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Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Creutzberg CL, Kim J-W, Eminowicz G, et al. Clinical research in endometrial cancer: consensus recommendations from the Gynecologic Cancer InterGroup. *Lancet Oncol* 2024; **25:** e420–31.

Supplementary appendix

Content

GCIG Member Groups participating in the ECCC, November 2-3, 2023

AGO (Arbeitsgemeinschaft Gynäkologische Onkologie, Wiesbaden, Germany)
AGO-AUST (Arbeitsgemeinschaft Gynäkologische Onkologie Austria, Innsbruck, Austria)
AGOG (Asian Gynecologic Oncology Group, Taoyuan, Taiwan)
ANZGOG (Australia and New Zealand Gynecological Oncology Group, Sydney, Australia)
BGOG (Belgium and Luxembourg Gynaecological Oncology Group, Leuven, Belgium)
CCTG (Canadian Cancer Trials Group, Kingston, Canada)
CEEGOG (Central and Eastern European Gynecologic Oncology Group, Prague, Czech Republic)
CTI (Cancer Trials Ireland, Dublin, Ireland)
COGI-WCRN Cooperative (Gynecologic Oncology Investigators -Women's Cancer Research Network, Stanford, USA)
DGOG (Dutch Gynecologic Oncology Group, Leiden, The Netherlands)
EVA-LACOG (Latin American Cooperative Oncology Group-Grupo Brasileiro de Tumores Ginecológico, Metepec, Mexico)
EORTC-GCG (European Organization for Research and Treatment of Cancer-Gynaecological Cancer Group, Brussels, Belgium)
G-GOC (Global Gynecologic Oncology Consortium, Houston, USA)
GCGS (Gynecologic Cancer Group Singapore, Singapore)
GEICO (Grupo Español de Investigación en Cáncer GinecologicO, Madrid, Spain)
GCMICM (Grupo de Investigación en Cáncer de Tumores Ginecológicos de México, Mexico City, Mexico)
GINECO (Groupe d'Investigateurs National des Etudes des Cancers Ovariens et du sein, Paris, France)
GOG-F (Gynecologic Oncology Group Foundation, Philadelphia, USA)
GOTIC (Gynecologic Oncology Trial and Investigation Consortium, Saitama, Japan),
ISGO (Israeli Society of Gynecologic Oncology, Holon, Israel)
JGOG (Japanese Gynecologic Oncology Group, Tokyo, Japan)
KGOG (Korean Gynecologic Oncology Group, Seoul, Korea)
KolGOTrg (Kolkata Gynecological Oncology Trials & Translational Research Group, Kolkata, India)
MaNGO (Mario Negri Gynecologic Oncology Group, Milan, Italy)
MITO (Multicenter Italian Trials in Ovarian Cancer, Naples, Italy)
NCI-US (National Cancer Institute – USA, Bethesda, USA)
NCRI (National Cancer Research Institute, London, UK)
NOGGO (Nord-Ostdeutsche Gesellschaft Fur Gynäkologische Onkologie, Berlin, Germany)
NSGO-CTU (Nordic Society of Gynaecological Oncology-Clinical Trial Unit, Copenhagen, Denmark)
PMHC (Princess Margaret Hospital Consortium, Toronto, Canada)
SWISS-GO (Swiss GO Trial Group, Basel, Switzerland)
SGCTG (Scottish Gynaecological Cancer Trials Group, Glasgow, UK)
SGOG (Shanghai Gynecologic Oncology Group, Shanghai, China)

GCIG Methodology for consensus conferences

GCIG has adopted written standard operating practices for consensus meetings (see manuscript, ref 2). Core representation on the Scientific Committee should be reflective of the GCIG Member Groups and geographic regions, and included the current ECCC Chair and co-Chair (being current Chair of the GCIG Endometrial Cancer Committee and clinical Chair of the host group); co-Chair of the GCIG Endometrial Cancer Committee; current and past Chair of GCIG; current (or past) Chairs of the Translational Research, Harmonization/Stats, Harmonization/Ops, and Symptom Benefit Committees; Representation from GCIG Operations; ISGyP (Pathology) GCIG Liaison, the core members being endorsed by the GCIG Executive Committee and GCIG Member Groups.

Responsibilities of the Scientific Committee included convening of advanced planning discussions more than 1 year prior to the ECCC, formulation of draft key questions to guide the development of consensus statements, allocation of key questions among the four Topic Groups, nomination of chairs and co-chairs for each Topic Group; invitation of additional experts and Patient Advocates; and selection and invitation of Early Career Investigators.

Once the four topic group chairs and co-chairs were identified, these individuals were included in the regular meetings of the Scientific Committee, with approximately 20 members (allowing for some overlapping roles). The Scientific Committee then approved the allocation of GCIG representatives (2 per GCIG Group) and supplemental domain experts across the four Topic Groups.

According to the SOP of the GCIG on the consensus meetings the participants were chosen as follows:

- Each GCIG member group designated two expert representatives to be invited with attention to providing adequate coverage of sub-specialties (including surgery, medical oncology, clinical oncology, radiation oncology, translational science, pathology, etc).
- Existing Members of the Scientific Committee were not required to be included within the 2 person quota for each GCIG Member Group.
- The GCIG member groups specified the expertise of each delegate in order that they may be accurately assigned to Topic Groups (by the Scientific Committee).
- At least one of the member group's representatives should have been involved in GCIG Endometrial Cancer trials and/or authored/co-authored a publication/presentation of a GCIG Initiative and/or Endometrial Cancer trial.
- The 2 representatives were advised to discuss the preliminary questions and statements prior to the meeting within their group.
- Each GCIG member group had to appoint one of the 2 representatives as voting member.

Pathology - The International Collaboration on Cancer Reporting (ICCR) elements

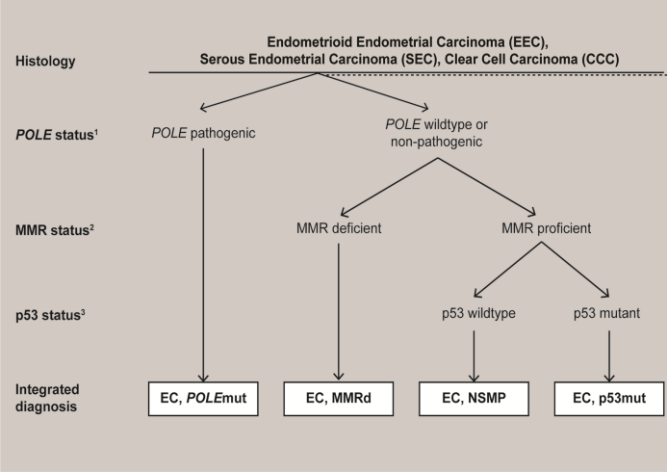
Core elements:

- Description of operative procedure,
- Specimen(s) submitted,
- Histological tumor type,
- Histological tumor grade,
- The extent of myometrial invasion,
- Lymphovascular invasion (presence and extent),
- Presence or absence of cervical stromal invasion, parametrial, vaginal and omental involvement (if submitted),
- Uterine serosal involvement,
- Adnexal involvement,
- Margin status (paracervical soft tissue margin, ectocervical/vaginal cuff margin)
- Lymph node status (with reference to the maximum dimension of the largest tumor deposit),
- Ancillary studies (MMR testing),
- Pathologically confirmed distant metastasis (when tissue is submitted),
- Provisional Pathologic staging.

Non-core elements:

- Clinical Information,
- Tumor site,
- Maximum tumor dimensions,
- Omentum dimensions (when submitted),
- Block identification key,
- Some unusual histologic subtypes,
- Pattern of myometrial invasion,
- Cervical surface or crypt involvement,
- Lower uterine segment location,
- Depth of cervical stromal invasion,
- Peritoneal cytology (if provided),
- Distance to closest margin,
- Background endometrium,
- Lymph node extracapsular tumor spread,
- Ancillary tests, other than MMR testing.

WHO algorithm for determining the molecular status (see text and ref 24)



GCIG-ECCC Definition of high risk endometrial cancer

The purpose of defining high risk is to help identify women at high risk of recurrence after initial surgical management. Risk groups have been used to guide adjuvant therapy for decades in the management of endometrial cancer. Women with low risk features have an excellent prognosis without any adjuvant therapy. Low- and high-intermediate risk features are indicative for an increased risk of local and regional recurrence, while women with high risk features are at increased risk of both local-regional and distant recurrence. Appropriate selection of women with high risk features is essential for trials aiming to improve their outcomes with adjuvant therapy.

Classical risk factors include: extent of disease, histological type and grade, lymph vascular space invasion (LVSI) and age.

- For extent of disease, prognostic factors include: (depth of) myometrial invasion, uterine serosal involvement, adnexal involvement, extension into the cervical stroma, involvement of the vagina or the parametria, pelvic and/or paraaortic lymph node involvement, direct invasion of the mucosa of the bladder or bowel, peritoneal metastasis, and finally distant metastasis. FIGO and TNM staging systems are traditionally used to annotate the extent of the disease and to classify into prognostic stages.
- Endometrioid adenocarcinoma is the most common type and is the only type that is graded as low grade (grade 1 and 2), or high grade (grade 3). Most of the less frequent non-endometrioid carcinomas have a poor prognosis. These aggressive histological types include serous carcinoma, clear cell carcinoma, carcinosarcoma, undifferentiated, and mixed carcinomas.
- The extent of LVSI is of prognostic importance and women with substantial LVSI are at increased risk of recurrence as opposed to those with no or focal LVSI.
- More recently the importance of molecular alterations has been demonstrated by the Cancer Genome Atlas group and multiple independent groups have validated the prognostic impact by the use of surrogate markers. Four main groups are described: POLEmut with an excellent prognosis, mismatch repair deficient (MMRd), p53abn having the worst prognosis, and a group with no specific molecular alteration (NSMP). In addition, there are several molecular alterations that have prognostic value (e.g. ER receptor status), as well as the characterization of the immune infiltrate, and further refinement of the molecular grouping is expected.

The ESGO/ESTRO/ESP guideline has proposed a risk group classification with both prognostic and therapeutic relevance. This classification is twofold, consisting of a classification for tumours for which molecular features are unknown (based on extent of disease, histological type and grade, and LVSI), versus a part where molecular alterations have been integrated. The main consequences of the molecular integrated classification are that POLEmut tumours confined to the uterine corpus and cervix (FIGO 2019 Stage I/II) are regarded low risk, while p53mut tumours with any myometrial invasion are regarded high risk. It is acknowledged that this is an evolving field and in certain situations (e.g. stage III-IVA POLE tumours) the available data was felt to be too limited at this point in time to incorporate into this system. This classification has been used as a template for the most recent version of the FIGO 2023 endometrial cancer staging system, which offers more refinement regarding anatomical spread, and that has also integrated molecular risk factors.

The GCIG-ECCC focusses on research and clinical trials. Appropriate selection of (high risk) patients is a key factor in clinical trials. Over the last years there have been several modifications in the classification of tumour extent (TNM, FIGO), and based on clinical evidence concepts of risk classification have also changed over time. For correct interpretation and future validation it is pivotal to record key prognostic variables (above) in clinical trials.

For the purpose of the ECCC and keeping in line with both integrated systems (ESGO-ESTRO-ESP and FIGO2023), 'high risk' refers to high risk of local, regional and distant recurrence after initial surgical management, and includes:

- If the molecular alterations are unknown:
    - FIGO 2023 Stage III-IVA endometrial carcinomas with no residual disease regardless of histological type. With stage III including: direct invasion or metastasis of the uterine serosa and/or adnexa; invasion or metastasis to the vagina and/or parametria; pelvic and/or para-

aortic lymph node metastasis; and Stage IVA invasion of the bladder and/or intestinal/bowel mucosa.[1]
    - FIGO 2023 Stage IIC aggressive non-endometrioid carcinomas confined to the uterus with any myometrial invasion and no residual disease. These aggressive carcinomas include serous carcinoma, clear cell carcinoma, carcinosarcoma, undifferentiated, and mixed carcinomas.[2,3]

- If the molecular alterations are known:
    - FIGO 2023 Stage III-IVA endometrial carcinomas with no residual disease regardless of molecular status (and histological type). These are annotated with their respective molecular classification, e.g. FIGO 2023 Stage IIIm_{MMRd}.
    - p53abn endometrial carcinomas confined to the uterus with any myometrial invasion, with or without cervical invasion, and regardless of the degree of LVSI or histological type (FIGO 2023 Stage II$C m_{p53abn}$), and no residual disease.[4]

Further research (e.g. meta-analysis, registries) is encouraged to help guide future decision making for specific subgroups (e.g. high grade endometrioid carcinoma FIGO Stage IC with substantial LVSI) with limited data, especially in the context of molecular alterations.

Notes:

1. Synchronous presentation of low-grade endometrioid carcinomas limited to uterus and ovary, FIGO 2023 Stage IA3, are regarded as low-risk.
2. Endometrioid type high grade carcinomas FIGO 2023 otherwise stage IB or II are regarded high-intermediate risk.
3. FIGO 2023 Stage IIB, low-grade endometrioid carcinomas with substantial LVSI are regarded as high-intermediate risk
4. There is insufficient data available to classify FIGO 2023 Stage III-IV$A m_{POLE}$

Overview of presenters and discussants

Role or Topic Group	Name		Topic	Type
Patient advocates	Tania	Batley	The patient advocate perspective on endometrial cancer clinical trials	plenary
IDEA expert	Bhavana	Pothuri	Inclusion, Diversity, Equity, and Access to endometrial cancer clinical trials	plenary
Topic Group A – Adjuvant therapy in high-risk endometrial cancer				
Presenter	Xiaojun	Chen	Contribution of imaging and of (sentinel) lymph node evaluation the definition of high-risk disease	video presentation
Discussant	Andrea	Mariani		video presentation
Presenter	Nicole	Concin	Molecular classification and histological types in selection and stratification; other key prognostic factors (such as LVSI)	video presentation
Discussant	Jonathan	Berek		video presentation
Presenter	Domenica	Lorusso	Standard arms / reference groups in clinical trials; and PRO/quality of life endpoints	video presentation
Discussant	Kathy	Han		video presentation
Presenter	Filip	Fruhauf	Design considerations for frail and elderly patients	video presentation
Discussant	Pearly	Khaw		video presentation
Topic Group B – Treatment of advanced primary, metastatic and recurrrent endometrial cancer				
Presenter	Nicoletta	Colombo	Trial design for primary advanced and metastatic chemo-naïve recurrent disease planned for chemotherapy: standard arm, endpoints, maintenance therapy	video presentation
Discussant	Mansoor	Mirza		video presentation
Presenter	Alexandra	Leary	Trial design for primary advanced and metastatic chemo-naïve recurrent disease planned for hormonal therapy	video presentation
Discussant	David	Tan		video presentation
Presenter	Ingrid	Boere	Design and interpretation of trials that may incorporate immunotherapy, chemotherapy, and targeted agents in second-line treatment.	video presentation
Discussant	Brian	Slomovitz		video presentation
Presenter	Eva Maria	Gomez	Strategies to improve assessment of symptom benefit and quality of life.	video presentation
Discussant	Hannelore	Denys		video presentation
Topic Group C - Rare endometrial cancer subgroups and special circumstances				
Presenter	Florence	Joly	Impact of comorbidities, obesity, ageing, frailty, lifestyle	video presentation
Discussant	Elise	Kohn		video presentation
Presenter	Stephanie	Lheureux	Conservative/nonsurgical treatment: endpoints, standard arms, trial designs, stratification (eg, molecular subtypes)	video presentation
Discussant	Matthew	Powell		video presentation
Presenter	Isabelle	Ray-Coquard	Rare subgroups of EC with caveats in knowledge, such as carcinosarcoma, clear cell carcinomas, ER negative NSMP tumors advanced stage, POLEmut cancers	video presentation
Discussant	Jessica	McAlpine		video presentation
Presenter	Clare	Scott	Relationship between endometrial, peritoneal and ovarian tumors that may share molecular features and clonality	video presentation
Discussant	Sven	Mahner		video presentation
Topic Group D - Trial designs and specific methodology for rare and small subgroups and low resource settings				
Presenter	Toon	Van Gorp	Specific methodology for primary and adjuvant treatment trials in small and rare subgroups	video presentation
Discussant	Shannon	Westin		video presentation
Presenter	Jose Alejandro	Perez Fidalgo	Strategies for ensuring diversity (ethnic and geographic) in clinical trials enrollment	video presentation
Discussant	Bhavana	Pothuri		video presentation

Presenter	Ting-Chang	Chang	Trial design considerations for low resource settings; real world database	video presentation
Discussant	Paolo	Zola		video presentation
Presenter	Helen	Mackay	Opportunities for low-cost pragmatic trials to address questions not supported by the pharmaceutical industry (for example, treatment de-escalation)	video presentation
Discussant	Asima	Mukhopadhyay		video presentation
Presenter	Judith	Kroep	Meeting the challenges of international multi-group collaboration	video presentation
Discussant	William	Small Jr		video presentation
Presenter	Line	Bjorge	Diagnostics for clinical research collaboration - pragmatic prioritization and broader look at diagnostics	video presentation
Discussant	Philip	Ip		video presentation

Listing of participants to the ECCC by GCIG group and/or GCIG role

GCIG Group or Role	Name		Specialty	Affiliation
AGO	Lars	Hanker	gynecologic oncologist	Department of Gynecology and Obstetrics, University Hospital Schleswig-Holstein, Campus Lübeck, Germany
AGO	Sven	Mahner	gynecologic oncologist	Department of Obstetrics and Gynecology, University Hospital, LMU Munich, Germany
AGO-AUST	Nicole	Concin	gynecologic oncologist	Department of Gynaecology and Gynaecological Oncology, Medical University of Vienna; and Department of Obstetrics and Gynaecology, Medical University of Innsbruck, Austria
AGO-AUST	Regina	Berger	harmonization Ops	Clinical Trials Coordinator, Department of Gynaecology and Obstetrics, Medical University Innsbruck, Austria
AGO-AUST	Christoph	Grimm	gynecologic oncologist	Department of Obstetrics and Gynecology, Division of General Gynecology and Gynecologic Oncology, Medical University of Vienna, Wien, Austria
AGOG	Philip	Ip	pathologist	Department of Pathology, University of Hong Kong, Pokfulam, Hong Kong SAR, China
AGOG	Ting-Chang	Chang	gynecologic oncologist	Department of Obstetrics and Gynecology and Gynecologic Cancer Research Center, Chang Gung Memorial Hospital at Linkou, Taoyuan, Taiwan
ANZGOG	Claire	Scott	translational scientist	Walter and Eliza Hall Institute of Medical Research and Department of Medical Oncology, Peter MacCallum Cancer Centre, Melbourne, VIC, Australia
ANZGOG	Emma	Allanson	Early Investigator	Division of Obstetrics and Gynaecology, Medical School, University of Western Australia, Crawley, Perth, Australia
ANZGOG	Linda	Mileshkin	medical oncologist	Department of Medical Oncology, Peter MacCallum Cancer Centre and University of Melbourne, VIC, Australia
ANZGOG	Pearly	Khaw	radiation oncologist	Department of Radiation Oncology, Peter McCallum Cancer Center, and University of Melbourne, VIC, Australia
ANZGOG	Val	Gebski	harmonization Stats	NHMRC Clinical Trials Centre, University of Sydney, Camperdown NSW, Australia
BGOG	Hannelore	Denys	gynecologic oncologist	Ghent University Hospital, Ghent, Belgium
BGOG	Toon	Van Gorp	gynecologic oncologist	University Hospital of Leuven, Leuven Cancer Institute, Leuven, Belgium
CCTG	Helen	Mackay	medical oncologist	Medical Oncology, Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto, ON, Canada.
CCTG	Jessica	McAlpine	gynecologic oncologist	Division of Gynecologic Oncology, Department of Gynecology and Obstetrics, University of British Columbia, Vancouver, Canada
CEEGOG	Filip	Fruhauf	gynecologic oncologist	Gynecologic Oncology Centre, Department of Gynecology, Obstetrics and Neonatology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic
CEEGOG	Zoltán	Novák	gynecologic oncologist	Department of Gynecology, Hungarian National Institute of Oncology, Budapest, Hungary
COGI- WCRN	Jonathan	Berek	gynecologic oncologist	Stanford University School of Medicine, Stanford Women's Cancer Center, Stanford Cancer Institute, Stanford, California, USA.
CTI	Donal	Brennan	gynecologic oncologist	UCD Gynaecological Oncology Group, University College Dublin School of Medicine, Mater University Hospital, Dublin, Ireland

DGOG	Remi	Nout	radiation oncologist	Department of Radiation Oncology, Erasmus Medical Center, Rotterdam, The Netherlands
DGOG	Ingrid	Boere	medical oncologist	Department of Medical Oncology, Erasmus Medical Center, Rotterdam, The Netherlands
DGOG	Karen	Verhoeven	Harmonization Ops	Netherlands comprehensive cancer organisation, Rotterdam, Netherlands
EORTC-GCG	Judith	Kroep	medical oncologist	Department of Medical Oncology, Leiden University Medical Center, Leiden, The Netherlands
EORTC-GCG	Margarita	Romeo Marin	medical oncologist	Department of Medical Oncology, Institut Catala d'Oncologia, Badalona, Spain
EORTC-GCG	Nelleke	Ottevanger	medical oncologist	Department of Medical Oncology, Radboud University Medical Center, Nijmegen, The Netherlands
EVA- LACOG	Gustavo	Guitmann	gynecologic oncologist	National Cancer Institute, Rio de Janeiro, Brazil
EVA- LACOG	Angélica	Nogueira-Rodrigues	medical oncologist	Universidade Federal de Minas Gerais, Brazilian Group of Gynecologic Oncology (EVA), Grupo Oncoclínicas, DOM Oncologia, Brazil
EVA- LACOG	Ana	Veneziani	medical oncologist	Division of Medical Oncology and Haematology, Princess Margaret Cancer Centre, Toronto, Ontario, Canada
G-GOC	Andrea	Mariani	gynecologic oncologist	Division of Gynecologic Surgery and Gynecologic Oncology, Mayo Clinic College of Medicine, Rochester MN, U.S.A.
G-GOC	Shannon	Westin	gynecologic oncologist	University of Texas MD Anderson Cancer Center, Houston, TX, USA
GCGS	David	Tan	medical oncologist	Medical Oncology, National University Cancer Institute, Singapore
GCGS	Joseph	Ng	gynecologic oncologist	Gynecologic Oncology, National University Cancer Institute, Singapore
GCMICM	Eva Maria	Gomez Garcia	medical oncologist	Centro Oncológico Estatal ISSEMyM, Toluca de Lerdo, Mexico
GEICO	J. Alejandro	Perez-Fidalgo	medical oncologist	University Hospital of Valencia, Valencia, Spain
GEICO	Ma Pilar	Barretina Ginesta	medical oncologist	Institut Català d'Oncologia, Medical Oncology Department, Precision Oncology Group (IDIBGI) and Medical Sciences Department, Girona University, Girona, Spain
GICOM	Adriana	Chavez Blanco	harmonization Ops	Grupo de Investigación en Cáncer de Ovario y Tumores Ginecológicos de México (GICOM), México City, Mexico
GINECO	Alexandra	Leary	medical oncologist	Institut Gustave-Roussy, Villejuif, France
GINECO	Florence	Joly	medical oncologist	Centre François Baclesse, Caen, France
GINECO	Isabelle	Ray Coquard	medical oncologist – expert on rare tumours	Centre Leon Berard and Université Claude Bernard, Lyon, France
GINECO	Lauriane	Eberst	Early Investigator	Department of Medical Oncology, Institut de Cancérologie de Strasbourg, Strasbourg, France
GOG-F	Austin	Miller	harms stats	Department of Biostatistics, Roswell Park Comprehensive Cancer Center, Buffalo, NY, USA
GOG-F	Bhavana	Pothuri	IDEA expert / gyne oncol	Perlmutter Cancer Center, NYU Langone Health, NewYork, and Director of Diversity and Health Equity for Clinical Trials, GOG-Foundation, USA
GOG-F	Brian	Slomovitz	gynecologic oncologist	Division of Gynecologic Oncology, Mount Sinai Medical Center, Miami Beach, FL, USA
GOF-F	Matthew	Powell	gynecologic oncologist	Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, MO, USA
GOTIC	Kosei	Hasegawa	gynecologic oncologist	Department of Gynecologic Oncology, Saitama Medical University International Medical Center, Hidaka, Saitama, Japan
GOTIC	Shoji	Nagao	gynecologic oncologist	Department of Obstetrics and Gynecology, Faculty of Medicine, Dentistry and Pharmaceutical Sciences, Okayama University, Okayama, Japan

ISGO	Ilan	Bruchim	gynecologic oncologist	Hillel Yaffe Medical Center, Rappaport Faculty of Medicine, Technion, Hedera, Israel
ISGO	Tamar	Safra	medical oncologist	Women cancer center, Tel Aviv Medical Center and Faculty of Medicine ,Tel Aviv University, Israel
ISGyP	Brooke	Howitt	gynecologic pathologist	Department of Pathology, Stanford School of Medicine, Stanford, CA, USA
ISGyP	Xavier	Matias-Guiu	pathologist	Department of Pathology, Hospital U de Bellvitge and Hospital U Arnau de Vilanova, Universities of Lleida and Barcelona, Barcelona, Spain
JGOG	Kenichi	Harano	medical oncologist	Department of Medical Oncology, National Cancer Center Hospital East, Kashiwanoha, Kashiwa, Japan
JGOG	Yoshiki	Mikami	pathologist	Department of Diagnostic Pathology, Kumamoto University Hospital, Kumamoto, Japan
KGOG	Jeong-Yeol	Park	gynecologic oncologist	Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea
KGOG	Jung-Yun	Lee	gynecologic oncologist	Department of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, Republic of Korea
KGOG	Se Ik	Kim	Early Investigator	Department of Obstetrics and Gynecology, Seoul National University College of Medicine, Seoul, Republic of Korea
KolGOTrg	Asima	Mukhopadhyay	gynecologic oncologist	Kolkata Gynecology Oncology Trials and Translational Research Group, Kolkata, West Bengal, India
KolGOTrg	Rahul	Roy Chowdhury	gynecologic oncologist	Department of Gynecological Oncology, Saroj Gupta Cancer Centre and Research Institute, Kolkata, India
MaNGO	Nicoletta	Colombo	gynecologic oncologist	Gynecologic Oncology Department, University of Milan-Bicocca, European Institute of Oncology IRCCS, Milan, Italy
MaNGO	Paolo	Zola	gynecologic oncologist	Department of Surgical Sciences, University of Turin, Italy
MITO	Delia	Mezzanzanica	translational scientist	Department of Experimental Oncology, Fondazione IRCCS Istituto Nazionale dei Tumori. Milan, Italy
MITO	Domenica	Lorusso	gynecologic oncologist	Gynecologic Oncology Unit, Humanitas San Pio X and Humanitas University Rozzano, Milan, Italy
MITO	Giorgio	Valabrega	medical oncologist	Department of medical oncology, AO Ordine Mauriziano, Torino, Italy
NCRI	Alexandra	Taylor	clinical oncologist	Royal Marsden NHS Foundation Trust, London, UK
NCRI	Gemma	Eminowicz	Early Investigator	Department of Clinical Oncology, University College London Hospital, London, UK
NCRI	Rebecca	Kristeleit	medical oncologist	Guy's and St Thomas' NHS Foundation Trust and King's College London, UK
NCI US	Elise	Kohn	medical oncologist	Gynecologic Cancer Therapeutics, Center for Cancer Research, National Cancer Institute, Bethesda MD, U.S.A.
NCI US	Linda	Duska	gynecologic oncologist	University of Virginia Cancer Center, Charlottesville, VA, USA
NOGGO	Jalid	Sehouli	gynecologic oncologist	Charité-Department of Gynecology with Center of Oncological Surgery, Universitätsmedizin Berlin, Berlin, Germany
NOGGO	Pauline	Wimberger	gynecologic oncologist	Department of Obstetrics and Gynecology, University Hospital Carl Gustav Carus and Technische Universitat Dresden, Germany
NRG (RTOG)	David	Gaffney	radiation oncologist	University of Utah, Huntsman Cancer Institute, Department of Radiation Oncology, Salt Lake City, UT, USA
NRG (RTOG)	William	Small	radiation oncologist	Department of Radiation Oncology, Stritch School of Medicine, Cardinal Bernadin Cancer Center, Loyola University Chicago, Maywood, IL, USA
NSGO-CTU	Line	Bjørge	gynecologic oncologist	Department of Obstetrics and Gynecology, Haukeland University Hospital, and Centre for Cancer Biomarkers, University of Bergen, Norway

NSGO-CTU	Mansoor Raza	Mirza	clinical oncologist	Department of Cancer Treatment, Rigshospitalet, Copenhagen, Denmark
Patient advocate	Carol	Gordon	patient advocate	Patient Representative, Canadian Cancer Trials Group, London, Ontario, Canada
Patient advocate	Helen	White	patient advocate	Peaches Womb Cancer Trust, Manchester, UK, and Cancer Research Advocates Forum, UK
Patient advocate	Tania	Batley	patient advocate	Ko Ngai Tūhoe te iwi, Kaitauwhiro Mātātahi Mokopuna Ora, Te Pūtahitanga o Te Waipounamu, Christchurch, New Zealand
Patient advocate	Tina	Mitra	patient advocate	Kolkata Gynecological Oncology Trials and Translational Research Group (KolGOTrg), India
PMHC	Amit	Oza	medical oncologist	Division of Medical Oncology and Hematology, UHN - Princess Margaret Cancer Centre, Toronto, Ontario, Canada
PMHC	Kathy	Han	radiation oncologist	Princess Margaret Cancer Centre, University Health Network, University of Toronto, Ontario, Canada
PMHC	Stephanie	Lheureux	medical oncologist	Division of Medical Oncology and Hematology, Princess Margaret Cancer Centre, University Health Network, Toronto, ON, Canada
SGCTG	Azmat	Sadozye	clinical oncologist	Beatson West of Scotland Cancer Centre, Glasgow, UK.
SGCTG	Emma	Crosbie	gynecologic oncologist	Department of Obstetrics and Gynaecology, Manchester University NHS Foundation Trust, St Mary's Hospital, Manchester, UK
SGCTG	C Simon	Herrington	pathologist	Institute of Genetics and Cancer, University of Edinburgh, Edinburgh, UK
SGOG	Jihong	Liu	gynecologic oncologist	Sun Yat-sen University Cancer Center, Guangzhou, China
SGOG	Xiaojun	Chen	gynecologic oncologist	Obstetrics and Gynecology Hospital, Fudan University, Shanghai, China
SWISS-GO	Marcus	Vetter	medical oncologist	Medical Oncology, University Hospital Basel, Basel, Switzerland
SWISS-GO	Julian	Wampfler	medical oncologist	University Clinic for Medical Oncology, Inselspital, University Hospital of Bern, University of Bern, Switzerland
GCIG Chair	Alison	Brand	Gynaecologic oncologist	Department of Gynaecological Oncology, Westmead Hospital and University of Sydney, Sydney, NSW, Australia
GCIG Chair-elect	Michael	Bookman	Medical oncologist	Kaiser Permanente Northern California, San Francisco, CA, USA
GCIG-ECCC Chair	Carien	Creutzberg	Radiation oncologist	Department of Radiation Oncology, Leiden University Medical Center, Leiden, The Netherlands
GCIG-ECCC Co-chair	Jae Weon	Kim	Gynaecologic oncologist	Department of Obstetrics and Gynecology, Seoul National University College of Medicine, Seoul, Republic of Korea
GCIG Finances	Gavin	Stuart	Gynaecologic oncologist	Department of Obstetrics and Gynaecology, University of British Colombia, Vancouver, Canada
GCIG Operations	Kathy	Bennett	GCIG Operations	GCIG Operations, Kingston, ON Canada
GCIG Operations	Jennifer	O'Donnell	GCIG Operations	GCIG Operations, Kingston, ON Canada
GCIG Operations	Sherill	Osborne	GCIG Operations	GCIG Operations, Kingston, ON Canada