

## *NCTN Gynecologic Cancer Strategic Priorities 2017*

Cancers of the uterine corpus, cervix, and ovary/fallopian tubes constitute a major focus of morbidity and mortality in the US. Ovarian/fallopian tube cancer remains highly lethal with a case: fatality ratio of 0.63 that has not changed significantly in spite of medical advances attributed, in large part, to the presence of advanced stage at diagnosis. Uterine corpus cancer incidence has increased 50% with a 3-fold increase in deaths over the last two decades. Over 4000 US women with cervical cancer still die annually from this disease, thus improved treatments for women with advanced and recurrent cervix cancer are still needed. Recent advances in understanding the molecular basis of disease has allowed greater insight into the types and behaviors of these cancers, and is leading to a more focused approach to clinical gynecologic cancer therapeutics. The need for the development of novel trial designs to facilitate the efficient screening of new therapeutic strategies/targeted therapeutic advances within well-defined cancer populations across all gynecologic cancers was recognized. Acquisition of pre- and on-treatment tissue sampling for biomarker development, proof of concept, and to augment knowledge on the disease(s) was stressed. The importance of attending to the inclusion and special needs of diverse populations in clinical trial development and execution was stressed.

### **Cervical Cancer Strategic Priorities**

- Investigation of immunotherapy combination treatment and predictive biomarkers at all phases of disease life cycle.
- Molecular stratification for treatment decisions.
- Development of combination (multi-modality) interventions for newly diagnosed and recurrent cervical cancers.
- Application of novel surgical and imaging approaches to cervical cancer to optimize therapy.

### **Uterine Corpus Cancer Strategic Priorities**

- Identification of molecular and/or clinico-pathologic cancer subsets from which to drive treatment recommendations for all stages of disease.
- Application of novel surgical, imaging, and molecular approaches to uterine corpus cancer to optimize adjuvant treatment decisions.
- Optimization of best first-line treatments and identification of new treatments for recurrent disease for uterine subtypes, which may involve treatment of cancers of similar histology that arise from different disease sites.
- Therapeutically target pathways with known association between obesity and endometrial cancer(s)

### **Ovary/Fallopian Tube Cancers Strategic Priorities**

- Biomarker-driven neoadjuvant designs to study novel agents and new chemotherapy approaches with access to pre- and post-therapy biospecimens.
- Identification of molecular and/or clinico-pathologic cancer subsets with which to drive treatment recommendations for all stages of disease.
- Investigation of immunotherapy treatment and predictive biomarkers at all phases of disease life cycle.
- Development of combination strategies to enhance synthetic lethality and DNA damage response.
- Therapeutic manipulation of the host-tumor microenvironment.

Strategic priorities were formulated by the GCSC over the last year in conjunction with the NCTN gynecologic cancer disease committee leadership, and NCI leadership overseeing the NCTN gynecologic cancer therapeutics program and endorsed in June 2017.