Advancing Cancer Research Together

NCRI Teenage and Young Adult & Germ Cell Tumours Group Priorities 2022 - 2025

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.

Contents

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 Teenage and Young Adult (TYA) & Germ Cell Tumours (GCT) Group is a multi-disciplinary community of researchers and consumers focused on developing research to improve outcomes for TYA and GCT patients.

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 TYA & GCT 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.

The GCT component of the group will function as a study group. Study groups are permanent groups that have an overarching remit to deliver a number of strategic priority areas in their respective disease or cross cutting areas. An overview of the NCRI TYA & GCT Group structure can be found on page 6.

There are multiple areas the NCRI TYA & GCT Group has identified as priorities, an overview can be found below.

NCRI TYA & GCT Group strategic priorities at a glance

TYA & GCT Group

1. Identify the barriers resulting in a lack of diversity in patient and public involvement and engagement in developing TYA and GCT clinical trials and propose solutions to improve equality, diversity and inclusion.
2. Develop a platform study for newly diagnosed TYA cancer.
3. Identify the challenges faced in TYA and GCT research and propose solutions.
4. Improve outcomes for patients with early onset colorectal cancer.
5. Develop research questions relating to teenagers and young adults returning to education and the workplace after cancer.
6. Improve understanding of the genetics and genomics of treatment-resistant disease.
7. Identify immunology- and immunotherapy-related research questions that can be addressed using retrospective and prospective data.
8. Assess and improve end of life in teenagers and young adults with cancer.

GCT Study Group

1. Deliver an epidemiological and clinical study on GCTs in older patients.
2. Deliver the THERApy de-escalation trial for TESTicular cancer (THERATEST).
3. Deliver a multi-intervention study in seminoma.
4. Identify key questions in female germ cell cancer research and design a trial to address areas of unmet need.

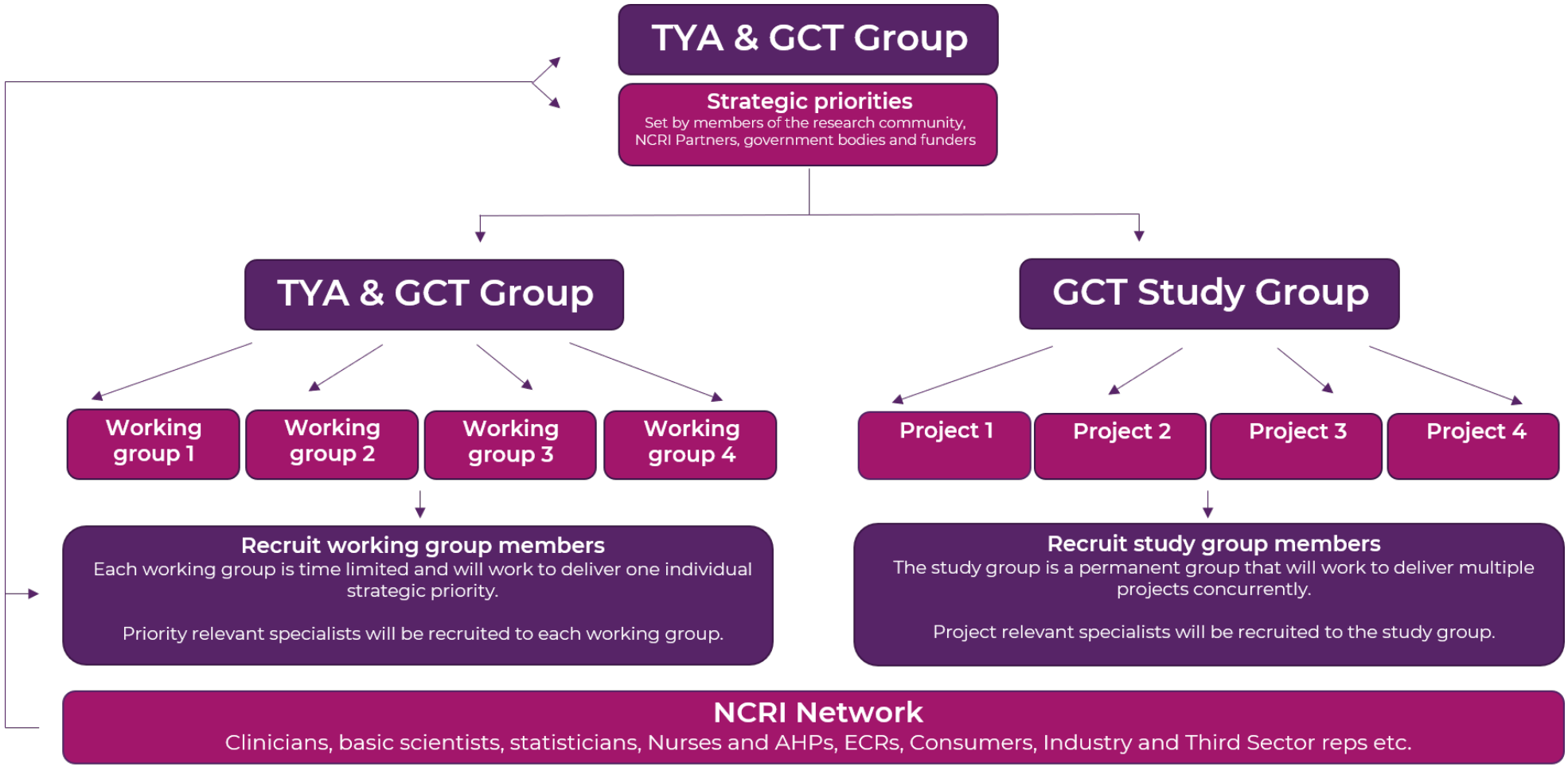
Full details of the NCRI TYA & GCT Group priorities can be found on pages 12-17 of this document. The TYA & GCT Group will initially focus on priorities 1-4, forming time-limited working groups to address these priorities. When one working group finishes, capacity

will be transferred to address the next priority. The GCT Study Group will work to deliver all priorities identified through concurrent projects.

“We have grown hugely as a research endeavour in the last 10 years in TYA cancer, in terms of programmatic research and collaborations. The UK germ cell research community has led in globalising clinical research in that site-specific area. We need to widen what we do, which means increasing our capacity. We need to keep the young people at the heart of what we chose to research. This involves specific work, which has unique characteristics when working with TYA.”

Professor Daniel Stark, Chair of the NCRI TYA & GCT Group

NCRI TYA & GCT Group structure at a glance



NCRI TYA & GCT Working Groups and Projects

Initial TYA & GCT working groups in set up

The TYA & GCT Group has identified 10 strategic priorities, full details of which can be found on pages 12-15 of this document. Time-limited working groups will be set up to address the first four priorities for the TYA & GCT Group, each of which are outlined below. Once one working group reaches completion, capacity will be transferred to the next priority.

Working Group 1

Identify the barriers resulting in a lack of diversity in patient and public involvement and engagement in developing TYA and GCT clinical trials and propose solutions to improve equality, diversity and inclusion.

This priority aims to establish the reasons behind a lack of diversity in clinical trials and provide solutions to increase participation of a cohort of patients with very specific needs within future studies. A working group will produce guidelines on the steps to take to improve inclusion of patients from a range of backgrounds into clinical trials from their inception.

To do this requires a robust, sustainable, creative, inclusive and effective patient and public involvement and engagement process for TYA with GCT and other cancers for this specific patient population. This also responds to feedback we have received on diversity in the Consumer work we undertake.

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, a NCRI cross-cutting priority will address this issue collaboratively in a working group comprising experts from across NCRI Groups, addressing the common issues across the board. However, the challenges faced by the TYA community are unique and so will be addressed in a TYA & GCT Group specific priority. The TYA & GCT Group will contribute to the NCRI cross-cutting working group as appropriate.

Working Group 2

Develop a platform study for newly diagnosed TYA cancer.

Historically, factors identified that may contribute to poorer outcomes in TYA patients include delays in diagnosis or treatment, inappropriate treatments, lack of clinical trials or access to clinical trials, lack of TYA expertise and different biological characteristics of Adolescents and Young Adult (AYA) tumours. The new NHS England and NHS Improvement service specification for TYA cancer (expected to be published in the near future) will emphasise the importance of tumour banking, embedding genomic medicine in TYA services and clinical trial access in TYA patients. An increasing understanding of the clinical relevance of molecular subtypes of common TYA cancers, molecular profiling and whole genome sequencing for all paediatric tumours, sarcomas and soon to be for all patients aged up to 24 years, molecular profiling initiatives in the relapse setting such as the Strat Med Paeds study and the increasing availability of biomarker-driven basket studies for relapsed haematological malignancies and solid tumours provide a pressing imperative to ensure that all AYA patients are offered access to molecular profiling and relevant biomarker-driven clinical trials. With appropriate consent, such data could also be linked to other relevant clinical datasets to build a more comprehensive picture of individual AYA cancer care and to better understand the interaction of tumour molecular profiling, place of care, clinical trial access with survival, late effects and patient reported outcomes in the AYA population.

The study we will develop will link existing data in detail under consent, including clinical data (stage/risk group, all treatments, all care episodes, trial accrual and outcome) with biological data (pathology, genomics and genetics) and patient-centred data (Patient Reported Outcomes, supportive care and primary care).

The aims of the study are as follows:
1. To bank tumour sample at diagnosis in all AYA patients enrolled in the study.
2. To obtain molecular profiling at diagnosis on all AYA patients enrolled in the study.
3. To demonstrate the ability to link tumour banking and molecular profiling data to data on clinical treatment and outcome data for AYA patients enrolled in the study.

Working Group 3

Identify the challenges faced in TYA and GCT research and propose solutions.

This priority aims to establish a joint consensus on the future of TYA and GCT research across the UK, with a focus on collaboration as opposed to competition, and produce and publish a position statement with proposed solutions to the challenges currently faced. Within the position statement, challenges such as the lack of integrated clinical-biological-psychosocial datasets for shared analysis and the lack of sharing of clinical trial data in GCT trials through global data commons will be addressed.

Working Group 4

Improve outcomes for patients with early onset colorectal cancer.

The aim of this priority is to evaluate epidemiological and clinico-pathological features of early onset colorectal carcinoma to inform development of preventative, screening and management strategies, and ultimately to improve outcomes. The NCRI TYA & GCT Group has put in place the collaborations that bring together the NHS Digital national cancer registry and SACT datasets to determine the UK epidemiology, delivered treatments and outcomes for people aged 15-39 years and compare them with those aged 40+years. We will now hold a workshop to expand this into biological and intervention questions, building upon UK tumour banks and existing clinical trials cohorts to determine their coverage of the range of specific biological targets and develop plans for future trials and result in a grant proposal.

GCT Study Group projects

The GCT Study Group has identified four strategic priorities, details of which can be found on pages 16-17 of this document. The GCT Study Group will work to address these projects at the same time, drawing on relevant expertise to deliver against each one as necessary.

Project 1

Deliver an epidemiological and clinical study on GCTs in older patients.

Incidence rates of testicular cancer have been increasing steadily in recent decades for unknown reasons. An increasing proportion of new cases present in men of 50 years of age and older rather than in the expected young adult group.

Treating metastatic disease in older age, with intensive, potentially curative, platinum-based chemotherapy regimens that have largely been tested in young men poses challenges, for example gastroenteric toxicity, renal impairment, peripheral neuropathy, myelosuppression and hearing loss, several of which are more common with advancing age. Consequently, dose reductions and delays may be more common, compromising dose intensity and likelihood of cure. There is little UK data regarding these patients.

The aim of this epidemiological study will be to determine the incidence, clinico-pathological features and treatment of late onset (>50 years) testicular GCT to potentially improve management and outcomes. A request will be made to interrogate the UK National Data Registry to extract information on older germ cell patients with the intention to use the information gathered from the epidemiological study to design a clinical study specifically addressing the needs of this patient group.

Project 2

Deliver the THERApy de-escalation trial for TESTicular cancer (THERATEST).

THERApy de-escalation in TESTicular cancer (THERATEST) is an observational cohort study of patients receiving SOC treatments (combination chemotherapy or radiotherapy) or de-escalated treatments (primary rRPLND or Carboplatin AUC10) treatments for stage II seminoma. The main objective of the study is to demonstrate feasibility of recruitment/retention. Secondary objectives are the following:

- To assess HRQoL, sexual function, oncological outcomes, chemotherapy usage, complications, impact on daily life, and costs for all patients.
- To generate preliminary comparative evidence for rRPLND and Carboplatin AUC10 as therapy de-escalation strategies against standard of care treatments.
- To understand patient and clinician perceptions of consent and willingness for randomisation to treatments (BEP, radiotherapy, Carboplatin AUC10, rRPLND as well as open RPLND) that may be tested in future cohort-embedded studies.
- To establish a framework to test future therapy de-escalation strategies for other “good risk” TGCT groups.

Project 3

Deliver a multi-intervention study in seminoma.

Use of extensive surveillance imaging in early-stage disease and cisplatin and bleomycin containing regimens for advanced seminoma testicular cancer may not always be warranted. Surveillance imaging exposes young patients to radiation and incurs significant costs and chemotherapy in this young patient group can be associated with long-term toxicity risks. Because of this, we aim to identify treatments for seminoma that reduce or avoid the use of more intensive treatments/management approaches whilst maintaining excellent outcomes (DFS >90% and 5yr OS >97%). We will design a comprehensive and inclusive platform for seminoma patients which will address multiple questions through a number of single arm and randomised comparisons.

The following questions will be discussed for inclusion in the study design:

- Can miRNA be used to replace imaging in seminoma surveillance schedules to detect disease relapse earlier thereby leading to reduced treatment burden for patients?
- Can focal treatment (minimally invasive surgery or local radiotherapy) achieve disease control with low relapse rates and thus avoid intensive chemotherapy for patients with IIA/IIB disease?
- Can carboplatin AUC10 achieve equivalent disease control with lower toxicity compared to BEP in patients with metastatic seminoma?
- In the metastatic setting, can PET after two cycles of chemotherapy allow treatment to be de-intensified?

Project 4

Identify key questions in female germ cell cancer research and design a trial to address areas of unmet need.

Stakeholders have described that research endeavours in female germ cell cancer are hampered by lack of consistency in definitions and language used to describe different disease entities/histopathological variants. Therefore, the first aim of this priority is to standardise terminology/definitions with a group of clinicians who treat and have a vested interest in research for female germ cell cancer patients. Leading on from this first piece of work, we will identify unmet needs for female germ cell cancer patients and design a trial to address the resulting areas of unmet need.

NCRI TYA & GCT Group strategic priorities in full

TYA & GCT Group priorities

Priority 1: Identify the barriers resulting in a lack of diversity in patient and public involvement and engagement in developing TYA and GCT clinical trials and propose solutions to improve equality, diversity and inclusion.

This priority aims to establish the reasons behind a lack of diversity in clinical trials and provide solutions to increase participation of a cohort of patients with very specific needs within future studies. A working group will produce guidelines on the steps to take to improve inclusion of patients from a range of backgrounds into clinical trials from their inception.

To do this requires a robust, sustainable, creative, inclusive and effective patient and public involvement and engagement process for TYA with GCTs and other cancers for this specific patient population. This also responds to feedback we have received on diversity in the Consumer work we undertake.

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, a NCRI cross-cutting priority will address this issue collaboratively in a working group comprising experts from across NCRI Groups, addressing the common issues across the board. However, the challenges faced by the TYA community are unique and so will be addressed in a TYA & GCT Group specific priority. The TYA & GCT Group will contribute to the NCRI cross-cutting working group as appropriate.

Priority 2: Develop a platform study for newly diagnosed TYA cancer.

Historically, factors identified that may contribute to poorer outcomes in TYA patients include delays in diagnosis or treatment, inappropriate treatments, lack of clinical trials or access to clinical trials, lack of TYA expertise and different biological characteristics of Adolescents and Young Adult (AYA) tumours. The new NHS England and NHS Improvement service specification for TYA cancer (expected to be published in the near future) will emphasise the importance of tumour banking, embedding genomic medicine in TYA services and clinical trial access in TYA patients. An increasing understanding of the clinical relevance of molecular subtypes of common TYA cancers, molecular profiling and whole genome sequencing for all paediatric tumours, sarcomas and soon to be for all patients aged up to 24 years, molecular profiling initiatives in the relapse setting such as the Strat Med Paeds study and the increasing availability of biomarker-driven basket studies for relapsed haematological malignancies and solid tumours provide a pressing imperative to ensure that all AYA patients are offered access to molecular profiling and relevant biomarker-driven clinical trials. With appropriate consent, such data could also be linked to other relevant clinical datasets to build a more comprehensive picture of individual AYA cancer care and to better understand the interaction of tumour molecular profiling, place of care, clinical trial access with survival, late effects and patient reported outcomes in the AYA population.

The study we will develop will link existing data in detail under consent, including clinical data (stage/risk group, all treatments, all care episodes, trial accrual and outcome) with biological data (pathology, genomics and genetics) and patient-centred data (Patient Reported Outcomes, supportive care and primary care).

The aims of the study are as follows:

1. To bank tumour sample at diagnosis in all AYA patients enrolled in the study.
2. To obtain molecular profiling at diagnosis on all AYA patients enrolled in the study.
3. To demonstrate the ability to link tumour banking and molecular profiling data to data on clinical treatment and outcome data for AYA patients enrolled in the study.

Priority 3: Identify the challenges faced in TYA and GCT research and propose solutions.

This priority aims to establish a joint consensus on the future of TYA and GCT research across the UK, with a focus on collaboration as opposed to competition, and produce and publish a position statement with proposed solutions to the challenges currently faced. Within the position statement, challenges such as the lack of integrated clinical-biological-psychosocial datasets for shared analysis and the lack of sharing of clinical trial data in GCT trials through global data commons will be addressed.

Priority 4: Improve outcomes for patients with early onset colorectal cancer.

The aim of this priority is to evaluate epidemiological and clinico-pathological features of early onset colorectal carcinoma to inform development of preventative, screening and management strategies, and ultimately to improve outcomes. The NCRI TYA & GCT Group has put in place the collaborations that bring together the NHS Digital national cancer registry and SACT datasets to determine the UK epidemiology, delivered treatments and outcomes for people aged 15-39 years and compare them with those aged 40+years. We will now hold a workshop to expand this into biological and intervention questions, building upon UK tumour banks and existing clinical trials cohorts to determine their coverage of the range of specific biological targets and develop plans for future trials and result in a grant proposal.

Priority 5: Develop research questions relating to teenagers and young adults returning to education and the workplace after cancer.

The teenage and young adult cancer community took part in the James Lind Alliance (JLA) Priority Setting Partnership (PSP) process in 2019 to identify the most pressing needs in the field with a particular focus on hearing the voices of patients, carers and those affected by cancer. The aim of this priority is to hold a workshop to develop trials addressing the following JLA priorities:

- What interventions are most effective in supporting young people who are experiencing fatigue/tiredness when returning to education or work?
- What interventions are most effective in supporting young people when returning to education or work?
- What methods of support from education/school for young people improve wellbeing, participation and mental health?
- What interventions are most effective in supporting young people to maintain their education whilst on treatment?
- How are career choices and prospects affected by a cancer diagnosis and are some groups more at risk of encountering issues than others?
- What interventions can reduce the potential negative impact of a cancer diagnosis on a young person's employment and career prospects?
- How can schools and teachers better support young people with memory problems following cancer?
- How are young people best supported to reintegrate with their peers when returning to school?
- What is the educational trajectory of young people with cancer from 6 months pre diagnosis up to age 18?

- What interventions can reduce the potential negative impact of a cancer diagnosis on a young person's employment and career prospects?

Priority 6: Improve understanding of the genetics and genomics of treatment-resistant disease.

We will build upon current basket trials of biologically targeted therapies and global collaborations to understand the genetics and genomics of treatment-resistant disease in TYA cancer. We will link clinical features, active biological pathways and access to novel targeted therapies. This will also build upon the ECMC current initiatives in TYA cancer. Precise outputs of this priority are dependent on ongoing trials but are likely to include a publication or position paper. One exemplar will be GCT, and input from the GCT Study Group will be integral in delivering this priority. There is an urgent need to understand at a molecular level what underpins drug-refractoriness/resistance such that different and more effective treatment strategies can be employed. This priority will require tumour (primary and metastases) banking and molecular characterisation studies. ctDNA studies could also be considered. This will proceed alongside exemplars in TYA-onset sarcomas, -brain tumours and -lymphomas, for example.

Overarching aims are to:

1. Biobank tissue and blood samples for molecular studies
2. Conduct molecular analyses to understand treatment refractoriness/resistance
3. Design and recruit patients to clinical trials exploiting knowledge gained in aim 2

Patients could be recruited to already established basket trials running nationally or internationally if these are recruiting.

Priority 7: Identify immunology- and immunotherapy-related research questions that can be addressed using retrospective and prospective data.

Immunology and immunotherapy are areas of cancer medicine that are rapidly moving without a current TYA angle, while there is clear evidence of variation in immunological profiles by age. We would like to link with the British Society of Immunology (BSI) and hold a workshop to discuss immunology, immunotherapy and age to identify the salient current questions that can be addressed using retrospective and prospective data.

Potential projects/key questions to consider in this workshop include:

- Constitution and immune changes across age
- Immunogenicity of biology of young onset cancers
- Pharmacology of immune-oncology agents in young adults

Priority 8: Assess and improve end of life in teenagers and young adults with cancer.

The NCRI TYA & GCT Group has developed work in end-of-life care in the BRIGHTLIGHT programme. We wish to build a cross-speciality group with the Living With and Beyond Cancer (LWBC) and palliative care communities, our networks and the age-specific expertise and clinical linkages from within the TYA & GCT Group to further develop work in this area.

Questions to consider in this work include:

- What are the best ways of supporting a young person who has incurable cancer?
- How can parents/carers/siblings/partners be best supported following the death of a young person with cancer?

- How should healthcare professionals communicate with young people with incurable cancer to improve quality of life and patient experience?
- What are the factors that should determine when to stop treatment when the young person cannot be cured?
- What methods, techniques or strategies for communication can help young people with incurable disease to talk with their family and friends about their situation?
- How do young people with incurable disease choose their preferred place of death?
- What are the most effective ways of supporting a friend with incurable disease?

GCT Study Group priorities

Priority 1: Deliver an epidemiological and clinical study on GCTs in older patients.

Incidence rates of testicular cancer have been increasing steadily in recent decades for unknown reasons. An increasing proportion of new cases present in men of 50 years of age and older rather than in the expected young adult group.

Treating metastatic disease in older age, with intensive, potentially curative, platinum-based chemotherapy regimens that have largely been tested in young men poses challenges, for example gastroenteric toxicity, renal impairment, peripheral neuropathy, myelosuppression and hearing loss, several of which are more common with advancing age. Consequently, dose reductions and delays may be more common, compromising dose intensity and likelihood of cure. There is little UK data regarding these patients.

The aim of this epidemiological study will be to determine the incidence, clinico-pathological features and treatment of late onset (>50 years) testicular GCT to potentially improve management and outcomes. A request will be made to interrogate the UK National Data Registry to extract information on older germ cell patients with the intension to use the information gathered from the epidemiological study to design a clinical study specifically addressing the needs of this patient group.

Priority 2: Deliver the THERApy de-escalation trial for TESTicular cancer (THERATEST).

THERApy de-escalation in TESTicular cancer (THERATEST) is an observational cohort study of patients receiving SOC treatments (combination chemotherapy or radiotherapy) or de-escalated treatments (primary rRPLND or Carboplatin AUC10) treatments for stage II seminoma. The main objective of the study is to demonstrate feasibility of recruitment/retention. Secondary objectives are the following:

- To assess HRQoL, sexual function, oncological outcomes, chemotherapy usage, complications, impact on daily life, and costs for all patients.
- To generate preliminary comparative evidence for rRPLND and Carboplatin AUC10 as therapy de-escalation strategies against standard of care treatments.
- To understand patient and clinician perceptions of consent and willingness for randomisation to treatments (BEP, radiotherapy, Carboplatin AUC10, rRPLND as well as open RPLND) that may be tested in future cohort-embedded studies.
- To establish a framework to test future therapy de-escalation strategies for other “good risk” TGCT groups.

Priority 3: Deliver a multi-intervention study in seminoma.

Use of extensive surveillance imaging in early-stage disease and cisplatin and bleomycin containing regimens for advanced seminoma testicular cancer may not always be warranted. Surveillance imaging exposes young patients to radiation and incurs significant costs and chemotherapy in this young patient group can be associated with long-term toxicity risks. Because of this, we aim to identify treatments for seminoma that reduce or avoid the use of more intensive treatments/management approaches whilst maintaining excellent outcomes (DFS >90% and 5yr OS >97%). We will design a comprehensive and inclusive platform for seminoma patients which will address multiple questions through a number of single arm and randomised comparisons.

The following questions will be discussed for inclusion in the study design:

- Can miRNA be used to replace imaging in seminoma surveillance schedules to detect disease relapse earlier thereby leading to reduced treatment burden for patients?
- Can focal treatment (minimally invasive surgery or local radiotherapy) achieve disease control with low relapse rates and thus avoid intensive chemotherapy for patients with IIA/IIB disease?
- Can carboplatin AUC10 achieve equivalent disease control with lower toxicity compared to BEP in patients with metastatic seminoma?
- In the metastatic setting, can PET after two cycles of chemotherapy allow treatment to be de-intensified?

Priority 4: Identify key questions in female germ cell cancer research and design a trial to address areas of unmet need.

Stakeholders have described that research endeavours in female germ cell cancer are hampered by lack of consistency in definitions and language used to describe different disease entities/histopathological variants. Therefore, the first aim of this priority is to standardise terminology/definitions with a group of clinicians who treat and have a vested interest in research for female germ cell cancer patients. Leading on from this first piece of work, we will identify unmet needs for female germ cell cancer patients and design a trial to address the resulting areas of unmet need.

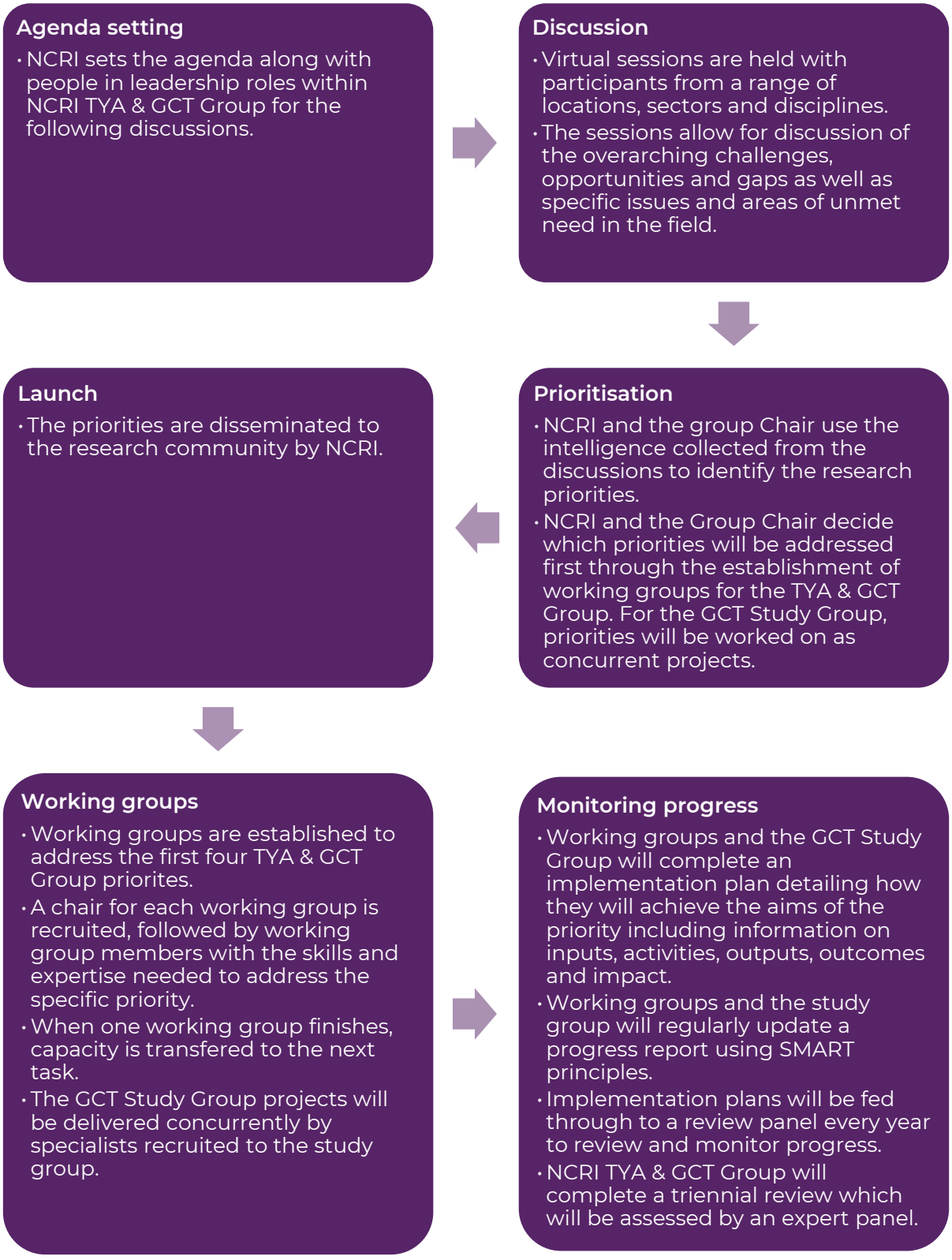
Next Steps

Working groups addressing the highlighted TYA 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 and the GCT Study Group please sign up to the NCRI TYA & GCT Network. The progress of these working groups and projects will be published in the annual reports and triennial review of NCRI TYA & GCT Group. These can be found on the NCRI website. Members of the NCRI TYA & GCT 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 TYA & GCT Group priority setting process



Appendix B

NCRI TYA & GCT Group strategy sessions 2021

The NCRI TYA & GCT strategy sessions, held in September 2021, attracted over 75 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 TYA & GCT research, 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 disciples encouraging cross-cutting collaboration to meet the most pressing needs in TYA & GCT research today.

Thursday 23rd September 2021
Chair: Professor Dan Stark

Session 1: NCRI strategy and Strategy Advisory Group (SAG) priorities

Speaker: Dr Ian Lewis, NCRI

Session 2: Strategy updates

Chair: Professor Dan Stark

Speakers:

- Health Services research – **Dr Lorna Fern**, University College London Hospitals
- Survivorship – **Professor Mike Hawkins**, Kings College London
- Biology – **Dr Sarah Pratap**, Oxford University Hospitals
- Germ Cell Tumours – **Dr Alison Reid**, Royal Marsden NHS Foundation Trust
- Early-onset carcinomas – **Professor Richard Feltbower**, University of Leeds

Session 3: Breakout discussions

Speakers:

- Health Services research – **Dr Lorna Fern**, University College London Hospitals
- Survivorship – **Professor Mike Hawkins**, Kings College London
- Biology – **Dr Sarah Pratap**, Oxford University Hospitals
- Germ Cell Tumours – **Dr Alison Reid**, Royal Marsden NHS Foundation Trust
- Early-onset carcinomas – **Professor Richard Feltbower**, University of Leeds

Session 4: Summary of breakout rooms

Speakers:

- Health Services research – **Dr Lorna Fern**, University College London Hospitals
- Survivorship – **Professor Mike Hawkins**, Kings College London
- Biology – **Dr Sarah Pratap**, Oxford University Hospitals
- Germ Cell Tumours – **Dr Alison Reid**, Royal Marsden NHS Foundation Trust
- Early-onset carcinomas – **Professor Richard Feltbower**, University of Leeds

Session 5: Discussion

Chair: Dr Dan Stark, Ms Nicola Keat

Identifying overlap and prioritisation large ambitious research ideas

Tuesday 28th September 2021
Chair: Professor Dan Stark

Session 1: Review of day 1 outputs

Speaker: Professor Dan Stark

Session 2: Radiobiology opportunities in TYA and Germ Cell Tumours

Chair: Professor Dan Stark

- Current areas of development and opportunities (Patronis)
- Identification of further research questions in this area

Speaker: Dr Ben Fulton, NHS Greater Glasgow and Clyde

Session 3: Thyroid and TYA research areas

Chair: Professor Dan Stark

- Thyroid Subgroup Strategy
- TYA and Thyroid common areas, key questions

Speaker: Dr Kate Garcez, The Christie NHS Foundation Trust

Appendix C

Strategy sessions and NCRI TYA & GCT Group contributors

Dr Jean Abraham
University of Cambridge
Dr Constantine Alifrangis
University College London Hospitals
Mr James Ashton
National Cancer Research Institute
Dr Chris Barton
University of Manchester
Mr Kyle Blain
University of Glasgow
Mrs Sue Brand
University Hospitals Bristol
Dr Ben Carpenter
University College London Hospitals
Dr Anna Castleton
The Christie NHS Foundation Trust
Ms Laura Chambers
National Cancer Research Institute
Julia Chisholm
Royal Marsden NHS Foundation Trust
Mr Paul Chumas
Leeds Teaching Hospitals NHS Trust
Dr Ellen Copson
University of Southampton
Dr David Cutter
University of Oxford
Dr Anne-Sophie Darlington
University of Southampton
Dr Rachel Dommett
University of Southampton
Professor Janet Dunn
University of Warwick
Dr Martin Elliott
Leeds Teaching Hospitals NHS Trust
Dr Abbie Fearon
National Cancer Research Institute
Dr Richard Feltbower
University of Leeds
Dr Lorna Fern
University College London Hospitals
Dr Ben Fulton
NHS Greater Glasgow and Clyde
Dr Kate Garcez
The Christie NHS Foundation Trust
Professor Adam Glaser
University of Leeds
Dr Hadeel Hassan
University of Leeds
Professor Mike Hawkins
University of Birmingham
Mr Josh Henderson
National Cancer Research Institute
Patrick Howard
National Cancer Research Institute
Professor Robert Huddart
Institute of Cancer Research
Ms Caroline-May Huxley
Cancer Research UK
Dr Angela Jesudason
NHS Lothian
Ms Nicola Keat
National Cancer Research Institute
Ms Alice Kidd
National Cancer Research Institute
Ms Rachel Lawrence
National Cancer Research Institute
Dr Ian Lewis
National Cancer Research Institute
Dr Michelle Lockley
Barts and The London School of Medicine and Dentistry
Dr Tom Maishman
University of Southampton
Dr Danish Mazhar
Addenbrooke's Hospital NHS Foundation Trust
Dr Martin McCabe
The Christie NHS Foundation Trust
Dr Lisa McCann
University Of Strathclyde
Dr Maria Michelagnoli
University College London Hospitals
Ms Beth Mickleburgh
National Cancer Research Institute
Ms Sue Morgan
Leeds Teaching Hospitals NHS Trust
Professor Matthew Murray
University of Cambridge
Mr Ed Park
National Institute of Health & Care Research (NIHR)
Dr Bob Phillips
University of York
Ms Helen Pitman
National Cancer Research Institute
Sarah Pratap
Oxford University Hospitals
Dr Andrew Protheroe
Oxford Cancer Centre
Mr Kenneth Rankin
Newcastle University
Alison Reid
Royal Marsden NHS Foundation Trust
Mrs Carla Reid
Royal Marsden NHS Foundation Trust
Dr Alexander Renziehausen
National Cancer Research Institute
Dr Raoul Reulen
University of Birmingham

Mr Rupesh Robinson-Vyas
Cancer Research UK
Dr Amit Samani
Imperial College London
Dr Naveed Sarwar
Imperial College London
Dr Sheona Scales
Cancer Research UK
Professor Jonathan Shamash
Barts Health NHS Trust
Dr Clare Shaw
National Institute of Health & Care Research (NIHR)
Ms Pippa Simpson
National Cancer Research Institute
Dr Louise Soanes
Teenage Cancer Trust
Professor Dan Stark
University of Leeds
Professor Charles Stiller
Public Health England
Dr Sara Stoneham
University College London Hospitals
Professor Nick Stuart
Bangor University
Dr Rachel Taylor
University College London Hospitals
Ms Nicola Thomson
NHS Greater Glasgow and Clyde
Dr Frederik Van Delft
Newcastle University
Professor Gareth Veal
Newcastle University
Dr Clare Verrill
University of Oxford
Professor Hamish Wallace
University of Edinburgh
Professor David Wedge
University of Manchester
Dr Matthew Wheater
University of Southampton
Dr Graham Wheeler
Imperial College London
Dr Jeff White
Beatson West of Scotland Cancer Centre
Charlotte Wickens
National Cancer Research Institute
Dr Emma Williams
National Cancer Research Institute
Mr Max Williamson
National Cancer Research Institute
Dr Rachael Windsor
University College London Hospitals
Dr Georgina Wood
University College London Hospitals
Dr Shaun Wilson
Oxford University Hospitals

Advancing Cancer Research Together

Report produced by:

Abbie Fearon, Senior Programme Manager (Strategic Projects), NCRI
Laura Chambers, Senior Programme Manager (Groups), NCRI
Rachel Laurence, Communications Manager, NCRI
Nicola Keat, Head of Groups, NCRI

National Cancer Research Institute
2 Redman Place,
London, E20 1JQ

T: +44 (0)20 3469 8798
F: +44 (0)20 3014 7658

info@ncri.org.uk
www.ncri.org.uk