

## **Gynecologic Cancer Steering Committee Strategic Priorities 2023**

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 0.64 that has not changed significantly despite medical advances attributed, in large part, to the presence of advanced stage at diagnosis. Uterine corpus cancer incidence has more than doubled over the last 20 years, with a 3-fold increase in deaths over the last two decades. Over 4,200 US women who present with invasive cervical cancer still die annually from this disease despite screening and vaccination, thus improved treatments for women with advanced and recurrent cervix cancer are still needed. Recent advances in understanding the molecular basis of disease have 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 NCI Gynecologic Cancer Steering Committee (GCSC) recognizes 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. The GCSC also stresses the importance of acquisition of pre- and on-treatment tissue sampling for biomarker development, proof of concept, and augmenting knowledge of disease, and of attending to the inclusion and special needs of diverse populations in clinical trial development and execution.

### **Pan-Disease Strategic Priorities**

- **Treatment-Focused**
  - Investigation of novel strategies to overcome resistance to treatment.
- **Health Equity and Patient Diversity**
  - Design clinical trials to promote health equity, advance diversity, and overcome barriers to participation for people with gynecological malignancies.
  - Development of innovative treatment designs and/or more efficient approaches to reach the broadest patient population.

### **Cervical Cancer Strategic Priorities**

- Investigating novel therapeutics, immunotherapy, and predictive biomarkers at all phases of disease life cycle.
- Molecular stratification for treatment decisions.
- Development of combination (multimodality) interventions for newly diagnosed and recurrent cervical cancers.

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

- Application of novel surgical, radiation, and imaging approaches to uterine corpus cancer to optimize treatment.
- Optimization of treatments and identification of new treatments for uterine cancer subtypes across all stages.
- Target factors, such as obesity, the microbiome and host-tumor microenvironment, that affect treatment outcomes.
- Investigating innovative approaches in the use of immunotherapy at all phases of disease life cycle.

### **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 clinicopathologic cancer subsets with which to drive treatment recommendations across the ovarian cancer life cycle.
- Investigation of novel treatments 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.