NCRI Lymphoma Group

Annual Report 2020 - 2021

NCRI Partners

NCRI is a UK-wide partnership between research funders working together to maximise the value and benefits of cancer research for the benefit of patients and the public. A key strength of the NCRI is our broad membership with representation across both charity and government funders as well as across all four nations in the United Kingdom.

List of Appendices

NCRI Lymphoma Group

Annual Report 2020-21

1. Top achievements in the reporting year (up to three)

Achievement 1

Leadership and support for the UK lymphoma community throughout the COVID-19 pandemic

The NCRI Lymphoma Group has continued to play a key role in ensuring that patients with lymphoma receive the best possible care and advice during the COVID-19 pandemic.

- The Group contributed to a formal position statement co-ordinated by the British Society for Haematology (BSH) regarding COVID-19 vaccination in people with blood disorders.
- Members of the Group have been working closely with the Blood Cancer Vaccine Research Funding Collaborative (a consortium of charity funders led by Blood Cancer UK) to co-ordinate and accelerate the delivery of studies to investigate the effectiveness of COVID-19 vaccination in people with blood cancer and influence policy making at the highest level.
- Three lymphoma studies were funded by the Collaborative (PROSECO, COVACC, PETReA vaccine sub-study), while one of them (PETReA) attracted additional funding from the COVID-19 National Core Studies Immunity Programme.
- Members of the Group have contributed to various public engagement events and media releases to address patient concerns and promote consistent messaging around COVID-19 vaccination.

Achievement 2

Development and delivery of lymphoma research throughout the COVID-19 pandemic

The NCRI Lymphoma Group has continued to drive the development and delivery of studies across all disease areas to ensure that progress in improving lymphoma treatment continues despite the challenges presented by the COVID-19 pandemic.

- A range of measures were put in place to mitigate the impact of COVID-19 on trial recruitment and follow-up. For example, the PETReA protocol was amended to allow treatment interruption and minimise study visits, and a webinar was held to maintain/strengthen engagement with local sites. As a result of these measures, recruitment has continued during the pandemic.
- Set-up has progressed for major new interventional studies in diffuse large B-cell lymphoma (ReMoDL A, APOLLO), lymphoplasmacytic lymphoma (RAINBOW) and Hodgkin lymphoma (RADAR). As a result of these developments, frontline interventional studies are now open or in set-up across all major disease areas.
- The Group has secured funding for major new interventional studies in diffuse large B-cell lymphoma (Pola-RICE), primary CNS lymphoma (OptiMATe, PRiZM), mantle-cell lymphoma (ZEBRA, CARAMEL, OASIS II) and Hodgkin lymphoma (RATiFY).

Achievement 3

Contributing to knowledge and clinical practice by disseminating the results of completed studies

- The randomised, phase II INCA trial showed the potential superiority of inotuzumab ozogamicin over gemcitabine when combined with R-CVP in patients with high-risk diffuse large B-cell lymphoma unsuitable for anthracyclines (EHA 2020, oral presentation).
- The single-arm, phase Ib/II ACCEPT trial showed that acalabrutinib is well tolerated when combined with R-CHOP in diffuse large B-cell lymphoma (ASH 2020, oral presentation).
- The single-arm, phase II R-CODOC-M/R-IVAC trial demonstrated feasibility and effectiveness of this regimen in the treatment of young, fit patients with high-risk diffuse large B-cell lymphoma (Ann Oncol, 2020).
- The international, single-arm, phase II IELSG 42 (MARIETTA) trial showed that MATRix–RICE therapy and autologous haematopoietic stem-cell transplantation is active and has an acceptable toxicity profile in secondary CNS lymphoma (Lancet Haematol, 2021).
- The single-arm, phase II BREVITY trial showed that brentuximab vedotin is tolerable but suboptimal as monotherapy in the front-line therapy of elderly/frail patients with Hodgkin lymphoma (Br J Haematol 2021).

2. Structure of the Group

The main development in Group structure/membership during the reporting period has been to populate the newly formed Science Subgroup with members following its creation in the 2019/20 reporting period. This task has been largely achieved with the appointment of clinicians and scientists (including early career researchers (ECRs)) from 14 institutions in England and Scotland. Plans are in place to expand the current membership to ensure representation from all 4 devolved nations and further strengthen ECR and Consumer representation.

The Hodgkin Lymphoma Subgroup Chair is due to rotate during the next reporting period and we are grateful to Graham Collins for his excellent leadership over the last 5 years.

3. Lymphoma Group & Subgroup strategies

Lymphoma Group.

Specific challenges and opportunities presented by COVID-19

Overall, blood cancer is associated with worse COVID-19 outcomes than other types of cancer, with an overall mortality of ~30%. Furthermore, emerging evidence indicates that people with blood cancer are less likely to produce adequate immune responses to COVID-19 vaccines. However, the chances of dying from COVID-19 and/or not responding to vaccination is likely to vary widely with the underlying blood cancer diagnosis, the type of treatment(s) received, and the time elapsed since treatment. Consequently, there is a pressing need for further research to develop predictive biomarkers that will allow individuals with blood cancer to make better informed decisions about social distancing and cancer treatment, as well as inform on government policy regarding booster vaccines and pharmaco-prevention. Several studies are investigating vaccine responses in different types of lymphoma (PROSECO, COVACC, PETReA vaccine sub-study), and members of the Group have been working closely with the Blood Cancer Vaccine Research Funding Collaborative to ensure that these studies are successfully completed at the earliest opportunity and that the results are promptly and effectively disseminated to clinicians, patients and policy makers.

General challenges and opportunities presented by COVID-19

The COVID-19 pandemic has placed enormous strain on the Group's research activities due to a combination of increased clinical pressures, pressures on local R&D and pharmacy departments, the need to keep patients away from hospitals as much as possible, and major financial pressures within the charity sector which funds much of the Group's research. Despite these challenges, the Group has secured several new funding awards and has continued to set up and maintain recruitment into existing studies. Furthermore, the transition to video conferencing has allowed the parent Group and Subgroups to meet in a more cost-effective way whilst at the same time increasing inclusivity.

Parent Group's strategy

The COVID-19 pandemic has highlighted the need to revise and simplify the parent Group's strategy, focussing on those issues that transcend individual Subgroups rather than duplicating Subgroup strategies. The revised strategy is currently under development but progress against elements of the old strategy which have been retained are summarised below under provisional headings.

Objectives	Progress 2020-2021
Optimise trial development & delivery	• The Science Subgroup is now populated with members and is starting to function in accordance with expectations to connect with the broader scientific community and drive the integration of science across the Group's activities. • Other plans (e.g. establishing a trial development roadmap and checklist of NCRI cross-cutting structures) have been delayed due to the pressures of COVID-19.
Optimise research training	• The parent Group's 3 trainees have had a positive learning experience and have provided constructive feedback which will improve the learning experience for future trainees.
Optimise stakeholder engagement	• The Annual Trials Review Meeting was cancelled for practical reasons and replaced by a "virtual" trial showcase meeting as part

	of the Annual Scientific Meeting of the British Society for Haematology which is held in the spring.
Optimise industry engagement	• Progress (e.g. in organising showcase events and establishing a registry of industry contacts) has been delayed due to the pressures of COVID-19.
Optimise development and delivery of real-world evidence (RWE) studies	• Plans are in place to establish a Real World Data (RWD) Working Group to review RWD studies across the Group's portfolio with the aim of sharing resource, expertise, know-how and best practice.

High-Grade Lymphoma Subgroup (Chair, Dr Christopher Fox)

Objectives	Progress 2020-2021
Develop large front-line study for main disease area (DLBCL)	i. A new RCT for 1L diffuse large B-cell lymphoma (DLCBL) (**REMODL-A, CI Andrew Davies)** will open this summer at 50 UK sites to recruit approximately 500 patients, investigating the activity of a 2nd-generation BTKi combined with RCHOP. This is Pharma-funded (Astra-Zeneca) and CRUK-endorsed. The study has also invested substantially in translational science including interim PET scanning and longitudinal ctDNA (5 timepoints) for a sub-set of patients. ii. For older patients and/or those with co-morbid conditions, the **APOLLO study (co-CI Nagesh Kalakonda & Paul Fields)** will open in August 2021. This is a Roche-funded Phase 2 IST with two single-arm parallel cohorts, investigating the addition of polatuzumab vedotin combined with attenuated immunochemotherapy as 1L therapy for patients who are not suitable for treatment with full-dose standard RCHOP. Accompanying this is a large prospective cohort study (**APOLLO+, CI Kalakonda**) that will open at 80-100 UK sites. iii. We have also co-designed & developed (with the German Lymphoma Alliance) a large RCT for *relapsed/refractory* DLBCL (**POLA-RICE, CI Andrew Davies**). This is Pharma-funded (Roche) and CRUK-endorsed. The study will open at 10 UK sites in Q3 2021. iv. For primary DLCBL of the CNS (PCNSL), we recently secured a CRUK grant to enable UK participation in the international **OptiMATe phase 3 RCT (UK CI Chris Fox).** The study will investigate an optimised and abbreviated approach to remission induction in PCNSL. This study was co-conceived and co-developed with the German PCNSL group (Prof Gerald Illerhaus, Stuttgart) and incorporates translational science questions aimed at risk stratification using pathobiology (**Dr Jessica Okosun, Barts CRUK centre)** and MRI **(Dr Steffi Thust, UCL)** read-outs. It will open at 12-15 UK sites in Q4 2021.
Exploit the new taxonomy of	The observational **DIRECT study (CI Dan Hodson)**, funded by AstraZeneca & CRUK Cambridge Centre opened in 2020 to test the

DLBCL - provides an opportunity for better stratifying patients	feasibility of a robust molecular monitoring pipeline (NGS panel on FFPE material and highly sensitive ctDNA as a dynamic risk tool) in a clinically meaningful timeframe. The study is currently recruiting well and should complete recruitment in 12 months.
Exploit the wealth of novel agents now available	i. In addition to REMODL-A and APOLLO (see above) within which novel agents are being investigated, we will also open a phase 2 platform study in Q3 2021 for a difficult group of patients with relapsed/refractory primary CNS lymphoma. The **PRiZM+ study (CI Chris Fox**) is a Pharma-fully-funded (BeiGene) study that will investigate the activity of Zanubrutinib for patients with r/r PCNSL, recruited through the Trials Acceleration Programme (TAP) (Cure Leukaemia core-funding) network of early phase UK sites. This study includes a rich programme of pathobiology and imaging translational science (**Dr Jessica Okosun, Barts CRUK centre and Dr Steffi Thust, UCL,** respectively) ii. A small pilot study of CD19-directed CAR T cell therapy (**CAROUSEL** – **CI Claire Roddie UCLH**) in the same disease area of r/r PCNSL opened to recruitment in Q2 2021. Funded by the Wellcome Trust, this is a pioneering study of intravenous and intra-ventricular CAR T cell therapy in a rare and challenging patient group.
Trials to support registration	In collaboration with the French academic lymphoma group (Lymphoma Study Association (LYSA) - Sponsor) and Celgene (funder), five UK sites participated in a Phase 3 registration RCT **(ORACLE, UK CI Chris Fox)** investigating oral 5'-Azacytidine (CC486) in an ultra-rare disease area (Tfh sub-group of TNHL). The study closed to accrual in early 2021 with the UK as the 3rd highest recruiting country, despite opening in Q1 2020.

Low-Grade Lymphoma Subgroup (Chair, Dr Kim Linton)

We have four key areas of strategic research development in low grade lymphomas – upfront novel therapy strategies, accurate risk stratification and response adaptation, improving treatment at relapse and real-world outcomes.

Strategic area	Progress 2020-2021
Upfront novel therapy strategies	The Subgroup is developing novel first line therapies in low grade lymphomas as safer and more effective alternatives to chemotherapy, and therapeutic options for previously untreatable patients deemed unfit for standard chemotherapy. • **RAINBOW**, a randomised comparison of rituximab-ibrutinib vs DCR chemotherapy, opened in March 2020. Recruitment is ahead of target despite the pandemic, confirming strong support for developing novel approaches. • **CARAMEL** was recently funded by AZ to investigate rituximab + acalabrutinib for upfront treatment of MCL in elderly/frail patients unfit for any chemotherapy - protocol development is underway for planned opening in Autumn 2021. • **OASIS II**, a LYSA/NCRI collaborative randomised phase 2 study, is in final protocol development to investigate the added value of

	venetoclax to rituximab + ibrutinib in a follow-on study to ENRICH. The trial will test the value of novel agents in high risk subsets, including TP53 mutated patients, with novel MRD assessment as the primary endpoint. • **ZEBRA** has received Beigene funding to test the hypothesis that early application of novel agents in low tumour burden 'indolent' disease will delay undesirable cytotoxic chemotherapy and reduce the incidence of acquired drug resistance mutations. • A full application for **FOLDEN** was submitted to CRUK in April 2021, to produce and evaluate the safety, preliminary activity and immunogenicity of a novel dendritic cell vaccine in follicular lymphoma (FL). • **MARIGOLD** was proposed and supported for investigation of zanubrutinib alone or in combination with rituximab for upfront treatment of MZL, an identified area of unmet need - a funding application is going to Beigene in June/July 2021.
Accurate risk stratification and response adaptation	*Response adaptation* The international randomised phase 3 **PETReA trial** is evaluating PET adapted maintenance and integration of novel agents to maintenance therapy in patients with FL responding to first line induction immuno-chemotherapy. The protocol was amended in 2020 to safeguard patient safety and maintain recruitment during the pandemic, and a new ***vaccine sub-study*** funded by Blood Cancer UK will evaluate vaccine immunogenicity and efficacy in treated FL. *Risk stratification* • Standardised PET imaging and sample collection has been applied to **PETReA, REFRACT and REFLECT** to develop imaging, tissue and circulating biomarkers for risk stratification, treatment outcome prediction and early detection of relapse in FL. • Clinical data from the **mantle cell lymphoma (MCL) biobank** will characterise indolent MCL and we are collaborating with the Science Subgroup to develop novel biomarkers to predict indolent MCL and characterise the tumour microenvironment.
Improving treatment at relapse	• **REFLECT** was developed with IMPACT endorsement and submitted to Blood Cancer UK in 2020. The study will prospectively evaluate PET and other biomarkers to predict the success of autologous stem cell transplant, ultimately to improve patient selection and post-transplant outcomes. • **REFRACT** is a randomised phase 2 platform trial for identification and accelerated onward development of promising novel agents with enhanced safety, efficacy or patient reported outcomes over standard immunochemotherapy. A full application is going to CRUK in July 2021 and the study will be delivered through the Trials Acceleration Programme (TAP) network. • **Post BTKi therapy:** The Subgroup is also seeking to develop novel agents to improve poor outcomes following BTK failure in MCL. Several options are under consideration including the non-covalent BTK inhibitor LOXO-305.
Real world outcomes in low grade lymphomas	A relative dearth of clinical outcome data for contemporary therapies in low grade lymphomas has prompted real world studies including: • **PETReA Plus**, a planned PETReA sub-study capturing first line outcomes for non-PET-adapted therapy

	• **LUPIAE,** a prospective observational study of first relapse outcomes, delivered in collaboration with EHA/CANTERA • **CoreREF,** a retrospective observational study in relapsed FL. • The **Rory Morrison WMUK Registry** continues to capture real world WM data • A **prospective observational study in MCL** is evaluating outcomes for first line ibrutinib +/- rituximab in MCL, in collaboration with NHS England.

Hodgkin Lymphoma Subgroup (Chair, Dr Graham Collins)

After a patient engagement event in 2019, we have developed 5 key strategic areas agreed with consumers and clinicians.

Strategic area	Progress 2020-2021
Elderly hodgkin lymphoma	**RATiFY** (CI: Collins) study proposed and developed during 2020. Response adapted incorporation of tislelizumab (PD1i) into the front-line treatment of classical Hodgkin Lymphoma in patients > 60 but fit for chemotherapy. We are testing whether we can maintain cure rates when those in complete response (CR) to tislelizumab have a reduced chemotherapy schedule. Proposal submitted to Beigene for full funding Oct 2020. Application successful and protocol in development. Translational studies include baseline molecular features (e.g. 9p24 amplification) and circulating biomarker analysis (CCL17 and cell free DNA).
Accurate risk stratification and response adaptation	*Risk Stratification* Sally Barrington, Amy Kirkwood and Peter Johnson have developed a risk baseline risk score in advanced classical Hodgkin lymphoma that risk stratifies at diagnosis better than the standard IPSS. This has been validated using a US dataset and will be presented at the European Haematology Association (EHA) annual meeting. We are considering how to take this forward into future studies. *Response Adaptation* This is a core component of **RADAR** (CI: Radford, the early-stage front line study which has now had contract signed and has started set up) and RATiFY (see above). The 'RA' in both acronyms is 'response adaptation – with Prof Barrington we are building on the success of RAPID and RATHL to incorporate PET-guided response adaptation into our trials.
Early diagnosis strategies	Prof Ruth Jarrett is continuing to develop a study proposal for incorporating serum TARC (CCL17) into a primary care pathway to promote earlier referral of patients with possible Hodgkin lymphoma. Development was significantly affected by COVID-19. Dr Collins is in liaison with academic primary care colleagues to investigate the development of an algorithm combining clinical and laboratory tests, to identify young people at risk of Hodgkin lymphoma early. The large primary care datasets available for research will be used here.
Improving treatment at relapse	The **TIMBREL** study proposal has been developed (CI: Phillips): a randomised study assessing tislelizumab based 1st relapse therapy with standard chemotherapy in those fit for high dose therapy. This was

	submitted to Beigene but due to changes in licensing, needs to be resubmitted to Novartis. In the meantime, Dr Phillips has been performing a real-world data collecting exercise to assess the frequency of use of different regimens and their response rates as measured by PET-CT. The data is extremely helpful to design future studies.
Late effects of disease and treatment	Dr Broadbent and Dr Linton (Christie) are leading on a project looking at lung cancer screening in Hodgkin lymphoma survivors. Several Subgroup members have been involved in this project. Dr Shakir and Dr Cutter (Oxford) are leading on a decision tool development for patients considering radiotherapy in Hodgkin lymphoma, to enable a decision based on personalised risk and benefit factors. Both projects are fully funded and ongoing.

Science Subgroup (Chair, Professor Jude Fitzgibbon)

The NCRI Lymphoma Science Subgroup is in its second year, and brings together a multidisciplinary group of lymphoma researchers, including basic, translational, and clinical scientists from 14 research centres around the UK, to develop and support lymphoma research and researchers with the goal of improving outcomes for patients with these diseases. It includes the leads from all 3 clinical Subgroups. Members have been competitively recruited, and the Subgroup has met 3 times since its inception. In order, to ensure representation from all 4 UK territories we are actively recruiting new members from Wales and Northern Ireland and we hope that this will be completed in Q4 of 2021.

The overarching aims of the Science Subgroup is improve on the existing translational lymphoma research (TLR) in the UK, taking advantage of the existing clinical trial activity and ensuring that TLR is part of the conversation of every new clinical trial. The Subgroup offer a forum to increase awareness of existing and new research activity (e.g. Precision Medicine in Aggressive Lymphoma (PMAL) and to create a UK wide research network comprising basic, translational, clinical research) that will help increase innovation/competitiveness for grant funding by supporting early-mid career lymphoma researchers (e.g. ECRS are members of the committee), offer additional peer review of applications, and personal mentorship to the different clinical sub-groups and wider lymphoma community and to provide a conduit to translational research to facilitate engagement with funders, patients, pharma.

The Science Subgroup have created interest groups to deliver on the overall aims of the Subgroup and is focussed on collecting and publicising information:

- On the breadth of experience and research on the existing membership (www.ncri.org.uk/science-lymphoma-sub-group/#:~:text=Science%20Lymphoma%20Subgroup%20The%20NCRI%20Lymphoma%20Science%20subgroup,of%20improving%20outcomes%20for%20patients%20with%20these%20diseases)
- The lymphoma tissue repositories in the UK - T cell (Matthew Ahearn, Leicester), FL (Andrew Pettitt, Liverpool), MCL (David Lewis, Plymouth) and related governance (leads Cathy Burton)
- Creation of an ECR forum, led by the 6 young researchers (5 Clinician-Scientists and 1 Computational researcher).
- Building a stronger relationship between UK translational and basic researchers (Martin Turner, Cambridge).
- Develop a framework for engagement with Pharma (Andrew Davies, Southampton).

We expect to see the development of all these priority areas in the 12 months and to build the Lymphoma Science Subgroup network outside of the existing membership and institutions, with a view of delivering on the ambitions of Subgroup strategies (Appendix 3).

4. Cross-cutting research

The Group is focussing on several areas of cross-cutting research:

- Translational Science. The Science Subgroup is now operational and is already beginning to bring the fundamental science and clinical research communities closer together to optimise the integration of science into clinical trial design at an early stage and fully exploit the Group's bioresources for the discovery and validation of new drug targets and biomarkers.
- Early-phase trials. Strong representation in the Experimental Cancer Medicine Centres (ECMC) haemato-oncology group has ensured that the Group has continued to benefit from know-how and best practice in early-phase trial design and biobanking, while access to the TAP in Birmingham has provided crucial capacity to deliver early-phase trials.
- PET-CT imaging. In collaboration with the UK PET Core Lab, the Group has continued its focus on PET-CT imaging across multiple disease areas. In addition to applying the 5-point score as the basis for patient stratification, exploratory research is investigating the clinical relevance of SUVmax and total metabolic tumour volume (TMTV).
- Real world data. The Group plans to establish a cross-cutting working group to co-ordinate its growing portfolio of observational studies and optimally exploit routinely collected national datasets. The initial priorities will be to agree the principles, scope, terms of reference and strategy and discuss what the Group should look like in terms of size, membership, recruitment process and Chair. A preliminary meeting has been scheduled, but formal approval from the NCRI is requested, as well as any advice or guidance.
- COVID-19 research. The Group will continue its focus on identifying those patients who are at particular risk of adverse COVID-19 outcomes and/or failure to response to COVID-19 vaccines, as well as mitigation measures such as booster vaccines and pharmaco-prevention.

5. Funding applications in last year

Table 1 Funding submissions in the reporting year

Study	Committee & application type	CI	Outcome	Level of Group input	Funding amount
Cancer Research UK*					
December 2020					
An open, prospective phase III clinical study to compare polatuzumab vedotin plus rituximab, ifosfamide, carboplatin and etoposide (Pola-R-ICE) with rituximab, ifosfamide, carboplatin and etoposide (R-ICE) alone as salvage-therapy in patients with diffuse large B-cell lymphoma (DLBCL)	Endorsement (May 2020)	Professor Andrew Davies	Supported - Endorsement	Developed within the High-Grade Lymphoma Subgroup	N/A (endorsement only)
Relapsed Follicular lymphoma Randomised trial Against standard ChemoTherapy. A randomised phase II trial of control arm investigator choice standard salvage immuno-chemotherapy and sequential novel therapy experimental arms (REFRACT trial)	Clinical Trial Award - Outline (May 2020)	Dr Mark Bishton	Full application invited	Developed within the Low-Grade LymphomaSubgroup	~£1.3 million (plus free drug from Genmab and BMS/Celgene)
PHASE I STUDY OF INTERFERON-CONDITIONED DENDRITIC-CELL-VACCINE (IFN-DC-VACCINE) IN FOLLICULAR LYMPHOMA PATIENTS WITH LOW TUMOR BURDEN (FOLDEN)	Experimental Medicine Award - Outline (May 2020)	Dr M Christina Cox	Full application invited	Developed with input from the Low Grade Lymphoma Subgroup	£1 million
March 2021					
FOLDEN	Cancer Research UK	Dr M Christina Cox	Pending	Developed with input from the Low Grade Lymphoma Subgroup	£1 million

REFRACT	Cancer Research UK	Bishton and Linton	Pending	Fully developed within the Group	~£1.3 million (plus free drug from Genmab and BMS/Celgene)
OptiMATE (May 2021)	CRUK CTC	Chris Fox	Pending	Co-designed and co-developed with the German PCNSL group	
Other committees**					
Study	**Committee & application type**	**CI**	**Outcome**	**Level of Group input**	**Funding amount**
RATiFY study	Beigene Investigator Sponsored Research portal	Collins	Successful	Fully developed within the Group	£1 million (plus free drug)
ZEBRA study	Beigene Investigator Sponsored Research portal	Eyre	Successful	Fully developed within the Group	
CARAMEL study	Astra Zeneca Investigator Sponsored Research portal	Eyre	Successful	Fully developed within the Group	£ 835k
OASIS II	Janssen and Abbvie	Lewis and Eyre	Successful	Developed in collaboration with LYSA	
REFLECT	Blood Cancer UK Project Grant	Townsend and Eyre	Pending	Fully developed within the Group	£248k
MARIGOLD	Beigene Investigator Sponsored Research portal	Linton	Pending	Fully developed within the Group	~£1 million
PRiZM+	Beigene Investigator Sponsored Research portal	Chris Fox	Successful	Fully developed within the Group	£632K
POLA-RICE	Roche Investigator Sponsored Research portal	Andrew Davies	Successful	Co-developed with the German Lymphoma Alliance	

**CRUK CRC applications for table 1 completed by NCRI Executive.*
***Other applications in the table to be completed by Group Chair*

6. Consumer involvement

Kate Robinson

Kate Robinson has now been with the Lymphoma Research Group for over three years but whilst the year has been dominated by the COVID-19 pandemic, virtual working has given her the opportunity to attend both the High-Grade and Low-Grade Subgroups as well as the main Research Group. She has attended all Consumer Forum meetings as well as the NCRI Conference. Virtual working has also allowed attendance at British Society of Haematology (BSH) events and numerous other educational webinars.

During the year Kate has worked on a number of trials including PRiZM and REMIT. As part of the TMG for PETReA she, along with Malcolm Rhodes, were very involved with the setting up of the sub-study into the effectiveness of COVID-19 vaccines in patients with FL. This, along with the effects of COVID-19 on all Blood cancer patients has been very much a focus of her concerns over the past year.

Kate worked with Professor Jude Fitzgibbon and Malcolm on a successful grant application from Lymph and Co in Holland. She has also helped UCL Clinical Trials Groups with a number of projects including an Advanced Care leaflet for CAR-T patients.

Along with Arzhang Ardavan she remains a member of the National Cancer Control Programme (NCCP) Lymphoma which has now extended its remit to allocating CAR-T to NHS patients with MCL as well as High Grade lymphoma. Both of them have also been taking part in the CAR-T Advisory Group, which is working on CAR-T provision across the NHS over the coming years. Along with a role on the External Advisory board of the Welsh Cancer Research Centre, these are examples of NCRI Consumers being actively involved with decision making at the heart of the NHS and cancer trials systems.

During the year she has worked with the NCRI Partners on a variety of projects including Blood Cancer UK's strategy group and a project with Oxford Brookes University on the emotional impact of Blood Cancer. She has remained in close contact with Lymphoma Action over the practical aspects of life for Lymphoma patients during the pandemic.

Arzhang Ardavan

Arzhang Ardavan joined the Lymphoma Group as a Consumer member in 2019. He has attended each of the Group meetings and has participated in the Consumer Forum. He continues as a member of the Hodgkin Lymphoma and the High-grade Lymphoma Subgroups.

His participation in NCRI has led directly to synergistic activities, including: membership (along with Kate Robinson) as a Patient and Public Voice of the National CAR-T Clinical Panel which qualifies and prioritises DLBCL and MCL patients for CAR-T therapy; membership (also with Kate Robinson) of the CAR-T Advisory Group tasked with preparation for the commissioning of CAR-T and other advanced cellular therapies which are due to be appraised and licenced in the coming years; and membership of the haematology consumer representative group for the UCL CTC.

He is a member of the Trial Management Groups for the open Hodgkin Lymphoma trials ANIMATE and AVENuE, participating in all TMG meetings and reviewing amendments to patient information sheets. Building on his experience on the National CAR-T Clinical Panel, he will serve on the TMG for the REMIT trial and he has offered a patient perspective on the trial design and the patient information sheet.

Arzhang is available for, and interested in, discussions on clinical practice and research beyond the formal NCRI meetings. He has enjoyed illuminating discussions over the past year, for example, with Prof Andrew Davies on research seeking to personalise treatment regimens for DLBCL patients based on molecular-level diagnostics, and with Prof Ronjon Chakraverty on more accessible provision of advanced therapies.

7. Collaborative partnership studies with industry

The table below summarises the Group's industry support in the form of free drug and/or funding. New relationships have been established with: Beigene who are supporting 3 new studies in Hodgkin lymphoma (RATIFY), primary CNS lymphoma (PRISM) and MCL (ZEBRA); AstraZeneca who are supporting a new study in MCL (CARAMEL); and Abbvie who are also supporting a new study in MCL in collaboration with Janssen (OASIS II).

Company	Drug	Trial	Status	Free drug	Funding
Abbvie	Venetoclax	OASIS II	In set-up	+	+
Acerta/AZ	Acalabrutinib	ACCEPT	Closed	+	+
		REMoDL-A	In set-up	+	+
	AZD2014	TORCH	Closed	+	+
Adienne	Thiotepa	TIER	Closed	+	
Astec Pharma	AX-660	CHAPTER	In set-up	+	
AstraZeneca	Acalabrutinib	CARAMEL	In set-up	+	+
Beigene	Tislelizumab	RATIFY	In set-up	+	+
	Zanabrutinib	PRIZM+	In set-up	+	+
		ZEBRA	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	Closed	+	+
	Romidepsin	ROMICAR	Closed	+	+
Celleron	CXD101	PLACARD	In set-up	+	
Epizyme	Tazemetostat	MaPLe	Open		+
Janssen	Ibrutinib	RAINBOW	Open	+	+
		ENRICH	Open	+	+
		SPARKLE	Open	+	+
		TiDaL	Closed	+	
		OASIS II	In set-up	+	+
MSD	Pembrolizumab	PembroWM	Open	+	
		PORT	Open	+	+
		PR-ICE	In set-up	+	+
		PLACARD	In set-up	+	
Onyx (now Amgen)	Carflizomib	ROMICAR	Closed	+	+
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	+	+

8. Priorities and challenges for the forthcoming year

Priority

One of the Group's top priorities is to co-ordinate and optimise the use of real world data (RWD) for research. Interest in RWD has greatly increased over the last few years, and the Group has developed a number of observational studies involving bespoke data collection and the use of routinely collected national datasets. However, coordination of these studies is fragmented and there is no overarching strategy.

We therefore propose bringing together key individuals with expertise and interest in RWD and associated research methodology to form a working group (WG). The remit of the RWD WG will be to share expertise, know-how and resources with the aim of increasing the efficiency and quality of research undertaken, avoiding duplication of effort, and fully exploiting routinely collected datasets. The WG will include representation from disease-specific Subgroups and function as a cross-cutting advisory body. It will also link in with relevant external structures and initiatives.

Challenge

In common with all NCRI Research Groups, the NCRI Lymphoma Group will be restructured during the next 6-12 months.

- The parent Group in its current form will be replaced by an Executive Group consisting of approx. 10-12 members who will meet virtually every 3 months for up to 2 hours.
- We are grateful to the NCRI for allowing the Group to retain its current Subgroup structure. We feel that this is crucial given the complexity of the portfolio and the need for meticulous and ongoing portfolio co-ordination in view of the relatively small study populations.
- Subgroup meetings will continue virtually and there will no longer be a limit on Subgroup membership. Each Subgroup will be required to come up with a handful of specific objectives to work towards. Documenting the history and ownership of study proposals will become more standardised.
- A Lymphoma Group Network will be established, open to anyone interested in the Group's work. Network members can be drawn upon for specific tasks coordinated by the Executive Group or Subgroups.

The Group will transition to the new model towards the end of 2021, and the next meeting on 15 November 2021 will be the last in the current format. Whilst the new model has clear advantages and is generally regarded as welcome development, it also presents some significant challenges including how to mitigate the lack of face-to-face meetings and how to convert the current parent Group of >20 members into an Executive Group of 10-12 members with representation from all regions and devolved nations without losing crucial expertise.

Professor Andrew Pettitt (Lymphoma Group Chair)

Appendix 1

Membership of the Lymphoma Group

Name	Specialism	Location
Professor Richard Cowan	Clinical Oncologist	Manchester
Dr David Cutter	Clinical Oncologist	Oxford
Professor Timothy Illidge	Clinical Oncologist	Manchester
Dr Thomas Cummin*	Clinical Research Fellow	Southampton
Dr Beth Phillips	Clinical Research Fellow	London
Ms Kate Robinson	Consumer	Hereford
Professor Arzhang Ardavan	Consumer	Oxford
Dr Shamzah Araf*	Haematologist	London
Dr Sridhar Chaganti	Haematologist	Birmingham
Dr Graham Collins	Haematologist	Oxford
Dr Christopher Fox	Haematologist	Nottingham
Dr Daniel Hodson	Haematologist	Cambridge
Dr Pam McKay	Haematologist	Glasgow
Dr Andrew McMillan	Haematologist	Nottingham
Dr Tobias Menne	Haematologist	Newcastle
Dr Wendy Osborne	Haematologist	Newcastle
Professor Andrew Pettitt (Chair)	Haematologist	Liverpool
Dr Paul Fields	Haematologist	London
Dr Emma Searle*	Haematologist	Manchester
Dr John Riches	Haemato-oncologist	London
Dr Geetha Menon	Haematopathologist	Liverpool
Dr Kim Linton	Medical Oncologist	Manchester
Ms Pauline Boyle	NIHR Clinical Research Network	London
Ms Stavroula Chante	Nurse	Birmingham
Dr Victoria Warbey	Radiologist	Glasgow
Professor Jude Fitzgibbon	Scientist	London
Mrs Louise Stanton	Statistician	Southampton
Dr Laura Clifton-Hadley	Trials Manager	London

Consumer Representation

Name	Location
Ms Kate Robinson	Hereford
Professor Arzhang Ardavan	Oxford

Trainee Members

Name	Specialism	Location
Dr Thomas Cummin	Clinical Research Fellow	Southampton
Dr Shamzah Araf	Haematologist	London
Dr Emma Searle	Haematologist	Manchester

Membership of the Subgroups

High-Grade Lymphoma Subgroup		
Name	**Specialism**	**Location**
Dr George Mikhaeel**	Clinical Oncologist	London
Professor Timothy Illidge**	Clinical Oncologist	Manchester
Dr Thomas Cummin*	Clinical Research Fellow	Southampton
Dr Beth Phillips**	Haematologist	Manchester
Dr Harriet Walter**	Haematologist	Leicester
Ms Kate Robinson	Consumer	Hereford
Professor Arzhang Ardavan	Consumer	Oxford
Dr David Lewis**	Haematologist	Plymouth
Dr Graham Collins	Haematologist	Oxford
Dr Nagesh Kalalonda	Haematologist	Liverpool
Dr Andrew McMillan	Haematologist	Nottingham
Dr Daniel Hodson	Haematologist	Cambridge
Dr Sean Lim**	Haematologist	Southampton
Dr Sridhar Chaganti	Haematologist	Birmingham
Dr Shireen Kassam**	Haematologist	London
Dr Emma Searle*	Haematologist	Manchester
Dr Russell Patmore**	Haematologist	Hull
Dr Oonagh Sheehy**	Haematologist	Belfast
Dr Pam McKay	Haematologist	Glasgow
Professor David Linch**	Haematologist	London
Professor Simon Wagner**	Haematologist	Leicester
Dr Wendy Osborne**	Haematologist	Newcastle
Dr Jeffery Smith**	Haematologist	Liverpool
Dr Christopher Fox (Chair)	Haematologist	Nottingham
Dr Jonathan Lambert**	Haematologist	London
Dr Kate Cwynarski**	Haematologist	London
Dr Nimish Shah**	Haematologist	Norfolk
Dr Sunil Iyengar**	Haematologist	London
Professor Andrew Pettitt**	Haematologist	Liverpool
Dr Rod Johnson**	Haematologist	Leeds
Dr Tobias Menne	Haematologist	Newcastle
Dr Kirit Ardeshna**	Haematologist	London
Dr Dima El-Sharkawi**	Haematologist	London
Dr Jeff Davies	Haematologist	London
Dr George Follows**	Haematologist	Cambridge
Dr Robert Carr**	Haematologist	London
Dr Paul Fields**	Haematologist	London
Dr Renata Walewska**	Haematologist	Bournemouth
Dr Mary Gleeson**	Haematologist	London
Professor Martin Dyer**	Haematologist	Leicester
Dr Andrea Kuhnl**	Haematologist	London
Dr Russel Patmore	Haematologist	Hull
Dr Cathy Burton	Haematologist	Leeds
Dr Jessica Okosun**	Haematologist	London
Dr Andrew Webb**	Medical Oncologist	Sussex
Dr Ruth Pettengell**	Medical Oncologist	London
Professor David Cunningham**	Medical Oncologist	London
Dr Linda Evans**	Medical Oncologist	Sheffield
Professor John Radford**	Medical Oncologist	Manchester
Dr Andrew Davies	Medical Oncologist	Southampton

Professor Sally Barrington**	Medical Physicist	London
Dr Kim Linton**	Medical Oncologist	Manchester
Dr Mary Taj**	Paediatric Oncologist	London
Dr Gladstone Amos Burke	Paediatric Oncologist	Cambridge
Dr Kaljit Bhuller**	Paediatric Oncologist	Leicester
Dr Matthew Ahearne**	Pathologist	London
Dr Maria Calaminici**	Pathologist	London
Professor Ming-Qing Du**	Pathologist	Cambridge
Dr Maria Marzolini**	Scientist	London
Ms Christina Cox**	Scientist	London
Mrs Louise Stanton**	Statistician	Southampton
Ms Amy Kirkwood**	Statistician	London
Ms Shamyla Siddique**	Trials Manager	Birmingham
Dr Laura Clifton-Hadley**	Trials Manager	London
Mrs Sonia Fox**	Trial Management Team Leader	Birmingham

Low-Grade Lymphoma Subgroup		
Name	**Specialism**	**Location**
Professor Peter Hoskin**	Clinical Oncologist	Middlesex
Dr Malcolm Rhodes	Consumer	Edinburgh
Ms Kate Robinson	Hereford	
Dr Kirit Ardeshna	Haematologist	London
Dr Nicola Bienz	Haematologist	Wexham
Dr Toby Eyre	Haematologist	Oxford
Dr Mark Bishton	Haematologist	Nottingham
Dr Sunil Iyengar**	Haematologist	London
Dr Pam McKay**	Haematologist	Glasgow
Dr Renata Walewska	Haematologist	Bournemouth
Dr Jessica Okosun**	Haematologist	London
Ms Chiara Lobetti	Haematologist	Manchester
Professor Andrew Pettitt	Haematologist	Liverpool
Dr Geetha Menon	Haematopathologist	Liverpool
Dr Kim Linton (Chair)	Medical Oncologist	Manchester

Hodgkin Lymphoma Subgroup		
Name	**Specialism**	**Location**
Dr Amit Sud**	Academic Clinical Lecturer	London
Dr David Cutter**	Clinical Oncologist	Oxford
Dr Eve Gallop-Evans**	Clinical Oncologist	Cardiff
Professor Arzhang Ardavan	Consumer	Oxford
Dr Wendy Osborne	Haematologist	Newcastle
Dr Beth Phillips	Haematologist	Manchester
Professor Andrew Pettitt**	Haematologist	Liverpool
Dr Shankara Paneesha**	Haematologist	Birmingham
Dr Fiona Miall	Haematologist	Leicester
Dr Ram Malladi**	Haematologist	Cambridge
Professor Karl Peggs**	Haematologist	London
Dr Patrick Medd	Haematologist	Plymouth

Dr Andrew McMillan	Haematologist	Nottingham
Dr Graham Collins (Chair)	Haematologist	Oxford
Dr Rifca Le Dieu**	Haematologist	London
Dr Nimish Shah**	Haematologist	Norfolk
Dr Georgina Hall**	Haematologist	Oxford
Ms Chiara Lobetti**	Haematologist	Manchester
Dr Ghada Zakout**	Haematologist	Middlesex
Dr Andrea Kuhnl**	Haematologist	London
Dr Sunil Iyengar**	Haematologist	London
Dr Pam McKay	Haematologist	Glasgow
Dr Cathy Burton	Haematologist	Leeds
Professor John Radford	Medical Oncologist	Manchester
Professor Sally Barrington**	Medical Physicist	London
Mr Craig Jones**	Medical Scientific Liaison	London
Professor Ruth Jarrett**	Molecular Pathologist	Glasgow
Dr Ananth Shankar**	Paediatric Oncologist	London
Dr Jessica Okosun**	Scientist	London
Ms Amy Kirkwood**	Statistician	London
Mrs Louise Stanton**	Statistician	Southampton
Dr Laura Clifton-Hadley**	Trials Manager	London

Science Subgroup		
Name	**Specialism**	**Location**
Professor Timothy Illidge	Clinical Oncologist	Manchester
Professor Andrew Pettitt	Haematologist	Liverpool
Professor Nagesh Kalakonda	Haematologist	Liverpool
Dr Sean Lim	Haematologist	Southampton
Dr Daniel Hodson**	Haematologist	Cambridge
Dr Christopher Fox**	Haematologist	Nottingham
Dr Graham Collins**	Haematologist	Oxford
Dr Christopher Carey	Haematologist	Newcastle
Dr Jessica Okosun**	Haematologist	London
Dr Matthew Ahearne	Haematologist	Leicester
Dr Simon Mitchell**	Lecturer in Cancer Research	Sussex
Dr Andrew Davies**	Medical Oncologist	Southampton
Dr Kim Linton**	Medical Oncologist	Manchester
Professor Sally Barrington**	Medical Physicist	London
Professor Ruth Jarrett	Molecular Pathologist	Glasgow
Dr Cathy Burton	Pathologist	Leeds
Professor Ming-Qing Du**	Pathologist	Cambridge
Dr Simon Bomken	Paediatric Oncologist	Newcastle
Professor Jude Fitzgibbon (Chair)	Scientist	London
Dr Sharon Barrans	Scientist	Leeds
Dr Martin Turner**	Scientist	Cambridge

* denotes trainee member
**denotes non-core membe

Appendix 2

Lymphoma Group & Subgroup Strategies – 2019 - 2022

AP = Andy Pettitt (CSG Chair); CF = Chris Fox (HG-NHL Subgroup Chair); GC = Graham Collins (Hodgkin SG Chair); KL = Kim Linton (Low-grade NHL SG Chair); NK = Nicola Keat (Head of Clinical Research Groups)

Theme	High-level actions	SMART objectives	Lead	Timeline
Parent group	Optimise trial development & delivery	TBC	TBC	TBC
	Optimise stakeholder engagement	TBC	TBC	TBC
	Optimise industry engagement	TBC	TBC	TBC
	Optimise training	TBC	TBC	TBC
	Optimise analysis of real-world data	TBC	TBC	TBC
Subgroup specific objectives (Subgroup Chairs to populate with anything not captured in the themes above)	**High-grade Lymphoma SG (CF)** • Develop at UK-led clinical research in the field of T cell immunotherapies	• Secure funding for a CAR T study *and/or* for a bi-specific antibody in study in in high-grade B cell lymphoma	CF and SG members	Q3 2022
	• Develop a molecular pipeline towards risk stratification in 1L DLBCL	• Deliver the DIRECT study and initiate REMODL-A ctDNA sub-study	CF, DH and HGSG in collaboration with the Science SG	Q4 2022
		• Initiate a study group to develop a risk-adapted	CF and SG members	Q3 2021

	• Begin work towards a risk-adapted interventional protocol in first-line DLBCL • Develop a study based on a predictive biomarker • Collaborate with leading international academic groups on RCTs and/or rare disease areas	1L study concept in DLBCL • Aim to secure a biologically-rational agent (e.g. Ixazomib) for a 1L question in the 'molecular high-grade' high-risk DLBCL sub-group • Initiate OptiMATe and POLA-RICE studies • Explore further collaborative partnerships	CF, AD and SG members in partnership with the PMAL group CF and SG members	Q4 2022 Q1 2022
	• **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	CSG and SG members SG members SG members SG members	Q1 annually Q4 2020 Q2 2021 Q4 2021

		outcomes and response predictors after ASCT in FL	SG members	Q4 2020
		• Develop a front line study of novel therapy in MZL	SG members	Q2 2021
	Hodgkin Lymphoma SG (GC)			
	• Elderly Hodgkin	• Aim to open RATiFY end of 2021	GC and TMG	Q4 2021
	• Risk and response adaptation	• Publish RATHL-derived risk score	SB	Q4 2021
		• Develop a strategy for how to use risk score in future studies	SG members	Q3 2021 Q4 2020
		• Continue to embed PET-based response adaptation into studies	SG members	
	• Relapsed Hodgkin	• Aim to publish real world relapse Hodgkin data	BP	Q3 2021
		• Submit TIMBREL study to pharma or CRUK for funding	BP	Q4 2021
	• Early diagnosis	• Continue development of CCL17 projects	RJ	Q4 2021
		• Develop proposal with academic primary care physicians	GC	Q4 2021
	• Late effects	• Support existing studies	SG members	Ongoing
		• Aim for an additional late effects proposal	SG members	Q1 2022

	Science Subgroup (JF) Under development	TBC	TBC	TBC

Appendix 3

Top 5 publications in the reporting year

Trial name & publication reference	Impact of the trial	CSG involvement in the trial
1. IELSG 42 trial. Lancet Haematol. 2021 Feb;8(2):e110-e121. doi: 10.1016/S2352-3026(20)30366-5. PMID: 33513372.	CRUK-funded international study in a rare disease. Demonstrated the feasibility and effectiveness of MATRIX x3/RICE x3/autograft in secondary CNS lymphoma and thereby established a new standard of care.	Co-developed by the NCRI Group.
2. R-CODOX-M/R-IVAC trial. Ann Oncol. 2020 Sep;31(9):1251-1259. doi: 10.1016/j.annonc.2020.05.016. PMID: 32464282	Pan-UK phase II study of R-CODOX-M/R-IVAC in the frontline treatment of patients with high-risk DLBCL. Demonstrated that R-CODOX-M/R-IVAC is feasible and effective and thereby confirmed the appropriateness of current practice.	Developed within the NCRI Group
3. BREVITY trial. Br J Haematol. 2021 Apr;193(1):63-71. doi: 10.1111/bjh.17073. Epub 2020 Sep 14	Pan-UK Phase II study of brentuximab vedotin (BV) in the first-line treatment of patients with classical Hodgkin lymphoma unsuitable for chemotherapy. Demonstrated that BV monotherapy is tolerable but suboptimal, thereby providing a platform for investigating novel drug combinations.	Developed within the NCRI Group
4. R-CHOP-14 trial. Br J Haematol. 2021 Feb;192(3):504-513. doi: 10.1111/bjh.16875. PMID: 32621535	Sub-study linked to a pan-UK phase III RCT comparing R-CHOP-14 with R-CHOP-21 in patients receiving frontline therapy for DLBCL. Demonstrated that FDG-PET/CT after two cycles of R-CHOP predicts complete remission but has limited value in identifying patients with poor outcome.	Developed within the NCRI Group

5. RAPID trial. PloS One. 2020 Apr 2;15(4):e0231027. doi: 10.1371/journal.pone.0231027. eCollection 2020.	Sub-study linked to a pan-UK phase III trial of frontline treatment stratification in early-stage Hodgkin lymphoma. Validated the application of quantitative assessment of interim PET (qPET) in this setting.	Developed within the NCRI Group

Appendix 4

Recruitment to the NIHR portfolio

Summary of patient recruitment by Interventional/Non-interventional and number of studies opened/closed.

Year	All participants		Cancer patients only*		Number of studies	
	Non-interventional	Interventional	Non-interventional	Interventional	Opened	Closed
2016/17	1453	516	1453	516	32	13
2017/18	2690	526	2690	526	28	17
2018/19	3258	617	3258	617	23	28
2019/20	2169	516	2169	516	20	28
2020/21	418	295	418	295	16	16

*This data is based on a proxy from CPMS (the NIHR database used to collect patient recruitment data) and includes diagnostics, screening and prevention patients.

Appendix 5

Annual report feedback 2019-20

06 November 2020

Dear Andy

Re: NCRI Lymphoma Group Annual Report 2019-20

Thank you for submitting an annual report for the Lymphoma Group for 2019/20, especially given the challenges with the ongoing COVID-19 pandemic which will have impacted on both the Group and the report itself.

All the Group's annual reports were reviewed at a two-day meeting on the 12th and 13th October 2020 by a panel consisting of some former NCRI Group Chairs, NCRI CMPath Chair, former NCRI CTRad and the current NCRI Strategic Advisory Group (SAG) Chair, NCRI Head of Research Groups and representatives from the NIHR Cancer Coordinator Centre, NHS Cancer Alliances, epidemiology, CTU/basic science, allied health profession, NCRI Consumer Forum and the Canadian Cancer Clinical Trials Network.

We are writing to you now with a summary of the feedback which is based on the information provided in the report. It was noted that there is likely to be more activity taking place within the Group than is documented.

Please share the contents of this letter with your members for discussion at the next Group meeting.

Generic feedback for all the Groups

Strategic objectives and the impact of COVID 19

- Due to the research funding challenges and restrictions on NHS resources resulting from COVID 19, the Panel recommended the Groups evaluate their strategic objectives and focus on the most important priorities or questions that need to be answered as it would not be feasible for the Groups to be doing everything they planned or continue to "plug in the gaps." Additionally, the Panel suggested looking for more cost-efficient methods of working where they can.
- The Panel felt that the strategic objectives for most Groups were too broad especially in the current climate. The Groups were asked to provide specific, measurable aims for their strategic objective and attach timelines/metrics to them.

Multidisciplinary approach to research and membership

- The Panel noted the importance of collaborative and multidisciplinary working, especially in the current climate, and would encourage all Groups to continue to reach out to other relevant NCRI Groups and consider the NCRI strategic priorities where appropriate.

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Linking with the wider research community

- The Groups were asked to link with the wider research community and engage with relevant networks, in particular, with researchers who are developing or are running large national platform studies when there is one available in the disease site e.g. PrecisionPanc (Upper GI Group) and TRACERx (Lung Group). The NCRI recognised that there is a role for them to play in promoting collaboration and will be working with the partners to encourage greater interaction between the Groups and the networks in future.

Funding opportunities

- Given the potential decrease in funding opportunities, the Groups are encouraged to explore alternative funding sources and collaborations e.g. with industry, government funders, NHS Cancer Alliances etc.

Consumers involvement:

- The Panel encouraged Groups to integrate public and patient involvement (PPI) in all aspects of the Group's activities e.g. study design, proposal development, prioritisation of strategic areas etc.
- The Panel wanted to ensure that the consumer activity was captured throughout the report and not just in the consumer section, especially where the consumer reports are missing.

Specific feedback for the Lymphoma Group

Areas of strength:

- The Panel applauded the Group's response to COVID-19 and recognised that this was of key importance to their patient population.
- The Group's implementation of a Science Subgroup was highlighted as a great achievement which has facilitated the integration of basic science representation across all the Trial Management Groups. The Panel commended the Group's ambition to establish pre-clinical models from concept phase, delivery and into clinical models.
- The Panel noted that the Group had produced five outstanding publications this year and had received funding for REMODAL-A and endorsement for CHAPTER trials.
- The Panel wanted to praise the Group's exceptional consumer involvement and the Group's pragmatic approach in delivering patient engagement events for lymphoma research. The Panel agreed that this work should be showcased across the NCRI as an exemplary standard of consumer engagement. It was worth noting the involvement of consumer members should not be limited to Trial Management Groups.
- The success of the trainee mentorship and project involvement was recognised by the review Panel with particular emphasis on the credible achievements in their work.
- The Panel recognised the Group's highly successful engagement with Industry.
- Good engagement with the NIHR Subspecialty Leads (SSL), to address barriers in trial delivery.
- The Group's understanding of the particular issues of data integrity as a result of COVID-19 was noted and marked as key importance in assessing patient outcomes.

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Areas which the Group need to consider:

- The Panel felt that the Group's achievements were reported modestly, in particular they felt consumer representatives work was undersold. The Group was encouraged to capture their achievements when reporting in future on their work.
- The Group's decision to relocate the Paediatric Non-Hodgkins Lymphoma Subgroup under the Children's Group was welcomed. However, the Panel wanted to ensure the Group had a mechanism for cross-working and suggested that this needed to be clearly defined and evidenced.

Congratulations to you and your members for all your hard work and achievements in 2019/20.

If you have any comments on this year's process, please send them to Nanita Dalal (Nanita.Dalal@ncri.org.uk) for collation.

Best wishes,

Professor Meriel Jenney
Annual Reports Review Committee Chair, NCRI
Consultant Paediatric Oncologist,
University Hospital of Wales

Dr Gillian Rosenberg
Head of Research Groups,
NCRI

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Appendix 6

Quinquennial review feedback - 2020

3. 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 of care.
- 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.***

Advancing Cancer Research Together

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