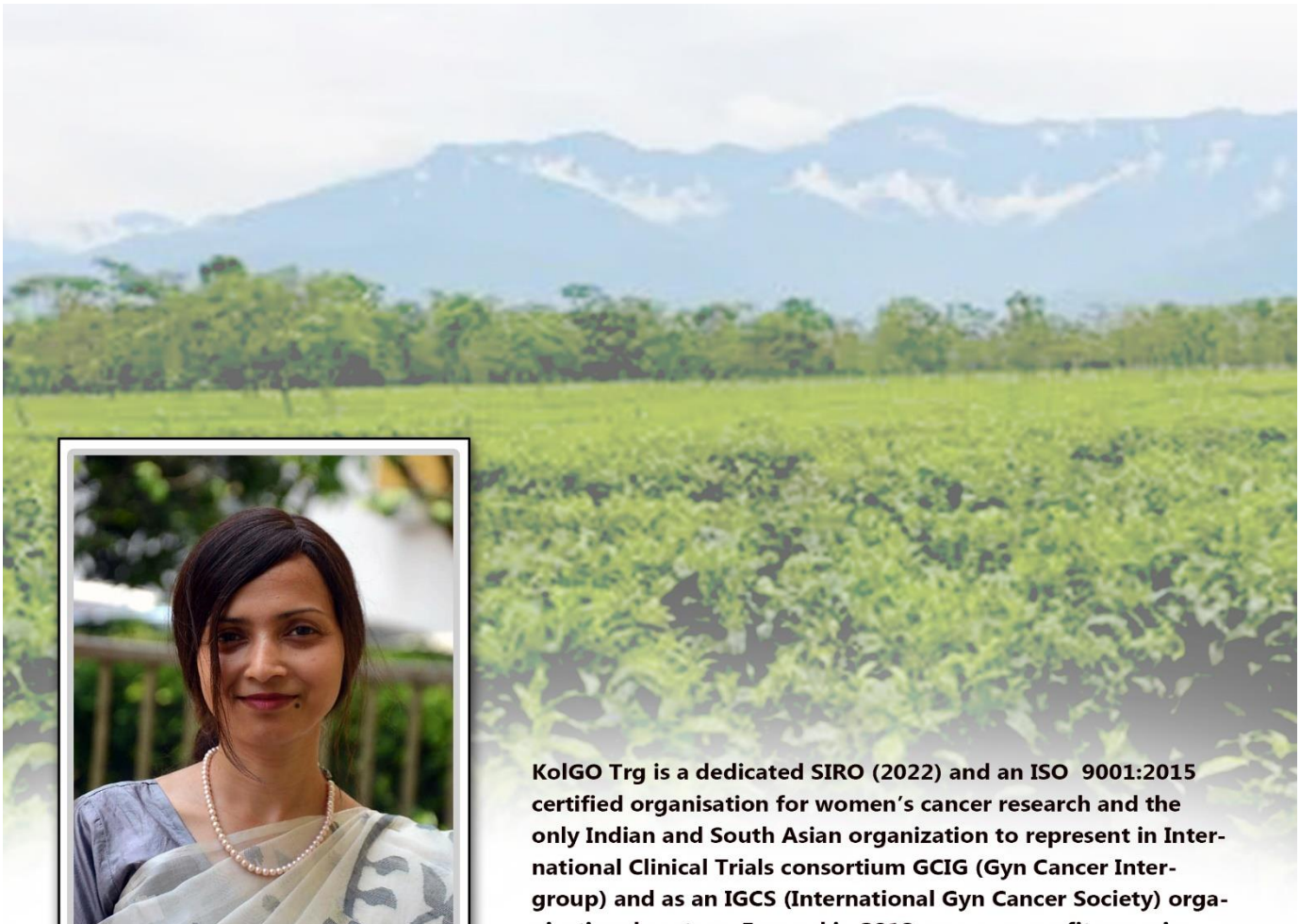
# ANNUAL REPORT
# 2023-24

# OUR MISSION

KolGo Trg is motivated and driven by the purpose of promoting excellence in the quality and integrity of clinical and translational scientific research in the field of gynecologic cancers to provide better alternative.

# OUR VISION

To translate the version into reality, KolGO Trg and its team of best healthcare professionals and scientific researchers are focused on creating a platform transcending, geographical and other barriers.






**Dr. Asima Mukhopadhyay**

*Founder & Director,* KolGO Trg

Consultant Gynaecological Oncology and
Lead cytoreductive surgery,
James Cook University Hospital and
Northern Cancer Alliance, UK

Clinical Senior Lecturer ( honorary),
Newcastle University, UK

Professor, School of Allied Health Sciences
and Translational Medicine,
Sister Nivedita University, Kolkata

GCIG- member Executive Board of directors

IGCS International Mentor,

Global Curriculum Program (Nepal and India)
and Program lead, India

IGCS Research Publication Committee Co-Chair
Programme Director,

MCh Gyn Oncology ( Cytoreductive surgery)-
Tee side University , UK

Programme Director, ESGO fellowship, India 2019
Wellcome Trust IA Clinician Scientist awardee

Editor, VSI, Global issue Gyn Oncology Reports


**KolGO Trg is a dedicated SIRO (2022) and an ISO 9001:2015 certified organisation for women's cancer research and the only Indian and South Asian organization to represent in International Clinical Trials consortium GCIG (Gyn Cancer Intergroup) and as an IGCS (International Gyn Cancer Society) organizational partner. Formed in 2018, as a non-profit organization and a registered society in West-Bengal. It focuses on developing a collaborative platform involving scientists and clinicians in the region/India, working on research areas relevant to the needs of women's cancer in India and developing innovative Made-in-India studies that can be an exemplar for generating evidence globally, especially in resource-adapted-settings. We have participated and initiated several academic clinical trials, generated/participated in high- impact publications and represented India in global platforms on academic research since 2018. Our domain of expertise include:-1) Clinical Trials:- LMIC-centric, adaptive design approaches focusing on toxicity-adjusted (including financial) survival endpoints 2) Trials on targeted therapies/ biology driven targeted strategies (PROVAT/HIPEC-HR) and biomarker development (HRDIAC) 3) Implementation research: Nurse-led genetic counselling/ awareness studies to improve uptake of genetic testing in hereditary cancers (NUGENA) 4) Observational Studies: HPV testing/treatment, nurse/ANM training, and awareness(COBRA) in the remote Tea-garden workers of the Himalayan Foothills (PRECERCA) ; 5)Translational: Bio-banking of trial-samples to support current/future research ; 6) Training unit for Clinical Research and Statistics (collaboration- Sister Nivedita University and Newcastle University 7) Quality-of-life and Survivorship/advocacy studies 8) Ensure Indian participation and representation in International academic.**

# Current Governing Body

***President***

**Dr. Susanta Roychoudhury**,
*Chief, Basic Research*
*Saroj Gupta Cancer Centre and Research Institute, Kolkata*
*Ph.D., FNA, FASc, FNASc, FAScT*
*J. C. Bose Fellow*
*Former Chief Scientist, CSIR-Indian Institute of Chemical Biology*
*Former Professor, Academy of Scientific and Innovative Research (AcSIR)*
*President, Indian Association for Cancer Research (IACR)*

***Vice President***

**Prof. Dr. Sharmila Sengupta**,
*Scientist***,**
*Saroj Gupta Cancer Centre & Research Institute, Kolkata*
*Ph.D.*

**Secretary**

**Dr. Asima Mukhopadhyay**
*Founder & Director,*
*Kolkata Gynecological Oncology Trials and Translational Research Group (KolGoTrg)*
*Consultant Gynaecological Oncology and Lead cytoreductive surgery, James Cook University Hospital and Northern Cancer Alliance,*
*UK Clinical Senior Lecturer (honorary),*
*Newcastle University, UK Professor,*
*School of Allied Health Sciences and Translational Medicine, Sister Nivedita University, Kolkata*
*GCIG-member Executive Board of directors*
*IGCS International Mentor, Global Curriculum Program (Nepal and India) and Program lead, India IGCS Research Publication Committee Co-Chair*
*Programme Director, MChGyn Oncology ( Cytoreductive surgery)-Tee side University ,*
*UK Programme Director, ESGO fellowship, India 2019*
*WellcomeTrust IA Clinician Scientist awardee*
*Editor, VSI, Global issue Gyn Oncology Reports*

***Joint Secretary***

**Dr. Tamohan Chaudhuri,**
*Radiation & Clinical Oncologist,*
*Saroj Gupta Cancer Centre and Research Institute, Kolkata*
*MBBS, DMRT,MD*

***Joint Secretary***

**Dr. Ranajit Kumar Mandal**, **CNCI**
*Associate Professor & Head of the Department,*
*Department of Gynaecological Oncology*
*Chittaranjan National Cancer Institute, Kolkata*
*MD, DNB, PGDHHM*

***Treasurer***

**Dr. Rahul Roy Chowdhury**,
*Consultant Gynaecological Oncologist*
*Saroj Gupta Cancer Centre and Research Institute, Kolkata*
*FRCOG, PGC in Med Ed. (Brighton University)*

***G.B. Member***

**Dr. Biman Kumar Chakrabarty,**
*HoD, Gynae Oncology,*
*Saroj Gupta Cancer Centre & Research Institute, kolkata*
*FRCOG (London), FACS (USA), FIMAAMS (India).*
*Post Doctoral Fellow Johns Hopkins University (USA).*
*Member ASRM (USA), Member ISAR-India*
*Ex.Prof. (G&O) Medical College, Kolkata.*

***G.B. Member***

**Dr. Santanu K Tripathi,**
*Professor & Head,*
*Department of Clinical & Experimental Pharmacology*
*School of Tropical Medicine, Kolkata*

***G.B. Member***

**Dr. Somasekhar S.P.**
*Chairman-Medical Advisory Board,Aster International Institute of oncology*
*Aster DM Health care -GCC & India*
*lobal Director - Aster International Institute of Oncology-GCC & India*
*MBBS, MS, MCh (Surg Onco), FRCS (Edinburgh)*

***G.B. Member***

**Dr. Neerja Bhatla**
*Doctor,*
*Head of the Department,*
*Department of Obstretics & Gynaecology,*
*Room No. 3076, 3rd Floor, Teaching Block*
*AIIMS, New Delhi, India*

## Current Employees and Consultants:

| | | | |
|---|---|---|---|
| 1. | Administrative Officer & HR | : | Raja Chakraborty |
| 2. | Accounts Officer | : | Abdul Rizwan Hossain |
| 3. | Programme Manager | : | Dr. Amlan Kanti Sarkar |
| 4. | Lead Statistician | : | Dr. Atanu Bhattacharjee |
| 5. | Consultant Statistician | : | Dr. Shyam Sundar Mandal |
| 6. | Medical Consultant | : | Dr. Sarita Kumari |
| 7. | HR Coordinator | : | Sagarika Dhar |
| 8. | Statistician & Data Manager (Sr.) | : | Daity Bhattacharya |
| 9. | Statistician & Data Manager (Jr.) | : | Chiranjit Biswas |
| 10. | Study Coordinator | : | Tanushri Ghosh |
| 11. | Nurse Specialist & Research Administrator | : | Dona Chakraborty |
| 12. | Senior Research Associate | : | Dr. Somoshree Sengupta |
| 13. | Research Nurse | : | Rama Gupta |
| 14. | Research Nurse | : | Papiya Mukherjee |
| 15. | Admin Assistant & PA to Director | : | Himangshi Mandal |
| 16. | Clinical Research Coordinator | : | Debapriya Banerjee |
| 17. | Health Care Worker | : | Bidya Basfore |
| 18. | Clinical Research Coordinator | : | Neha Kumari |
| 19. | Medical Grant Writer & CRC | : | Sayanti Mukherjee |
| 20. | Biobank Manager | : | Sharmistha Das |
| 21. | Project Technical Officer | : | Arnab Bhattacharjee |
| 22. | Trainee – CRC | : | Subhra Chakraborty |
| 23. | Trainee - CRC | : | Arghadeep Sarkar |
| 24. | Health Care Worker | : | Bidya Basfore |

## SIRO FACULTIES

1. Dr. Asima Mukhopadhyay
2. Dr. Rahul Roy Chowdhury
3. Dr. Susanta Roychoudhury
4. Dr. Sharmila Sengupta
5. Dr. Atanu Bhattacharya
6. Dr. Amlan Kanti Sarkar
7. Dr. Aarthi S Jayraj
8. Dr. Shuvojit Moulik

## Achievements during the financial year 2023-2024:

1. ICMR Collaborating Centre of Excellence,
2. ISO Certification 9001:2015
3. ICMR Grant for IPIROC study: Intermittent PARP Inhibitor Regimen in Ovarian Cancer: A novel approach to improve affordability, accessibility and toxicity of targeted therapies in Cancer (IPIROC-2003-0000168)
4. DST – SERV Grant for the project :"Effect Of Hyperthermia On Parp Inhibition And Notch Signaling In Homologous Recombination Stratified Epithelial Ovarian Cancer" (Crg/2021/003535/Bhs)"
5. CGHE Seed Grant by Michigan University

## Research and other activities during the financial year 2023-2024:

**Kolkata Gynecological Oncology Trials and Translational Research Group (KolGO Trg)** is a Gynecological Cancer Research Group based in Kolkata, India and the only member of GCIG from South-East Asia. KolGO Trg is motivated and driven by the purpose of promoting excellence in the quality and integrity of clinical and translational scientific research in the field of Gynecologic Cancers to provide better alternatives.

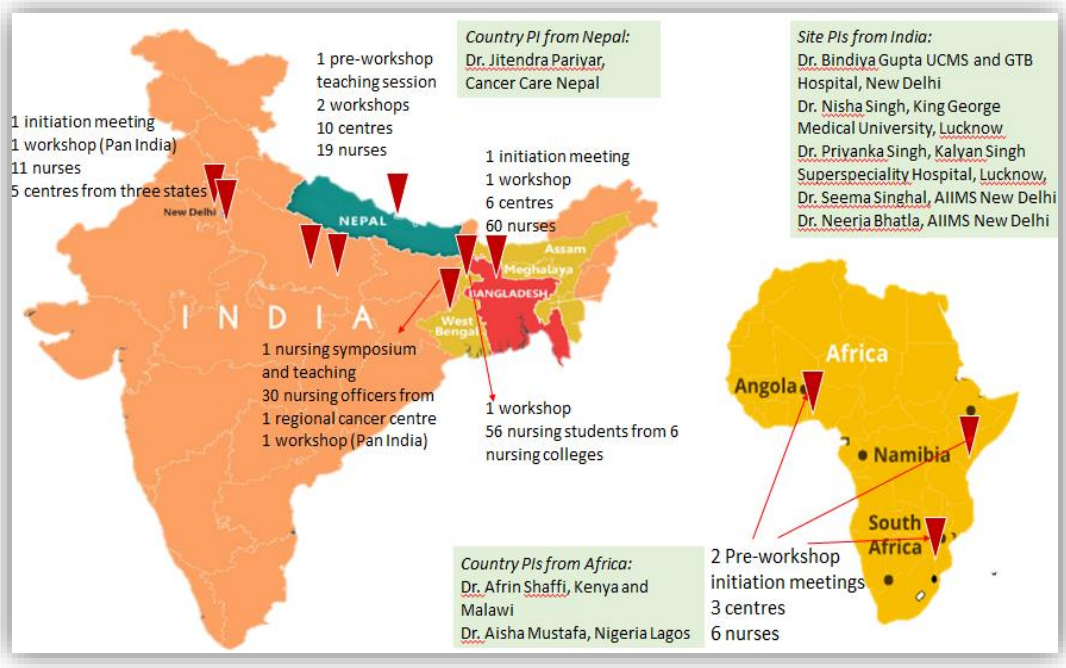
**Given below different project achievements/advancements:**

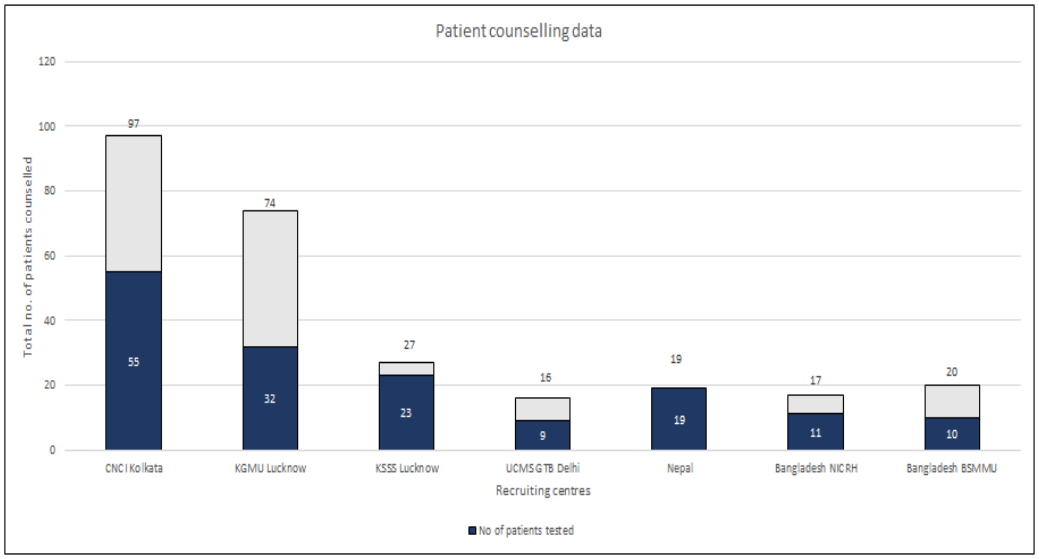
## NuGenA

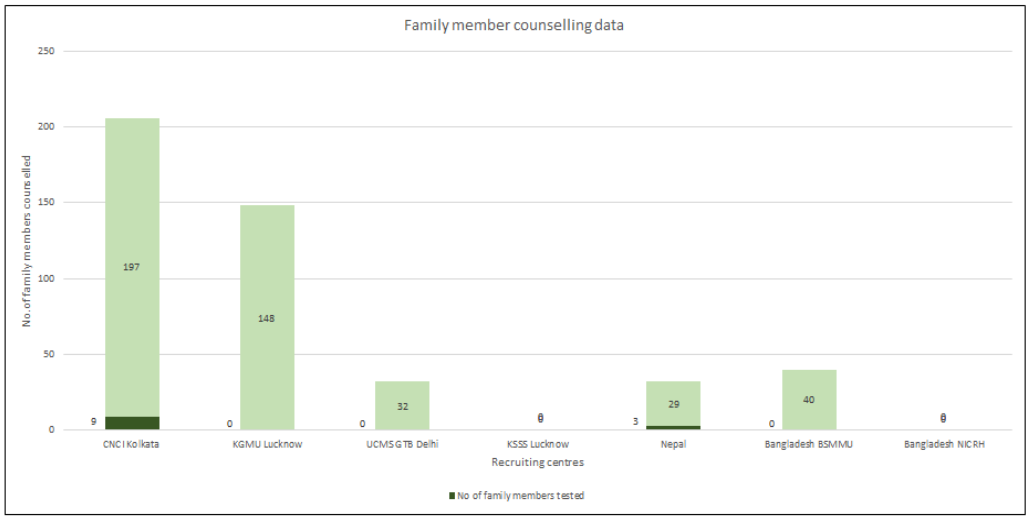
**Nurse-led Genetic counselling in improving Awareness and implementation of screening services for hereditary women's cancer**:

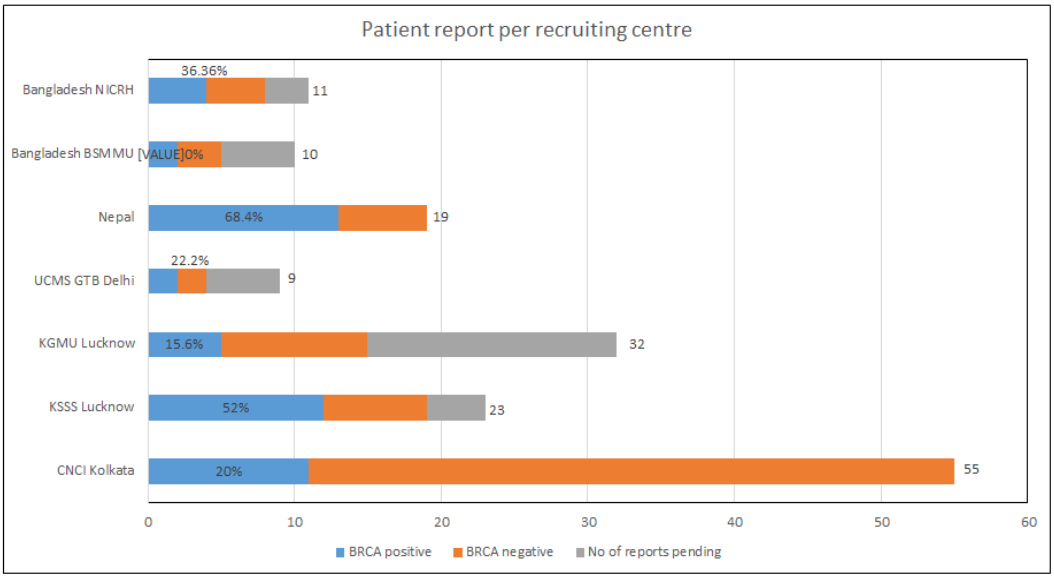
Objectives:

We are proposing a strategy where a nurse led genetic counselling service (intervention) whereby nurses/medical social workers after adequate training, will develop a community-based program for health education, cancer awareness and genetic counselling/referral services in Eastern India. This model has not been evaluated in Eastern India before and can be an exemplar of a cost- effective approach of involving both the provider and acceptor of existing cancer health services to improve primary and secondary prevention in women's cancer. The key aim of this proposal is to evaluate whether such strategy will be acceptable, cost-effective, and scalable for all stakeholders i.e., patients, health care professionals, government/policy makers across diverse health infra- structural landscapes in low middle-income countries.


1 initiation meeting
1 workshop (Pan India)
11 nurses
5 centres from three states
New Delhi
1 pre-workshop teaching session
2 workshops
10 centres
19 nurses
Country PI from Nepal:
Dr. Jitendra Pariyar, Cancer Care Nepal
Site PIs from India:
Dr. Bindiya Gupta UCMS and GTB Hospital, New Delhi
Dr. Nisha Singh, King George Medical University, Lucknow
Dr. Privanka Singh, Kalyan Singh Superspeciality Hospital, Lucknow,
Dr. Seema Singhal, AIIMS New Delhi
Dr. Neeria Bhatla, AIIMS New Delhi
NEPAL
1 initiation meeting
1 workshop
6 centres
60 nurses
Assam
Meghalaya
BANGLADESH
West Bengal
INDIA
1 nursing symposium and teaching
30 nursing officers from
1 regional cancer centre
1 workshop (Pan India)
1 workshop
56 nursing students from 6 nursing colleges
Africa
Angola
Namibia
South Africa
Country PIs from Africa:
Dr. Afrin Shaffi, Kenya and Malawi
Dr. Aisha Mustafa, Nigeria Lagos
2 Pre-workshop initiation meetings
3 centres
6 nurses


Patient counselling data
Total no. of patients counselled
120
100
80
60
40
20
0
97
55
74
32
27
23
16
9
19
19
17
11
20
10
CNCI Kolkata
KGMU Lucknow
KSSS Lucknow
UCMS GTB Delhi
Nepal
Bangladesh NICRH
Bangladesh BSMMU
Recruiting centres
No of patients tested


Family member counselling data
No. of family members counselled
250
200
150
100
50
0
9
197
0
148
0
32
0
29
3
0
40
0
CNCI Kolkata
KGMU Lucknow
UCMS GTB Delhi
KSSS Lucknow
Nepal
Bangladesh BSMMU
Bangladesh NICRH
Recruiting centres
No of family members tested




## IGCS ANNUAL MEETING POSTER 2023 SEOUL, SOUTH KOREA


## IGCS ANNUAL MEETING POSTER 2024 DUBLIN, IRELAND

**Additional update:**

- NuGenA workshop New Delhi 2024 involving 15 nurses and discussion for Phase III NuGenA expansion through the IGCS-EWS model.
- Patient Public engagement and dissemination of knowledge to public on NuGenA and gynaecological cancers through the patient public group Sarbojaya on 24th November 2024- one of our patient involved in drama academy has speared the process.

## PRECERCA

**Prevention of Cervical cancer**

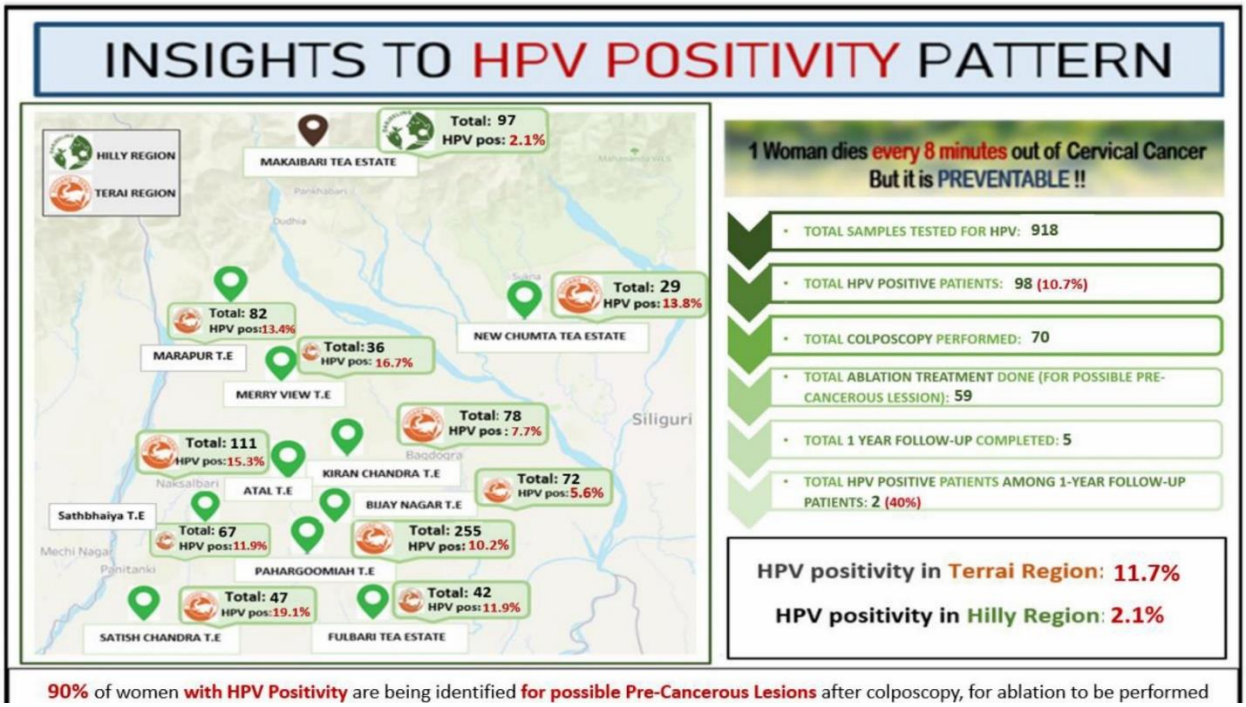
Cancer cervix is the second leading cause of cancer related mortality among Indian women. The numbers of newly diagnosed women with cervical cancer are 1,23,907 and about 77,348 women die from this disease every year. Visual inspection of the cervix with acetic acid and Pap test have been the two main modalities of traditional cervical cancer screening so far. Recently, several HPV testing- based screening strategies have been adopted in India as a primary screening test, based on current WHO recommendations due to improved diagnostic accuracy. Even though prevention through HPV vaccines is recommended, it is still not well accepted in India. Irrespective of HPV vaccination, women must continue with screening. Hence a springboard for scaling up affordable and sustainable cervical cancer screening services from primary health centres is required, in order to be able to reach global targets by 2030.

Access to cervical cancer screening remains a major problem in rural areas and amongst working women, especially among the Tea Garden Workers who have lack of awareness as well as lack of time due to their busy work schedule. The overall lack of systematic screening results in women living in these areas from being devoid of early detection of cervical cancer. We are proposing a screen and treat strategy, on the same day using HPV DNA testing by gene Xpert technology which has been successful in some other settings too and is being increasingly used in several projects globally. It is an innovative project encompassing longitudinal screening in the uphills of Himalayas so that every woman gets access to healthcare service.

Approximately, 1,00,000 women work in North Bengal Tea garden alone in the foothills of the Himalayas. KolGO Trg is committed to work towards the WHO Elimination goal for cervical cancer 2030. PRECERCA is our project to improve cancer awareness and bring the one stop HPV screen and treat technology for cervical screening at the workplace for women in these remote tea gardens.

PRECERCA TRAINING AND WORKSHOPS:-
Currently our programme is associated with five tea gardens of North Bengal: Newchumta TE, Paharghoonia TE, Atal TE, Kiran Chandra TE, and Makaibari TE. A total of 17 camps have been done so far. We are very thankful to the tea garden associates for their continued support.

Tea Gardens included – 1. Atal Tea Estate, 2. Pahargoomiah Tea Estate, 3. Kiran Chandra Tea Estate, 4. Makaibari Tea Estate, 5. New Chamta Tea Estate, 6. Satish Chandra Tea Estate. 7. Makaibari Tea Estate, 8. Merry view Tea Estate, 9. Bijaynagar Tea Estate, and 10. Fulbari Tea Estate.



# PRECERCA MEETINGS AND CAMPS 2023-24


# HIPEC HR

## Hyperthermic Intraoperative Peritoneal Chemotherapy

### Study objectives

There are two major components of this study proposal-

1. We aim to study if there is a difference in efficacy, safety and treatment outcome after HIPEC in the frontline setting between HRC and HRD epithelial ovarian cancers.
2. We will assess whether HR status is a prognostic biomarker for treatment outcome following primary CRS and HIPEC (Intervention) compared to primary CRS and no HIPEC (standard adjuvant chemotherapy). Our hypothesis is that in the HRD subgroup which is chemo-sensitive, HIPEC may not confer any
additional benefit after optimal cytoreduction; whereas it is the HRC subgroup where HIPEC will be beneficial due to its presumed action on DDR function (Compromise HR) and tumour micro-environment, thereby introducing a concept of Targeted HIPEC.

Treatment outcome will be measured by:
a) Time to progress b) Time to subsequent therapy
c) Cost of treatment d) Quality of life
2. Translational outcomes: Pre/ post heat tissue samples to study effect of heat
On DDR status b) ECM Matrix modulation c) Immune cell infiltrates and function

### Quality of life

In order to identify the impact of the study on your physical as well as emotional well-being patients are asked to fill up the quality of life questionnaires. It comprises of some questions encompassing physical, psychosexual, emotional and social dimensions of health. The questionnaires are implemented before the surgery, 6 weeks after the surgery and then at every 6 months for a duration of total 5 years. A research nurse assists to fill up the questionnaire.

### DATA UPDATE

Till date, 11 patients have been enrolled in the study, of whom 8 patients completed QOL 6 weeks post-surgery, nine completed 6months follow-up, eight completed 1-year follow-up, and five completed 18months follow up. Till date, 4 patients have died and 2 patients recurred.

# OVHIPEC II

Phase III randomized clinical trial for stage III epithelial ovarian cancer randomizing between primary cytoreductive surgery with or without hyperthermic intraperitoneal chemotherapy: OVHIPEC-2

**Rationale:** Over 75% of the patients with epithelial ovarian cancer are diagnosed with advanced disease that has spread beyond the ovaries to the peritoneal surface. Optimal treatment for advanced disease involves cytoreductive surgery (CRS) followed by six cycles of intravenous (IV) chemotherapy with carboplatin and paclitaxel or interval CRS after three cycles of chemotherapy. The overall 5-year survival is 30-40% for patients with advanced stage disease. The chance of getting recurrent disease within two years is 80%. To improve outcome, additional strategies for these patients are warranted. In recent years, the effect of intraperitoneal administration of chemotherapy has been evaluated in a number of trials. Unfortunately, due to high toxicity rates, postoperative intraperitoneal administration of chemotherapy using a catheter is not generally adapted. In patients with peritoneal malignancies from other origin, an intraoperative variant has been explored: Hyperthermic Intraperitoneal Chemotherapy (HIPEC). The recent randomized OVHIPEC-1 study shows that combining hyperthermic intraperitoneal chemotherapy (HIPEC) with interval cytoreductive surgery significantly improves recurrence-free and overall survival for patients with stage III epithelial ovarian cancer. OVHIPEC-1 was a randomized controlled trial in patients with stage III ovarian cancer who were ineligible for primary CRS due to extensive intra-abdominal disease. A survival benefit of nearly one year was shown in patients who underwent HIPEC. For patients with stage III epithelial ovarian cancer, for whom primary CRS is feasible, however, the value of HIPEC is still uncertain.

Our hypothesis is that the addition of the HIPEC procedure to primary cytoreductive surgery, increases overall survival compared to standard therapy without HIPEC, in patients with FIGO stage III ovarian cancer who are eligible for primary cytoreductive surgery resulting in no residual disease, or residual disease up to 2.5 mm.

**Objective**: The primary objective of this study is to evaluate the effect of HIPEC on overall survival when added to primary cytoreductive surgery in patients with FIGO stage III ovarian cancer who are eligible for primary cytoreductive surgery resulting in no residual disease, or residual disease up to 2.5 mm.

**Study design**: We propose to perform a randomized controlled, open-label, multicenter phase III trial to evaluate whether the addition of a HIPEC procedure improves outcome in patients with ovarian cancer who are eligible for primary CRS with no residual disease, or residual disease up to 2.5mm. Written informed consent will be collected before any study related procedures. Randomization takes place at the end of the cytoreductive procedure.

**Study population:** Patients with histological proven FIGO stage III epithelial ovarian cancer, peritoneal cancer, or fallopian tube carcinoma, in whom a complete or near complete primary CRS is performed. Intervention Primary cytoreductive surgery with HIPEC is performed with cisplatin (100mg/m2 ) for 90 minutes at a temperature of 41-42oC at the end of surgery, with administration of sodium thiosulphate to protect renal function. Treatment is followed by six adjuvant intravenous or combined intravenous/intraperitoneal chemotherapy cycles, and maintenance therapy with bevacizumab or PARP inhibition if indicated.

**Main study endpoints**: Primary endpoint is overall survival. Secondary endpoints are recurrence-free survival, time to subsequent anticancer treatment, toxicity and morbidity. Time to second subsequent anticancer treatment, quality of life analysis and economic- and cost evaluation are exploratory endpoints.

**Nature and extent of the burden and risks associated with participation, benefit and group relatedness:**

Follow-up visits will be scheduled every three months in the first two years and every six months during year 3-5. During these follow-up visits routine physical examination including pelvic examination and if indicated vaginal ultrasound will be performed. CT-scans will be performed within 28 days before randomization, within six weeks after the end of the chemotherapy cycles, at 6, 12 and 24 months in follow-up and in the event of suspicion or a recurrence based on symptoms or raised CA125. Participants of the study will be asked to fill in quality of life questionnaires (five times in two years). For clinical follow-up, biobanking purposes, biomarker studies and pharmacokinetic studies, blood samples will be taken before treatment, before start and after the end of chemotherapy cycles, and during follow-up visits (28 blood withdrawals during five years; including five blood draws for biobanking purposes). Standardization of the follow-up with regular CA125 measurements and CT-scans at specific time points will be strictly adhered to in order to prevent bias from the open-label design of the study during follow-up.

**STUDY UPDATE:**

HMSC and CTRI approval has been done.

SITES IN INDIA: ASTER CMI HOSPITALS

Site initiation visit completed, Ethics approval from ASTER CMI HOSPITALS received.

# IPIROC

## Intermittent PARP Inhibitor in Recurrent Ovarian Cancer

Ovarian cancer treatment is a looming pandemic in India where over 30,000 women die each year, and its incidence is increasing rapidly. PARP inhibitors (PARPi) have radically changed targeted therapies for cancers with BRCA mutations or homologous-recombination deficiency (HRD) in ovarian cancers. However, the recommended daily dosing of PARPi is unfeasible for the Indian/ resource adapted patient cohort where low BMI and anemia is prominent. KolGO Trg's study, IPIROC aims at facilitating the access of life saving drug Rucaparib, such that it is equally accessible to every women affected with Ovarian Cancer worldwide, thus addressing financial and health toxicity without compromising survival.

Currently, we are carrying on with our Proof of Concept Exploratory study for determining the best cohort who would get benefited from this intermittent dosing. Next, we plan to expand our study to a Randomized Controlled Phase 2 study to conduct a prospective pragmatic study in ovarian cancer patients, prescribed daily dosing of rucaparib and study tolerability, toxicity, efficacy, quality of life, affordability/cost-effectiveness, willingness to pay and patient satisfaction to a daily dosing schedule in the Indian population.

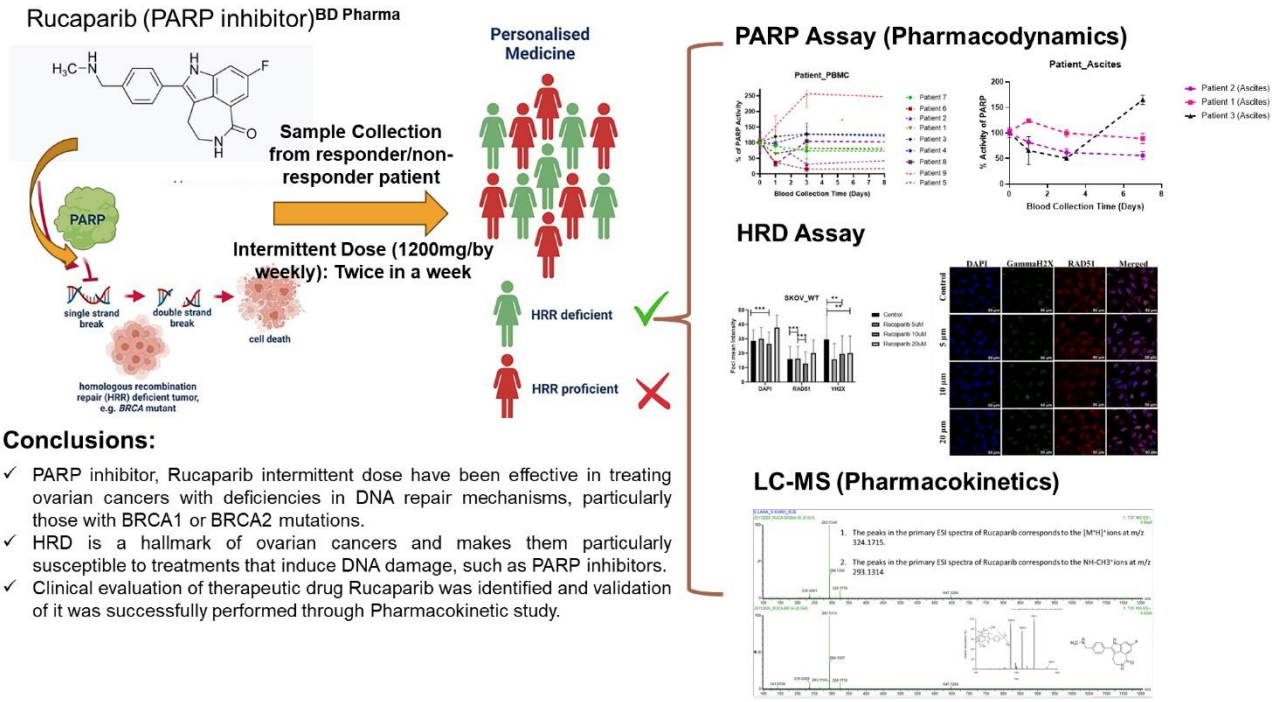
Pilot exploratory cohort for feasibility (Ethics approval for academic study) in platinum-sensitive-recurrent-ovarian-cancer with visible currently recruiting women (N=8) for a 12-week single-arm window-of-opportunity-study. Intermittent dosing of rucaparib generic drug in platinum sensitive recurrent ovarian cancer with visible disease: women are showing durable response to this regimen beyond 6 months; all are asymptomatic post 42 weeks even with biochemical progression. Women, who are responding, want to stay on this regimen, as patient friendly, no loss of days to work, home-based trial monitoring, improvement of body image/wellbeing. Recruitment ongoing showing > 3-fold cost reduction for drug and no grade 3 toxicity/hospital admission/transfusion, leading to further reduction in opportunity costs (Manuscript accepted in International journal of Gynaecare, IJGC).

**Work Summary:** Intermittent PARP Inhibitor in Recurrent Ovarian Cancer Ovarian cancer treatment is a looming pandemic in India where over 30,000 women die each year, and its incidence is increasing rapidly. PARP inhibitors (PARPi-Rucaparib) have radically changed targeted therapies for cancers with BRCA mutations or homologous-recombination deficiency (HRD) in ovarian cancers. However, the recommended daily dosing of PARPi is unfeasible for the Indian/resource adapted patient cohort where low BMI and anemia is prominent. KolGoTrg study, IPIROC aims at facilitating the access of life saving drug Rucaparib, such that it is equally accessible to every woman affected with Ovarian Cancer worldwide, thus addressing financial and health toxicity without compromising survival. Currently, we are carrying on with our Proof-of-Concept Exploratory study for determining the best cohort who would get benefited from this intermittent dosing. Next, we plan to

expand our study to a Randomized Controlled Phase 2 study to conduct a prospective pragmatic study in ovarian cancer patients, prescribed daily dosing of rucaparib and study tolerability, toxicity, efficacy, quality of life, affordability/cost- effectiveness, willingness to pay and patient satisfaction to a daily dosing schedule in the Indian population.

Pilot exploratory cohort for feasibility (Ethics approval for academic study) in platinum-sensitive-recurrent- ovarian-cancer with visible currently recruiting women (N=9) for a 12-week single-arm window-of- opportunity-study. Intermittent dosing of rucaparib generic drug in platinum sensitive recurrent ovarian cancer with visible disease: women are showing durable response to this regimen beyond 6 months; all are asymptomatic post 42 weeks even with biochemical progression. Women, who are responding, want to stay on this regimen, as patient friendly, no loss of days to work, home-based trial monitoring, improvement of body image/wellbeing. Recruited patient shows, reduced PARP expression in responder patient (BRCA 1 muted) as well as HRR deficiency indicated the effectivity of intermittent dose of PRAPi i.e., Rucaparib drug. The ongoing experimental results are shown in **Figure**.

Work Summary: IPIROC




**Conclusions:**

- ✓ PARP inhibitor, Rucaparib intermittent dose have been effective in treating ovarian cancers with deficiencies in DNA repair mechanisms, particularly those with BRCA1 or BRCA2 mutations.
- ✓ HRD is a hallmark of ovarian cancers and makes them particularly susceptible to treatments that induce DNA damage, such as PARP inhibitors.
- ✓ Clinical evaluation of therapeutic drug Rucaparib was identified and validation of it was successfully performed through Pharmacokinetic study.

**Achievement:**

E-Poster Viewing Abstracts
AS18. Social inequities and impact on cancer outcomes

EV413/#823 Representing EDI in gynaecological oncology academic clinical trials in India: IPIROC trial framework

Sarita Kumari , Daity Bhattacharjee , Tanushri Ghosh , Dona Chakraborty , Atanu Bhattacharjee , Shyam Mandal , Amlan Sarkar and Asima Mukhopadhyay

ePoster Viewing
AS11. Ovarian cancer

EP290/#820 Intermittent PARP inhibitor regimen in ovarian cancer (IPIROC): origin and feasibility of implementing a proof-of-concept exploratory study FREE

Asima Mukhopadhyay [1, 2], Tanushri Ghosh [1], Daity Bhattacharjee [1], Dona Chakraborty [1], Rama Gupta [1], Indrani Roychowdhury [3], Puja Chatterjee [4], Manisha Vernekar [4], Rahul Roy Chowdhury [5] and Ipiroc Study Group [1]

# HOTROC

## Hormone Therapy in Recurrent Ovarian Cancer

This multicentric international **study aims to evaluate and compare the safety and efficacy of Hormone therapy in asymptomatic women with a rise in CA125 but no measurable disease versus physicians counselling for observation (control) in Ovarian Cancer .**

So, this phase 2 randomized controlled study recruits patients with recurrent high grade serous cancers of ovary with rising trends of CA125 and no visible disease, progressed/recurred following standard therapy (Surgery –either primary or interval followed by platinum based chemotherapy ) and never received hormone therapy in the past to assess stabilization and regression of disease .

The total number of patient's planned to be enrolled for all the centres are 300 and for the centres in India are 200.

# DEBULK STUDY

**Therapeutic effect of surgical debulking of metastatic lymph node in cervical cancer stage IIICr: A phase III, randomized controlled clinical trial (DEBULK trial)**

The most important factor in determining cervical cancer prognosis is the status of the LN.

 LN metastasis is newly included in the cervical cancer staging as revised in 2018, and if LN metastasis is present, stage IIIC diagnosis is made. (Stage by imaging is IIICr)

 The standard treatment for cervical cancer IIIC with LN metastasis is CCRT.

 Bulky LNs are classified as LNs 1.5 cm or larger, and multiple LN metastases are metastases to 2 or more LNs.

 There are study results that suggest that when there are bulky LNs or metastases to multiple LNs present, the treatment effectiveness decreases, and the prognosis is poor.

 Retrospective studies suggest that resection of the bulky node may confer therapeutic benefits in cervical cancer subjects.

 As there are no prospective studies on the effectiveness of bulky or multiple lymph node reduction, there is a critical need for an accurate assessment of the effectiveness of surgical debulking of bulky LNs or multiple LNs. A Phase III randomized clinical trial is conducted to investigate whether performing surgical debulking of bulky or multiple LNs prior to starting CCRT improves survival rates in patients diagnosed with cervical cancer IIICr through imaging examinations.

**Primary Objective of the Study:**

To investigate the effects of surgical debulking of bulky LNs or multiple LNs prior to implementing CCRT on the improvement of survival rate in cervical cancer stage IIICr.

Control Group: CCRT

Experimental Group: Surgical debulking of bulky LNs or multiple LNs + CCRT

**Secondary Objective of the Study:**

- To compare treatment-related complications

- To evaluate the diagnostic accuracy of imaging examination for the diagnosis of bulky LNs or multiple LNs

STUDY UPDATE:

HMSC and CTRI approval has been done.

SITES IN INDIA: ASTER CMI HOSPITALS

# INTERLACE

Induction Chemotherapy Plus Chemoradiation as First Line Treatment for Locally Advanced Cervical Cancer

Chemoradiation has been the standard treatment for advanced cervical cancer for a decade, but one third of women still die from a failure to control systemic disease . In a recent multicentre phase II trial of 46 women the investigators found that, 68% of women had tumours that responded to weekly induction chemotherapy prior to chemoradiation. The induction chemotherapy had acceptable toxicity and did not compromise the standard

chemo-radiation treatment. In addition, the overall survival and progression free survival at 3 years was 66% (95% CI 4779). These results, together with acceptable toxicity, provide justification for evaluating induction chemotherapy prior to chemoradiation in a randomised phase III trial .

The investigators aim to investigate in a randomised trial whether additional induction chemotherapy given on a weekly schedule immediately before standard chemoradiation leads to an improvement in overall survival. The investigators plan to recruit 770 women with locally advanced cervical cancer who are eligible for standard chemoradiation, they will be randomised to weekly carboplatin and paclitaxel chemotherapy for 6 weeks followed by chemoradiation or to chemoradiation alone. The trial will recruit for 4 years with 5 years of follow up period.

| | | |
|---|---|---|
| Actual Study Start Date | : | November 8, 2012 |
| Estimated Primary Completion Date | : | February 2026 |
| Estimated Study Completion Date | : | December 2026 |

## ROCK MDT

### MULTIDISCIPLINARY TUMOR BOARD

## Introduction:

Multidiscilplinary Tumor Board is an interdisciplinary collaboration of doctors from different specialities who review and discuss medical condition and treatment option of patients . MDT is a treatment planning approach , aims to provide the highest quality patient care according to evidence based guidelines . This intercollaborative approach brings more specialized service for a better patient care outcome in Cancer treatment . It Primarily includes specialists from Radiation Oncology , Medical Oncology , Radiology , Surgery , Pathology .

## Aims:

MDT benefit patients via improved adherence to clinical guidelines and a better system of quality review . Rare tumor cases can also be brought forth the Tumor board , leading to improved decision making and quality of information as well as promotion of teamwork . Tumor boards also beneficial for cancer survivors and lead to improved follow up . Owing to the whopping administrative cost involved in arranging meetings , **Virtual Tumor boards** are more preferable post Covid situation .

## Composition:

**MDT at KOLGOTRG comprises of the following members:**

1. Dr. Asima Mukhopadhyay : Consultant Gynae oncologist and Chairperson of MDT
2. Dr. Rahul Roychowdhury : Consultant Gynae Oncologist
3. Ms Dona Chakraborty : Research Admin
4. Mrs. Tanushri Ghosh : Study Coordinator
5. Mrs. Sonali Mondal : MDT Coordinator
6. Mrs. Papiya Mukherjee : Research Nurse
7. Ms Rama Gupta : Research Nurse

## Work procedure:

- The detailed procedure of MDT is written as follows :

MDT Coordinator maintains liaison with patient , patient family members , and doctors of Medical team , meeting virtually or face to face.

Interested patients who want to be a part of KOLGOTRG MDT , get intimation via mail/telephone .

Appointments are fixed by MDT coordinator on case to case basis , meetings are virtual or face to face in a physical setup at Subodh Mitra Cancer Hospital ( Salt Lake Kolkata )

Patients need to send their reports once the appointment is confirmed , before the actual date of appointment .

MDT Proforma are filled out duly for each patients
Patients need to bring them on the date of appointment for discussion .

Clinical research team and non clinical team come together and discuss with the patients regarding their current and previous medical history and appropriate management .

Patients are called back for follow ups coordinated by MDT Team and all documents are stored in hard copies and Red cap database .

# EWS

## Every Woman Study

Participating in a research study called "The Every Woman Study" in low- and middle-income countries, and we would like to invite to patient participate. The aim of the study is to identify the challenges and opportunities to improve survival for women with ovarian cancer. It does not involve the woman trying new medicines or procedures but is a survey that will take at least 20 minutes to complete. It will ask about patient any symptoms experienced, how were diagnosed, needs since diagnosis, and where would like to see improvements made in the diagnosis and care of women with ovarian cancer. The study is being funded by two not for profit organisations who are both committed to ensuring women with ovarian cancer get the best possible care no matter where they live. The World Ovarian Cancer Coalition has up to 200 patient advocacy group members from 50 countries, and the International Gynaecologic Cancer Society contributes to the prevention, treatment, and study of gynaecologic cancers and to finding ways of improving women's quality of life. They are involved in training doctors in countries such as this. Whilst we will have to retain a separate paper record of patient name and unique identifier number, patient name will not be uploaded to the study electronic database with any answers. This means we will not be identifiable from patient answers.

**Study update:**

| STUDY CENTRE | NO. OF PATIENTS |
|---|---|
| KOLKATA - SISTER NIVEDITA UNIVERSITY | 6 |
| KOLKATA - KOLGO TRG | 37 |
| DELHI - UCMS GTB | 21 |
| DELHI - AIIMS | 18 |
| LUCKNOW - KGMC | 28 |
| KOLKATA – SGCC&RI | 16 |
| KOLKATA - CNCI | 21 |
| **TOTAL** | **147** |

# 6th Annual Meet (21st – 23rd December, 2024)

**Date: 21st-23rd December 2023, Workshop on Clinical Trial designs  Venue: Sister Nivedita University, Kolkata**

| 21st December | Topic: Workshop on clinical trial designs (virtual sessions) | Venue: Sister Nivedita University, Kolkata and virtual |
|---|---|---|
| 11.30am– 2.30pm | Welcome address: GCIG strategic vision for academic studies - Asima Mukhopadhyay (10 min)<br>• Estimation of Quality-of-life adjusted outcomes in Clinical Trials and considerations for innovative trial designs- Val Gebski, University of Sydney, Australia<br>• Master Protocols: Basket, platform, and umbrella trials- James Wason, Newcastle University, UK<br>• Economic evaluation as part of Clinical Trials: why when and how- Luke Vale, London School of Hygiene and tropical Medicine, UK | |
| 3.00 pm -5.00 pm | • Response-adaptive designs for clinical trials from myths to practical considerations- Sofia Villar, University of Cambridge, UK<br>• Optimal Allocation Proportions and How to Target Them – Lukas Pin, University of Cambridge, UK | |
| 5.30 pm-7.30 pm | • Sequential, Multiple Assignment, Randomized Trials (SMART)- Kelley Kidwell, University of Michigan, USA<br>• Cluster Randomized Designs- Kelley Kidwell, University of Michigan, USA<br>• Q & A | |
| 22nd December | Topic: Workshop on clinical trial designs<br>(Face to face and virtual sessions) | Venue: Sister Nivedita University, Kolkata and virtual |
| 10.00 am- 1 pm | • Introduction: Capacity building in Clinical Trial design, methodology and implementation. Asima Mukhopadhyay (KolGOTrg) and Dhrubojyoti Chattopadhyay (Sister Nivedita University, Kolkata)<br>• Inaugural talk- Partha Pratim Majumder -National Science Chair, Science and Engineering Research Board, Government of India<br>• Using Real World Data for Clinical Research- Bhramar Mukherjee -University of Michigan, USA | |
| 2.00 pm – 5pm | • De-escalation trials in academic setting: Barriers and implementation strategies for developing a Master protocol for IPIROC study- Asima Mukhopadhyay (KolGOTrg, India and James Cook University Hospital, UK<br>• Applying adaptive-designs in challenging settings, practical considerations from implementation to estimation" - Sofia Villar, University of Cambridge (Virtual)<br>• Q & A | |
| 6-8 pm | Workshop Dinner and Networking (participants and faculty) | Venue: TBC |
| 23rd December | Topic: Workshop on clinical trial designs<br>(Face to face and virtual sessions) | Venue: Sister Nivedita University, Kolkata |
| 8.30 am- 1pm | • Joint Longitudinal and survival modelling in clinical trials- Atanu Bhattacharjee (Virtual)<br>• Roles and Challenges of Missing Data in Clinical Trials – Joydeep Basu, Warwick Medical School, UK<br>• Bayesian Adaptive Designs for Dose Optimization Study in Oncology- Ayon Mukerjee, IQVIA<br>• Q &A and Closure of meeting | |
| 2pm- 7 pm | KolGOTrg 6th annual meeting: Update on ongoing and new clinical studies (2 pm onwards)<br>GCIG study participation update- Asima Mukhopadhyay / Rahul RoyChowdhury – 60 min<br>Every Woman study update- Asima Mukhopadhyay, Frances Reid – 30 min<br>Tea/Coffee Break<br>KolGOTrg ongoing studies- Asima Mukhopadhyay and Dona Chakraborty<br>-IPIROC, HIPEC-HR, PRECERCA, NuGenA, PREGNANCY, ROCK- 60 min<br>• KolGOTrg new study ideas: – 120 min<br>- DETEC- Rahul RoyChowdhury/ Damayanti Das Ghosh<br>- PROVAT-Susanta RoyChowdhury<br>- HRDAIC and PARP RAD- Asima Mukhopadhyay<br>- RECERCA- Sharmila Sengupta<br>- Neoadjuvant PIPAC- Somasekhar SP<br>- INDIGO (Indian Industry Sponsored Gyn Oncology study group)- Asima Mukhopadhyay | |
| 7.30 pm onwards | KolGoTrg Annual meeting Dinner: Westin, Kolkata | |

**Organizing partner**:

DIRECTOR'S MESSAGE

KolGO Trg
ICMR-CCoE
Collaborating center of excellence

It is my privilege to welcome you in our inaugural workshop on "Study Design and Analysis of Clinical Trials". We have embarked on a journey to extend the horizons of knowledge and application in the field of statistics and clinical research. We have an assembly of brilliant minds: I am certain that this endeavor will establish opportunities for collaboration, mentorship, training and scope for developing innovative strategies in healthcare research.

## PROGRAM COORDINATORS (From KolGO Trg)


## ORGANIZING FACULTY (from SNU)


## ABOUT KolGO Trg (ICMR-CCoE):-

Established in 2018, Kolkata Gynecological Oncology Trials and Translational Research Group (KolGoTrg) is dedicated to improving quality and duration of life for women with gynecological cancers in India, through creation of focused research platforms involving scientists and clinicians across the region.

## ABOUT the Programme:-

Kolkata Gynecological Oncology Trials and Translational Research Group (KolGoTrg) is proud to become an ICMR (Indian Council of Medical Research) Collaborating Centre of Excellence and we are happy to announce our first workshop on Clinical Trial designs to be held in December, 2023 in partnership with Sister Nivedita University, Kolkata, India.

We have distinguished guest faculty members from University of Michigan, USA; MRC Biostatistics Unit, Cambridge UK; Newcastle University, UK; London School of Hygiene and Tropical Medicine, UK and University of Sydney, Australia alongside our national faculty members, who will provide insight on Trial designs, methodology and statistical considerations in clinical research.

On behalf of the organizing committee, we wish a great success to this event and look forward to your participation.

### Programme Highlights (Format Hybrid):-

- Live Interactive Sessions
- Discussions
- E-Certificate

REGISTRATION FEE: 3000 INR (exclusive of 18% GST)

### Contact Us to Register:-

+91-9330418799 / +91-033-35694187
research@kolgotrg.org
www.kolgotrg.org

**Registration Link:**
https://docs.google.com/forms/d/14iluYXBsBoAjBHpYIBB-4nWOjD9vR9LIVNhDK7uZSQ/edit?pli=1

**FUNDING SUPPORT:-**

KolGO Trg
Kolkata Gynaecological Oncology Trials and Translational Research Group
ICMR-CCoE
Collaborating Centre of Excellence

# KolGO Trg 6th ANNUAL MEETING AND INTERNATIONAL WORKSHOP ON " STUDY DESIGN AND ANALYSIS OF CLINICAL TRIALS "

**21 Dec 2023** to **23 Dec 2023**
**KOLKATA, INDIA**

## ORGANIZING PARTNER:

A Satyam Roychowdhury initiative
SNU SISTER NIVEDITA UNIVERSITY

## FACULTY MEMBERS:-


KolGo Trg Website link:-
https://www.kolgotrg.org/kolgo-trg-6th-annual-meeting-and-statistical-workshop-2023/

Venue: **Sister Nivedita University, Kolkata**
Address: G Block (Newtown), Action Area I, 1/2, Newtown, New Town, Chakpachuria, West Bengal - 700156

| TOPIC | SPEAKER |
|---|---|
| **DAY 1: 21st December 2023** | |
| **SESSION 1: 11:30 AM-2:30 PM** | |
| Welcome address:GCIG strategic vision for academic | Asima Mukhopadhyay |
| Estimation of Quality-of-life adjusted outcomes in Clinical Trials & considerations for innovative trial designs | Val Gebski (Virtual) |
| Master Protocols: Basket, platform, and umbrella trials | James Wason (Virtual) |
| Economic evaluation as part of Clinical Trials: why when and how | Luke Vale (Virtual) |
| Q/A | |
| **SESSION 2: 3:00 PM-5:00PM** | |
| Response-adaptive designs for clinical trials from myths to practical considerations | Sofia Villar (Virtual) |
| Optimal Allocation Proportions and How to Target Them | Lukas Pin (Virtual) |
| Q/A | |
| **SESSION 3: 5:30 PM-7:30 PM** | |
| Sequential, Multiple Assignment, Randomized Trials (SMART) | Kelley Kidwell (Virtual) |
| Cluster Randomized Designs | Kelley Kidwell (Virtual) |
| Q/A | |
| **DAY 2: 22nd December 2023** | |
| **SESSION 1: 10:00 AM-1:00 PM** | |
| Introduction: Capacity building in Clinical Trial design, methodology and implementation | Asima Mukhopadhyay (KolGOTrg) and Dhrubojyoti Chattopadhyay (Sister Nivedita University, Kolkata) |
| Using Real World Data for Clinical Research | Bhramar Mukherjee |
| Life in the Biopharmaceutical Industry through the Eyes of an Early Career Professional. | Arinjita Bhattacharyya |
| Q/A | |

| TOPIC | SPEAKER |
|---|---|
| **DAY 2 (cont.) : 22nd December 2023** | |
| **SESSION 2: 2:00 PM - 5:00 PM** | |
| De-escalation trials in academic setting: Barriers and implementation strategies for developing a Master protocol for IPIROC study | Asima Mukhopadhyay |
| Applying adaptive-designs in challenging settings, practical considerations from implementation to estimation | Sofia Villar (Virtual) |
| Joint Longitudinal and survival modelling in clinical trials | Atanu Bhattacharjee(Virtual) |
| Q/A | |
| **Dinner : Dhamsa Tribal Kitchen, Kolkata** | |
| **DAY 3 : 23rd December 2023** | |
| **SESSION 1: 8:30 AM – 1:00 PM** | |
| Roles and Challenges of Missing Data in Clinical Trials | Joydeep Basu |
| Bayesian Adaptive Designs for Dose Optimization Study in Oncology | Ayon Mukherjee |
| **CONCLUDING SESSION: GUEST OF HONOUR** | |
| Genomics Driven Clinical Trials | Partha Pratim Majumder |
| **Q/A and Closure of workshop** | |
| **DAY 3 (cont.): 23rd December 2023** | |
| KolGO Trg 6th Annual Meeting: Update on Ongoing and New Clinical Studies | |
| **SESSION 2: 2:00 PM – 7:00 PM** | |
| GCIG study participation update | Asima Mukhopadhyay & Rahul RoyChowdhury |
| Every Woman study update | Asima Mukhopadhyay, Frances Reid |
| **KolGOTrg ongoing studies:-** (IPIROC, HIPEC-HR, PRECERCA, NuGenA, PREGNANCY, ROCK) | Asima Mukhopadhyay & Dona Chakraborty |
| **KolGOTrg new study ideas:-** | |
| DETEC | Rahul RoyChowdhury/ Damayanti Das Ghosh |
| PROVAT | Susanta RoyChowdhury |
| HRDAIC and PARP RAD | Asima Mukhopadhyay |
| RECERCA | Sharmila Sengupta |
| Neoadjuvant PIPAC | Somasekhar SP |
| INDIGO (Indian Industry Sponsored Gyn Oncology study group) | Asima Mukhopadhyay |
| **Dinner: The Westin, Kolkata** | |

**R. DAS & ASSOCIATES**
*CHARTERED ACCOUNTANTS*

1A, ASHUTOSH MUKHERJEE ROAD,
SUITE # 605 & 606, KOLKATA - 700 020
PHONE : 2476-8439, 2476-8440
E-mail : caripdas@gmail.com

## Form No.3CB

(See rule 6G(i)(b))

Audit Report under section 44AB of the Income Tax Act , 1961. in the Case of a person referred to in Clause (b) of sub –Rule 6G

1. We have examined the Balance Sheet as at 31st March, 2024 and the Income and Expenditure Account for the year ended on that date, attached herewith of **KOLKATA GYNECOLOGICAL ONCOLOGY TRIALS AND TRANSLATIONAL RESEARCH GROUP** of **CNCI, 37**, Shyama Prasad Mukherjee Road, Room No. 404A, Kolkata-700026, holding Permanent Account Number: **AAFAK5221M**.

2. We certify that the Balance Sheet and the Income and Expenditure Account are in agreement with the books of accounts maintained at head office at **CNCI, 37**, Shyama Prasad Mukherjee Road, Room No. 404A, Kolkata-700026.

3. Subject to above.
   A. We have obtained all the information & explanation, which to the best of our knowledge & belief were necessary for the purpose of our audit.

   B. In our Opinion, Proper books of accounts have been kept at the head office of the assessee, so far as appears from our examination of the books.

   C. In our opinion, and to the best of our information and according to the explanation given to us, the said accounts give a true & fair view.

      i) In the case of the Balance Sheet of the state of the affairs of the assessee at 31st March, 2024. and

      ii) In the case of the Income and Expenditure Account of the Excess of Income over Expenditure of the assessee for the year ended on that date.

4. The Statement of particulars required to be furnished under section 44AB is annexed herewith in Form No 3CD .In our opinion and to the best of our information and according to explanation given to us, the particulars given in the said Form No 3CD are true & correct.

For R. DAS & ASSOCIATES
Chartered Accountants
FRNo. 318161E

Date: 28th September, 2024
Place: 1A, Asutosh Mukherjee Road,
Kolkata- 700 020.
UDIN :: **24053912BKACDB8768**

(RIP DAS)
Proprietor
M. No.FCA 53912

**KOLKATA GYNECOLOGICAL ONCOLOGY TRIALS AND TRANSLATIONAL RESEARCH GROUP**
**CNCI, 37, Shyama Prasad Mukherjee Road, Room No: 404A, Kolkata - 700026**

**BALANCE SHEET AS AT 31ST MARCH, 2024**

| LIABILITIES | Amount (Rs) | Amount (Rs) | ASSETS | Amount (Rs) | Amount (Rs) |
|---|---|---|---|---|---|
| **General Fund** | | | **Fixed Assets** | | |
| As per last Account | -26,564.00 | | Air Conditioner | | |
| Add: Surplus of Income over Expenditure | 4,94,72,966.00 | | Bal. as per last A/c | 22,312 | |
| Less: Deficit for the year | - | 4,94,46,402.00 | Less : Depreciation @15% | 3,347 | 18,965 |
| **Current Liabilities** | | | CCTV & Biometric | | |
| Advance from Debtors | 3,73,321 | | Bal. as per last A/c | 14,934 | |
| Sundry Creditors | 17,20,348 | | Less : Depreciation @15% | 2,240 | 12,694 |
| Profession Tax Payable | 11,100 | | | | |
| Liabilities for Expenses | 8,25,823 | | Computer & Accessories | | |
| Unexpired Project Income | 3,54,888 | 32,85,480 | Bal. as per last A/c | 1,71,855 | |
| | | | Add : During the year | 35,551 | |
| | | | Less : Depreciation @40% | 82,962 | 1,24,444 |
| | | | Furniture & Fixtures | | |
| | | | Bal. as per last A/c | 66,025 | |
| | | | Less : Depreciation @10% | 6,603 | 59,422 |
| | | | Electric Meter | | |
| | | | Bal. as per last a/c | 4,420 | |
| | | | Less : Depreciation @15% | 663 | 3,757 |
| | | | Projector Screen | | |
| | | | Bal. as per last A/c | 4,122 | |
| | | | Less : Depreciation @15% | 618 | 3,504 |
| | | | **Current Assets** | | |
| | | | Sundry Debtors | | 3,72,55,494 |
| | | | Balance with Revenue Authorities | | |
| | | | GST Receivable | 1,36,224.00 | |
| | | | Tax Deducted at Source | 9,000.00 | 1,45,224.00 |
| | | | Cash at Bank: | | |
| | | | HDFC Bank | 8,70,446.00 | |
| | | | HDFC Bank_Donation A/c | 57,411.00 | |
| | | | HDFC Bank_Membership Fee A/c | 90,633.00 | |
| | | | State Bank of India_Grant A/c | 1,40,83,121.00 | |
| | | | State Bank of India | 5,200.00 | 1,51,06,811.00 |
| | | | Cash in hand. | | 1,567.00 |
| | | **5,27,31,882.00** | | | **5,27,31,882.00** |

Date : 28th September 2024
Place: Kolkata
UDIN:: 24053912BKACDB8768

In terms of our report of even date annexed herewith.
For R. Das & Associates
Chartered Accountants
FRN No. 0318161E

(RIP DAS)
Proprietor
Membership No. 053912

R. DAS & ASSOCIATES • KOLKATA • Chartered Accountants

**KOLKATA GYNECOLOGICAL ONCOLOGY TRIALS AND TRANSLATIONAL RESEARCH GROUP**
**CNCI, 37, Shyama Prasad Mukherjee Road, Room No: 404A, Kolkata - 700026**

**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2024**

| | EXPENDITURE | | AMOUNT(Rs.) | | INCOME | | AMOUNT (Rs.) |
|---|---|---|---|---|---|---|---|
| To | Conference Expenses | | 10,00,945 | By | Conference Income | | |
| To | Project Expenses | | | " | Conference Participation | | 63,910 |
| | Neugena | 94,400 | | | | | |
| | Precerca | 11,78,416 | | By | Membership Subscription | | |
| | Rock Study | 500 | | " | Annual Membership Subscription | 18,000 | |
| | ASCO | 79,694 | 13,53,010 | " | Life Membership Subscription | 1,80,000 | 1,98,000 |
| To | Accounting Charges | 44,875 | | By | Donation & Grant | | |
| " | Bank Charges | 12,471 | | " | Donation Received | 11,21,832 | |
| " | Electricty Charges | 17,249 | | " | Grant Received | 5,36,23,793 | 5,47,45,625 |
| " | Conveyance & Travelling | 25,037 | | | | | |
| " | General Expenses | 30,795 | | By | S.B. Interest | 1,30,482 | |
| " | Office Expenses | 30,004 | | " | Interest on IT Refund | 118 | 1,30,600 |
| " | Electrical Repairs & Maintenance | 5,234 | | | | | |
| " | Office Maintenance | 47,193 | | By | Rock Fees | | 4,100 |
| " | Miscellaneous Expenses | 9,688 | | | | | |
| " | Printing & Stationery | 18,510 | | | | | |
| " | Research Expenses | 27,200 | | | | | |
| " | Trial Insurance | 2,70,000 | | | | | |
| " | Profession Tax Enrolment Fees | 2,700 | | | | | |
| " | Staff Salary & Bonus | 22,93,987 | | | | | |
| " | Telephone Charges | 16,226 | | | | | |
| " | Website Hosting | 14,541 | | | | | |
| " | Server Space | 90,320 | | | | | |
| " | Legal Expenses | 38,068 | | | | | |
| " | Biobanking | 1,71,700 | | | | | |
| " | Translational Work | 39,883 | | | | | |
| " | Zoom Standard Pro annual | 13,200 | 32,18,881 | | | | |
| To | Depreciation | | 96,433 | | | | |
| To | Surplus | | 4,94,72,966 | | | | |
| | | | 5,51,42,235 | | | | 5,51,42,235 |

Date : 28th September 2024
Place: Kolkata
UDIN:: 24053912BKACDB8768

In terms of our report of even date annexed herewith.
For R. Das & Associates
Chartered Accountants
FRN No. 0318161E

(RIP DAS)
Proprietor
Membership No. 053912

R. DAS & ASSOCIATES • KOLKATA • Chartered Accountants

# KolGO Trg Publications from April 2023 to March 2024

1. Ghosh DD, Roy Chowdhury R, Dutta R, Mukhopadhyay I, Mukhopadhyay A, Roychoudhury S. In-silico analysis of TCGA data showing multiple POLE-like favourable subgroups overlapping with TP53 mutated endometrial cancer: Implications for clinical practice in low and middle-income countries. Gynecologic oncology reports. **2023 Jun 1**; 47:101209–9. https://doi.org/10.1016/j.gore.2023.101209

2. Elias K, Smyczynska U, Stawiski K, Nowicka Z, Webber J, Kaplan J, et al. Identification of BRCA1/2 mutation female carriers using circulating microRNA profiles. Nature Communications [Internet]. **2023 Jun 8**;14(1):3350. https://doi.org/10.1038/s41467-023-38925-4

3. Ghosh A, Ghosh A, Sinha A, Mathai S, Bhaumik J, Mukhopadhyay A, et al. Identification of HPV16 positive cervical cancer subsets characterized by divergent immune and oncogenic phenotypes with potential implications for immunotherapy. Tumor biology. **2023 Aug 14**;45(1):55–69. https://doi.org/10.3233/tub-220035

4. Jayraj A, Nejati S, Mansy T, Mukhopadhyay A. PR059/#861 From phenotype to genotype: peroperative prediction of HRD status in epithelial ovarian cancers (EOC) based on serum CA-125, intraoperative tumour characteristics and surgical resectability. **2023 Nov 1;** https://doi.org/10.1136/ijgc-2023-igcs.99

5. Goswami J, Pal AR, Barman SM, Sarkar A, Patro V, Bhowmik J, et al. Restrictive versus goal-directed fluid replacement strategy in ovarian cancer cytoreductive surgery (RiGoROCS): A randomised controlled trial. Indian Journal of Anaesthesia/Indian journal of anaesthesia. **2023 Dec 1**;67(12):1101–9. https://doi.org/10.4103/ija.ija_489_23

6. Aarti Lakhiani, Cummins C, Kumar S, Long J, Arora V, Janos Balega, et al. Analysis of Anxiety, Depression and Fear of Progression at 12 Months Post-Cytoreductive Surgery in the SOCQER-2 (Surgery in Ovarian Cancer—Quality of Life Evaluation Research) Prospective, International, Multicentre Study. Cancers. **2023 Dec 22**;16(1):75–5.

7. Ghosh A, Sinha A, Ghosh A, Roy S, Mallick S, Kumar V, et al. Prognostic relevance of correlated co-expression of coding and noncoding RNAs in cervical cancers. bioRxiv (Cold Spring Harbor Laboratory). **2023 Dec 29**; https://doi.org/10.1101/2023.12.28.573593

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