FINAL



Gynecologic Cancer InterGroup (GCIG) <u>GCIG &ISGyP collaboration MEETING</u> Monday, March 19,2018, 2:00pm – 6:00pm

Cordova Ballroom Salon A, Pinnacle Hotel Harbourfront, 1133 West Hastings Street, Vancouver, Canada

Chair: David Millan

SUMMARY

Present: D.Millan (GCIG Path.Liaison & Chair & SGCTG), M.Bacon (GCIG), B.Gilks (ISGyP), S.Lax (AGO-Au), T.Longacre (COGI), N.Singh (NCRI), P.Shaw (PMHC), Fr.Kommoss (AGO), P.Ip (AGOG), T.Leong & R.Sharma (ANZGOG), K.Rahimi (CCTG), M.Fukunaga (JGOG), Y.Lee (KGOG), W.Yang (SGOG), S.Lzao (GOG-F), L.Arnould (GINECO),

<u>Absent:</u> G.McLuggage (ISGyP), X.Matias-Guia (GEICO), S.Kommoss & Fe. Kommoss (AGO), W.Rodgers (GOG-F), E.Kuhn (MITO),

<u>Regrets:</u> S. Siverberg (ex-officio), T.Kaku (JGOG), A. Folkins (COGI), L.Anderson (ANZGOG), T.Bosse (DGOG), F.Penault-Llorca (GINECO), A. Malpica (G-GOC), C.O'Riain (ICORG), BGOG, MaNGO, NSGO, NCI-US

<u>No response</u>: H. Stringfellow (EORTC-GCG), J. Palacios (GEICO), M.Koebel (CCTG), H.Horlings (DGOG), M.Yasuda (GOTIC), R. Shaco-Levy (ISGO), S.Losito & G.Zannoni (MITO), S.Darb-Esfahani (NOGGO), S.Croce (GINECO), SAKK,

Registration & Beverages

Welcome & Self-Introductions

<u>RECAP -- Objectives/Goals</u> (slides attached to Summary)

Bacon & Millan

Discussion points of note:

Should the pathologist see gross specimens (yes/no) – cutting?
Should this be mandatory for clinical trial patients?
Uniformity of tissue prep is critical; definitions for dissections & measures crucial.

Final DRAFT list re: Neuro-Endocrine tumours distributed; PLEASE SEND feedback/additions/comments.

action: all

Comments regarding need for all trial team members to understand role and criteria of pathologists. **action:** Millan to request opportunity for brief presentation to Harmonization Committee at GCIG Chicago.

Follow Up 2016 - 2017 action items:

Reminder:

Steering Group to address/explore/disseminate issues: (Millan [Chair], Kaku [co-Chair], McCluggage/Gilks [ISGyP], Bosse [EU], Anderson [Austr/NZ], Longacre/Folkins [USA], Kim [Asia], Shaw [Canada], Singh [UK], Bacon [GCIG])

a)Collect and distribute existing models/manuals for alignment with template development. b)Collect and distribute examples of Path Review Publications. Aim is to learn from other groups' experiences.

<u>Draft Handbook/Guidelines</u> ----- final draft version was distributed pre-meeting. Discussion by all resulted in several suggested/accepted edits.

Including:

1)importance of **trial specific pathology criteria guidelines** to be included in protocols; 2)expansion of the criteria in the checklist;

3)mention of costs – extra staff hours;

4)specify scanning requirements; include acceptable alternatives for low-resource settings;

5) fixatives – acceptable standards;

6)transport mechanisms;

7)involvement of: local site path -> participating group path -> lead group path.; 8)mention of lymph nodes (eg. isolated tumour cells);

9)path. review: requires trial specific designated pathologist;

10)Agreement from all to acknowledge/dedicate this work (GCIG-Path. Guidelines Manual) to Silverberg and Kaku for launching this initiative.

Revised final draft will be distributed with this Summary; one week allowed for any further suggested edits. After that, it will be considered final and approved by this GCIG-Path. group. Millan will submit to GCIG Exec BoD for approval. **action:** Bacon & Millan

<u>Draft Authorship Guidelines</u> – final draft version (Anderson) was distributed pre-meeting. Gratitude expressed to Anderson.

This version was acceptable to all present.

Action: Millan will include with submission to GCIG Exec BoD with emphasis that **at the least**, the lead group Pathologist should be included in authorship with participating groups' pathologists acknowledged.

Lessons from other trials – nothing new shared.

<u>Current pathological participation in trials by each group</u> nothing new

GCIG Imaging & Path. Brainstorming --

October 17, 2018 Draft Program was distributed pre-meeting. Millan summarized planning discussions held by Berek, Folkins, McNeish and Millan. GCIG Brainstorming -- goals & Methodology explained by Bacon; including that each GCIG member Group sends only 2 reps to these initiatives; they will be strongly encouraged to send pathologists and radiologists to this one. Speakers are preferentially chosen by the Planning/Scientific Committee from within the expertise existing in the GCIG.

Discussion resulted in suggestions for consideration, including:

--- counting TILS (standardize; automate);

--- solicit an imaging company re: technology (eg. Philips);

--- scoring;

--- Published: new technique of visualizing fall. tubes – **action**: Rahimi - ref. to **attach** to this Summary;

--- Published: "Better resource utilisation and quality of care for ovarian cancer patients using internet-based pathology review."

action: Kommos https://www.ncbi.nlm.nih.gov/pubmed/28006819/

Most serious comment/information: October 17/18 date **conflict** with annual IAP conference – will interfere with attendance by some members of this GCIG-Path group. However, their feedback and suggestions for the Program none-the-less appreciated.

Outcomes of these discussions will be shared with Berek, Folkins, and McNeish for revising/refining the draft Program for this GCIG Brainstorming Day. **action**: Millan

Next Steps & Future Plans

Bacon & Millan

All attendees are requested to report back on this meeting to their GCIG Member Group.

All are encouraged to lobby their GCIG Member Group for their inclusion as reps to GCIG meetings (Spring & Autumn).

All are encouraged to recommend a pathologist attendee for the Brainstorming Day to their GCIG Member Group.

Next GCIG-Path. meeting: TBA

ADJOURN