

Consortium on Translational Research in Early Detection of Liver Cancer: Pre-Application Webinar for RFA-CA-22-031 and RFA-CA-22-032

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Disclaimer and Points to Note

- Today's presentation provides a high-level overview of TLC and is not a substitute for the FOAs. Please read the relevant FOA for details.
- After today's orientation Webinar, any future questions must be directed via email to the contacts listed on each FOA. Phone calls are discouraged.
- All the slides will be posted on the TLC Website (<https://prevention.cancer.gov/major-programs/translational-liver-cancer-consortium>).
- Recordings of today's proceedings will be made available.

Challenges

- Current biomarkers for HCC surveillance lack sensitivity/specificity. Need validation/verification studies combining biomarkers, clinical parameters, and/or imaging modalities to improve HCC surveillance and increase early detection of HCC.
- Access to cohorts of patients with cirrhosis attributable to viral (HBV, HCV) and non-viral (NAFLD/NASH, ALD) etiology.
- High prevalence of cirrhosis- the stratification of patients to high-risk groups for progression to HCC will have clinical benefits.
- Burden of HCC is higher in minority populations and the performance of biomarkers in these populations needs to be addressed.

Translational Liver Cancer Program Objectives

- Advancing translational research in the early detection of liver cancer,
- Studies to improve the surveillance of liver cancer in members of high-risk populations,
- Increase the fraction of liver cancer detected at an early stage, and
- Better stratify patients at risk of developing liver cancer.
- A major collaborative effort of the Translational Research Centers (TRCs) will be establishing an integrated blood and image repository with annotated clinical data.

Future Consortium Collaborative Projects

Major unmet need is the ability to differentiate whether an indeterminate nodule identified during HCC screening is benign or malignant.

Indeterminate nodules (LR3/LR4 lesions) are found in ~20% patients undergoing HCC screening. Current guidelines recommend these nodules to be evaluated by surveillance (CT or MRI) or biopsy until HCC diagnosis.

Project Goals

A combination of clinical, blood-based biomarkers, and image-based biomarkers are being used to determine the risk of HCC among patients with cirrhosis and indeterminate nodules found during HCC screening

Guidelines for Biomarker Development

Phases of Biomarker Discovery and Validation

<i>Preclinical Exploratory</i>	PHASE 1	<i>Promising directions identified</i>
<i>Clinical Assay and Validation</i>	PHASE 2	<i>Clinical assay detects established disease</i>
<i>Retrospective Longitudinal</i>	PHASE 3	<i>Biomarker detects preclinical disease and a “screen positive” rule defined</i>
<i>Prospective Screening</i>	PHASE 4	<i>Extent and characteristics of disease detected by the test and the false referral rate are identified</i>
<i>Cancer Control</i>	PHASE 5	<i>Impact of screening on reducing burden of disease on population is quantified</i>

PRoBE Study Design:
Prospective-Specimen-Collection,
Retrospective-Blinded-Evaluation

Pivotal Evaluation of the Accuracy of a Biomarker Used for Classification or Prediction: Standards for Study Design

Margaret Sullivan Pepe et al.,
J Natl Cancer Inst. 2008 Oct 15;
100(20): 1432-1438.

Phases of Biomarker Development for Early Detection of Cancer
Margaret Sullivan Pepe et al., J Natl Cancer Inst. 2001 Jul 18; 93(14): 1054–1061.

PD/PI: Primary Responsibilities

- Defining objectives and approaches, conducting of experiments, and publishing reports of studies conducted under this award;
- Assuming responsibility and accountability to the applicant organization and to the NCI;
- Serving as voting members of the Consortium Steering Committee and attending Steering Committee meetings once a year;
- Accepting and implementing the goals, priorities, procedures, and policies agreed upon by the Steering Committee;
- Participation in collaborative Consortium research activities; and
- Implementing the approved research resource sharing plan.

PD/PI: Collaborative Responsibilities

- Develop collaborations with other Translational Liver Cancer Sites (set-aside projects)
- Participate in Collaborative Group(s) meetings and team projects
- Participate in monthly and yearly Steering Committee Meetings
- Collaborate with DMCC on common research designs and protocol development (CDEs)
- Data sharing

Application Checklist

- Is the application organized per instructions in the RFA?
- Have the special requirements been followed in developing the proposal (e.g., page limits, team structure, study designs, etc.)?
- Are the proposed specific aims achievable in the given timeframe?
- Have collaborations been established and are partners on board?
- Has a contact PI been identified for multi-PI proposals and communication and management plans developed?

Thank you.



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