Cancer Grand Challenges

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- Why was Cancer Grand Challenges created?
- What is a cancer grand challenge?
- Funded research teams & projects (to date)
- CGC and patient advocacy
- An example of patient and public engagement







- NCI established Provocative Questions in 2011 to stimulate research in areas that were perplexing, paradoxical or had not received sufficient attention
- New research questions developed periodically through extensive engagement with the cancer research community
- Funding mechanism = R01 and R21 awards (\$275K-\$500K)
- Projects usually led by a single investigator, 35-50 awards per year





- CRUK launched the CRUK Grand Challenge initiative in 2015 to support international, multidisciplinary teams tackling major research challenges
- Strategy: Combine the problem identification process of Provocative Questions with a team science approach to address big problems
- Between 2017-2019, CRUK funded 7 project teams (£16-20M per team)





- In 2020, NCI and CRUK partnered to expand CRUK's Grand Challenge initiative through a collaborative funding initiative called Cancer Grand Challenges (CGC)
- CGC sets ambitious challenges in cancer research and provides awards up to \$5M/year over 5 years (\$25M total) that support international teams to address these challenges
- The initiative is guided by an international scientific committee with inputs from the global research community and people affected by cancer
- NCI and CRUK agreed to co-fund 3 rounds of awards, up to 4 new teams per round

- Important and complex problem in cancer research, which, if solved, would have significant benefit for patients
- Problem related to understanding, preventing, detecting and/or treating cancer
- Addressed through basic, translational, clinical and/or population research
- Can be a new problem or one that has existed for many decades
- Scale and scope of the problem should **demand** intellectual inputs from multiple investigators
- Problem for which researchers are poised to make significant progress (timely)

See previous challenges:

cancergrandchallenges.org/challenges



Round 1 Teams (2022)



eDyNAmiC







Team Leads Martin Pule (UCL) Catherine Bollard (Children's Natl)

Team Leads Eileen White (Rutgers) Marcus Goncalves (Weill Cornell) Tobias Janowitz (Cold Spring Harbor)





Team Leads Allan Balmain (UCSF) Paul Brennan (IARC) Nuria Lopez-Bigas (IRB, Barcelona)

Challenge

Understand how cells harboring oncogenic mutations maintain normal phenotypes and transition to tumors

Approach

- Understand differences between normal human tissues at high or low risk of neoplastic growth
- Identify factors that promote the growth of mutated cells in normal tissue to aid in cancer prevention

Challenge

Understand the biology of extrachromosomal DNA (ecDNA) in cancer

Approach

- Identify mechanisms involved in the generation and action of ecDNAs in cancer
- Understand how ecDNAs drive drug resistance to identify new therapeutic targets

Challenge

NEXTGEN

Develop novel therapies to target solid tumors in children

Approach

- Discover new targets for CAR T-cell therapies and develop components that target tumour cells
- Conduct clinical trials to guide the iterative design and improvement of novel CAR-T therapies
- Approach

Challenge

cancer patients

CANCAN

 Establish classification of molecular and clinical subtypes of cachexia

Understand and reverse cachexia in

 Develop mechanistically informed treatments for cachexia to improve quality of life and life expectancy



MATCHMAKERS



Team Lead Michael Birnbaum (MIT)

Challenge

Decipher the T-cell receptor cancer recognition code

Approach

- Conduct high throughput methods to characterize thousands of TCRpeptide/MHC pairs
- Train computational models to predict which tumor (neo)antigens T-cell receptors recognize



Team Leads Andrew Chan (Mass General) Yin Cao (Wash U)

Challenge

PROSPECT

Determine why the incidence of earlyonset cancers in adults is rising globally

Approach

- Define the early-onset exposome associated with early onset colorectal cancer
- Conduct -omics profiling, systems epidemiology, and community trials to understand mechanisms



PROTECT

Team Lead Stefan Pfister (DKFZ)

Challenge

Develop therapeutics to target oncogenic drivers of solid tumors in children

Approach

- Pursue 12 pediatric-specific drug targets including oncogenic fusions and other difficult targets
- Develop molecular glue degraders and PROTACs to deliver at least one candidate for clinical testing



SAMBAI

Team Lead Melissa Davis (Morehouse)

Challenge

Understand mechanisms through which genetics, biology, and social determinants affect cancer risk and outcomes in diverse populations

Approach

- Build a repository that contains social, environmental, genetic, and biological data from 40,000 patients
- Study 3 cancer types to define the causes of disparate health outcomes in the global African diaspora

Round 2 Teams (2024)



KOODAC



Team Leads Yaël Mossé (CHOP) Martin Eilers (Universitat Wurzburg)

Challenge

Develop therapeutics to target oncogenic drivers of solid tumors in children

Approach

- Develop orally bioavailable drugs targeting 5 previously undruggable oncoproteins for pediatric tumors
- Develop molecular glue degraders and PROTACs, and perform INDenabling studies for lead candidates

- CRUK is a private charity that supports research awards through donations and partnerships
- Funding support from CRUK's other donors will allow CRUK to fully fund a 5th team (KOODAC) in round 2
- > NCI does not participate in private fundraising





CGC requirements

Teams are required to involve patient advocates (patients, survivors, caregivers) in their research

CGC teams are expected to recruit a minimum of one patient advocate with a clearly defined role

Advocates should represent people affected by cancer as a group – not just provide their individual viewpoint or that of any advocacy organization

Teams should collaborate with their advocate(s) throughout the research, where such interaction can add clear value and advance progress



CGC patient advocates



Patient Advocacy

Involvement

- When patient advocates use their experiences of cancer to help shape research
- Carried out with or by patient advocates, rather than to or for them
- Enables patient advocates to have a voice that is listened to and reflected in the scientific strategy

Engagement

- When information and knowledge about research is shared with other patient advocates and the public who are not associated with the CGC research program
- Design and delivery of engagement activities provides an opportunity to involve patient advocates

Participation

- When a person is part of a research study or clinical trial but does not work directly with the researcher(s)
- Research is being done to the patient, not with them

CGC Advocacy Panel





Responsibilities

- Assist CGC program team in developing strategies to involve patient advocates in CGC research
- Provide feedback on the CGC teams' proposed approaches for involvement and engagement
- Engage with patient advocates on the funded teams throughout the research projects to help them refine and enhance patient advocacy efforts



Team OPTIMISTICC

OPportunity **To Investigate the Microbiome's Impact on Science and Treatment In Colorectal Cancer**

Educational webinars to share knowledge about the research



https://optimisticc.org/colorectal-cancer-and-the-microbiome-webinar/

Webinar format

A series of informal conversations between the OPTIMISTICC researchers and patient advocates discussing the role of the gut microbiome in human health and disease and its association with colorectal cancer.



Management Group

Cancer Research UK

David Scott, Director of Cancer Grand Challenges
Gemma Balmer-Kemp, Head of Research, CGC
Laurence Dudley, Operations Manager, CGC
Michael Logan, Head of Communications, CGC
Jay Nairn, Programme Manager, CGC

NCI

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