



**FINAL**

**Gynecologic Cancer InterGroup (GCIG) Gyne Oncology Pathologists collaboration MEETING**  
**Monday, March 14, 2016 St Helens Room, Westin Hotel, Seattle 2:00 p.m. – 5:00 p.m.**

## **SUMMARY**

### **PRESENT:**

Steve Silverberg (GOG), David Millan (SGCTG), Tsunehisa Kaku (JGOG), Monica Bacon (GCIG), Glenn McCluggage (ISGyP), Sigurd Lax (AGO-Au), Lyndal Anderson (ANZGOG), Teri Longacre & Ann Folkins (COGi), Tjalling Bosse (DGOG), Helen Stringfellow (EORTC-GCG), Jose Palacios Calvo & Xavier Matias-Guia (GEICO), Frederique Penault-Llorca (GINECO), Anais Malpica (G-GOC), Kay Park (GOG), Ciaran O’Riain (ICORG), Takako Kiyokawa & Ayako Kawabata (JGOG), Yong Hee Lee & Insum Kim (KGOG), Naveena Singh (MRC-NCRI), Blake Gilks & Martin Koebel ([NCIC] CCTG), Patricia Shaw (PMHC)

### **REGRETS:**

Gavin Stuart (GCIG), (ACRIN), Friedrich Kommoss (AGO), (BGOG), Hugo Horlings (DGOG), (GICOM), William H. Rodgers (GOG), Musanori Yasuda (GOTIC), (ISGO), (MaNGO), Simona Losito & Gianfranco Zannoni (MITO), Silvia Darb-Esfahani (NOGGO), (NSGO), (RTOG), (SGOG), (NCI US).

### **Welcome and Opening Remarks**

Millan

### **Self Introductions**

All

### **Objectives/Goals**

Bacon for Stuart

### **What Is GCIG?** (slide presentation – attached)

Bacon

Q’s & A’s & discussion

### **Importance of Central Path Review** (slide presentation attached)

Silverberg

Q’s & A’s & discussion

### **Virtual Central Path Review experience** (slide presentation attached)

Kaku

Q’s & A’s & discussion

### **Quality Assurance** (slide presentation attached)

Millan

Q’s & A’s & discussion

### **Discussion:**

All

Major points of Discussions:

- 1) Seeking better definition of Pathologists’ roles and benefits.
- 2) How many current GCIG studies have Path reviews (local; central; virtual; etc)?
- 3) Models & Manuals exist; could be used as examples for a common TEMPLATE.
- 4) Seeking examples of Path Review publications.
- 5) Some interest in attending GCIG as 1 of 6 member group’s reps.
- 6) Educational role.

- 1) Create an ongoing liaison Path group to GCIG composed of delegates from GCIG member groups (up-to 2 each) and ISGyP; to meet once or twice a year in conjunction with Path conferences.
  - a. One Liaison from this group to be representative LIAISON at GCIG meetings (David Millan, in the first instance).
    - i. Make recommendations to GCIG.
    - ii. Catch trial concepts in early stages of development for path inclusion.
    - iii. Develop list of existing trials with path review. (see GCIG Bib. on website)
    - iv. Recognition that this individual is only representative and not a fixed individual; representative of the liaison group . The aim is to have a fluid ,flexible representation, most likely related to any relevant trials at that particular time.
- 2) Create a Steering Group to address/explore/disseminate issues:  
(Millan [Chair], Kaku [co-Chair], McCluggage/Gilks [ISGyP], Bosse [EU], Anderson [Austr/NZ], Longacre [USA], Kim [Asia], Shaw [Canada], Singh [UK], Bacon [GCIG])
  - a. Collect and distribute existing models/manuals for template development.
  - b. Collect and distribute examples of Path Review Publications. Aim is to learn from other groups' experiences.
- 3) Aim to create trial-specific Pathology teams who will work as an international planning and coordinating collaborative team. The trial-specific lead group will have the privilege of nominating the lead pathologist. This individual will have the responsibility of coordinating the trial-specific pathology participants and developing a trial-specific pathology manual agreeable to the participating trial groups and their contributors.
- 4) Pathologist from trial lead group is primary.
  - a. Define and propose trial-specific pathologic inclusion criteria.
  - b. Pathologists from participating groups involved and agree on trial-specific definitions and criteria.
  - c. If relevant, agree on trial-specific tissue/specimen handling protocols (dissection).
  - d. Final agreement from all participating groups (pathology), defining workable inclusion criteria and a manual which will also include review protocols.
  - e. Mutually agreed clarified inclusion criteria will simplify many intergroup issues and will reduce any risk of rejection.
  - f. Feedback to participating groups and individuals is also the responsibility of this team.  
This can be achieved in a variety ways, largely dictated by the nature of the trial .  
Educational feedback: a wonderful opportunity to learn from shared experiences, possibly as short group feedback sessions at appropriate or suitable meetings.
- 5) Interested attendees to contact their GCIG member groups (via person who nominated her/him for attendance at this meeting) if seeking inclusion in 6 reps to GCIG meetings.
- 6) Aim is to have trial-specific pathology working teams, coordinated by a GCIG Liaison Path. Group contributing to easier , straightforward, uniform and essentially comparable pathological criteria.
- 7) Our very best wishes to Steve Silverberg on his retirement (though we wish he wouldn't).

**ADJOURN****Next Meetings:**

GCIG Chicago June 2-3, 2016

GCIG Lisbon October 27-28, 2016

ISGyP San Antonio, Texas March 2017