

NCRI Skin Group Priorities 2023 – 2026



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 NCRI is our broad membership with representation across both charity and government funders as well as across all four nations in the United Kingdom.



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Introduction

The NCRI Groups bring the cancer research community together to develop practice-changing research, from basic to clinical research and across all cancer types, supporting NCRI's strategy. The NCRI Skin Group is a multi-disciplinary community of researchers and consumers focused on developing research to improve outcomes for skin cancer patients. There is a significant need to improve outcomes for people affected by skin cancer and addressing this will be at the centre of all work of the NCRI Skin Cancer Group.

Each NCRI Group engages in a prioritisation process to identify the priority areas in its area of research (Appendix A). This process dictates the work of the group as well as providing an assessment of the state of research for the wider research community.

The NCRI Skin Group has identified its research priorities working with members of the research community, NCRI Partners and other funders. Full details of the meetings held can be found in Appendix B and a list of participants can be found in Appendix C.

There are multiple areas the NCRI Skin Group has identified as priorities, an overview can be found below with full details on page 6 - 8 of this document. The Skin Group will form time-limited working groups to address these priorities. When one working group finishes a priority, capacity will be transferred to address the next priority.

The strategies of NCRI Groups will be refreshed every three years. In addition, the research landscape will continue to be routinely assessed by NCRI to ensure the most pressing questions in the research landscape are addressed over the course of this three-year strategy.

NCRI Skin Group strategic priorities at a glance

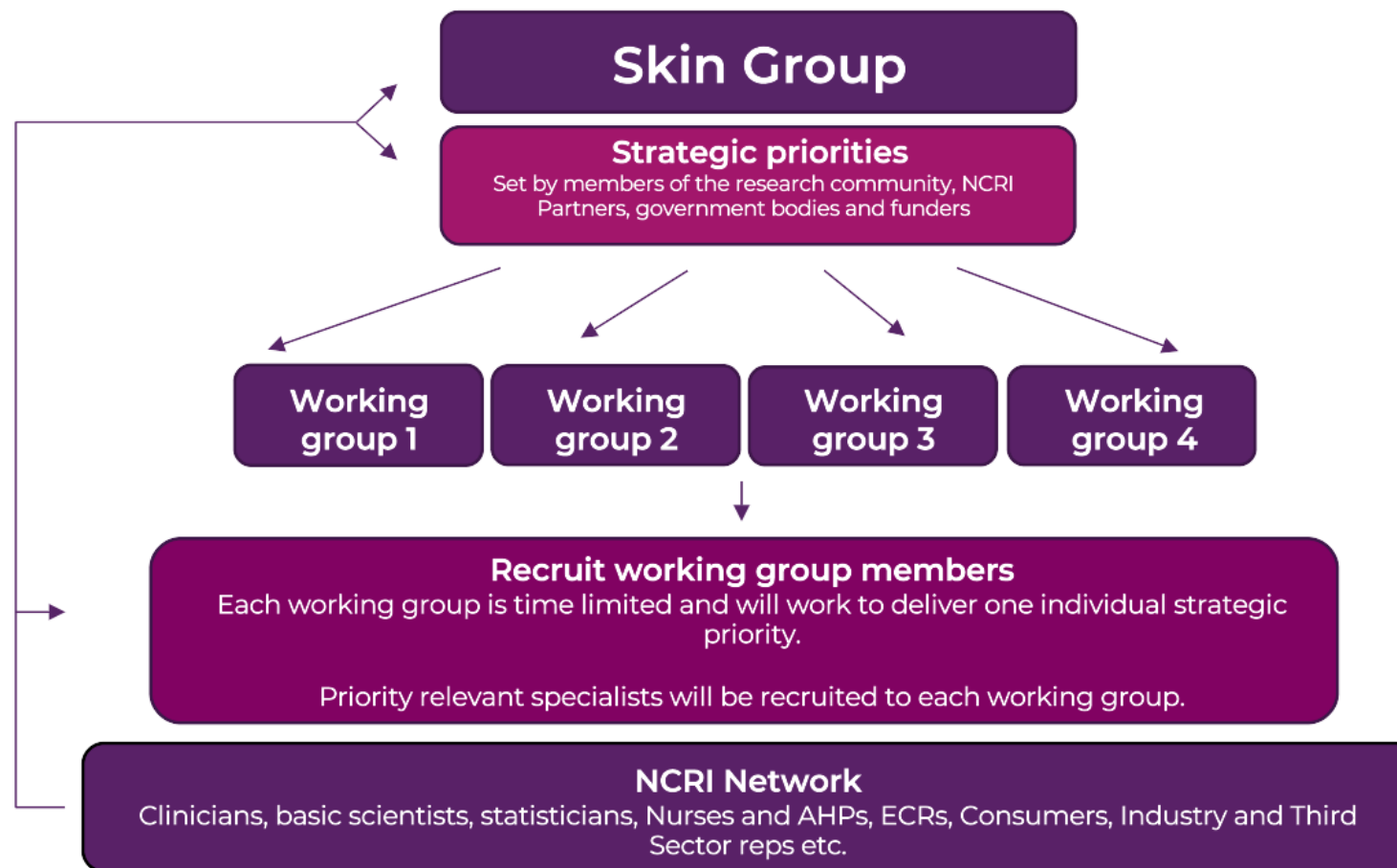
1. Immunotherapy including neoadjuvant treatment
2. Non-melanoma skin cancer
3. Health Data Research
4. Early Diagnosis and Prevention



"I am delighted to introduce the strategic priorities in skin cancer for 2023. A newly invigorated group and structure has allowed extensive engagement to describe priorities that are wide reaching and promise significant opportunity to better understand cancers of the skin and improve the outcomes of the patients we care for. A focus on the big data projects brings the much-needed route to explore a shift in paradigm from reactive to proactive care and hence prevention by understanding those at highest risk and designing meaningful intervention. I commend our priorities and thank all those who have given their time and energy to support the detailed work that has shaped them."

Professor Rowan Pritchard Jones, Chair of the NCRI Skin Group

NCRI Skin Group structure at a glance



NCRI Skin Group Projects

Initial NCRI Skin Working Groups projects in set up

The NCRI Skin Group has identified four strategic areas, full details of which can be found below. Time-limited working groups will be set up to address a sub-priority from across each of the four strategic areas. Once one working group reaches completion, capacity will be transferred to the next sub-priority.

NCRI Skin Group strategic priorities in full

Four themes or strategic areas have been identified as the NCRI Skin Group's Strategic Priorities.

Strategic area 1: Immunotherapy including neoadjuvant treatment

Immunotherapy has revolutionised the treatment of skin cancers both in the advanced setting (melanoma and non-melanoma) and is improving the number of patients who are cured of melanoma with earlier stage disease. In this key area, the group will develop a programme of research looking at how we can deploy immunotherapy more effectively, minimise toxicity, support patients with late effects of treatment and ensure less common sub-groups of skin cancer are represented in clinical studies.

Areas to be considered include:

- Personalised immunotherapy:
 - altering immune-oncology (IO) scheduling
 - reducing the frequency of immunotherapy
 - improving treatment options for patients who are resistant or unresponsive to immunotherapy
 - investigating how the microbiome plays a role in therapeutic modulation and factored into predictive or prognostic models
 - exploring the role of the late effects clinics including survivorship
 - exploring Patient Reported Outcomes (PROs) in patients on immunotherapy, for example, it's role in improving the identification of toxicity.
- Developing biomarkers to ascertain who will respond to therapy, who will relapse as well as for risk stratification i.e. for recommending a more granular staging and classification framework for melanoma set out by American Joint Committee on Cancer (AJCC) 8th edition.
- Improve understanding and utility of immunotherapy in difficult to treat subgroups e.g. mucosal (anorectal / vaginal), ocular etc.

Strategic area 2: Non-melanoma skin cancer

Non-melanoma skin cancer (NMSC) remains a frequent presentation, tends to affect older and more frail patients, can often be disfiguring with high morbidity and is under-represented in clinical trials of new therapies. This key area aims to develop a programme of research to evaluate treatment innovations in NMSC including immunotherapy, surgical techniques and optimising the use of radiotherapy in this population.

Areas to be considered include:

- Merkel cell carcinoma (MCC):
 - explore the role of immunotherapy in the neoadjuvant setting for patients with advanced disease
 - develop understanding of polyoma virus and its role in NMSC through translational research
- Squamous cell carcinoma (SCC):
 - investigate the role of immunotherapy in adjuvant setting
 - explore Moh's surgery in SCC (in head and neck cancers)
 - explore who would benefit from Sentinel Lymph Node Biopsy (SLNB) for high-risk SCC (in head and neck cancers)
- Optimising the use of radiotherapy in non-melanoma skin cancer:
 - explore radiotherapy scheduling for patients, including health economics costs/benefits, and improve lay information provided to patients undertaking radiotherapy
 - explore which patients would benefit from elective nodal radiation in non-melanoma skin cancer
- Optimising the role of electro-chemotherapy (ECT): exploring the possible role in abscopal effects of systemic treatments. For example, phase II studies of ECT followed by immunotherapy in selected populations e.g. significant unresectable locally advanced disease.

Strategic area 3: Health Data Research

The availability of widespread electronic health records in healthcare and robust national UK datasets provides many opportunities. There are opportunities to leverage the depth of real-world clinical data to inform current patient outcomes; identify areas for improvement and of unmet clinical need; leverage such platforms for research to answer clinical questions on efficacy and toxicity at scale; evaluate health outcomes of under-represented subgroups in clinical studies. The increasing digitisation of the UK population and availability of smartphones and internet access can change the way we conduct research, with patient-driven research based on widespread population-level enrolment such as the MyMelanoma project. The group will aim to develop a broad programme of research to leverage current and future healthcare datasets to support clinical research into skin cancer.

Areas to be considered include:

- The ability to share data securely in research environments between collaborators, nationally and internationally
- The role of secure data environments (SDEs) in clinical care and research
- National melanoma / skin cancer registry – link with existing multi-national registries e.g. EUMelaReg: The European Melanoma Registry
- Establish partnerships with NHS Digital to link with UK national datasets including the Systemic Anti-Cancer Therapy (SACT) data set, Office for National Statistics (ONS) data, and those held by NHS England and NHS Genomics
- Patient driven data e.g. MyMelanoma

Strategic area 4: Early Diagnosis and Prevention

The risk of developing skin cancer can be reduced significantly through primary prevention. In addition, early diagnosis of skin cancer leads to treatment at an earlier stage of disease where less treatment is required, with less side effects or morbidity for patients. The group will support a programme of research leveraging modern tools (social media, artificial intelligence (AI), tele-health and remote consultations, patient-

based applications) to improve the effectiveness and delivery of early diagnosis and prevention methods for skin cancer patients.

Areas to be considered include:

- Diagnosis of skin cancer earlier by stratifying primary skin lesions through tele-dermatology
- Role of public health messaging in improving use of sunscreen /sun safety

NCRI Cross-cutting priority

Identify barriers resulting in a lack of diversity in clinical trials and propose solutions to improve equality, diversity, and inclusion.

Barriers resulting in a lack of diversity in clinical trials across cancer types has been raised as an issue in many of NCRI's discussions with researchers. For this reason, this priority will be addressed collaboratively in a working group comprising experts from across NCRI Groups. This priority aims to establish the reasons behind a lack of diversity in clinical trials and provide solutions to increase participation of a diverse cohort of patients in future studies. A working group will address the common issues across the board, as well as identifying cancer-type specific barriers, and produce guidelines on the steps to take to improve the inclusion of patients from a range of backgrounds into clinical trials from their inception. More details on this working group will be decided in due course.

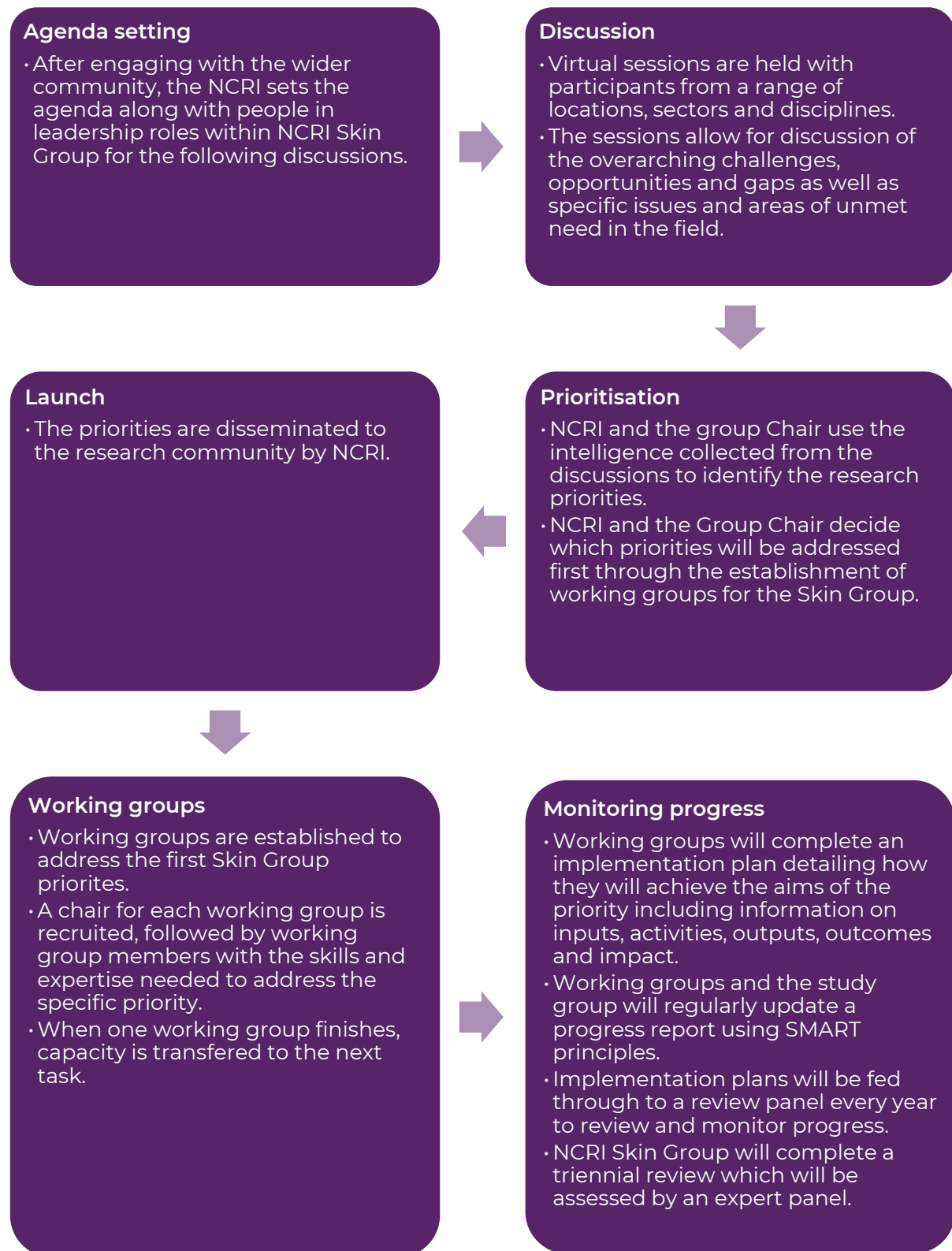
Next Steps

Working groups addressing the highlighted Skin priorities are currently being formed. These groups will be made up of the experts needed to address each research question. To be the first to hear about opportunities to join these working groups please sign up to the [NCRI Skin Network](#). The progress of these working groups and projects will be published in the annual reports and triennial review of NCRI Skin Group. These can be found on the [NCRI website](#). Members of the NCRI Skin Network will also be updated periodically on the progress of the group.

Please [get in touch](#) if you have any questions or comments regarding this report or if you are interested in joining one of the [NCRI Networks](#), the [NCRI Consumer Forum](#) or our [NCRI Early Career Researcher Forum](#).

Appendix A

NCRI Skin Group priority setting process



Appendix B

NCRI Skin Group strategy sessions 2023

The NCRI Skin strategy sessions, held in January-March 2023, attracted over 50 participants from a range of sectors and disciplines, including NCRI Consumer Forum members, early career researchers and NCRI Partners. The introductory presentations allowed for discussion of the current landscape and the overarching challenges, opportunities, and gaps in research into Skin cancers, whilst the subsequent breakout sessions gave experts the opportunity to exchange ideas on priorities areas of future research in this field, with each group involving researchers from wide ranging disciplines encouraging cross-cutting collaboration to meet the most pressing needs in research into Skin cancers today.

Session 1: Translational medicine and basic biology

Date: 16 January 2023

Chair: Dr Brent O’Carrigan

Speakers:

- Samra Turajlic
- David Adams
- Paul Lorigan
- Amit Roshan

Session 2: Treatment options and selection

Date: 6 February 2023

Chair: Dr Brent O’Carrigan

Speakers:

- Miranda Payne
- Agata Rembielak
- Charlotte Proby
- Rowan Pritchard-Jones

Session 3: Screening, Prevention and Early Diagnosis (SPED)

Date: 9 February 2023

Chair: Prof Rowan Pritchard-Jones

Speakers:

- Rubeta Matin
- Owain Jones

Session 4: Living With and Beyond Cancer (LWBC)

Date: 1 March 2023

Chair: Prof Rowan Pritchard-Jones

Speakers:

- Joanne Bird
- Mieke Van Hemelrijck
- Julia Newton Bishop

Appendix C

Strategy sessions and NCRI Skin Group contributors

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