

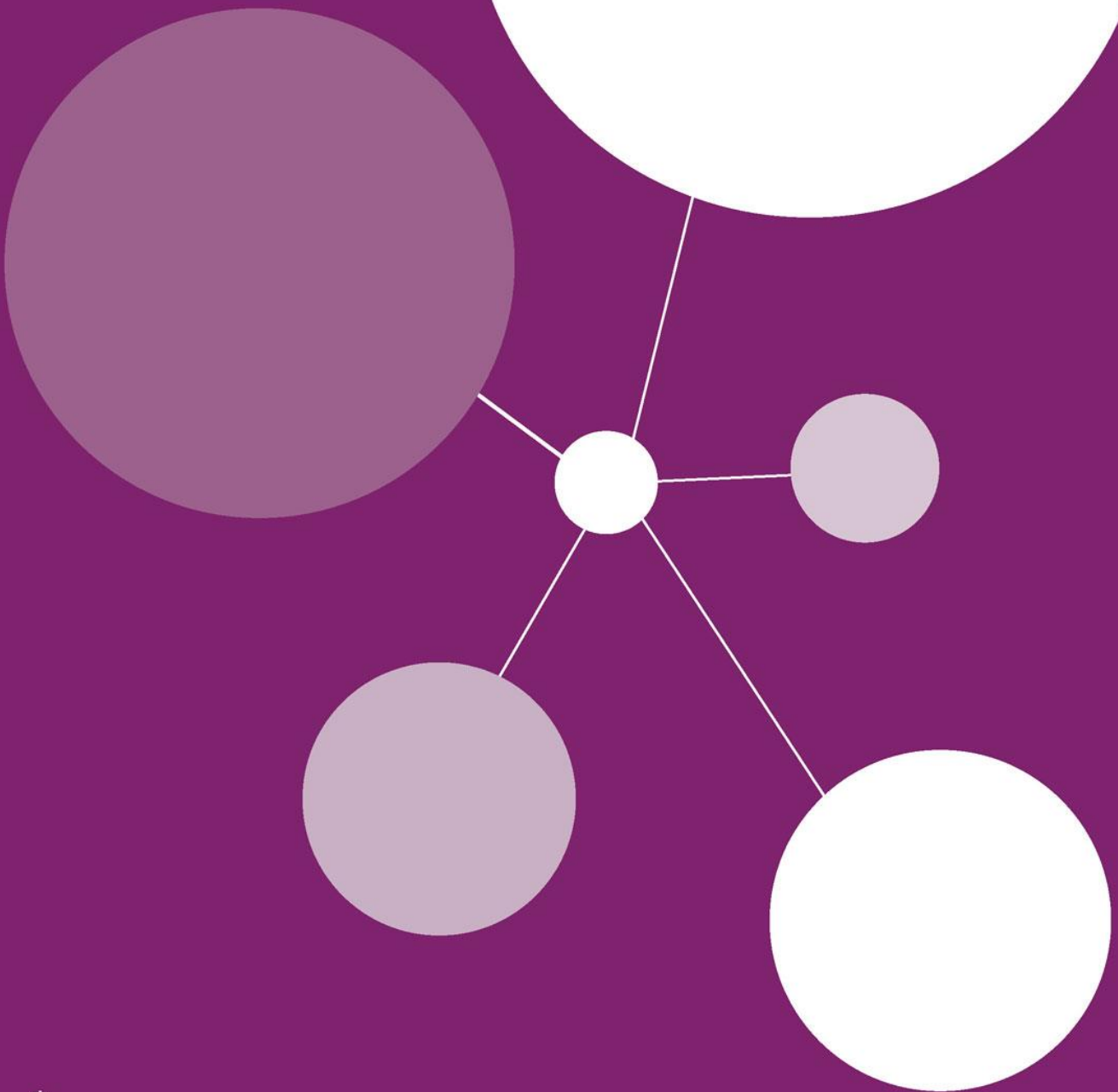


**NCRI**

National  
Cancer  
Research  
Institute

# **NCRI Skin Cancer 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 Skin Cancer Group Annual Report 2019-20



## 1. Top 3 achievements in the reporting year

### **Achievement 1**

#### **Publication of a Special Issue of Clinical Oncology**

- Non-melanoma skin malignancies – current controversies and future directions.
- Edited by A. Rembielak, T. Ajithkuma.
- November 2019 Volume 31, Issue 11, p735-808, e1-e10.
- With contributions for many of the subgroup members and reflecting the discussion the National Meeting lead by the Non-Melanoma Subgroup lead.
- This publication highlights the current controversies and future direction laying down the foundations for future study ideas.

### **Achievement 2**

- Publication of results of Primary care studies.
- Freeman K, Dinnes J, Chuchu N, Takwoingi Y, Bayliss SE, Matin RN, Jain A, Walter FM, Williams HC, Deeks, JJ. Can algorithm-based smartphone ‘apps’ accurately assess the risk of skin cancer in adults? A systematic review of diagnostic accuracy studies. *Brit Med J* 10 Feb 2020.
- Walter FM, Pannebakker MP, Barclay ME, Mills K, Saunders CL, Murchie P, Corrie P, Hall P, Burrows N, Emery JD. Effect of a Skin Self-monitoring Smartphone Application on Time to Physician Consultation Among Patients With Possible Melanoma: A Phase 2 Randomized Clinical Trial *JAMA Netw Open*. 2020 Feb 5.
- Walter FM & Emery JD. Further evaluation is required for smartphone-aided diagnosis of skin cancer. *Lancet Digital Health* 2020 Feb 20.

### **Achievement 3**

- Establishment of the PREMIUM study- led by Dr Pippa Corrie.
- PREMIUM - PeRioperative Encorafenib+binimetinib in BRAFV600 MUtant clinically detected AJCC stage III (B/C/D) or oligometastatic stage IV Melanoma.
- A major national study of neo-Adjuvant Combination B-RAF therapy in advanced melanoma. Funding secured form Pierre Faber an investigator-initiated study.

## **2. Structure of the Group**

The group is currently undergoing a structural change in the new model for the Groups with an exec, work streams and a task force. The workstreams are:

- Melanoma
- Keratinocyte cancers
- Early Diagnosis
  - Task force - rare cutaneous cancers
  - Rubeta Matin, Consultant Dermatologist has been appointed as the Early Diagnosis workstream lead.
  - And Paul Craig, Consultant Dermatopathologist has been appointed as chair of the Task Force.
  - We are in the process of appointing workstream leads for the melanoma and keratinocyte cancer workstreams.
  - Our 2 consumer representatives have stood down. We will advertise for these again shortly.

## **3. Skin Cancer Group & Subgroup strategies**

### **Skin Cancer Group**

#### **Restructuring of Group**

Progress as highlighted above

#### **Development of Melanoma Portfolio**

Neoadjuvant Trials: PREMIUM trial has been developed by Dr Pippa Corrie and Mr Momcrief and colleagues. PREMIUM - PeRioperative Encorafenib+binimetinib in BRAFV600 MUtant clinically detected AJCC stage III (B/C/D) or oligometastatic stage IV Melanoma.

Surgical Trials: MelmarT II Melanoma Margins Trial-II: 1cm v 2cm Wide Surgical Excision Margins for AJCC Stage II Primary Cutaneous Melanoma (MelMarT-II) an international study lead from Sydney with close UK collaboration. The group is supporting this study and this has now through to the second round of HTA funding application.

Understanding factors determining response and toxicity with checkpoint inhibitors: There are several local and initiatives examining immunotherapy related response and toxicity including PRIMM, MITRE, a bid for a CRUK accelerator initiative led from Birmingham and MyMelanona. The group is involved with, contributing to and promoting these.

Research into communication and decision making in use adjuvant therapy. This in the early stages with collaborations of relevant experts established, and plan of work outlined. To be further progressed when pressures of COVID-19 ease.

#### **Development of trials in Squamous Cell Skin Cancer**

The main focus is currently advancing the SCC After Study. **SCC-AFTER:** Management of high risk primary cutaneous squamous cell carcinoma in the head and neck region **after** surgery.

Following preliminary feasibility work funded by the UK Dermatology Clinical Trials Network, the NCRI Skin Cancer Group, Birmingham CRUK CTU and Oxford University Nuffield Department of Population Health have developed SCC-AFTER, a prospective, multi-centre phase III RCT to evaluate the role of Adjuvant RT in completely or closely excised high-risk primary cSCC. To be submitted shortly to HTA.

#### **Development of trials in rare non melanoma subgroups**

A national meeting on “Managing Non-Melanoma Skin Cancer: Advanced Squamous & Merkel Cell Carcinomas” was hosted by group members to initiate this process with dedicated sessions on research and clinical trial development. The conclusions are in part captured in the Special Edition of Clinical Oncology mentioned above.

A task force has been established to develop a programme that will outline the needs and opportunities for studies in rare cancer- this will be guided the discussion of the meeting and also by lessons learnt in the merk cell studies lead by the group.

#### **Early Diagnosis and Screening & prevention**

**COUNT** : A study looking at the impact of using nicotinamide as chemo prevention for patients with organ transplants. Led by Rubeta Matin. Currently finalising submissions for stage 1 applications, working alongside UK Dermatology and Birmingham CTU.

## 4. Consumer involvement

We are currently without consumer representation. Posts to be recruited to shortly.

## 5. Priorities and challenges for the forthcoming year

### **Priority 1**

Appoint workstream leads and consumer representation. Once new workstream leads are in place, new members of the workstreams need to be recruited and delivery of the strategy implemented.

Succession planning for chairman ship of the group as current chair is to stand down soon.

### **Priority 2**

Trials currently being worked up, need to be taken to fruition and funding applications completed.

### **Priority 3**

Expansion of the portfolio in keratinocyte research and in early diagnosis and prevention.

### **Challenge 1**

#### **Time pressures**

This is not peculiar to skin cancer research. NHS active researchers are finding the increased pressures of clinical service commitments are impacting on research. Unfortunately, there are no easy solutions to this. The project management tools along with more regular meetings (virtual on Zoom/Teams) may help us to deliver and keeps projects on track.

### **Challenge 2**

#### **Ensuring that new structure allows good cross fertilisation among the Subgroup members**

With less people on the main group, we will lose some input and so will need ways of working that ensure the impact of this is minimal. We will aim to mitigate that through the workstream chairs and inviting individual workstream members to join meeting (probably by VC) on a needs basis. As part of the reorganisation we will also try and include more project management and IT solutions- shared documents etc (eg Outlook360 tools).

### **Challenge 3**

#### **Research Funding**

Again, not peculiar to skin cancer research. It seems to be increasingly difficult to obtain funding for certain types of trials, perhaps the more pragmatic ones with less TR. Extending the

reach to other funding bodies such as NIHR is helping and the group will continue to optimise grant applications and look at a range of funding bodies.

## **6. Collaborative partnership studies with industry**

The group has relatively strong collaborations with industry which we will continue to nurture this largely based on individual relationships with group members rather than formal partnerships with the NCRI. We continue as a group to advise and guide industry and lobby them to place trials in the UK.

## **7. Appendices**

Appendix 1 – Skin Group and Subgroup strategies

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

**Professor Poulam Patel (Skin Group Chair)**

# Appendix 1

## Skin Cancer Executive Group and Workstream Strategies

### A – Skin Group Strategy

Strategic objective	Action	CSG lead	Date	Outcome
1a Portfolio Development MELANOMA	Ensure cohesive strategy of melanoma clinical trials taking into account: Opportunities within international agenda Need for high recruiting studies Balance between early & late phase Multicentre studies accessible to more centres All melanoma subgroups/rare forms Interaction with CRN subspecialty leads	Current studies GASMAN –RP-J CHILI-PP To develop (leads TBA) Mucosal/ocular 2 <sup>nd</sup> line post CI Brain mets	Current studies April 2020 April 2020 To develop (leads TBA) Mucosal/ocular 2 <sup>nd</sup> line post CI Brain mets	Current studies GASMAN –grant application CHILI – grant application To develop (leads TBA)  Firm proposal Firm proposal
1b Portfolio Development NON-MELANOMA	Secure new studies for common and rare non melanoma skin cancers SCC BCC Merkel cell Rarer non- melanoma skin cancers	SCC AFTER – AG SPRIINT CP MCC- NS	April 2020 April 2020	Secured funding Grant application
1c interaction with NCRI- cross cutting GPS	Develop studies with cross cutting groups  Primary care - evaluation of screening tools TYA CT RAD - RT in SCC CNS CSG– brain mets	FW/ RM MP AG AGU	April 2020  April 2020 April 2020	New group- trial proposals  Secured funding Grant applications

Strategic objective	Action/ Area for development	CSG lead	Outcome
2. Key Research Priority Areas	<p>Melanoma</p> <p>Early Diagnosis/ Screening</p> <p>Adjuvant therapy- Info needs/decision aids (LWBC)</p> <p>Duration of Rx (DANTE)</p> <p>Resistance to B-RAF (INTERIM)</p> <p>Surgery ( GASMAN -+ others- Neoadjuvant/In transit)</p> <p>Immunotherapy toxicity (CHILI + others)</p> <p>NMSC SCC – Adjuvant Rx Secondary prevention Role of immunotherapy</p> <p>MCC- treatment &amp; Translational Research (Rationell MCC)</p> <p>Rare subtype Tissue bank &amp; Database</p>	<p>New subgroup FW/RM/CP</p> <p>RB</p> <p>SD</p> <p>PC</p> <p>RP-J</p> <p>PP</p> <p>AR CP TBA</p> <p>NS</p>	<p>New studies</p> <p>New Study</p> <p>Continued recruitment</p> <p>Continued recruitment</p> <p>Funded Trial Funded Trial</p> <p>Funded Trial</p> <p>New Proposals</p> <p>Continuation and expansion</p>



Strategic objective	Action	CSG lead	Date	Outcome
3a Raising Awareness & Profile	<p>Regular dissemination of study recruitment, activity and outcomes through newsletters, annual meetings and annual reports to all stakeholders</p> <p>Annual CSG/ NIHR Subspecialty leads meeting – in person/virtual with regular interim updates of new studies</p> <p>Presentation of clinical trial findings to national and International meetings ASCO/ESMO/SMR/AACR</p> <p>Creation of a user friendly Clinical trials database For health professional and patients to supplement trials portfolio maps</p>	All	Ongoing  April 2020	<p>More recruitment &amp; engagement</p> <p>More presentations /Profile</p> <p>New database- More recruitment</p>
3b Ensure successful delivery of studies through integration with NIHR CRN	<p>CSG members to commit to recruiting into CSG led studies</p> <p>Interaction with LCRN subspecialty lead to determine study placement and identification of barriers to recruitment</p> <p>Monitor recruitment and delivery of portfolio studies</p>	All	Ongoing	Faster recruitment Better engagement
3c Effective set up of new studies	Establish working group for new studies within 6 weeks of funding award with representation from CI,CTU,NIHR CRN	CI/CTU	Ongoing	Faster recruitment

Strategic objective	Action	CSG lead	Date	Outcome
4. Strengthen UK Wide & International Links	<p>Continue current links with international groups EORTC ANZAC IRCI</p> <p>Establish new links – with main melanoma cooperative groups including DCOG/ECOG/SWOG</p> <p>Continue to work with translation groups in particular those collecting tissue and data to ensure optimal co-ordination</p> <p>Work with Melanoma Focus and integrate research &amp; Service</p>	All  PP  All  All	ongoing	<p>Better co-ordination of trials</p> <p>more research into rarer subtypes</p> <p>Improved TR</p> <p>More recruitment &amp; awareness</p>
Optimise Structure and Function to deliver objectives	<ol style="list-style-type: none"> <li>1. Establish and primary care/Screening subgroup</li> <li>2. Establish a melanoma subgroup</li> <li>3. Identify Mentors for trainee registrars</li> <li>4. Identify mentors for PPI</li> </ol>	FW/RM  PP  PP  PP	Oct 2019  Oct 2019  ASAP  ASAP	
Patnet & Public Involvement and Impact	<ol style="list-style-type: none"> <li>1. Ensure early involvement with consumers in study development</li> <li>2. Increased consumer involvement with LWBC themes</li> </ol>	All	May 2019	