

**Gynecologic Cancer InterGroup  
Endometrial Cancer Committee  
October 2016**

**Lisbon**



GCIG Endometrial Cancer Committee

What caveats in knowledge does your group feel are most important for management of patients with endometrial cancer and should be prioritised for research?



## Summary

- Molecular subgroups to direct both surgical therapy and adjuvant therapy (and also for LVSI)
- Effective adjuvant treatment (RT, chemo, targeted, hormonal) for high-risk cancers, for grade 3 / high grade, for serous/clear cell, specifically for serous cancers with p53 positivity
- Role of adjuvant Metformin
- Role of ctDNA to direct adjuvant therapy
- Fertility issues: ovarian preservation, conservative treatment
- Use of tumor genomics to define novel agents for clinical trials
- Role of imaging (MRI, PET-CT) and biomarkers (Ca125) to direct LND or adjuvant treatment
- Role of immunological aspects and immune modulators



## GCIG Group: NCRI

- Wan *et al* Gynaecol Oncol 2016 - Working together to shape the endometrial cancer research agenda: the top 10 unanswered research questions
  - Use of James Lind Alliance methodology to prioritise unanswered research questions in EC.
  - 4 stages: gathering research questions (786 submissions from 436 respondents, 211 from ECsurv/carers), checking these against evidence, interim prioritisation (253 respondents to prioritisation survey, 108 surv/carers), final consensus meeting (30 were ranked to final resulting top10)
  - Final 10 spanned the breadth of patient experience and included developing personalised risk scoring, refining criteria for specialist referral, understanding the underlying biology of different types of EC, developing novel personalised treatment and prevention strategies, prognostic and predictive biomarkers, increasing public awareness and interventions for psychological issues.

## GCIG Group: NCRI

Wan *et al* Gynaecol Oncol 2016 - Working together to shape the endometrial cancer research agenda: the top 10 unanswered research questions

### Top ten research questions for endometrial cancer (EC) that emerged from broad-based engagement

1. Is it possible to develop a personalised score which reflects a woman's individual risk of developing EC?
2. Which women with abnormal vaginal bleeding should be referred for specialist review?
3. What are the most effective treatments currently available for advanced EC and what key molecular pathways should be targeted when developing new treatments?
4. Can we predict which women will benefit from adjuvant chemotherapy or radiotherapy and avoid ineffective treatments?
5. Are blood tests, including markers like CA125, useful in predicting duration of survivorship and/or recurrent disease?
6. What ways of raising public awareness about EC are the most effective and cost effective?
7. What are the psychological issues surrounding diagnosis and treatment of EC and what interventions might be helpful?
8. What are the underlying causes of different types of EC and how do they develop?
9. Can we predict at the time of diagnosis which endometrial cancers and precancerous lesions will respond to hormone treatments?
10. Do changes in lifestyle, including weight loss, reduce the risk of recurrence and improve survival in women who have been treated for EC?



## How to take this forward?

- Molecular subgroups to direct both surgical therapy and adjuvant therapy (and also for LVSI)
  - Effective adjuvant treatment (RT, chemo, targeted, hormonal) for high-risk cancers, for grade 3 / high grade, for serous, clear cell, **specifically for serous cancers** with p53 positivity
  - Role of adjuvant Metformin
  - Role of ctDNA to direct adjuvant therapy
  - Fertility issues: ovarian preservation, conservative treatment
  - Use of tumor genomics to define novel agents for clinical trials
  - Role of imaging (MRI, PET-CT) and biomarkers (Ca125) to direct LND or adjuvant treatment
- Inventory of current trials and survey of groups willing to design a GCIG trial directed at each of the caveats?