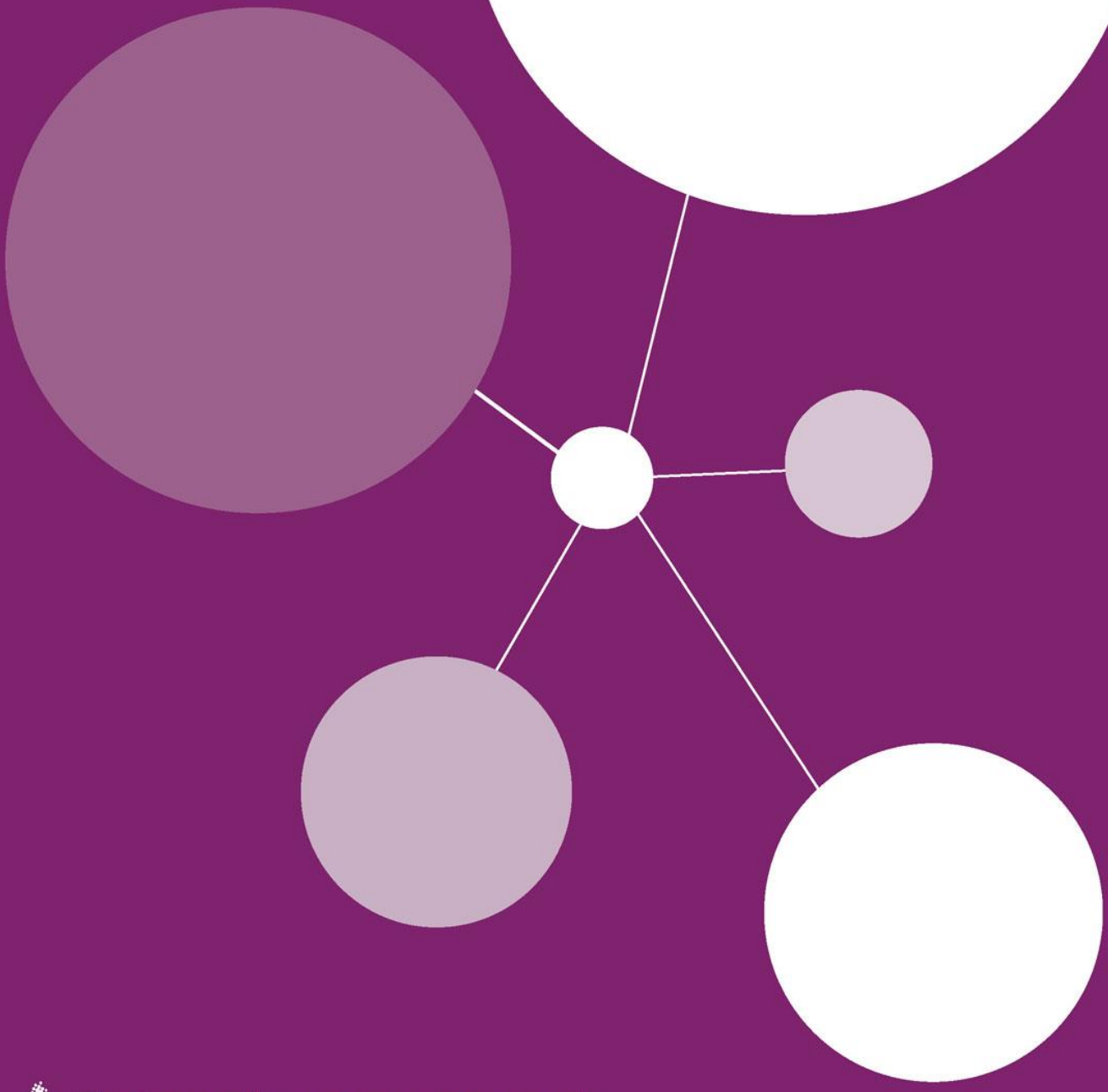
NCRI
National
Cancer
Research
Institute

NCRI Upper Gastrointestinal 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 Upper GI Group
Annual Report 2019-20

1. Prelude

This annual report spans the start of the COVID-19 period and lockdown was still in place when submitted. This has had an unprecedented impact on day to day trial activity, most of which has been shut down by both sponsor and sites, trial development and trial funding. Cancer Research UK (CRUK) deferred the clinical trial committee funding for a year and has asked us to review extant studies with a view to rationalising the portfolio. Other charities have been similarly challenged and nearly all funding plans put on hold.

Academic research activity will recover but will be set back by 1-2 years at least. This pause has given us time to clarify our objectives and hopefully we will emerge a leaner and more focussed group, but there is much uncertainty.

As such this report is abbreviated compared to previous years. However, we look forward to emerging from COVID-19 with clarity of vision, dynamism and optimism for the future of cancer research.

2. Top 3 achievements in the reporting year

Achievement 1 ESPAC-5 oral presentation at ASCO (Professor Paul Ghaneh).
Achievement 2 New EPOC long term outcomes publication (Professor John Bridgewater).
Achievement 3 Establishment of capecitabine as adjuvant for biliary tract cancer SoC in NCCN guidance.

3. Structure of the Group

Professor Tim Meyer (Royal Free) stepped down as chair for the neuroendocrine Subgroup, Replaced by Dr Alan Anthoney (Leeds). Dr Was Mansoor, Dr Prakash Manoharan and Professor

Mark Pritchard stepped down from the group during the year. Professor Dan Cutherbertson joined group. Professor Tom Crosby has been replaced by Mr Chris Peters.

Trainee member (Ms Alexa Childs) contributed to publication of review of mixed endocrine/exocrine tumours.

4. Upper GI Group & Workstream strategies

Upper GI Group

Increase grant success rate through greater consideration of more collaborative, molecularly stratified study designs and targeting non-CRUK funding Although the failure of Oelixir was a disappointment, two of the associated clinical studies have been submitted for individual study funding. The OLIGO-01 proposal received excellent reviews but we accept that the funding landscape for all studies deferred by CRUK to 2021 will be challenging and novel funding sources and collaborations will have to be sought.
Integration of user community into operation of strategy and Workstreams Our user representative has contributed significantly to strategy and collaboration themes in the strategic and site-specific trial proposals coming through the Group.
Ensure multidisciplinary membership throughout strategic and Workstream Groups The membership of the workstreams has been modified and refreshed to provide the necessary multidisciplinary input into study design.
Ensure translational strategy at heart of all research and consider development of translational Workstream common to anatomical Workstreams Study proposals such as OLIGO-01 have been developed with clinical and translational co-leads. Biology is therefore at the core of all new study proposals.
Integrate genomics as routine through collaboration with GeL GeL has provided key genomic data but the usefulness but has been limited by the relatively modest associated clinical data. Planned studies such as OLIGO-01will be integrated into the ICGC-ARGO collaboration.
Improve collaboration in cross-cutting workstreams e.g. imaging, CTRad The SG has representation in all parallel research groups such as CTRad, CMPath, Living with and Beyond Cancer (LWBC), the surgical Research Group and multiple pre-clinical groups. This is increasingly reflected in the multidisciplinary structure of grant applications.

Use strategic position to exploit pharma relationships, in particular sharing of data and study objectives

Pharma has always been and remains a key partner in our programmes. Increasingly we are able to engage more than one pharma in study proposals and exploit our position as neutral science driven advocates.

Ensure trainee presence and mentoring of next generation of researchers

Mentorship and support of junior faculty is central to the fabric of the Group working. We constantly address how to engage trainees in longer term projects.

Hepatobiliary Workstream (Chair, Mr Hassan Malik)

Develop links with hepatologists to support further epidemiological, surveillance and preventative studies in high risk population for Hepatocellular Carcinoma (HCC)

Ongoing engagement with broader community with links to HCC and Cholangiocarcinoma UK. Membership expanded to include hepatologists and pathologists. Members of the Workstream have been invited to contribute to British Society of Gastroenterology (BSG) guideline development group for cholangiocarcinoma.

Development of a chemoprevention study in high-risk population for liver/biliary malignancy, Primary sclerosing cholangitis (PSC) patients, is being investigated.

Build a platform through which a biomarker driven approach to advanced disease is investigated

Ongoing discussion with genomic hubs about coordination between national test directory and research usable genomic and expression panels.

ABC10 biomarker driven maintenance study in advanced Cholangiocarcinoma has been invited to a second round interview by CRUK. Positive peer review received, however the interview and decision is delayed to 2021 due to COVID-19.

Develop a working party with other CSG stakeholders to investigate the development of developing an umbrella study

Oligo metastatic working party concluded with submission of OLIGO1 grant to CRUK. This has been invited to a second round interview. Positive peer review received, however the interview and decision is delayed to 2021 due to COVID-19.

Neuroendocrine Workstream (Chair, Dr Alan Anthony)

Establish the UK as a competitive place for industry to run clinical trials

The group was successful in further promoting the advantages in running industry sponsored neuroendocrine clinical trials across the UK network. PEN-211 study –phase II component of study now open with more UK sites involved in recruitment. (Professor Nick Reed, Professor Martyn Caplin, Professor Tim Meyer, Professor Juan Valle, Mr Neil Pearce). ArTiSan study – industry collaborative study to assess safety of and response to selective internal radio-embolisation to neuroendocrine liver metastases (Dr Rohini Sharma).

Broaden the scope of the clinical trials portfolio in patients with Neuroendocrine Tumours (NETs)

The NET-02 trial of second line chemotherapy in poorly differentiated neuroendocrine cancers has opened all sites and recruited 1/3 of planned participants. (Dr Maireed McNamara)

Although use of peptide receptor radiotherapy (PRRT) established as treatment in well differentiated low grade neuroendocrine tumours benefits in higher grade Gastroenteropancreatic (GEP) neuroendocrine neoplasms not established. Industry sponsored NETTER 2 trial awaiting opening in UK sites (delayed by COVID-19).

Develop clinical studies in NETs other than GEP with a similar multi-disciplinary approach

Assessment of current diagnostic and treatment pathways for pulmonary neuroendocrine cancers across UK performed to act as baseline for developing UK focused clinical trials. Results published. (Dr Was Mansoor, Professor Denis Talbot)

Ongoing analysis of genomes (using whole genome sequencing) from 150 participants with neuroendocrine cancers in the 100,000 genome project (GeCIP) has led to preliminary development of clinical research proposals. (Dr Chistina Thirlwell).

Oesophagogastric Workstream (Chair, Dr Tom Crosby)

Support and encourage translational research to increase understanding of the factors that cause and drive Oesophagogastric (OG) cancer

The outcome of the research application was disappointing but the process successfully brought together a number of different research communities; notably basic science (including OCCAMS), translational and clinical research. It additionally generated a number of proposed trials with associated opportunities for both existing and new Chief Investigators. The leads and the wider community involved in formulating the Oelixir proposal remain committed to developing this work, albeit through a more fragmented approach using trials from the Oelixir package that have now been or will be submitted to CRUK, in addition to projects such as ESCALATE, which is funded by Genomics England and which will sequence samples already collated through the OCCAMS consortium.

Develop strategies to prevent OG cancer and new diagnostic techniques to facilitate an early diagnosis

The BEST3 trial established by Professor Rebecca Fitzgerald completed practice recruitment in April 2019 and finalised Cytosponge testing in August 2019 (13,200 patients enrolled across 109 GP sites and over 20 English hospitals). Trial publication is expected in mid-2020. Professor Fitzgerald's team will also imminently start the Innovate UK DELTA project, which follows from substantial clinical trial data on Cytosponge and will perform research relevant to implementation; e.g. enhancing reporting through the use of artificial intelligence.

Develop innovative new therapeutic strategies

OLIGO-01 and Proteus have both been submitted to CRUK for consideration of funding and would enable new photon and proton radiotherapy approaches in the oligometastatic and neoadjuvant settings respectively. Add Aspirin continues as a tool for determining the utility of aspirin as an adjuvant adjunct. Novel agents or new uses for existing drug therapies are also being developed by the group, including through the CHARIOT, SOLAR, EMERGE and LUD2015-005 trials. Similarly, optimal therapeutic strategies are being evaluated both for surgical approaches (ROMIO), radiotherapy (SCOPE-2) and for comparing modalities (Neo-AEGIS).

Pancreatic Workstream (Chair, Dr Pippa Corrie)

Have a portfolio actively recruiting and in development with early diagnosis, staging, therapy and supportive care

Submission to Pancreatic Cancer UK (PCUK) for pancreatic cancer trial recruitment app – an app where people can access information about Precision-Panc and other pancreatic trails and can communicate directly with the team – outcome TBC.

Submission of IIT for a phase II signal seeking trial of gemcitabine and pembrolizumab and IMM-101 as first line treatment of metastatic pancreatic cancer in patients with lower performance status – outcome TBC.

Dr Pippa Corrie et al are involved in a phase II study combining pembrolizumab with olaparib in metastatic pancreatic adenocarcinoma patients with high tumour mutation burden. National Institute of Health Research (NIHR) Efficacy and Mechanism Evaluation (EME) Full submission – not funded, but invited to resubmit for August 2020 deadline.

Support and encourage translational research to increase understanding of the factors that cause and drive pancreas cancer

Precision Panc and associated translational studies.

Develop innovative new therapeutic strategies

- Surgical DELPHI – led by Mr Steve Knight/Mr Keith Roberts.
- German equivalent of JLA – working with Dr Alex Renziehausen, NCRI.

5. Task groups/Working parties

Remit of : Early Pancreatic Cancer Umbrella (working party) (Upper GI Research Group)

Progress to date

Early Pancreatic Cancer Umbrella Working Party, co-chairs: Professor Juan Valle and Professor Dan Palmer.

Key goals:

- To establish a coordinated framework for service, research and innovation in early pancreatic cancer.
- Standardisation of key pathways to facilitate and generate high quality research.

Opportunity for data collection across standard of care.

6. Funding applications in last year

Most applications have been deferred for 1 year because of the COVID-19 crisis. This gives an opportunity for applications to be further refined.

Table 2 Funding submissions in the reporting year

Study	Committee & application type	CI	Outcome	Level of Group input	Funding amount
Cancer Research UK					
May 2019					
Validating tumour infiltrating lymphocytes as biomarker of chemotherapy benefit in patients with oesophagogastric cancer recruited to 7 multicentre randomised phase III trials	Biomarker Project Award	Professor Heike Grabsch	Conditionally supported	Reviewed by subgroup	
November 2019					
GO2-PRECISE: Defining the platinum sensitive sub-group of gastroesophegal cancer to optimise effectiveness and tolerability	Biomarker Project Award	Professor Russell Petty	Supported	Discussed and supported at subgroup	
CUBIC: A Phase I/II study of the CXCR2 inhibitor, AZD5069, in combination with Durvalumab, inpatients with advanced Hepatocellular Carcinoma (HCC)	Clinical Trial Award	Professor Jeffrey Evans	Supported	Discussed and supported at and developed through subgroup	
Cost extension for Barrett's ESophagus Trial 3 (BEST3): Randomised controlled trial comparing the Cytosponge-TFF3	Project Award	Professor Rebecca Fitzgerald	Supported		Year 1 commitment: £85,237 (£85,237full)

test with usual care to facilitate the diagnosis of oesophageal pre-cancer in primary care.					
ASA NELM: Adjuvant Somatostatin Analogues (Lanreotide Autogel) versus Best Supportive Care after Resection of Neuroendocrine Liver Metastases	Clinical Trial Award	Professor Andrea Frilling	Not Supported		
Helicobacter pylori screening study: a randomised stomach cancer prevention trial	Project Award	Joan Morris	Not Supported		
Other committees					
Study	**Committee & application type**	**CI**	**Outcome**	**Level of Group input**	**Funding amount**
TELEFIRST	Pharma sponsor & EORTC	Prof Valle	Successful (however commercial sponsor subsequently withdrew)	Developed by Manchester group members. Review by whole group	
TEMIRA	Pharma sponsor	Prof Valle	Successful	Developed by Manchester group members. Review by whole group	
Epigenetic modification in $SSTR_2$	Pharma sponsor	Dr Sharma	Successful	Developed by Imperial group members. Review by whole group	
PRIMER-1	Pharma Support	Dr Myer	Successful	Developed by UCL group members. Review by whole group	£800000

ABC-12	Pharma Support	Dr McNamara	Successful	Developed by Manchester group members. Review by whole group	£850000

7. Consumer involvement

Lesley Goodburn

No consumer report submitted – please refer to page 2.

8. Priorities and challenges for the forthcoming year

Priority 1 Refinement of applications to reflect science driven personalised medicine.
Priority 2 Develop clinical trials for areas of trials portfolio currently underserved by the Group such as early detection.
Priority 3 Neuroendocrine subgroup to broaden reach of clinical trials across a wider range of clinical areas and recruit participants from greater number of treatment centres.
Challenge 1 Identify funding sources for projects not aligning themselves to traditional research funding platforms.
Challenge 2 Engage and collaborate with translational scientists and encourage trainees to advance clinician scientist agenda.
Challenge 3 Motivate clinical trial development from a wider range of investigators across neuroendocrine specialty.

9. Collaborative partnership studies with industry

Offer translational validation of novel therapies emphasising clinical and scientific agenda otherwise not available to pharma.

10. Appendices

Appendix 1 – Upper Gastrointestinal Group and Workstream strategies
- A – Upper Gastrointestinal Group Strategy
- B – Hepatobiliary Workstream Strategy
- C – Neuroendocrine Workstream Strategy
- D – Oesophagogastric Workstream Strategy
- E – Pancreatic Workstream Strategy

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

Professor John Bridgewater (Upper GI Group Chair)

Appendix 1

Upper GI Group and Subgroup Strategies

A – Upper GI Group Strategy

Objective	Key actions	Leads	Timeline
1. Membership	• Ensure CSG and Subgroup membership is appropriate and multidisciplinary (including engagement with the spectrum of basic through to clinical researchers)		
2. New trial development/trial design	• CSG/SG Chairs to take a more active approach to trial development – drive an agenda rather than a passive approach, i.e. identify a gap in the portfolio and fill it • Improve the early phase trial to late phase trial transition – need a better line of sight for phase I trials (science should lead and clinical trials should follow) • Consider innovative trials designs, e.g. MAMS trials, to involve multiple diseases in a single trial • Future-proof trial design to allow outcomes of NICE appraisals to be accommodated • Ensure existence of trials suitable for opening in DGHs • Engage with CRUKs ECMC Network • Appoint a clinical and a basic science lead for every trial being developed • Develop a checklist for 'have you engaged with….' when developing a new trial • Important to recognise that we have leaders in the field and when designing a grant application it is necessary to pull these people together		

3. Translational research and correlative science	• Translational research to be at the heart of every study developed by the CSG and integrated into the trial design • Co-ordinate translational research across the CSG • For correlative science, define the question and then obtain the required material, rather than the other way round • Biobanking, consent for future studies and LTFU to be built into every protocol		
4. Routinely collected data	• Keep a watching brief on progress with the completeness of the datasets available • Use routinely collected data for: o Scoping work (e.g. demographics, prevalence) o High-level outcome data to inform trial design and sample size calculations o Long-term follow up of patients on trials		
5. Genomics	• Integration of genomic capability and data in the NHS into clinical trial designs • Pursue any opportunities to collaborate with Genomics England		
6. Engagement with other NCRI activities	• Improve links with other CSGs as appropriate, both site-specific and cross-cutting. • Consider what the CSG can do to address the JLA PSP LWBC priorities • Engage re lack of investigator time within the NHS • Engage re the struggles of trial set-up times		
7. Horizon scanning for opportunities	• All CSG members to look for opportunities for the CSG	All CSG members	
8. Industry engagement	• Continue to engage with Pharma/biotech companies • Work with industry regarding site selection to ensure a more equitable access for patients to clinical trials		

	• Involve junior researchers when approaching Pharma (see section 9) • Use CRUKs endorsement process (time consuming) as leverage with Pharma		
9. International presence	• Develop international links as appropriate, especially for rare patient populations • Maintain international leadership		
10. Engaging the next generation of researchers	• Increase the number of trainees involved with the CSG ○ Recruit one trainee to each Subgroup • Embed a junior co-PI system across the CSG and Subgroups • Involve junior researchers when approaching Pharma • Encourage investigators to include a trainee on their TMGs		
11. Securing funding	• Adopt a strategy across the CSG to ensure that Subgroups are not competing with each other for study funding (i.e. do not apply for funding from the same meeting round) • Engage with funders at an early stage in trial development • Consider approaching a broad range of funders when looking to secure support for new studies, including research council funding		
12. Brand/comms/researcher engagement	• Improve CSG web presence • NCRI to be name checked on every publication/presentation in order to help to build a stronger brand • Engagement with the scientific community • Encourage researchers to bring their proposals to the CSG and its SGs at an early stage		
13. Consumer involvement	• Continue to involve consumers in the work of the CSG • Increase consumer involvement in study design to ensure the research		

	developed is of relevance and interest to patients		

B –Hepatobiliary Workstream Strategy

Aim: Hepatobiliary malignancy is associated with poor outcomes. The aim of the subgroup is to improve patient outcomes through the combination of translational research and clinical trials that facilitate change in practice as well as service development.

Strategy: Build upon the strong track record of the group as well as engaging with the broader multi-disciplinary community that treats these patients. The subgroup has remit over a number of areas:

- **Metastatic disease**
  Following feedback from the QQR report, the Subgroup set up a time limited working party with other CSG stakeholders to investigate the possibility of developing an umbrella study in the area of Oligiometastatic disease. This working party has developed a clinical trial proposal, **OLIGO-1**, which has been submitted to CRUK. Parallel to this, we have worked with our trainee rep to support the development of a prospective observational study of oligometastic disease that will be lead by the Upper GI surgical trainee collaborative, the Roux group.

  Members of the subgroup collaborate with the advanced colorectal studies group to develop a CT-DNA study in liver limited, resectable, metastatic colorectal cancer.

- **Hepatocellular carcinoma**
  Following feedback from QQR, we will formally contact the UK HCC consortium to look at developing closer links with hepatologists and the CSG. This may enable us to support further epidemiological, surveillance and preventative studies in high-risk population for HCC.

  We continue to develop innovative therapeutic strategies. **PRIMER-1,** a neo-adjuvant Devolumab study has been funded, as has CUBIC: A Phase I/II study of the CXCR2 inhibitor, AZD5069, in combination with Durvalumab, inpatients with advanced Hepatocellular Carcinoma.

- **Cholangiocarcinoma**

  Following on from the success of ABC studies, the Subgroup is keen to build a platform through which a biomarker driven approach to advanced disease could be investigated. **ABC10** which is a biomarker driven maintenance study in advance disease has been submitted to CRUK. If successful, such an approach could be applied to the adjuvant setting following completion of the ACTICCA1 study.

  Based on data from BILCAP, role of adjuvant radiotherapy in patients with R1 resections is being investigated in the **ACTICCA-RT** study. This has been submitted to CRUK.

C – Neuroendocrine Workstream Strategy

To improve outcomes for patients with NETs through clinical and translational research, built on a coordinated infrastructure for these rare tumours.

Strategy

Increase proportion of academically sponsored trials

The UK has been successful in attracting and leading impactful commercial trials in neuroendocrine tumours; CLARINET, RADIANT-4, LUNA and NETTER-1. However, the development of high-quality, academically sponsored trials is a major priority for the NET Sub-group and several proposals are currently in evolution. Building on NET01, NET02 (CI Mairéad McNamara) will evaluated nanoliposomal irinotecan (nal-IRI)/5-fluorouracil (5-FU) or docetaxel as second-line therapy in patients with progressive poorly differentiated extra-pulmonary NET/NEC in a multi-centre, randomised, open-label, phase II trial. The trial will open in 2018. A trial of checkpoint inhibition and chemotherapy has been developed through the Combinations Alliance with AstraZeneca, and a revised proposal has been invited (CI Debashis Sarker). There is pressing need for a trial of adjuvant therapy following liver resection and this is being developed by Andrea Frilling.

Strengthen links with translational research

Dr Chrissie Thirlwell, chair if UKINETS research committee now sits on the NET sub-group forming a key strategic link. She leads the NET GCIP which is anticipated to inform strategies for stratified approaches in NET. Despite limited success in attracting translational research funding in the UK, several investigators have been awarded significant funding from the US-based Neuroendocrine Tumor Research Foundation; Tim Meyer (IMMUNET), Chrissie Thirlwell (Causes of small intestinal NET), Raj Srirajaskanthan (Development of ex-vivo models). These proposals will build international links and strengthen the biological knowledge base on which to develop further studies.

Develop clinical studies in other NET tumours where there is an unmet need

The main focus of clinical trials to date, has been pancreatic and midgut NETs. There is a significant unmet need for bronchial NETs, hind-gut NETs and well differentiated G3 NETs. The development of clinical trials in these areas will be encouraged. To facilitate developments in bronchial NETs, Denis Talbot from the lung CSG has also been appointed to the NET subgroup. Quality of life studies will remain important John Ramage will build on a well-established track record in this area.

Given the rarity of these tumours, international links will remain key and strong links with the European Neuroendocrine Tumour Society maintained and developed.

D – Oesophagogastric Workstream Strategy

Aim
The Oesophagogastric Subgroup aims to improve outcomes for patients with OG cancer through progressive clinical trials and cutting edge translational research.

Strategy
The strategy of the Subgroup is to ensure that the OG trial portfolio provides comprehensive coverage of all aspects of OG cancer and achieves a balance between translational and clinical research. In particular, we will:

- Continue to support and encourage translational research to increase understanding of the factors that cause and drive OG cancer.
- Continue to develop strategies to prevent OG cancer and new diagnostic techniques to facilitate an early diagnosis.
- Continue to develop innovative new therapeutic strategies. This includes:
    - Investigating the role of immunotherapy in OG cancer and how it may be integrated into the paradigm for early and advanced disease, including possible combinations with radiotherapy, chemotherapy or targeted agents and biomarker selection.
    - Investigating novel therapies, new surgical techniques and advanced radiotherapy techniques such as intensity-modulated radiotherapy (IMRT).
    - Developing and refining therapeutic strategies for all stages of disease, including neoadjuvant therapy, surgery/local therapies and adjuvant therapy for localised disease and multiple lines of treatment for advanced disease.
    - Developing trials that focus on common challenges in the management of OG cancer, including elderly patients, with an emphasis on research that can be translated into meaningful outcomes for patients.
    - Developing an evidence base for OG cancer to inform decision-making and health policy.

To deliver these priorities we will:

- Encourage collaborative approaches, seeking to increase both national and international partnerships to facilitate rapid study recruitment and cutting edge translational research. This includes supporting the establishment of national and international multi-centre trials, including trials with adaptive designs.
- Encourage industry partnerships, seeking to facilitate the rapid development of trials investigating new therapeutic agents.
- Continue to support and develop the best researchers, at all stages of their careers, by encouraging submission of trial proposals for discussion and feedback from the OG Subgroup.
- Assist with grant funding applications by providing a forum for peer-review and discussion of trial proposals, and letters outlining support for important new studies.
- Discuss areas of unmet need in cancer research, to enable trials to be developed to address

E – Pancreatic Workstream Strategy

Objective	How	Leads	Clinical trials/studies - open/in set up	Clinical trials/studies - proposals	Current actions
1. Embed Precision Panc as the national platform for molecular profiling of PDAC	Establish close working relationship between NCRI and PPanc Leadership Team • Work with the Precision Panc Leadership Team to • - integrate exploratory and larger scale studies, where feasible • - Learn from Precision Panc outputs to identify novel targets and develop novel interventions for PDAC	PC/JV/AB/DC			Joint face-face meetings x2/year confirmed
2. Establish a CSG-led multicentre study in each of the key disease stages:	Neoadjuvant	AB/DC/DG JV/Ganesh	PRIMUS 002		Workshop planned for June 19
3.	Adjuvant				
4.	LAPC	SM	SCALOP2		

		HK		STARPAC2	
5.	First line metastatic	AB/DC/JG	PRIMUS 001		
6.	Subsequent line metastatic	AB/DC	PRIMUS 004		
7. Address opportunities for surgical studies		PG/NJ			Work with RCS Pancreatic cancer specialty lead to hold a workshop Autumn 2019
8. Address opportunities for immunotherapy studies	Develop immune checkpoint inhibitor study for high TMB patients	PC/DC/EO'N/SS/AB			AB taking proposal to AZ April 19
9. Explore novel approaches through early phase studies	Consider Alliance Opportunities	JE DIJ	PAGODA ATRIUM		
10. Embrace the need for psychosocial, nutritional and supportive care studies, pertinent to the PDAC patient population		AM AT		Exercise study PINE CONE: Early vs on demand CPN	Submitted to RfPB March 2019
11. Identify approaches to address frailty		DP	ACELARATE		PC to contact Paul Rossre CGA

associated with PDAC					study proposal
12. Consider opportunities for screening, prevention and early detection	Identify link with SPED	PC		March 19: Case submitted to include PDAC in proposal for national early detection platform	
13. Involve patients and the public in prioritising research topics	Work with PPI, PCUK and other UK PDAC charities	PC/LG			Explore James Lind Alliance recently undertaken in Germany
14. Involve trainees in developing new research protocols		PC/SS			

Appendix 2

Top 5 publications in the reporting year

Trial name & publication reference	Impact of the trial	Group involvement in the trial
Patterns of Recurrence After Resection of Pancreatic Ductal Adenocarcinoma: A Secondary Analysis of the ESPAC-4 Randomized Adjuvant Chemotherapy Trial. Jones RP, Psarelli EE, Jackson R, Ghaneh P, Halloran CM, Palmer DH, Campbell F, Valle JW, Faluyi O, O'Reilly DA, Cunningham D, Wadsley J, Darby S, Meyer T, Gillmore R, Anthoney A, Lind P, Glimelius B, Falk S, Izbicki JR, Middleton GW, Cummins S, Ross PJ, Wasan H, McDonald A, Crosby T, Ting Y, Patel K, Sherriff D, Soomal R, Borg D, Sothi S, Hammel P, Lerch MM, Mayerle J, Tjaden C, Strobel O, Hackert T, Büchler MW, Neoptolemos JP; European Study Group for Pancreatic Cancer. JAMA Surg. 2019 Sep 4. doi: 10.1001/jamasurg.2019.3337.	Description of natural history of pancreatic cancer	NCRI study
Corrie PG, Qian W, Basu B, Valle JW, Falk S, Iwuji C, Wasan H, Palmer D, Scott-Brown M, Wadsley J, Arif S, Bridgewater J, Propper D, Gillmore R, Gopinathan A, Skells R, Bundi R, Brais R, Dalchau K, Bax L, Chhabra A, Machin A, Dayim A, McAdam K, Cummins S, Wall L, Ellis R, Anthoney A, Evans J, Ma YT, Isherwood C, Neesse A, Tuveson D, Jodrell DI. Scheduling nab-paclitaxel combined with gemcitabine as first line treatment for metastatic pancreatic adenocarcinoma. Accepted by Br J Cancer March 2020.		NCRI study
John Bridgewater, Siân A Pugh, Tom Maishman, Zina Eminton, Jane Mellor, Amy Whitehead, Louise Stanton, Michael Radford, Andrea Corkhill, Gareth O Griffiths, Stephen Falk, Juan W Valle, Derek O'Reilly, Ajith K Siriwardena, Joanne Hornbuckle, Myrddin Rees, Timothy J Iveson, Tamas Hickish, O James Garden, David Cunningham, Timothy S Maughan, John N Primrose, New EPOC investigators Systemic Chemotherapy With or Without Cetuximab in Patients With Resectable Colorectal Liver Metastasis (New EPOC): Long-Term Results of a Multicentre, Randomised, Controlled, Phase 3 Trial Lancet Oncol2020 Jan 31 DOI: 10.1016/S1470-2045(19)30798-3	Practice changing	NCRI study
Lamarca A, Ross P, Wasan HS, Hubner RA, McNamara MG, Lopes A, Manoharan P, Palmer D, Bridgewater J, Valle JW. Advanced intrahepatic cholangiocarcinoma: post-hoc analysis of the ABC-01, -02 and -03 clinical trials. J Natl Cancer Inst. 2019 May 11. pii: djz071. doi: 10.1093/jnci/djz071.	Natural history of biliary tract cancer	NCRI studies

Paula Ghaneh, Daniel H. Palmer, Silvia Cicconi, Christopher Halloran, Eftychia Eirini Psarelli, Charlotte Louise Rawcliffe, Rajaram Sripadam, Somnath Mukherjee, Jonathan Wadsley, Ahmed Al-Mukhtar, Long R. Jiao, Harpreet Singh Wasan, Ross Carter, Janet Shirley Graham, Farooq Ammad, Jonathan Evans, Christine Tjaden, Thilo Hackert, Markus W. Buchler, John P. Neoptolemos, European Study Group for Pancreatic Cancer (ESPAC). ESPAC-5F: Four-arm, prospective, multicenter, international randomized phase II trial of immediate surgery compared with neoadjuvant gemcitabine plus capecitabine (GEMCAP) or FOLFIRINOX or chemoradiotherapy (CRT) in patients with borderline resectable pancreatic cancer. https://meetinglibrary.asco.org/record/185467/abstract	Practice changing	NCRI study

Group involvement with NICE appraisals

NICE appraisal	Appraisal outcome	Group involvement with NICE appraisal
Nivolumab in combination with chemotherapy for untreated advanced gastric or gastro-oesophageal junction cancer ID1465	In development [GID-TA10352]	Expected publication date: 14 July 2021
NICE appraisal invitation - consultees: Gastric cancer (metastatic) - trifluridine–tipiracil (after 2 therapies) [ID1507]	In development [GID-TA10456]	Expected publication date: TBC
NICE appraisal invitation - consultees: Oesophageal cancer (unresectable, advanced) - nivolumab (after standard chemotherapy) [ID1249]	In development [GID-TA10222]	Expected publication date: 13 January 2021
NICE appraisal invitation - consultees: Cholangiocarcinoma (advanced, relapsed, refractory, FGFR2) - pemigatinib [ID3740]	In development [GID-TA10619]	Expected publication date: TBC
Selective internal radiation therapies (SIRTs) for treating hepatocellular carcinoma [ID1276]	In development [GID-TA10381]	Expected publication date: TBC