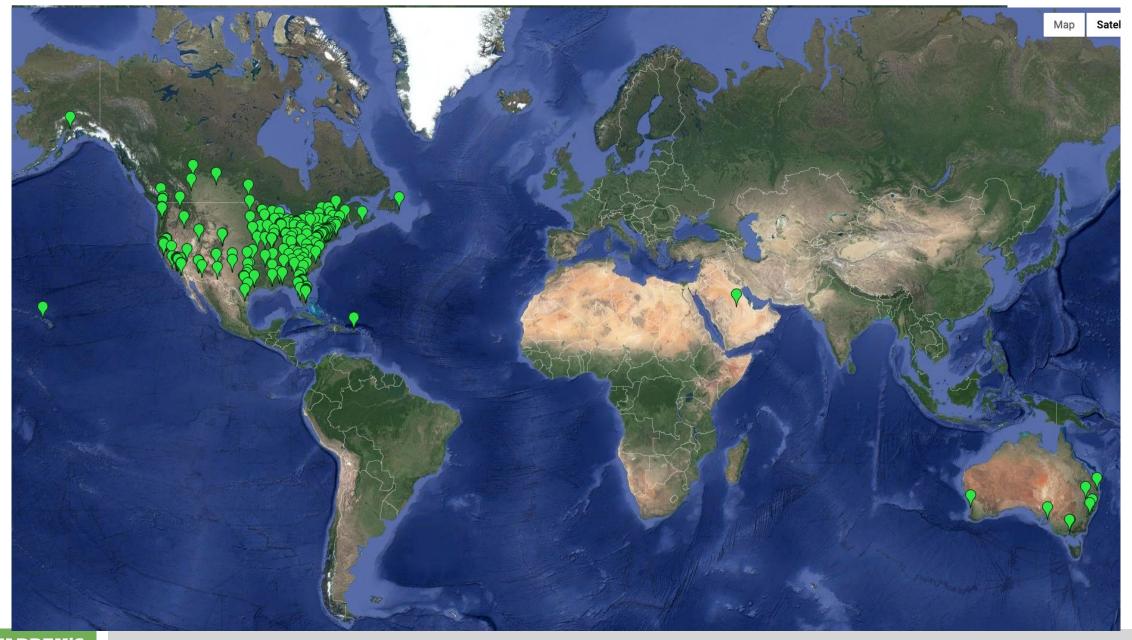
Perspectives from the New COG Group Chair

Douglas S. Hawkins, MD
Seattle Children's Hospital, University of Washington,
Fred Hutchinson Cancer Research Center

What I will discuss

- COG Group Chair election and role
- My background in oncology
- Opportunities and challenges for COG
- Impact of COVID-19 on COG





COG Group Chair

- Chief Executive Officer for COG
- Principal Investigator for COG grants
- Responsible for overall leadership:
 - Scientific
 - Administrative
 - Fiscal



COG Group Chair

- Elected to 5 year term; can be re-elected once
- Each institution gets one vote
- Voting in November 2019
- Chair-elect: July-December 2020
- Start as Chair: January 2021

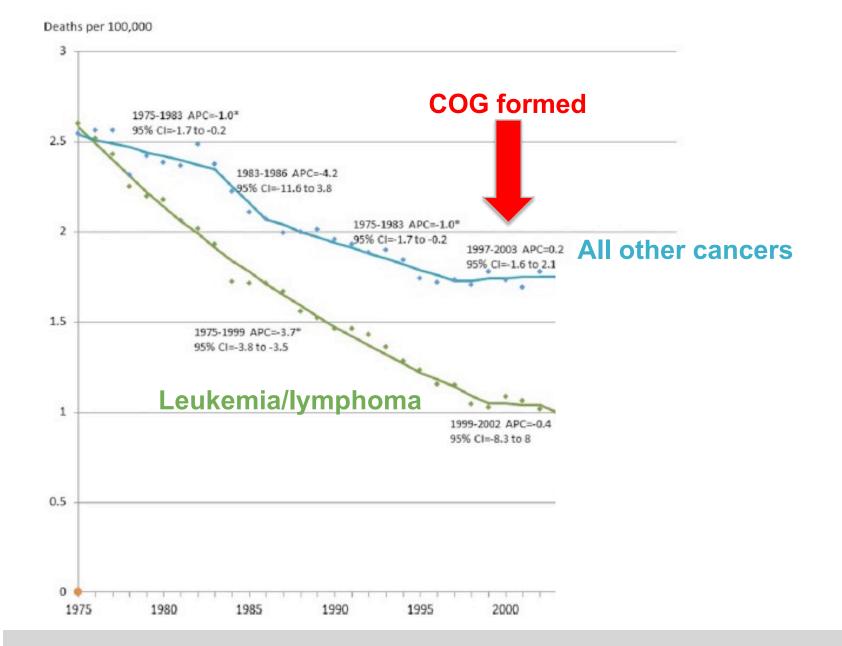


What happened

- Assumed role in March 2020, 9+ months earlier than planned
- Then, a pandemic hit...

Why did I want to be COG Group Chair?





COG is <u>still</u> essential to improve outcomes in pediatric cancer

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Institutional administrative experience

- 30 years in Seattle (residency and beyond)
- Clinical focus on bone, soft tissue sarcomas
- Associate Division Chief, 2007-2017
- Division Chief, 2017-2020
- COG Institutional PI, 2003-2020



COG experience

- Clinical trial leadership:
 - Vice-chair: two phase II, one phase III
 - Chair: one phase II, two phase III
- Soft Tissue Sarcoma Disease Committee leadership:
 - Vice-chair, 2005-2008
 - Chair, 2008-2020
- Voting Body Steering Committee, 2004-2015
- Executive Committee, 2012-2020



International oncology experience

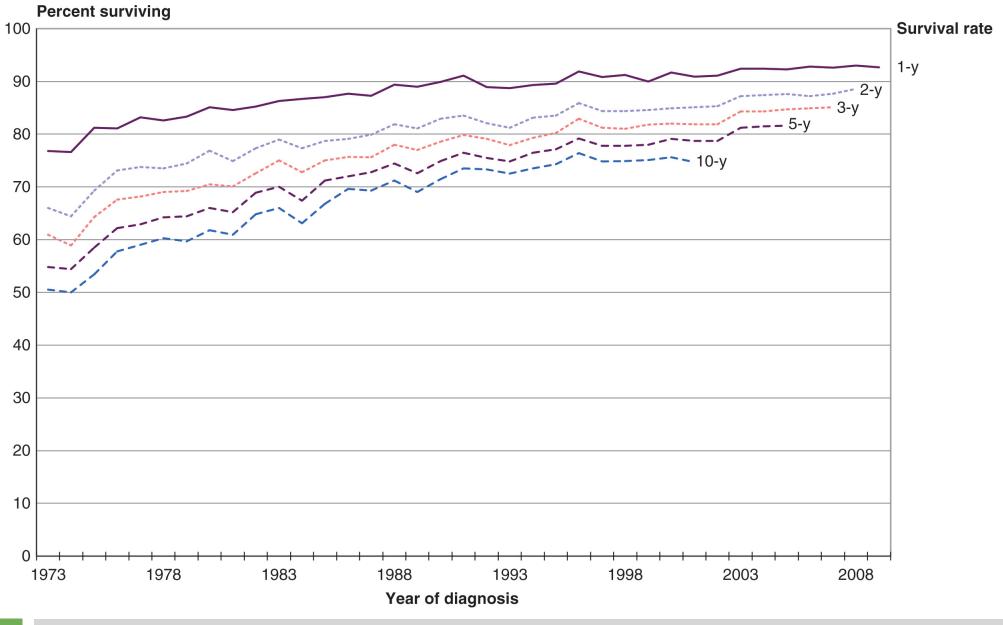
- Inter-cooperative group clinical trial:
 - EuroEWING99 (COG study chair, AEWS0331)
- Collaborative research:
 - Soft tissue sarcoma workshops
 - INSTRuCT data consortium
- Senior clinical trial oversight:
 - Chair, Euro Ewing External Advisory Board since 2014
 - Chair, Frontline and Relapse in RhabdoMyoSarcoma Study (FaR-RMS) Data Monitoring Committee since 2019



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CHILDREN'S ONCOLOGY GROUP

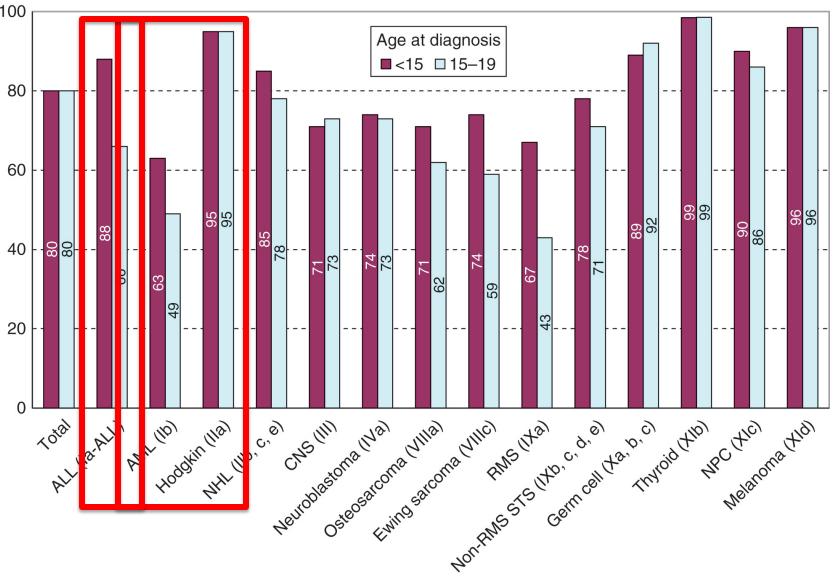
SEER program, NCI; in Principles and Practice of Pediatric Oncology, 2015, 7th edition.

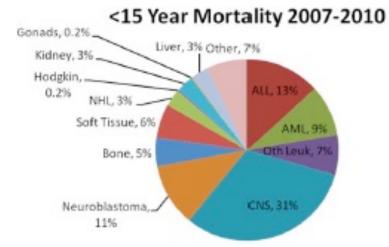
CAC2 Virtual Annual Summit 7.17.20

The era of phase III studies for all diseases and no gaps between studies is over (and was over 10 years ago)

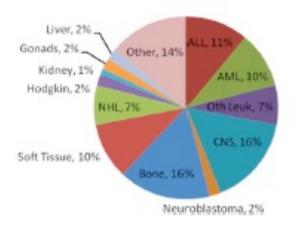


5-Year survival percentage 100





15-19 Year Mortality 2007-2010



Phase II/III clinical trial priorities

- Inferior outcome:
 - Metastatic sarcomas
- High annual mortality:
 - ALL
- High late effects burden despite favorable EFS:
 - Hodgkin lymphoma
- "Targets of opportunity":
 - Larotrectinib for NTRK-gene fused tumors



Non-chemotherapy study priorities

- Randomized surgical or radiation questions
- Biomarker confirmation or risk adjustment
- Genomic analysis:
 - Epidemiology
 - Toxicity association
- Symptom management interventional studies:
 - Acute side effects on therapy
 - Prevention of late effects
- Social determinants of outcome:
 - Medication adherence



Challenges facing COG in 2020

- Financial constraints
- Access to new agents
- Biologic studies without clinical trials
- Speed to conduct clinical trials
- Statistical productivity
- Data sharing, particularly high-dimensional data



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Financial Constraints

- Federal grants will remain our largest funding source
 - Continue to compete for supplements
 - Work with advocates for additional appropriations
- Partially- or fully-funded industry studies
- Philanthropic support



Biologic studies without clinical trials

- COG Biospecimen Bank is an unequaled resource
- Project EveryChild (est. 2015) as banking method
- Must determine how well APEC14B1 is working
 - Need to compare enrollment to registry data
 - How complete are clinical data?
 - Inventory of germline material, tumor tissue
 - Can we increase utility of specimens?



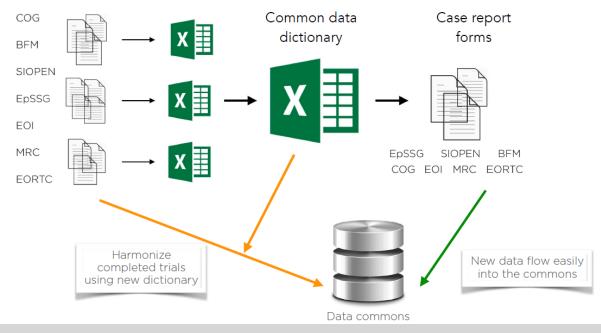
Speed to conduct clinical trials

- Nimbleness of COG to design studies
- Alignment of COG, NCTN steering committees review
- Long study duration, particularly for molecular cohorts
 - Increase enrollment through other NCTN groups
 - Increase international collaboration



Data sharing, particularly high-dimension

- Disease committees collect data in silos
 - Common pediatric cancer data standards are needed
- Critical for international combined analyses



Data sharing, particularly high-dimension

- Disease committees collect data in silos
 - Common pediatric cancer data standards are needed
- Critical for international combined analyses
- Need strategy for integration with genomic, imaging data
 - Childhood Cancer Data Initiative
 - Pediatric Cancer Data Commons Consortium

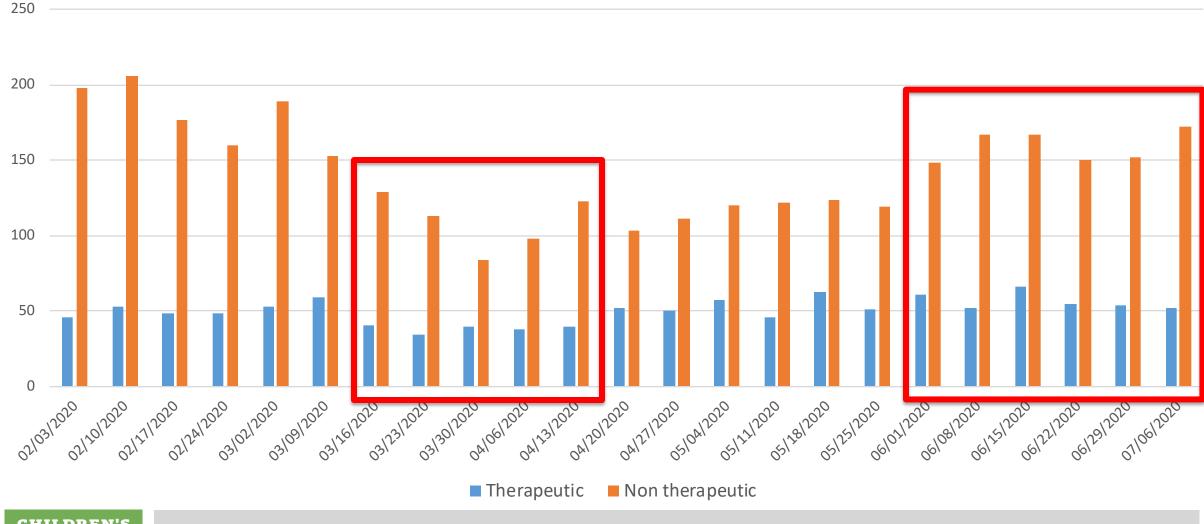


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COG weekly enrollments February-July 2020: Therapeutic vs Non-therapeutic



CHILDREN'S ONCOLOGY GROUP

CAC2 Virtual Annual Summit 7.17.20

COVID-19 Research Efforts

- NCCAPS (NCI COVID-19 in Cancer Patients Study)
 - 2000 patient natural history study
 - Pediatric patients to be added soon
- NIH Severe COVID-19 GWAS:
 - 40,000 patients, with and without cancer
 - Genetic associations with illness severity
 - COG will participate



Challenges facing COG in 2020

- Financial constraints
- Access to new agents
- Biologic studies without clinical trials
- Speed to conduct clinical trials
- Statistical productivity
- Data sharing, particularly high-dimensional data
- And, a global pandemic...





COG is <u>still</u> essential to improve outcomes in pediatric cancer