3 trial. **Lancet Oncol**. 2019 May;20(5):649-662.	Demonstrated the feasibility of real-time molecular profiling in DLBCL and ruled out a role for bortezomib.	Core portfolio study developed within the Low Grade NHL Subgroup
2. Barrington SF, Phillips EH, Counsell N, Hancock B, Pettengell R, Johnson P, Townsend W, Culligan D, Popova B, Clifton-Hadley L, McMillan A, Hoskin P, O'Doherty MJ, Illidge T, Radford J. Positron Emission Tomography Score Has Greater Prognostic Significance Than Pretreatment Risk Stratification in Early-Stage Hodgkin Lymphoma in the UK RAPID Study. J Clin Oncol. 2019 Jul 10;37(20):1732-1741.	Demonstrated the value of PET-CT as a prognostic biomarker in early-stage cHL	Core portfolio study developed within the High Grade Subgroup

3. Rule S, Cook G, Russell NH, Hunter A, Robinson S, Morley N, Sureda A, Patrick P, Clifton-Hadley L, Adedayo T, Kirkwood A, Peggs KS. Allogeneic stem cell transplantation as part of front line therapy for Mantle cell lymphoma. **Br J Haematol**. 2019 Mar;184(6):999-1005.	Demonstrated the value of frontline alloSCT in patients with MCL at high risk of early progression	Core portfolio study developed within the Low Grade NHL Subgroup.
4. Leonard JP, Trneny M, Izutsu K, Fowler NH, Hong X, Zhu J, Zhang H, Offner F, Scheliga A, Nowakowski GS, Pinto A, Re F, Fogliatto LM, Scheinberg P, Flinn IW, Moreira C, Cabeçadas J, Liu D, Kalambakas S, Fustier P, Wu C, Gribben JG; AUGMENT Trial Investigators. AUGMENT: A Phase III Study of Lenalidomide Plus Rituximab Versus Placebo Plus Rituximab in Relapsed or Refractory Indolent Lymphoma. **J Clin Oncol**. 2019 May 10;37(14):1188-1199.	Led to regulatory approval of lenalidomide plus rituximab in R/R FL	Commercially sponsored study developed and delivered with input from Group/Subgroup members
5. Owen RG, McCarthy H, Rule S, D'Sa S, Thomas SK, Tournilhac O, Forconi F, Kersten MJ, Zinzani PL, Iyengar S, Kothari J, Minnema MC, Kastritis E, Aurran-Schleinitz T, Cheson BD, Walter H, Greenwald D, Chen DY, Frigault MM, Hamdy A, Izumi R, Patel P, Wei H, Lee SK, Mittag D, Furman RR. Acalabrutinib monotherapy in patients with Waldenström macroglobulinemia: a single-arm, multicentre, phase 2 study. **Lancet**	Led to phase III evaluation of acalabrutinib in R/R WM	Commercial study developed and delivered with input from the Group/Subgroup members

Haematol. 2019 Dec 19. pii: S2352-3026(19)30210-8.		

Group involvement with NICE appraisals

NICE appraisal	Appraisal outcome	Group involvement with NICE appraisal
Members of the Lymphoma RG and SGs have continued to be involved in numerous NICE appraisals at all stages of the process.		

Appendix 3

Lymphoma QQR Feedback 2020

Comments and recommendations

Areas of strengths;

- The panel acknowledged the vital part that the NCRI Lymphoma Research Group has played over many years in contributing to the evidence base which now informs international standards ofcare.
- The panel were impressed with the renewed membership, energy, enthusiasm and transformation of the Lymphoma Research Group, and believe will give them a strong platform to build upon in the next five years
- Notwithstanding some gaps, the Research Group's portfolio is broad and worthwhile, addressing questions of clear importance to patients and science.
- The Group and Subgroup strategies given in Appendix 3, along with the presentations at the Quinquennial, show a positive direction of travel with strengthening science and a more comprehensive clinical coverage.
- The Panel agreed with the decision to establish a Science Subgroup, and encourages the Group to explore the optimum model for ensuring this results in strengthened scientific content across all the disease-specific Subgroups
- The REMoDL-B trial was highlighted as being pioneering in its integration of genomic diagnostics, and the group were encouraged to think in their strategy what might be the equivalent trial in the future. The RAPID trial was also recognised and commended as a high impact trial in Lymphoma research.

Areas for the group to consider;

- It is crucial for each Subgroup, and the Research Group as a whole, to consider and present its Strategy at two levels: firstly the groups aims to further science to enable clinical change and secondly to outline the clinical goal and further to outline the detailed steps identified towards achieving those goals.
- Underrepresentation from the Devolved Nations, both in Group membership and patient recruitment, needs to be addressed.
- The Panel were enthused and encouraged by the energy and vision of the new cohort of leaders present. They encourage those leaders to now build their personal profile and presence on pharma advisory boards as part of the international community to ensure that the UK remains at the forefront of international progress.
- The Group is encouraged to pursue pharma collaboration and maintain relationships at an international level to encourage interaction.

Issues for the NCRI to consider;

- Ensure the Lymphoma group have a close interaction with the NCRI team in supporting the groups strategic delivery and developments
- Facilitate the groups collaboration with CM-Path, LWBC and BSI partnership as appropriate

In concluding the Review, Prof Matt Seymour thanked the Panel and Group members for their participation. The business of the meeting took four hours.

The Group will be reviewed in five years' time.