



# Kolkata Gynaecological Oncology Trials & Translational Research Group

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## ANNUAL REPORT - 2025

FY. 2024 - 2025



*Dedicated to improving quality of research in women's cancer through creation of focused collaborative platforms involving scientists and clinicians across the region*

## INDEX

|   |       |
|---|-------|
| 1. Foreword .....                                       | 2     |
| 2. KOLGOTRG SIRO and KOLGOTRG TRUST.....                | 3     |
| 3. Governing body members.....                          | 4     |
| 4. Current member list .....                            | 5-6   |
| 5. KOLGOTRG Team members.....                           | 7-8   |
| 6. ROCK .....   | 9     |
| 7. KOLGOTRG CDSU.....                                   | 10-13 |
| 8. KOLGOTRG COPM .....                                  | 14    |
| 9. KOLGOTRG BIOBANK .....                               | 15    |
| 10. KOLGOTRG SARBOJAYA .....                            | 16-17 |
| 11. Trials in Progress.....                             | 18-19 |
| 12. Trials in Development .....                         | 20-21 |
| 13. Translational studies and PROVAT .....              | 22-23 |
| 14. Grants .....  | 24    |
| 15. GCIG, APGOT, ICGS collaboration and INDIGOT .....   | 25-26 |
| 16. CCRN leadership .....                               | 27-28 |
| 17. Lancet Ovarian Cancer Coalition collaboration ..... | 29    |
| 18. Role as an ICMR CCoE .....                          | 30    |
| 19. Workshops and meetings .....                        | 31-32 |
| 20. Posters and presentations .....                     | 33-35 |
| 21. Awards and achievements .....                       | 36    |
| 22. Publications Social media presence.....             | 37-39 |
| 23. Our Donors and Patrons .....                        | 40    |
| 24. Sponsors .....                                      | 41    |
| 25. Annual audit and expenditure .....                  | 42-46 |

## Foreword

*7<sup>th</sup> January 2026 marks the 8<sup>th</sup> anniversary of the formation of KolGOTrg.*

*Over the years, we have grown from being a clinician-scientist research group based in Kolkata, to truly having a pan-India footprint with research collaborations set up across nearly all states in India.*

*Internationally, we command leadership positions in the GCIG executive body, CCRN, APGOT and the Lancet Ovarian Cancer Commission. Made in India academic clinical trials are getting global; our innovative approaches for trial designs and R2CT strategy have gathered accolades for being pioneering contributions in clinical research in Gyn Oncology.*

*Our membership number grows to over 70 and young investigators outnumber the veterans!*

*KOLGOTRG Clinical Trials Design and Statistical Unit (CDSU) holds 2 seminal workshops in 2025 on the future design of clinical trials and minimal datasets.*

*Our ROCK (Regional Ovarian Cancer Centre KolGOTrg)- rocks! ROCK central in Kolkata recruit's patients sitting in a different corner of the country though unique collaborations with sites and use of tele medicine/ virtual platforms.*

*Our PPI and survivor group Sarbojaya has represented India at the world stage through the GCIG consensus committee guideline development and harmonization.*

*Our commitment to education continues through Nurse led Research programs, IGCS fellowship and ECHO tumor boards.*

*We look forward to a productive and academically stimulating year ahead in 2026 and thank you all for your commitment and contributions.*



**Dr. Asima Mukhopadhyay**  
*On behalf of the KolGOTrg Members*

**A. LEGAL ENTITIES: -**

- 1. Society (2018):** - 80G compliant (2025/2026-2029/2030)
  - No of current members as of 01/01/2026: 72
  - CA/Auditor: TK Ghosh and Company, Kolkata
- 2. SIRO:** - certification renewed (2025-2028)
  - Ethics: updated DHR approval awaited
  - GCIG member group
  - APGOT member Group
- 3. KOLGOTRG TRUST-** formed in 2024 to support the SIRO/society  
(Trustee - **Asima Mukhopadhyay, Rahul Roy Chowdhury, Susanta Roychoudhury**)

**B. Offices: (KOLGOTRG Society): -**

- 1. Registered Office:** 404A, CNCI, SP Mukherjee Road, Kolkata 26
- 2. Research Office:** (Address for SIRO): 1B, DD-92, Street 271, Newtown Kolkata 700156
  - KOLGOTRG CDSU and admin office
- 3. ROCK central CTU and clinic** - Smart Workspace, CBD-111, PRE. No.-04-0378, Action Area-CBD, New Town, Kolkata – 700156 West Bengal
- 4. KolGOTRG lab and Biobank:** Suraksha Diagnostics, Newtown
- 5. Satellite CTU:** ROCK– Karkinos, North 24 Parganas, WB
- 6. Satellite office:** Suraksha Diagnostics (ROCK)
- 7. CMIE Incubation lab:** NCI, AIIMS Jhajjar

**C. Offices (KOLGOTRG TRUST): -**

- 1. Registered Address:** 1B, DD 92, Street 271, Newtown Kolkata 700156
- 2. Additional property for KOLGOTRG TRUST:**
  - 1 BHK flat procurement in progress as a TRUST asset (in the name of the TRUST)

**LIST OF GOVERNING BODY MEMBERS**

| Name                    | Profession          | Designation     | Official address   | Email address  | Contact No       |
|-------------------------|---------------------|-----------------|--|--|------------------|
| Susanta Roy Choudhury   | Scientist           | President       | HB-47, Salt lake Sector 3, Kolkata - 700106  | <a href="mailto:susantarc@gmail.com">susantarc@gmail.com</a>                         | +91 33 2467 8002 |
| Sharmila Sengupta       | Scientist           | Vice-President  | 3, Third Street, Modern Park, Kolkata - 700555   | <a href="mailto:sharmilasg@gmail.com">sharmilasg@gmail.com</a>                       | +91 9830188363   |
| Asima Mukhopadhyay      | Clinician Scientist | Secretary       | 30/54, Atapara Lane Kolkata - 700050   | <a href="mailto:asima7@yahoo.co.in">asima7@yahoo.co.in</a>                           | +91 7044088132   |
| Rahul Roy Chowdhury     | Doctor              | Treasurer       | CJ-298, Salt lake Sector – 2, Kolkata - 700091   | <a href="mailto:rroychowdh@gmail.com">rroychowdh@gmail.com</a>                       | +91 9874536488   |
| Ranajit Kumar Mandal    | Doctor              | Joint secretary | 14, Hindusthan Road, Sarat Bose Road, Kolkata – 700029   | <a href="mailto:kranajitmandal@yahoo.co.in">kranajitmandal@yahoo.co.in</a>           | +91 98310 02078  |
| Tamohan Chaudhuri       | Doctor              | Joint Secretary | 14, Cluster 7, Purbachal, Kolkata - 700097   | <a href="mailto:tamohancaudhuri@yahoo.com">tamohancaudhuri@yahoo.com</a>             | (983) 005-5035   |
| Biman Kumar Chakrabarty | Doctor              | Member          | 17/4,6 Sunny Park , Kolkata - 700019   | <a href="mailto:manju7846@gmail.com">manju7846@gmail.com</a>                         | +91 9331095449   |
| Santanu Tripathi        | Doctor/ Scientist   | Member          | 377, Purbalok, Mukundupur, Kolkata - 700099  | <a href="mailto:tripathi.santanu@gmail.com">tripathi.santanu@gmail.com</a>           | +91 9230566771   |
| Neerja Bhatla           | Doctor/ Scientist   | Member          | 62, Poorvi Marg, Vasant Vihar, South West Delhi - 11057  | <a href="mailto:neerja.bhatla07@gmail.com">neerja.bhatla07@gmail.com</a>             | +91 9810081282   |
| Somashekhar S.P.        | Doctor              | Member          | #303 G J – Nest 8, MLA Layout, Lotte Gollahalli, Bangalore North, R.M.V Ext II Stage, Bangalore, Karnataka -560094 | <a href="mailto:somashekharSP@asterhospital.com">somashekharSP@asterhospital.com</a> | +91 9845712012   |

**KOLGOTRG Updated Member List (7<sup>th</sup> January 2026)**

| Sl. No. | Name                    | Status   | Year of Joining | Activity status * (Last 3 years) |
|---------|-------------------------|----------|-----------------|----------------------------------|
| 1       | Biman Kumar Chakrabarty | Founding | 2018            | Active                           |
| 2       | Chitra Mandal           | Founding | 2018            | Non-active                       |
| 3       | Asima Mukhopadhyay      | Founding | 2018            | Active                           |
| 4       | Jaydip Bhaumik          | Founding | 2018            | Non-Active                       |
| 5       | Tamohan Chaudhuri       | Founding | 2018            | Active                           |
| 6       | Ranajit Kumar Mandal    | Founding | 2018            | Active                           |
| 7       | Rahul Roy Chowdhury     | Founding | 2018            | Active                           |
| 8       | Susanta Roychoudhury    | Founding | 2018            | Active                           |
| 9       | Dipanwita Banerjee      | Founding | 2018            | Non-Active                       |
| 10      | Sharmila Sengupta       | Founding | 2018            | Active                           |
| 11      | Santanu Tripathi        | Life     | 2018            | Active                           |
| 12      | Chanchal Goswami        | Life     | 2018            | Active                           |
| 13      | Chinmay Kumar Panda     | Life     | 2018            | Active                           |
| 14      | Chandan Mandal          | Life     | 2018            | Non-Active                       |
| 15      | Jyotirup Goswami        | Life     | 2018            | Active                           |
| 16      | Manisha Vernekar        | Life     | 2019            | Active                           |
| 17      | Santu Saha              | Life     | 2019            | Non-Active                       |
| 18      | Sweta Sharma Saha       | Life     | 2019            | Non-Active                       |
| 20      | Jayasri Das Sarma       | Life     | 2019            | Non-Active                       |
| 21      | Priyanka Singh          | Life     | 2019            | Active                           |
| 22      | Anirban Dasgupta        | Life     | 2019            | Active                           |
| 23      | Sib Sankar Roy          | Life     | 2019            | Active                           |
| 24      | Puja Chatterjee         | Life     | 2019            | Active                           |
| 25      | Bijoy Kar               | Life     | 2019            | Active                           |
| 26      | Krishnendu Gupta        | Life     | 2021            | Active                           |
| 27      | Nisha Singh             | Life     | 2022            | Active                           |
| 28      | Bindiya Gupta           | Life     | 2022            | Active                           |
| 29      | Somasekhara S.P.        | Life     | 2022            | Active                           |
| 30      | Neerja Bhatla           | Life     | 2022            | Active                           |
| 31      | Sandipan Chowdhuri      | Life     | 2022            | Active                           |
| 32      | Seema Singhal           | Life     | 2022            | Active                           |
| 33      | Megha Nandwani          | Life     | 2022            | Active                           |
| 34      | Kailash Narayan         | Life     | 2022            | Active                           |
| 35      | Raj Naik                | Life     | 2022            | Active                           |
| 36      | Biplab Misra            | Life     | 2022            | Active                           |
| 37      | Vijay Ahuja             | Life     | 2023            | Active                           |
| 38      | Ashwin K.R.             | Life     | 2023            | Active                           |
| 39      | Rohit Kumar             | Life     | 2023            | Active                           |
| 40      | Esha Shanbaag           | Life     | 2023            | Active                           |
| 41      | C.N. Patil              | Life     | 2023            | Active                           |

| Sl. No. | Name                    | Status | Year of Joining | Activity status * (Last 3 years) |
|---------|-------------------------|--------|-----------------|----------------------------------|
| 42      | Swati Tomar             | Life   | 2023            | Active                           |
| 43      | Raja Pramanik           | Life   | 2023            | Active                           |
| 44      | Shashank Sekhar         | Life   | 2023            | Active                           |
| 45      | Babita Kataria          | Life   | 2023            | Active                           |
| 46      | Vandana Jain            | Life   | 2023            | Active                           |
| 47      | Sarita Kumari           | Life   | 2024            | Active                           |
| 48      | Arpitha A               | Life   | 2024            | Active                           |
| 49      | Sarika Gupta            | Life   | 2024            | Active                           |
| 50      | Sabuhi Qureshi          | Life   | 2024            | Active                           |
| 51      | Sushma Agarwal          | Life   | 2024            | Active                           |
| 52      | Jayashree Natarajan     | Life   | 2024            | Active                           |
| 53      | Ekta Dhamija            | Life   | 2025            | Active                           |
| 54      | Karthik S Rishi         | Life   | 2025            | Active                           |
| 55      | Anindita Ghoshal        | Life   | 2026            | Active                           |
| 56      | Damayanti Das Ghosh     | Annual | 2019            | Active                           |
| 57      | Biswarup Basu           | Annual | 2019            | Renewal awaited                  |
| 58      | Shashi Kala             | Annual | 2023            | Active                           |
| 59      | Aarthi S Jayraj         | Annual | 2023            | Active                           |
| 60      | Annapurna Vadaparty     | Annual | 2024            | Active                           |
| 61      | Apoorva Tak             | Annual | 2024            | Active                           |
| 62      | Anupa Chattopadhyay     | Annual | 2024            | Active                           |
| 63      | Faraz Vali              | Annual | 2025            | Active                           |
| 64      | Uddiptya Goswami        | Annual | 2025            | Active                           |
| 65      | Suryakanta Jayasingh    | Annual | 2025            | Active                           |
| 66      | Chinmoy Kumar Bose      | Annual | 2026            | Active                           |
| 67      | Daity Bhattacharjee     | Annual | 2026            | Active                           |
| 68      | Diya Sur                | Annual | 2026            | Active                           |
| 69      | Nilanchali Singh        | Annual | 2024            | Renewal awaited                  |
| 70      | Haritha Maddirala       | Annual | 2024            | Active                           |
| 71      | Ramya D R Gowda         | Annual | 2024            | Active                           |
| 72      | Neethu Puthalon Kunnath | Annual | 2024            | Renewal awaited                  |

**\*Active member:** Contributed in any AGM/ meeting/ communications/ grants/ projects/ IGCS ECHO/ annual meetings or workshops or any other KolGOTRG activities

**Team members:**

**Clinical Trials Design and Statistical Unit (CDSU):**

| Sl. No. | Name                   | Designation                                      |
|---------|------------------------|--|
| 01      | Dr Asima Mukhopadhyay  | Consultant , Lead CDSU                           |
| 02      | Dr. Shyamsundar Mandal | Consultant Senior Statistician                   |
| 03      | Dr. Anindita Ghosal    | Consultant Senior Statistician                   |
| 04      | Daity Bhattacharjee    | Research Admin and Senior Statistician/GCIG Harm |
| 05      | Chiranjit Biswas       | Junior Statistician and Data Manager             |
| 06      | Aritra Das             | Research Administrator and Data Manager          |
| 07      | Asad Amaan             | Junior Statistician and Data Manager             |

**Clinical Operations and Project Management (COPM) Unit:**

| Sl. No. | Name                  | Designation                                    |
|---------|-----------------------|--|
| 01      | Prof Santanu Tripathi | Consultant Clinician/Scientist Lead COPM Unit  |
| 02      | Chinmoy Kumar Bose    | Consultant Clinician Lead INDIGOG              |
| 03      | Diya Sur              | Consultant Project Manager/ GCIG Harmonisation |
| 04      | Shatavisa Mukherjee   | Consultant on Ethical and Regulatory Affairs   |
| 05      | Tanushri Ghosh        | Project Manager                                |
| 06      | Sayanti Mukherjee     | Research Administrator and Project Manager     |
| 07      | Subhra Chakraborty    | Clinical Research Coordinator                  |

**ROCK (Regional Ovarian Cancer Centre KolGOTRG )Team:**

| Sl. No. | Name                    | Designation                    |
|---------|-------------------------|--------------------------------|
| 01      | Prof Asima Mukhopadhyay | Director, ROCK                 |
| 02      | Dr Rahul Roy Chowdhury  | Consultant Clinician           |
| 03      | Dr Chinmoy Kumar Bose   | Consultant Clinician           |
| 04      | Sandipan Chaudhuri      | Medical Consultant             |
| 05      | Rama Gupta              | Research Nurse                 |
| 06      | Kheyali Mukherjee       | Research Nurse (ROCK Karkinos) |
| 07      | Bidya Basfore           | Research nurse (ROCK Siliguri) |
| 08      | Debangi Sarkar          | Clinical Research Coordinator  |

**Biobank and Translational Team:**

| Sl. No. | Name                       | Designation                            |
|---------|----------------------------|--|
| 01      | Prof Asima Mukhopadhyay    | Clinician Scientist and Biobank Lead   |
| 02      | Prof Susanta Roy Chowdhury | Scientist, Lead Ovarian Translational  |
| 03      | Prof Sharmila Sengupta     | Scientist, Lead Cervical Translational |
| 04      | Damayanti Das Ghosh        | Scientist                              |
| 05      | Geetashree Mukherjee       | Consultant Pathologist                 |
| 06      | Sourav Das                 | Consultant Pathologist                 |
| 07      | Pritwijit Ghosh            | Consultant Pathologist                 |
| 08      | Shuvojit Moulik            | Scientist                              |
| 09      | Abhirup Sarkar             | Consultant Lab Medicine                |
| 10      | Somoshree Sengupta         | Scientist C                            |
| 11      | Tanushri Ghosh             | Scientist B                            |
| 12      | Sharmistha Das             | Biobank Manager                        |

**Human Resource (HR) and Finance Team:**

| Sl. No. | Name                | Designation                              |
|---------|---------------------|--|
| 01      | TKG Global Services | Human Resources and Financial Consultant |

**IT Consultants:**

| Sl. No. | Name        | Designation                        |
|---------|-------------|------------------------------------|
| 01      | Astha Group | IT maintenance and in-house server |
| 02      | Magic Nines | IT and Cloud server maintenance    |

**High quality academic studies at lower cost and suited/ specific to our needs and affordability:**

Our population specific study designs

Pharmacodynamic/  
pharmacokinetic/pharmacogenomic/ biomarker driven  
study designs

Toxicity reduction strategies

Low-dose chemotherapy

Financial toxicity

AIM:I

**Research on data collection & synthesis of evidence (triangulation )**

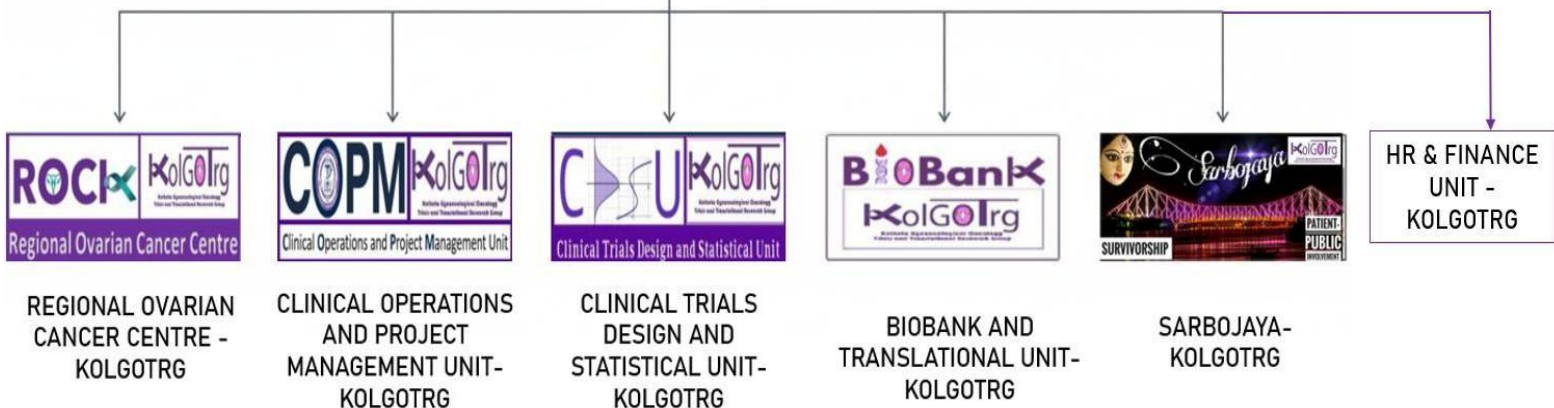
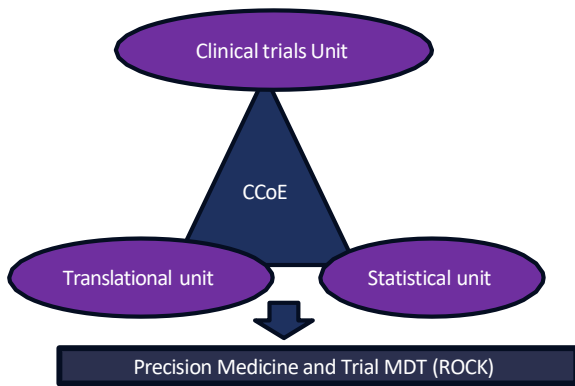
- Develop methods to collect relevant data for academic research
- Easy to implement academic studies at a low cost using affordable technology including AI/ Telehealth
- Customized Novel and adaptive designs
- Comparator arm– population based studies/ historical control/Bayesian models
- India’s contribution to the world– **made in India solution for cancer clinical trials**
- Global impact– India can lead on this front for other LMICS

AIM:II

**Supporting other institutions in developing data capturing and analysis**

- Data base and population–based cancer registry for remote locations/ targeted therapies
- Biobanking guidelines and operations for women’s cancer
- Simplified Clinical trial management systems
- Develop a clinical trial network – quality of data verification and certification
- Monitoring services/ certifying other centers
- Training – develop courses, PhD programs (collaborating universities),
- **nursing training in research**

AIM:III



## KOLGOTRG ROCK

The Regional Ovarian Cancer Centre, KolGOTRG (ROCK) functions as KolGOTRG’s centralized telemedicine platform where multidisciplinary team (MDT) meetings are conducted for both routine care and clinical trial patients. ROCK brings together expert multidisciplinary teams comprising of physicians, nurses, trial coordinators, patient survivors interacting with the patient and their families. Each MDT case is discussed, with specific emphasis on assessing patient eligibility for ongoing and upcoming trials. ROCK plays a critical role across the entire trial lifecycle, with trained nurses and trial coordinators available to manage adverse events, patient queries, and trial-related support. All quality-of-life measures and patient-reported outcomes are collected remotely by the ROCK team through the telemedicine platform or telephone, ensuring continuous monitoring and timely intervention. A REDCap-based editable PDF MDT proforma is completed at the end of every consultation to ensure standardized documentation and decision-making. For patients selected for trials, relevant baseline and clinical data captured during the MDT are transferred to the trial database, reducing duplication and errors. This integrated digital workflow strengthens trial screening, data quality, and coordinated patient-centered care across sites. Thus, ROCK integrates experienced physicians, trained nurses, and trial coordinators into a hybrid healthcare care and coordination model.

### ROCK clinic: Centralisation and decentralisation in Trial Recruitment

Telemedicine and Health informatics for trial follow up  
 Central MDT  
 Trial MDT  
 Precision medicine MDT  
 Survivor support  
 Prevention  
 Education- Holistic care and support for patients in trials  
 (Design thinking and empathy program)

Sarbojaya – KolGOTRG

Contact: [sarbojaya@kolgotrg.org](mailto:sarbojaya@kolgotrg.org); [rock@kolgotrg.org](mailto:rock@kolgotrg.org)

**Dedicated women's cancer centre and ROCK – PPP model/ grant applications**

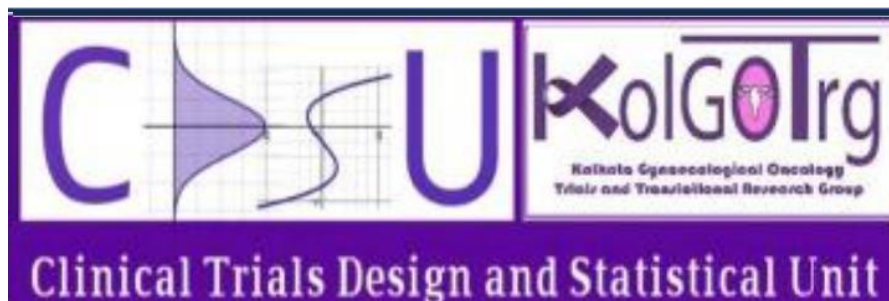


**Suraksha**  
Clinic & Diagnostics



## KOLGOTRG CDSU

The KolGOTRG Clinical Trial Design and Statistical Unit (CDSU) is a collaborative platform comprising postgraduate-level junior statisticians and experienced senior statisticians working on conventional and novel adaptive clinical trial designs. The unit supports end-to-end trial methodology, including sample size estimation, protocol development, statistical analysis plans, registry development, and REDCap-based e-database design and maintenance. CDSU works in close coordination with physicians, principal investigators, ethics experts, and clinical teams to translate innovative research questions into feasible, cost-effective, and statistically robust study designs. The unit actively collaborates with faculties from reputed international institutions, including the University of Michigan and University of Cambridge (through UoM, CGHE Seed Grant) and maintains strong partnerships with local universities such as Sister Nivedita University (Kolkata), whose faculty members are KolGOTRG members supporting CDSU activities. Through workshops, brainstorming sessions, and structured mentorship, KolGOTRG trains and supports SNU Statistical faculties and students, fostering continuous engagement of postgraduate and PhD students into KolGOTRG trials and strengthening a sustainable academic–clinical research pipeline. With an integrated team of junior talent, senior expertise, and external mentorship, CDSU is a growing platform that is now expanding into AI-integrated approaches for smarter and more efficient clinical trial design.

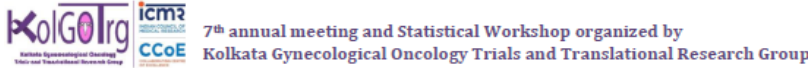


The yearlong KOLGOTRG-CDSU activities can be summarized as follows: -

**1) KolGOTRG 7<sup>th</sup> Annual Meeting and Statistical workshop:**

The **KolGOTRG 7<sup>th</sup> Annual Meeting and Statistical Workshop**, held in Kolkata from **16<sup>th</sup> to 21<sup>st</sup> February 2025**, served as a comprehensive platform for strategic planning, protocol development, and capacity building across clinical and statistical domains. The Annual Meeting focused on clinical trial brainstorming for ongoing and new studies aligned with **GCIG and APGOT**, alongside dedicated discussions on **CCRN initiatives, translational research priorities, and future grant proposals**. This was followed by an intensive **protocol development and CDSU capacity-building phase**, emphasizing study design review, minimized datasets (hands on live for IPIROC#03 trial developed in REDCap), data harmonization, CDISC compliance, data quality frameworks, manuscript planning, and collaborative PhD pathways.

The concluding **two-day Statistical Workshop** brought together national and international experts to deliver advanced training on **adaptive trial designs, sequential and response-adaptive methodologies, SMART designs, real-world data analysis, and quality-of-life-adjusted outcomes**. Through keynote lectures, hands-on discussions, and interdisciplinary engagement, the meeting strengthened KolGOTRG’s clinical–statistical integration and reinforced CDSU’s role in advancing innovative, methodologically rigorous, and resource-efficient clinical trials.



Date: 16<sup>th</sup>-21<sup>st</sup> February, 2025 Venue: Kolkata  
 KolGOTrg Annual Meeting: 16<sup>th</sup> February, 2025  
 Protocol Discussion and Finalization: 17<sup>th</sup> to 19<sup>th</sup> February, 2025  
 Statistical Workshop: 20<sup>th</sup> and 21<sup>st</sup> February, 2025

| DATE: 16 <sup>th</sup> February 2025                     | Topic of Discussion: KolGOTrg 7 <sup>th</sup> ANNUAL MEETING                         |
|--|--|
| 9:00 AM-10:00 AM   | IGCS Fellow session  |
| 10:00 AM- 1:00 PM  | Clinical Trials: brainstorming (ongoing and new studies) for KolGOTrg GCIG and APGOT |
| 2:00 PM – 3:00PM   | CCRN brainstorming   |
| 3:00 PM-5:00 PM  | Translational research brainstorming   |
| 5:00 PM – 6:00 PM  | Future Grant Proposal Brainstorming  |
| 6:00 PM – 6:30 PM  | Closing and Next Steps   |
| 7PM Onwards  | Dinner   |
| DATE: 17 <sup>th</sup> – 19 <sup>th</sup> February, 2025 | Topic of Discussion: PROTOCOL DEVELOPMENT and KolGOTrg CDSU capacity building        |
| DAY 1: 17 <sup>th</sup> February                         |  |
| 8:30 AM – 12:30 PM                                       | Quick Review of the Ovarian Cancer Datasets  |
|  | Walkthrough of Study Design and CDISC Requirements                                   |
|  | Discussion on Data Imputation Challenges   |
|  | Bridge Compliance Gaps and Map Dataset Variables                                     |
| 1:00 PM ONWARDS  | Protocol Discussion and Development  |
| DAY 2: 18 <sup>th</sup> February                         |  |
| 8:30 AM-12:30 AM   | Different Study Design Aspects from Ongoing Studies                                  |
|  | Establishing a Clinical Data Statistics Unit   |
|  | Framework Discussion for Data Quality Management                                     |
|  | Data Sharing and Collaborative Framework Development                                 |
| 1:00 PM ONWARDS  | Protocol Discussion and Development  |
| DAY 3: 19 <sup>th</sup> February                         |  |
| All day  | Manuscript Preparation Strategy  |
|  | CDSU, Collaboration with Joint Ph.D. Proposal Exchange                               |
|  | Protocol Discussion and Development  |
| DATE: 20 <sup>th</sup> – 21 <sup>st</sup> February, 2025 | Topic of Discussion: KolGOTrg - Study Design and Clinical Trial Workshop             |
| DAY 1: 20 <sup>th</sup> February                         |  |
| 12:30 PM – 1:15 PM                                       | Introduction and Refreshment   |
| 1:15 PM – 1:45 PM  | Keynote ~ Dr.Asima Mukhopadhyay  |
| 1:45 PM – 4:00 PM  | Adaptive Designs in Clinical Trials ~ Dr. Sofia Villar                               |
| 4:00 PM – 4:15 PM  | Tea Break  |
| 4:30 PM – 5:45 PM  | Designing and Analyzing Clinical Trials ~ Kelley Kidwell                             |
| 5:45 PM – 7:00 PM  | Analysis of real-world healthcare data in clinical trials ~ Bhramar Mukherjee        |



**2) KolGOTRG 8<sup>th</sup> Annual Meeting and Statistical Workshop:**

The KolGOTRG 8<sup>th</sup> Annual Meeting and Statistical Workshop, conducted in Kolkata from 14<sup>th</sup> to 18<sup>th</sup> December 2025, focused on advancing **pragmatic and resource-adapted trial methodologies** with a strong emphasis on operational feasibility, data efficiency, and global collaboration. A central theme of the meeting was the **minimization and harmonisation of trial datasets**, aimed at reducing data burden while preserving scientific validity—particularly relevant for multi-centre and LMIC-based studies. As part of this process, the **IPIROC #03 trial e-database was finalised**, incorporating streamlined core variables, quality-of-life outcomes, and monitoring requirements aligned with pragmatic trial principles.

Importantly, the meeting introduced and discussed a **novel integrated trial framework based on Prospective meta-analysis including Individual Patient Data (IPD) across countries**, as proposed by **Dr Val Gebski**. This approach envisages country-specific trials conducted under a shared master protocol, enabling pooled IPD analyses while addressing regulatory, ethical, and operational constraints unique to different regions. Dedicated sessions also addressed **DSMB structures, safety monitoring, and governance models** appropriate for adaptive and pragmatic trials. Collectively, the meeting strengthened KolGOTRG’s capacity to design scalable, internationally relevant trials while maintaining statistical rigor and contextual adaptability.



Kolkata Gynaecological Oncology Trials and Translational Research Group  
8<sup>th</sup> Annual meeting and statistical workshop Agenda

- Date: 14<sup>th</sup> -18<sup>th</sup> December, 2025 Venue: Kolkata
- KolGOTRG Annual Meeting: 14<sup>th</sup> December, 2025 (Venue: Taj Taal Kutir, Kolkata)
  - Protocol Discussion and Finalization: 15<sup>th</sup> December, 2025 (Venue: Zone by the Park/TBC)
  - Protocol and eCRF development: 16<sup>th</sup> December, 2025 (Venue: Suraksha-AIIR, Conference Room, Newtown)
  - Statistical discussion on pragmatic trials: 17<sup>th</sup> - 18<sup>th</sup> December, 2025 (Venue: Sister Nivedita University)

| DATE: 14 <sup>th</sup> December 2025   | Session: KolGOTRG- Annual Meeting [ZOOM LINK - <a href="#">Click Here</a> ]   | Sponsor: BDR Pharma (Venue Taj Taal Kutir, Kolkata) |
|--|---|---|
| Morning session  | Informal break up sessions with GCIG-mentors  |   |
| 3.00 PM to 4.00 PM   | Update on KolGOTRG ongoing studies and new proposals  |   |
| 4.00 PM to 5.00 PM   | CCRN brainstorming  |   |
| 5:00 PM to 5:30 PM   | Tea Break   |   |
| 5.30 PM - 6.30 PM  | Unmet needs of CCCC-CR and OCCC-CR Michael Bookman and Amit Ora   |   |
| 6.30 PM- 7:30 PM   | De-escalation Trials: IPIROC and LOPERA   |   |
| 7.30 PM - 8.00 PM  | Future direction of GCIG--Michael Bookman (Chair) and Amit Ora ( Past-Chair)  |   |
| 8.00 PM - 10.30 PM   | Felicitation and Dinner   |   |
| DATE: 15 <sup>th</sup> -16 <sup>th</sup> December 2025   | Session: Protocol Development   |   |
| DAY 1 15 <sup>th</sup> December, 2025  | Protocol Discussion and Development- Cervix cancer trials [Sponsor: Suraksha Diagnostics Ltd.] [ZOOM LINK - <a href="#">Click Here</a> ]  |   |
| 9:00 AM - 10:00 PM   | Anatomical and pathological stratification in developing trials- <i>Kailash Narayan</i>   |   |
| Venue: Board Room, Zone by the Park, Kolkata/ TBC  | Protocol and e CRF development: LOPERA, DEBRACA, FARFRAD, Low dose platinum trial<br>New concepts and Translational studies<br>Dinner   |   |
| DAY2: 16 <sup>th</sup> December, 2025: Protocol and eCRF development: Ovarian cancer trials [in collaboration with, Suraksha and AIIR] [ZOOM LINK - <a href="#">Click Here</a> ] |   |   |
| 8 :00 AM - 2:00 PM   | IPIROC #04, PIPROC, HIPEC HR, FAPIROC, MORETAX  |   |
| Venue: Suraksha-AIIR, Conference Room, Newtown   | New concepts and Translational studies  |   |
| 2:00 PM - 8:00 PM  | Free time/ relaxation/ Informal discussion and dinner at Ecopark, Kolkata   |   |
| DATE: 17 <sup>th</sup> - 18 <sup>th</sup> December, 2025   | Workshop: Statistical discussion on pragmatic trial design and conduct (KolGOTRG- CDSU- UoM CGHE grant in partnership with Dept. Statistics, SNU, Kolkata)  |   |
| 17 <sup>th</sup> December:<br>Venue: Sister Nivedita University (SNU), Kolkata [ZOOM LINK - <a href="#">Click Here</a> ]   | Incorporating Adaptive and new trial designs in KolGOTRG pragmatic studies: Selection, practicality, harmonization, randomization and stratification, master protocols<br>Rajenki Das, Val Gebski, Sofia Villar, Kelley Kidwell |   |
| 18 <sup>th</sup> December:<br>Venue: SNU, Kolkata [ZOOM LINK - <a href="#">Click Here</a> ]  | Parallel session: Research Nurses in Oncology - <i>Victoria Blair</i><br>Minimal datasets, QoL and DSMB/monitoring in pragmatic trials - Val Gebski   |   |
| DATE: 19 <sup>th</sup> -20 <sup>th</sup> December, 2025  | KOLGOTRG-outing and brainstorming (Sigm, PRECERCA meet) [Sponsor: Cepheid]  |   |



### 3) KolGOTRG DownUnder Sessions:

During 2025, KolGOTRG conducted two “DownUnder” educational sessions delivered by Prof. Val Gebski, aimed at strengthening advanced statistical understanding within the KolGOTRG community. These online sessions focused on **time-to-event outcomes and data maturity in survival analysis** (April 2025), and **assessment of futility, detriment, and safety in Phase III trials** (June 2025), addressing practical challenges commonly encountered in large-scale and pragmatic clinical trials.

The sessions were attended by members of the KolGOTRG CDSU team, along with external participants from ICMR Centres of Excellence (CCoE) and faculty members from Sister Nivedita University (Kolkata). Registration fees for ICMR CCoE participants and SNU faculty were fully waived by KolGOTRG, reinforcing the group’s commitment to capacity building, inclusive training, and cross-institutional academic engagement. Collectively, these sessions enhanced methodological depth across collaborating clinical and statistical teams and supported the dissemination of advanced trial design concepts within the wider research ecosystem.

### 4) KolGOTRG CDSU Internships:

Interns from Sister Nivedita University were trained by the KolGOTRG CDSU Team on real time clinical trials.

### 5) SMART workshop – University of Michigan:

In 2025, all members of the KolGOTRG Clinical Trial Design and Statistical Unit (CDSU) participated in the University of Michigan SMART (Sequential Multiple Assignment Randomized Trials) Workshop, with full sponsorship provided by KolGOTRG. The workshop provided structured training on **dynamic treatment regimens (DTRs)** and the design and analysis of **SMART trials**, which are central to developing adaptive and personalized treatment strategies in complex clinical settings.

Key topics included **SMART design principles, comparison of adaptive regimens, longitudinal and cluster SMART analyses, sample size calculations, and practical implementation using R**, alongside exposure to advanced extensions such as **Q-learning, patient-preference SMARTs, and snSMART designs**. Participation in this workshop significantly strengthened CDSU’s methodological capacity to design and analyze adaptive trials, directly supporting KolGOTRG’s ongoing and planned studies that aim to deliver flexible, efficient, and patient-centred clinical trial designs.

### 6) KolGOTRG CDSU Journal Club sessions:

The KolGOTRG Journal Club is conducted on a **monthly basis** and serves as a regular academic forum for critical appraisal of contemporary and methodologically important research relevant to clinical trials and translational oncology. 2026 (Jan) started with, one such session focused on an in-depth discussion of the **NeOProm (Neonatal Oxygenation Prospective Meta-analysis) study**, a landmark example of **prospective individual participant data (IPD) meta-analysis conducted across multiple countries**.

The session was attended by members of the KolGOTRG Clinical Trial Design and Statistical Unit (CDSU) along with **faculty members from Sister Nivedita University (Kolkata)**. Discussions centred on the design principles of prospective meta-analyses, harmonised outcome definitions, and governance models that enable integration of data from independent trials. Key learnings from these monthly journal clubs are being actively used to inform **future KolGOTRG trial designs**, particularly in exploring **IPD- based integrated and resource-adapted trial frameworks**.

**KOLGOTRG COPM**

The Clinical Operations and Project Management Unit (COPM) comprise experienced clinical trial coordinators, ethics and regulatory affairs experts, project managers, and research administrators who ensure the smooth and compliant execution of all KolGOTRG studies. The unit oversees end-to-end trial operations, including SOP development, protocol preparation, trial registration on relevant national and international portals, study log creation and maintenance, site initiation visits (SIVs), and structured site-level training. COPM provides continuous virtual and in-person operational support to KolGOTRG trial sites across India and abroad, enabling seamless coordination and real-time oversight of ongoing studies. Period trial monitoring and centralized coordination, supported by the Rapid Iterative Testing and Evaluation (RITE) method, allow real-time identification, testing, and implementation of solutions for any trial-related operational or clinical issue across sites. By maintaining close collaboration with physicians and nursing teams, COPM has developed 80+ SOPs and conducted 40+ site contact visits to date all over India, ensuring high-quality, efficient, and scalable clinical trial execution.

**List of Trial SOPs:**

**COPM SOPs: 81**

1. TMF Management Process: 36
2. Project Set-Up: 5
3. Development of Project Management Plan and Project Communication Plan: 7
4. Identification of Potential Sites and Site Feasibility Process: 6
5. Site Qualification Visit Process: 7
6. Release of Investigational Product: 2
7. Investigator's Meeting: 2
8. Site Initiation Visit: 4
9. Site Monitoring: 8
10. Risk Management: 4

**Adverse Event SOPs: 5**

**Communication SOPs: 2**

**Data Management SOPs: 4**

**IEC SOPs: 32**

**Medical Writing SOPs: 9**

**Quality Assurance SOPs: 62**

1. Preparation, Review, Approval & Control of SOP: 11
2. Good Documentation Practice: 2
3. Employee Training: 10
4. Corrective Action and Preventive Action (CAPA): 7
5. Deviation Management: 4
6. Investigator Site Audit: 5
7. Vendor Qualification Process: 8
8. Internal Audits: 8
9. Fraud and Misconduct Reporting: 2
10. Archival, Retention, Retrieval and Destruction of Documents: 5

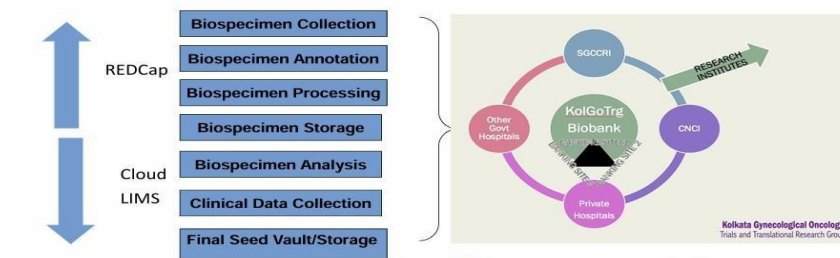
**Total Number of Trial SOPs (Forms and Template): 195**



**KOLGOTRG BIOBANK**

The KolGOTRG Biobank & Translational Research Unit manages KolGOTRG trial patient biospecimens primarily stored in CAP-accredited partner laboratories, including Suraksha, ensuring high-quality, compliant sample handling. A virtual inventory mapping all physical biospecimens is maintained through a cloud-based Laboratory Information Management System (LIMS), CloudLIMS, further mapped with REDCap linking patient clinical database, enabling real-time traceability and governance. The unit comprises experienced biobank managers and translational research experts who maintain a pipeline between physical samples and their digital footprints. In addition to biobanking, the translational unit undertakes pharmacokinetic (PK), pharmacodynamic (PD), pharmacogenomic (PG), and other innovative translational research activities, with team members acting as young principal investigators, collaborating with National and International laboratories and University translational units of repute ensuring novel discoveries, and future collaborative research.

**KolgoTrg Biobank: Systematic collection from primary and recurrence and multiple sites**  
 Collaboration with disease specific consortiums / academic studies



The lack of high quality, appropriately collected, stored and annotated specimen is the limiting factor for translational research or basic research  
<http://www.kolgo.org/translational-research/biobanking-in-india-for-gynaecological-cancer/>  
<https://www.docroid.net/42k1P6G/kolgo-trg-ovarian-biobank-pptx>

Quality assurance programme and audit  
 Biobanking: Snap freeze, RNA later, DNA, FFPE-TMA, primary culture derivatives/cell lines/organoid-3D models

**-80 Freezer for Biobank Storage**



**1. SOP for Biobanking sample collection, processing and archiving of biological samples**

- Biobanking Sample Tracking Log
- Bio sample Transport & Storage record
- Biobank Informed consent Template
- CDC Statement
- Biological Sample Undertaking
- Certificate for non-hazardous
- Customs Invoice form
- Health Certificate
- Biological Sample Transfer Checklist
- Organization Chart (Biobank)
- Process Flowchart Biobank
- Working instructions for the proper functioning of the Cloud LIMS system
- Instructions for Sample collection, processing & archiving biological samples
  - Blood Sample Collection, Processing, and PBMC Isolation & Storage in a Biobank
  - Vaginal Swab Collection, Process, Storage in Biobank
  - SOP of Tissue FFPE Block Preparation & Immunofluorescence Slide Preparation at the cellular & tissue level
- REDCAP management

- Data Sharing Agreement
- Sample Request Form
- Inventory Maintenance List
- Incident Report form
- Temperature Monitoring log for sample
- Biosafety Procedures
- Waste Management
- Lab policy
- Loan working policy
- Duty delegation LOG
- AUDIT FORM
- MTA
- LOAN Request form
- Emergency Contact List
- Risk Assessment Form
- Data-back up Protocol
- SOP Review Log
- Training Log
- Contingency Plan
- Quality Control Checklist

**2. Procedure for Method Development and validation of bio analytical methods (LC/MS-MS)**

- Stock weight form template
- Stock dilution preparation form template
- Instruction for the proper functioning of the lab solution (CLAB-219) software & LC-MS Machine

**KOLGOTRG SARBOJAYA**



Our Sarbojaya members continue to inspire us.

Tina Mitra participated in the GCIG Endometrial Cancer Consensus in Clinical Research (published in Lancet Oncology). Parul Malhotra participated in the GCIG Cervical Cancer Consensus in Clinical Research (submitted to Lancet Oncology). Mandira Chakrabarty continues to advocate for cancer awareness through the Meghamallar theatre group road shows and release of a book. Diya Sur is a consultant in our COPM team and in the IPIROC study and is actively engaged in developing patient facing documents and the empathy study. A beautiful cultural evening was presented by our Sarbojaya Team on 16th February 2025 during our 7th annual meeting.

**Patient participation in research: The Patient Empathy study**



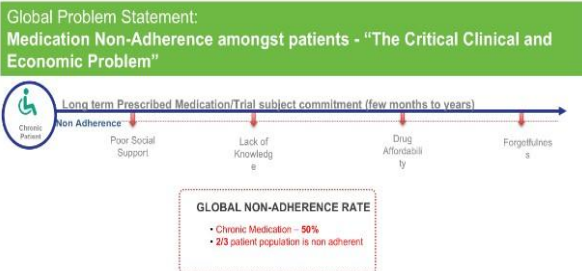
**The Empathy Care**

Patient Advocacy for Adherence and Retention: Diya Sur

*Empathy Study by Diya Sur, our patient advocate and GCIG harmonization rep was presented at the Berlin GCIG meeting (October 2025) and the KOLGOTRG 8<sup>th</sup> annual meeting (December 2025). This study is embedded in the IPIROC trial.*

*Diya also represented in the GCIG EDI working group and will be participating in the 7<sup>th</sup> OCCC-CR meeting at Toronto, Canada in May 2026*

**The Empathy Study - patient advocacy for adherence and retention - The problem Statement**



**The Empathy Study- patient advocacy for adherence and retention- how it will work in Clinical Trial IPIROC**

- Patient Navigation Program of pan India cancer patients to provide personalized therapy support – 3 patients are on this program
- To enhance Quality of Life, we provide emotional, nutritional the patient ready for treatment and increase drug compliance
- Adverse Event Reporting

For our unique empathy design offering for Cancer Patient Engage program, we have done a detailed study on Indian cancer patients and provide end – end care. It provides services around giving Emotional, Wellness and Dermatology support.

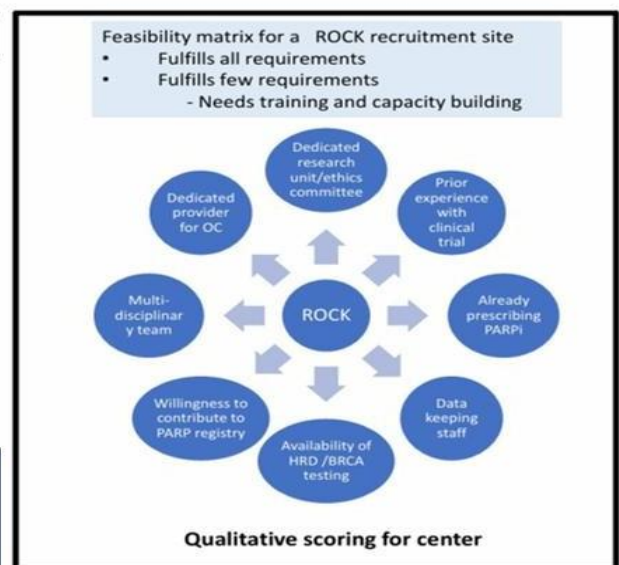
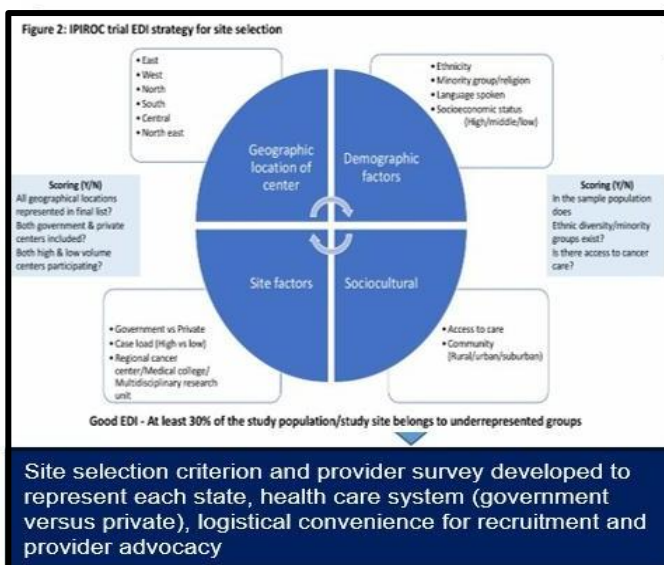


EDI approach inspired by the GCIG IDEA workshop promotes inclusivity in research. IPIROC #03 study as an exemplar will be open in almost all states of India and uses a first in world approach for patient participatory design in trial inclusion.

### Ovarian Cancer: Improving survival in low resource settings ( inequality)

|  | High resource  | Low resource  | Alternative                                      | KolGo Trg approach               |
|--|--|---|--|----------------------------------|
| Optimal/ complete cytoreductive surgery  | Yes, ESGO Criteria<br>>50% Primary surgery<br>>80% optimal CTR | Requires Manpower resource – training and peri-op care              | Most cost effective intervention                 | IGCS fellowship<br>LAPNAC study  |
| Intraperitoneal chemotherapy/HIPEC       | NCCN guidelines  | Patchy- has cost implications                                       | HIPEC in biological sub groups                   | HIPEC-HR                         |
| BRCA genetic testing-HBOC and prevention | Routine  | Patchy- lack of genetic counsellors and tracing at risk individuals | Nurse led genetic counselling and PPI            | NuGenA                           |
| HRD testing                              | Routine- costly genomic studies                                | Not available/ QA/ costs  | Low cost academic HRD assay (Rad51)              | PROVAT/ Biobanking               |
| PARP inhibitors/ Avastin                 | Routine and Standard of care                                   | Not accessible/ available/ costly<br>PFS will be different          | Intermittent / less than daily dosing/ subgroups | IPIROC<br>BIODIVERSITY           |
| Treatment of recurrence                  | Trials/ targeted T/T options                                   | Limited options<br>OS not prolonged                                 | Hormones/oral chemo/AYUSH                        | HOTROC<br>TOPARP                 |
| Quality of life/ Morbidity/ cost         | Routine  | Important but neglected end points                                  | QAPFS/QTWIST                                     | SOCQER-IND,<br>HEPTROC, MOREPARP |
| Survivorship                             | Routine  | Not well established  | Snowballing                                      | KolGo Surv/ Sarbojaya            |

### Pragmatic Conduct and site selection assessment



EV413/#823 Representing EDI in gynaecological oncology academic clinical trials in India: IPIROC trial framework. Int J Gynecol Cancer. 2024 Oct;34(Suppl 3):A304–A305. doi: 10.1136/ijgc-2024-IGCS.534

| <b>Trials In Progress</b> |  |   |   |
|---------------------------|--|---|---|
| <b>SN</b>                 | <b>National</b>  | <b>Status</b>   | <b>Plan for 2026</b>  |
| 1.                        | <b>PRECERCA<br/>(PREvention of CERvical<br/>Cancer)</b><br><br>Funding<br>(Cepheid, Suraksha)  | Presented in IGCS 2025 (award)<br>-1100 recruited till date   | 1. Continue F/U<br>2. Apply for further<br>funding/ CSR<br>- Cepheid<br>- Suraksha<br>- Others<br>( Rotary<br>Urbana) |
| 2                         | <b>NuGenA<br/>(Nurse led Genetic<br/>Counselling and<br/>Awareness)</b><br><br>(ASCO IIG award)  | Presented in ASCO 2025 (award)<br><br>NuGenA expansion India started in 2025<br>- Funding MedGenome<br>- Collaboration Mayo Clinic,<br>USA<br><br>Preliminary results presented at<br>KOLGOTRG 8 <sup>th</sup> Annual meeting | 1. Continue expansion<br>within India<br>2. International<br>collaboration not<br>approved by HMSC<br>expect Nepal    |
| 3.                        | <b>R2CT (Rationalising and<br/>Reducing Cost of running<br/>Randomised controlled<br/>Trials)</b><br><br>UoM CGHE funding                          | Workshop held in Feb and Dec 2025<br>Physician survey presented at IGCS<br>Incorporated in IPIROC master protocol   | Publication of Physician<br>survey<br>- Global<br>expansion<br>through<br>Lancet<br>Ovarian<br>Cancer<br>Commission   |
| 4                         | <b>IPIROC #03<br/>(Intermittent PARP inhibitor<br/>Regimen in Ovarian Cancer)</b><br><br>(KOLGO PROVAR02)<br><br>ICMR Intermediate                 | Recruitment started – 2 sites<br>Ethics Cleared - 8 sites<br>-  | - Recruitment<br>across India><br>30 sites<br>- APGOT/GCIG<br>sites   |
| 5.                        | <b>HIPEC-HR<br/>(HIPEC in Homologous<br/>Recombination Stratified<br/>Ovarian Cancer)-<br/>Translational<br/>(KOLGO- PROVAR 01)</b><br><br>DST-CRG | Continuing  | Develop protocol for HIPEC<br>HR<br>Phase 3 RCT   |

IPIROC#03: Newsletter ISSUE 02



Newsletter- ISSUE:02

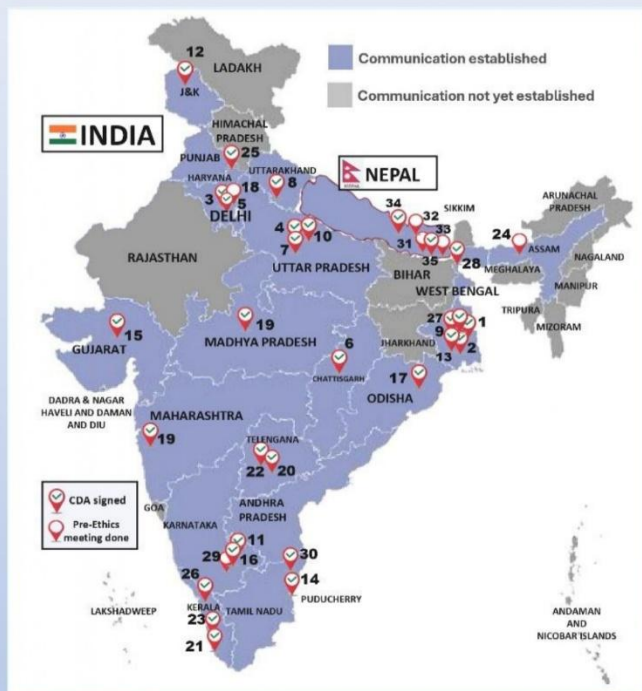
IPIROC#03

April 2026

Intermittent PARP Inhibitor regimen in Ovarian Cancer



IPIROC #03 (KOLGO-PROVAR002-IPIROC-03/25-2.1) is a proof-of-concept academic pragmatic trial mentored by GCIG. Preliminary data generated through IPIROC #01 (DST-UKIERI) and IPIROC #02 (CRUK-DBT) exploratory clinical trial, provides the scientific rationale for proposing Intermittent biweekly Rucaparib as an acceptable, affordable and less toxic alternative to daily dosing of PARP inhibitors in a maintenance setting. We invite you to participate in this ICMR funded master protocol (umbrella) that combines both non-randomized and randomized (Phase 2 RCT) study arms in a single trial using a patient participatory model. In addition, a PARPi registry has been created for real-world database which can be accessed by participants.



| Site List   | Pre-Ethics Meeting | Ethics | Recruitment start |
|---|--------------------|--------|-------------------|
| 1. ROCK-KOLGOTRG, Newtown, Kolkata, West Bengal                           | ●                  | ●      | ● [n=3]           |
| 2. Saroj Gupta Cancer Centre & Research Institute, Kolkata, West Bengal   | ●                  | ●      | ● [n=3]           |
| 3. NCI-AIIMS, Jhajjar, Haryana  | ●                  | ●      | ● [n=6]           |
| 4. KSSSCI, Lucknow, Uttar Pradesh   | ●                  | ●      | ● [n=3]           |
| 5. AIIMS, New Delhi   | ●                  | ●      | ● [n=3]           |
| 6. AIIMS, Raipur, Chhattisgarh  | ●                  | ●      | ● [n=3]           |
| 7. King George's Medical University (KGMU), Lucknow, Uttar Pradesh        | ●                  | ●      | ● [n=1]           |
| 8. AIIMS-RISHIKESH, Rishikesh, Uttarakhand                                | ●                  | ●      | ● [n=1]           |
| 9. Netaji Subhas Chandra Bose Cancer Hospital, Kolkata, West Bengal       | ●                  | ●      | ● Registry [n=2]  |
| 10. SGPGIMS, Lucknow, Uttar Pradesh                                       | ●                  | ●      | ●                 |
| 11. ASTER CMI Hospital, Bengaluru, Karnataka                              | ●                  | ●      | ●                 |
| 12. SKIMS, Srinagar, Jammu and Kashmir                                    | ●                  | ●      | ●                 |
| 13. ROCK Karkinos, Kolkata, West Bengal                                   | ●                  | ●      | ●                 |
| 14. JIPMER, Puducherry  | ●                  | ●      | ●                 |
| 15. Gujarat Cancer & Research Institute, Ahmedabad, Gujarat               | ●                  | ●      | ●                 |
| 16. Sri Shankara Cancer Hospital & Research Centre, Bengaluru, Karnataka  | ●                  | ●      | ●                 |
| 17. Acharya Harihar Post Graduate Institute of Cancer, Cuttack, Orissa    | ●                  | ●      | ●                 |
| 18. Safdarjung Hospital, New Delhi  | ●                  | ●      | ●                 |
| 19. AIIMS-BHOPAL, Madhya Pradesh  | ●                  | ●      | ●                 |
| 20. Medicover Cancer Institute, Hyderabad, Telangana                      | ●                  | ●      | ●                 |
| 21. Amrita Institute of Medical Sciences & Research Center, Kochi, Kerala | ●                  | ●      | ●                 |
| 22. STAR HOSPITALS, Hyderabad, Telangana                                  | ●                  | ●      | ●                 |
| 23. Regional Cancer Centre, Thiruvananthapuram, Kerala                    | ●                  | ●      | ●                 |
| 24. Dr. Bhubaneswar Borooah Cancer Institute, Guwahati, Assam             | ●                  | ●      | ●                 |
| 25. Post Graduate Institute of Medical Education & Research, Chandigarh   | ●                  | ●      | ●                 |
| 26. IQRAA International Hospital & Research Centre, Kozhikode, Kerala     | ●                  | ●      | ●                 |
| 27. Medical College And Hospital, Kolkata, West Bengal                    | ●                  | ●      | ●                 |
| 28. ROCK-KOLGOTRG, Siliguri, West Bengal                                  | ●                  | ●      | ●                 |
| 29. Kidwai Memorial Institute Of Oncology, Bengaluru, Karnataka           | ●                  | ●      | ●                 |
| 30. Sri Ramchandra Medical College, Chennai, Tamil Nadu                   | ●                  | ●      | ●                 |
| 31. Birat Medical College Teaching Hospital, Nepal                        | ●                  | ●      | ●                 |
| 32. Civil Service Hospital of Nepal, Nepal                                | ●                  | ●      | ●                 |
| 33. Purbanchal Cancer Hospital, Nepal                                     | ●                  | ●      | ●                 |
| 34. KIST Medical College And Teaching Hospital, Nepal                     | ●                  | ●      | ●                 |
| 35. B.P. Koirala Institute Of Health Sciences (BPKIHS), Dharan, Nepal     | ●                  | ●      | ●                 |

● Completed      ● Process initiated      ● Process yet to start

IPIROC Trial Updates

CTRI Registration Number: CTRI/2025/09/094172

Sponsor: Kolkata Gynaecological Oncology Trials and Translational Research Group

PI: Asima Mukhopadhyay Email: [asima7@yahoo.co.in](mailto:asima7@yahoo.co.in)

Site Ethics Approvals: 17 completed; others in process

For participating in the trial: Please complete the following and email/ contact us

1. EOI Survey
2. Site Feasibility Survey
3. Physician Survey
4. PARPi Registry
5. Trial pitch deck

Funding and Partners:



[www.kolgotrg.org](http://www.kolgotrg.org)  
[research@kolgotrg.org](mailto:research@kolgotrg.org) | [rock@kolgotrg.org](mailto:rock@kolgotrg.org)  
 +91 3331625511 | +91 9330418799



| SN | Trials under development   |   |  |
|----|--|---|--|
|    | Trial Name   | Current status                            | 2026                                     |
| 01 | <b>PIPROC: PIPAC in Recurrent Ovarian Cancer (KOLGO-PROVAR)</b> (Aster CMI) Prof. Somashekhar SP   | Brainstorming/<br>protocol<br>development | Protocol<br>development                  |
| 02 | <b>FAPIROC: FAPI in Recurrent Ovarian Cancer (KOLGO-PROVAR)</b> (Aster CMI) Pratap Aste  | Brainstorming/<br>protocol<br>development | Protocol<br>development                  |
| 03 | <b>NEOPIPAC: NeoAdjuvant PIPAC in Ovarian Cancer (KOLGO-PROVAR)</b> (Aster CMI)) Prof. Somashekhar SP  | Brainstorming                             |  |
| 04 | <b>ETOPROC: ETOposide Oral in HR PROficient or Post PARP PROgression Ovarian cancer</b><br>KOLGO-PROVAR (SGPGI) Prof Sushma Agrawal                                    | Brainstorming                             | Protocol<br>development                  |
| 05 | <b>PARP RAD: PARP as Radiosensitizer in cervical Cancer (KOLGO-PROCER)</b> (KolGOTRG) Prof Asima Mukhopadhyay  | Brainstorming/<br>protocol<br>development | Protocol<br>development                  |
| 06 | <b>DEBRACA 1: DE-escalation of BRACHytherapy in Cervical Cancer (KOLGO-PROCER)</b> (KOLGOTRG) Prof Asima Mukhopadhyay  | Brainstorming/<br>protocol<br>development | CCRN survey<br>Protocol<br>development   |
| 07 | <b>DEBRACA 2: DE-escalation of BRACHytherapy in Cervical Cancer (KOLGO-PROCER)</b> (SSCCRI) Prof Annapurna Varaparty   | Brain storming                            | EOI<br>Survey<br>Protocol<br>Development |
| 08 | <b>LOPERA: Low Dose Pembro in Cervical Cancer (KOLGO-PROCER)</b> (NCI AIIMS Jhajjar) Dr Babita Kataria   | Brainstorming/<br>protocol<br>development | CCRN survey                              |
| 09 | <b>Alterative immune-stimulator in m/R Cervical Cancer (KOLGO-PROCER)</b> (AIIMS Delhi): Dr Raja Pramanik  | Brainstorming/<br>protocol<br>development | Protocol<br>Development                  |
| 10 | <b>MORETAX -PEN: Morbidity Reduction in Taxol induced Peripheral Neuropathy in Ovarian Cancer (KOLGO-PROVAR)</b><br>(CNCI/KOLGOTRG): Biswarup Basu/ Asima Mukhopadhyay | Grant<br>applied DBT                      |  |
| 11 | <b>EWS India</b><br>(KOLGO PROVAR) Asima Mukhopadhyay  | Analysis in<br>progress                   | Expansion                                |
| 12 | <b>TMR validation survey</b><br>(KOLGO PROVAR) Asima Mukhopadhyay (KOLGO_PROCER)<br>Asima Mukhopadhyay   | Analysis in<br>progress                   | Expansion                                |

| Studies presented at GCIG: IPIROC, R2CT, HIPEC-HR, PARP RAD, LOPERA |                          |  |  |
|---|--------------------------|--|--|
| Studies presented at APGOT: IPIROC #03                              |                          |  |  |
| International Trials/ studies                                       |                          |  |  |
| 1   | INTERLACE<br>(NCRI-CRUK) | Complete, published<br>(SGCCRI/CNCI)<br>n=10             | Manuscript on Indian<br>Experience     |
| 2   | SENTICOL3<br>(GINECO)    | Recruitment complete<br>(CNCI/Indo- American) n=8        | Monitoring<br>Reconnect with CCRN site |
| 3   | OVHIPEC 2<br>(NKL)       | Recruitment complete (Aster CMI)<br>n=6                  | Monitoring                             |
| 4   | RAINBO<br>(Gustav Rosi)  | HMSC pending, CTRI done                                  |  |
| 5   | DEBULK<br>(KGOG)         | 2 sites in India- recruitment to start (<br>Aster, KGMU) |  |
| 6   | ENDO 3<br>(ANZGOG)       | Talks in progress, CDA done                              |  |
| 7   | PAROLA<br>(GINECO)       | Talks in progress, CRA done                              |  |
| 8   | CERVANTES<br>(ENGOT)     | Talks in progress, CDA done                              |  |
| 9   | SOCCER P<br>(APGOT)      | Talks in progress  |  |
| 10  | DESTINY- OV<br>(APGOT)   | Talks in progress APGOT, CDA done                        |  |
| 11  | TROY<br>(APGOT)          | Talks in progress APGOT CDA done                         |  |
| 12  | EWS-LMIC<br>(WOCC_IGCS)  | Published in Lancet - December 2025                      | Other publications due                 |
| 13  | AIMROC<br>(Birmingham)   | Contract in progress                                     |  |

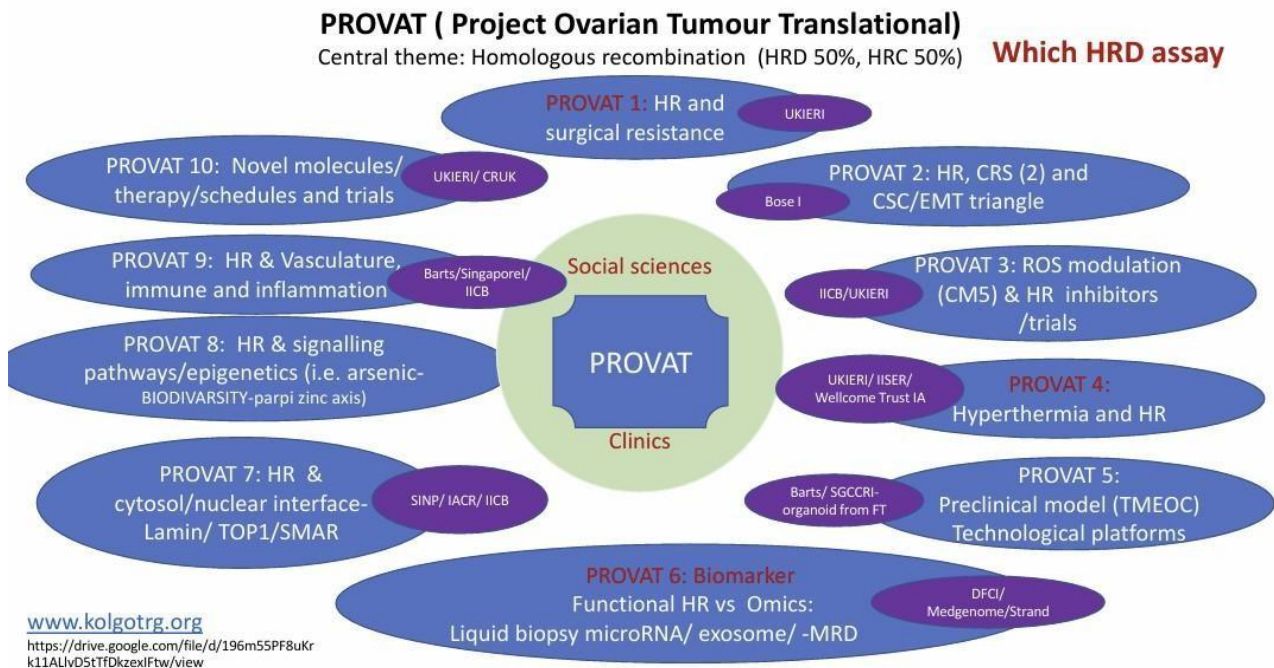
## Translational Studies

### 1. PROVAT 01: Phenotypic HRD and Surgical resistance

Phenotypic HRD score- prospective validation, systematic review and possible IPD meta-analysis  
- Aarthi Jeyaraj and Asima Mukhopadhyay

### 2. PROVAT 04: Hyperthermia in HR stratified Ovarian Cancer (DST-CRG grant)

### 3. PROVAT 06 CIPN study (DBT grant applied)



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## Patents and Diagnostic development under process:

1. HRD composite assay (KOLGOTRG-CMIE-SURAKSHA)
2. PARP PD assay (KOLGOTRG-CSIR-SURAKSHA)
3. Hyperthermia/HIPEC patch (KOLGOTRG)

**PBMC ISOLATION AT NCI AIIMS LAB**



**PD Assay at 3<sup>rd</sup> floor Clinical pathology lab**



**H & E Staining at 5<sup>th</sup> floor Histopathology lab**



**Nitrogen Evaporator at 5<sup>th</sup> floor  
Histopathology Grossing Room**

## Grants

### Grants active

1. IPIROC- ICMR Intermediate (2024-2028)
2. DST-CRG (HIPEC-HR) (2024-2027)
3. R2CT – UoM CGHE (2023-2025)
4. NuGenA- MedGenome (2025)
5. PRECERCA

### Grants applied in 2025 :

1. ICMR small grant **awarded** (2026-2029) – 1Cr
2. ICMR Intermediate- (IPIROC#04) unsuccessful (applied March 2025)
3. ICMR Intermediate- (biobank)- unsuccessful (applied March 2025)
4. ICMT small grant (Microplastics)- unsuccessful (applied March 2025)
5. ANRF translational - unsuccessful
6. ICMR-MEDTEC MANTRA- applied (7<sup>th</sup> Nov 2025)
7. ANRF-AI - applied (30<sup>th</sup> Nov 2025)
8. Results pending after 1<sup>st</sup> round pass- DBT grant on CIPN and MORETAX trial

## GCIG, APGOT and IGCS collaboration




As the only group from South Asia, we continue to participate in several GCIG trials. Some of our studies – IPIROC, LOPERA, PARP RAD, DEBRACA, HIPEC HR have been presented in GCIG meetings in 2025. In addition, we actively featured in GCIG pragmatic trials brainstorming event at Chicago May 2025 and OCCC-CR planning meeting at Berlin in October 2025. Dr Asima Mukhopadhyay is an executive body member of GCIG and leads the Topic 2 subgroup of the upcoming GCIG 7<sup>th</sup> OCCC-CR meeting to be held at Toronto in May 2026. We regularly feature in GCIG publications and social media posts.

### [GCIG Year in Review](#)

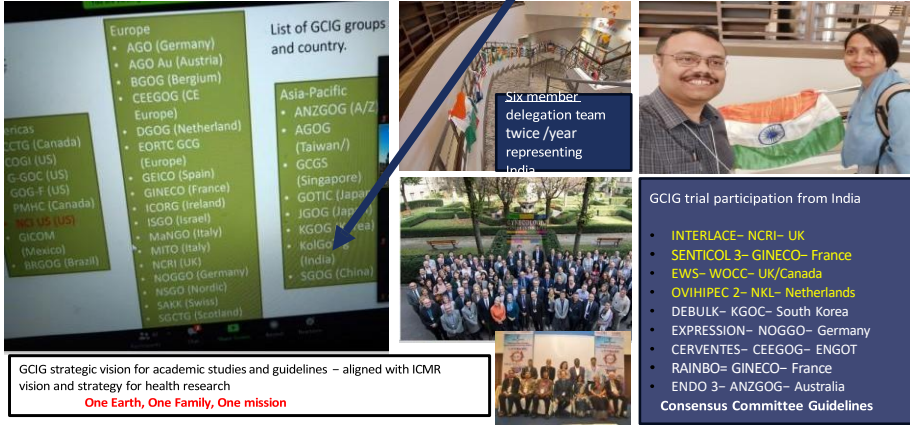
We also have established collaboration with APGOT (Asia Pacific Gyn oncology Group) and are participating in several APGOT studies as the lead group from India and part of the APGOT advisory team. This collaboration will prosper under our INDIGOT platform.

**KOLGOTRG INDIGOT (Indian Industry Initiated Gynaecology Oncology Trials)** will be launched under the KOLGOTRG TRUST in 2026 and we start our venture with the **APGOT studies DESTINY-OV and TROY.**

As an organizational partner to IGCS, we have run the IGCS India fellowship program, acted as international mentor to the Nepal IGCS program, led the fellows research and publication committee monthly meetings and participated in the WOCC-IGCS Every Woman Study. We wish all the best to Dr Sandipan Chowdhury, our 2<sup>nd</sup> IGCS fellow for his exams in early 2026. We had a joint GCIG-IGCS meeting in December 2024 at AIIMS Delhi in the presence of GCIG chair Michael Bookman and IGCS CEO Mary Eiken. Our KOLGOTRG member Seema Singhal is a board member of IGCS and Aarthi Jeyaraj actively participates in the IJGC editorial board, social media and early career platforms of IGCS.

|  |   |   |
|--|---|---|
| <p><b>GCIG / APGOT trials</b></p>  <ul style="list-style-type: none"> <li><b>Ovary</b> <ul style="list-style-type: none"> <li>OVHIPEC 2</li> <li>SALVOVAR</li> <li>SOCCER P</li> </ul> </li> <li><b>Cervix</b> <ul style="list-style-type: none"> <li>INTERLACE</li> <li>SENTICOL3</li> <li>PAROLA</li> <li>DEBULK</li> <li>CERVANTES</li> </ul> </li> <li><b>Endometrium</b> <ul style="list-style-type: none"> <li>RAINBO</li> <li>ENDO3</li> </ul> </li> <li><b>Survivorship/QOL</b> <ul style="list-style-type: none"> <li>EXPRESSION</li> </ul> </li> </ul> <p><b>Meta-analysis group</b><br/><b>Translational Group</b></p> | <p><b>KolGOTrg trials</b></p>  <ul style="list-style-type: none"> <li><b>Ovary</b> <ul style="list-style-type: none"> <li>HIPEC-HR</li> <li>Neoadjuvant PIPAC</li> <li>IPIROC</li> </ul> </li> <li><b>Cervix</b> <ul style="list-style-type: none"> <li>BRICA</li> <li>RCT in 1B3 for role of surgery using a prognostic classification</li> <li>PARP-RAD</li> <li>RECERCA</li> </ul> </li> <li><b>Endometrium</b> <ul style="list-style-type: none"> <li>DETEC</li> </ul> </li> <li><b>Survivorship</b> <ul style="list-style-type: none"> <li>SOCQER-IND, WTP, NUGENA</li> </ul> </li> </ul> <p><b>Translational Group- KolGOTrg Biobank</b></p> <ul style="list-style-type: none"> <li>PROVAT</li> <li>RECERCA</li> </ul> | <p><b>IGCS</b></p>  <p><b>INTERNATIONAL GYNECOLOGIC CANCER SOCIETY</b></p> <p><b>IGCS organizational partner</b></p> <ul style="list-style-type: none"> <li>• Every woman study (WOCC)</li> <li>• IGCS training sites and fellows in India</li> <li>• IGCS pragmatic collaborative studies</li> <li>• NUGENA</li> </ul> |
|--|---|---|

- **GCIG - Gynecologic Cancer Intergroup- Only we represent India**
- **CCRN- Cervical cancer research network**

**GCIG trial participation from India**

- INTERLACE- NCRI- UK
- SENTICOL 3- GINECO- France
- EWS- WOCC- UK/Canada
- OVIHIPEC 2- NKL- Netherlands
- DEBULK- KGOC- South Korea
- EXPRESSION- NOGGO- Germany
- CERVANTES- CEEGOG- ENGOT
- RAINBO- GINECO- France
- ENDO 3- ANZGOG- Australia

**GCIG strategic vision for academic studies and guidelines – aligned with ICMR vision and strategy for health research**  
**One Earth, One Family, One mission**

## **GCIG CCCR-CR and OCCC-CR**

The first GCIG Cervical Cancer Consensus Committee for Clinical Research was held in Dublin in 2024. India was represented by Asima Mukhopadhyay, Babita Kataria, Parul Malhotra and Neerja Bhatla through KOLGOTRG. The manuscript was prepared in 2025 has been submitted to Lancet Oncology. Babita Kataria is the 1<sup>st</sup> author and Asima Mukhopadhyay the 2<sup>nd</sup> Author for this landmark publication.

Preparations for the 7<sup>th</sup> GCIG OCCC-CR (Ovarian Cancer Consensus Committee on Clinical Research) have begun and KOLGOTRG takes a leading role in chairing the Topic subgroup 2. Raja Pramanik and Diya Sur are other participants from KOLGOTRG in this meeting to be held in Toronto in May 2026. Preliminary meetings were held in Berlin GCIG 2025 meeting.



### **Renewing GCIG’s Commitment to Pragmatic Trials (May 2025)**



## CCRN leadership



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### CERVICAL CANCER RESEARCH NETWORK

The Cervix Cancer Research Network (CCRN) is a multi-national, multi-institution consortium of physicians and scientists focused on improving cervical cancer outcomes worldwide by making publicly funded, multinational cancer clinical trials available to patients in low- and middle-income countries (LMICs).



## CCRN Educational Symposium (September 2025)

It has been an honor to co-chair the CCRN alongside Remi Nout. We are actively looking forward to engage with existing CCRN sites, develop broader collaborations with IGCS and other societies and new CCRN trials and broaden the scope to include other disease sites as GCRN. The CCRN meeting at Sao-Paulo Brazil in September 2025 was an academic feast with 26 research proposals being submitted; we selected 3 to fund and take forward through CCRN and I am delighted to mentor one of the projects. It should be turn for India to host one of the CCRN meetings in the near future. As my turn to become the CCRN chair approaches by 2027, I hope that India through KOLGOTRG can take leadership in developing new trials and trial designs to answer important pragmatic questions and using pragmatic methodologies.

Several cervical cancer trials were presented in our 8<sup>th</sup> annual meeting in December including important de-escalation trials. We held an CCRN site engagement session and have re-established contacts with most of the Indian CCRN sites.

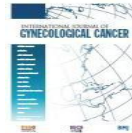
2026 will be a busy year! –

Asima Mukhopadhyay  
Co-Chair, CCRN

GCIC - CCRN

1. Principal objective is to broaden the reach of international cervical cancer clinical trials beyond Europe/ USA etc.
2. Ensure greater diversity in clinical trials & access to new technologies
3. Building confidence through trials to inform debate with policy makers to implement new technologies for the wider population
4. Sites where GCIG group did not exist
5. CCRN sites with existing GCIG groups can join GCIG as part of the group

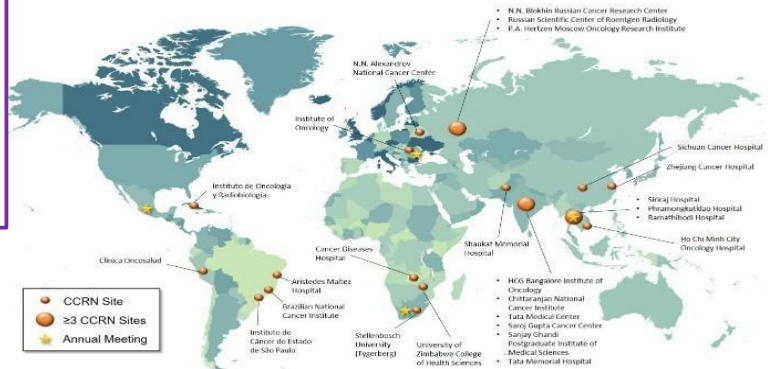
**Chair: Remi Nout** (Rotterdam, the Netherlands)  
**Co-Chair: Asima Mukhopadhyay** (Kolkata, India)  
**Past Chair: David Tan** (Singapore)



OPEN ACCESS

**The Cervical Cancer Research Network (Gynecologic Cancer InterGroup) roadmap to expand research in low- and middle-income countries**

Mary McCormack,<sup>1</sup> David Gaffney,<sup>2</sup> David Tan,<sup>3</sup> Kathy Bennet,<sup>4</sup> Adriana Chavez-Blanco,<sup>5</sup> Marie Plante<sup>6</sup>



**Recent CCRN trials and participation from India through KOLGOTRG**

- INTERLACE – role of induction chemotherapy
  - (2 sites in India participated through KOLGOTRG GCIG group)
- TACO – alternative Cisplatin schedule
- SHAPE – role of simple versus radical hysterectomy in selected early stage
- SENTICOL – role of sentinel node
  - (2 sites in India participated through KOLGOTRG GCIG group)
- OUTBACK – role of adjuvant chemotherapy
- DEBULK- role of surgical removal of bulky pelvic nodes prior to CCRT
  - (2 sites in India participating through KOLGOTRG GCIG group)

**CCRN trials**

Pragmatic trials - GCIG 2025 spring meeting

- A. Trials in development:
  - **LOPERA**, Hypofractionation, Registry for Fertility sparing surgery, low dose Cisplatin
- B. Trials discussed in the Cervix committee of GCIG:
  - **DEBRACA, PARP RAD**, palliative trials, neo-adjuvant IO
- C. Studies seed funded through CCRN symposium in Brazil in collaboration with EVA LACOG (Sept 2025): 3/26 proposals
- D. Future direction: GCRN

Indian CCRN sites:

- TMH Mumbai- Supriya Chopra, Jaya Ghosh
- TMC Kolkata- Santam Chakraborty, Jaydip Bhaumik
- CNCI Kolkata- Ranajit Mandal, Manisha Vernekar
- SGCCRI Kolkata- Rahul RoyChowdury, Sandipan Chowdhury
- KGMU Lucknow- Nisha Singh
- SGPGI Lucknow – Sushma Agrawal
- Indo-American Oncology Institute, Hyderabad- R Rajagopalan R
- BBCI, Guwahati- Debabrata Barmon
- HCG Bangalore - NR

**Lancet Ovarian Cancer coalition collaboration**



**WHAT IS A LANCET COMMISSION?**

A Lancet Commission is a high-level, multidisciplinary group convened by The Lancet to tackle major global health or social issues. It brings together experts to review evidence, identify policy gaps, and propose actionable, system-level solutions. Through rigorous methods and wide consultation, each Commission delivers influential reports that shape global health agendas, guide policy, and drive equity-focused reforms.



**THE LANCET COMMISSION ON OVARIAN CANCER**

Ovarian cancer ranks as the 5th leading cause of cancer-related deaths in women – largely due to late diagnosis, a lack of effective screening, and limited awareness of symptoms. This Commission highlights *The Lancet's* recognition of ovarian cancer as a critical global health issue.

Ovarian cancer imposes a heavy socioeconomic burden, with estimated costs of \$70 billion across 11 countries. We will focus on the staggering inequalities that persist in ovarian cancer survival across countries. Our analysis will draw on epidemiological data to explore disparities both between and within countries, particularly where they intersect with sub-population characteristics. As the global population ages, incidence is expected to rise, placing additional pressure on already under-resourced health systems. Despite progress in treatment, survival gains remain limited, revealing a persistent gap between evidence and action.

It will be a great honor and privilege to work for this commission through KOLGOTRG (2025-2027) and represent some of our work from India. Dr Asima Mukhopadhyay Co-chairs the After Diagnostic work stream in this commission.



## Role as an ICMR CCoE (2023-2025)

We served as an ICMR CCoE (Collaborating Centre of Excellence)- the first and only institute to be awarded from Eastern India between November 2023 and May 2025.

We hosted 4 ICMR scientists at our SIRO (2024-2025) and conducted a research training workshops at Medical College, Kolkata in 2024. ICMR scientists have attended our statistical workshops and collaborated on development/ review of our SOPs and guidelines.

We also collaborated with the ICMR MRHRU at Darjeeling for our PRECERCA project.

ICMR CCoE status was discontinued in June 2025 on the grounds of HMSC non-compliance related to the NuGenA study, having incorporated international collaborators for an IGCS and ASCO abstract related to conduct of Nursing workshops offline/online in International sites which was done prior to application to HMSC exploring whether we can include international sites in our study. This does not preclude future collaborations with ICMR when all rules and regulations are adhered to.

This precedence has led to adoption of new policies for our research which was extensively discussed in our 8<sup>th</sup> annual meeting. Prospective IPD meta-analysis will be used to collaborate or incorporate international sites in the future.



## Workshops and meetings

### Meetings and Workshops organized by KOLGOTRG in 2025

1. 7<sup>th</sup> Annual meeting and statistical workshop (16-20<sup>th</sup> February 2025) ~ Agenda: [Click Here](#)



2. DEBRACA Brainstorming and KolGOTRG meeting: New Delhi and NCI (17<sup>th</sup>-20<sup>th</sup> March 2025)



3. 8<sup>th</sup> Annual meeting and statistical workshop (12<sup>th</sup>- 19<sup>th</sup> December 2025)~ Agenda: [Click Here](#)



### **Meetings/ conferences attended with KOLGOTRG presentations/ affiliation**

1. Lancet Ovarian Cancer Commission: April 2025
2. GCIG Pragmatic trial Brainstorming meeting, Chicago May 2025
3. GCIG Spring meeting, Chicago May 2025
4. ASCO 2025: June 2025
5. CCRN meeting, Sao Paulo Brazil – September 2025
6. GCIG Autumn Meeting, Berlin - October 2025
7. IGCS 2025 Cape town: November 2025
8. KGOG annual meeting- Incheon Korea, November 2025
9. ESMO Asia and APGOT meeting: Singapore December 2025
10. AGOICON Kolkata, December 2025

## Posters and presentations

**PRECERCA by Dr. Asima Mukhopadhyay at IGCS Cape town, Nov 2025 – Winner for the Best Poster Abstract Award** [\[Click Here for pdf version\]](#)

## POSCAM and EASE model to implement a Point-of-care test-and-treat strategy for vulnerable women in remote resource-restricted settings: The PRECERCA (PREvention of CERvical Cancer) Initiative

Asima Mukhopadhyay 1,8, Dally Bhattacharjee 1, Rama Gupta 1, Bidya Basfore 1, Dona Chakraborty 1, Anima Das 1, Sangita Das 1, Shashi Kala 1, Sharmistha Das 1, Sneha Sinha 1, Syam Sundar Mandal 1, Sanjay Agrawal 2, Nisha Singh 3, Priyanka Singh 4, Manisha Vernekar 5, Sreya Bose 5, Sandip Sengupta 6, Gwynn Stevens 7 and KOLGOTRG PRECERCA group 1

1. Kolkata Gynecological Oncology Trials and Translational Research Group, Kolkata, India
2. Suraksha Diagnostics Limited, Kolkata, 3. King George's Medical University, Lucknow
4. Kalyan Singh Super Speciality Cancer Institute and Hospital, Lucknow, 5. Chittaranjan National Cancer Institute, Kolkata, 6. North Bengal Medical College and Hospital, Siliguri,
7. Cepheid Global Limited, CA, USA, 8. James Cook University Hospital, Middlesbrough, UK



### INTRODUCTION AND OBJECTIVES

➤ PRECERCA project was developed to address unique implementation challenges of cervical cancer screening in remote and resource-restricted settings especially for working women.  
➤ A novel POSCAM (POPulation-Sensitive-Specific-Systematic Cancer Awareness Method and Point-of-care HPV test-and-treat) strategy and EASE (Ethical-Accessible-affordable-Sustainable-Scalable-Effective-Early diagnosis and treatment of challenges/barriers) model for implementation was introduced for cervical screening amongst the tribal working women in the remote Tea-gardens of the Himalayan foothills in the Darjeeling district of North Bengal, India.

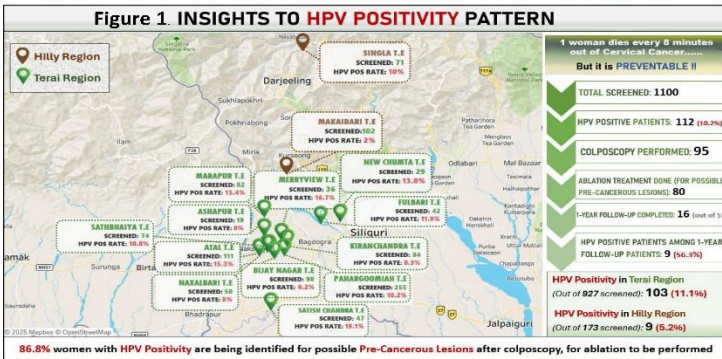
**Objectives:** To evaluate acceptability of a nurse-led screening and see-and-treat strategy in remote settings. Specific objectives include assessing cancer-awareness, estimating HPV prevalence and persistence, testing feasibility and acceptability of workplace-based screen and treat approach, and developing a sustainable referral system for long-term impact.

### METHODS

A nurse-led prospective, cross-sectional, observational study (Dec 2022– Feb 2025) was conducted, including 1100 women aged 30–60 years across 14 Tea-gardens. Ethics and CTRI approval were obtained. Demographic/risk factors/willingness-to-pay (WTP) and Pre/post POSCAM KAP scores using COBRA (Cervix-oral-ovary-breast cancer awareness) were recorded in the REDCap database. Point-of-care GeneXpert HPV testing (Cepheid) for high-risk subtypes using vaginal cytobrush in PreservCyt media was performed, followed by biobanking Mobile pocket colposcopy (*Donation: Duke University*) and Thermal ablation (*Donation: Liger Medical*) were carried out in HPV positive women by trained nurses (aided by remote reporting by specialists) in the respective Tea-gardens (workplace). Data was analyzed using SPSS version 31.

### RESULTS

HPV positivity varied (2-19%, Hilly 5.2% vs Terai 11.1%,  $p < 0.05$ ) between garden clusters (Figure 1), averaging at 10.2% (112/1100 women) across all age groups 30-40, 41-50, 51-60. Demographic and risk factors, including SLI (standard of living index) and SES (Kuppusswamy socio-economic status score), are described in Table 1 and compared between HPV positive and HPV negative women using regression analysis (Table 2). SLI, number of sexual partners and menstrual hygiene correlated with HPV positivity in Univariate analysis. KAP scores were significantly improved after POSCAM (Table 3). EASE model of implementation is described in Table 4. Mobile colposcopy and Thermal ablation at the workplace were acceptable to the majority of women without impacting wage loss. Ongoing data indicate a high prevalence of persistent HPV infection at 1-year follow-up in high HPV prevalent gardens.



**Table 1. Demographic and risk factors in women screened (n=1100) and comparison between hilly vs terai regions**

| Risk factor   | Overall (n=1100) | Hilly region (n=173) | Terai region (n=927) |
|---|------------------|----------------------|----------------------|
| Age (years) (Mean, SD)                                  | 41.96 (8.52)     | 41.87 (7.27)         | 41.93 (8.73)         |
| Age of onset of sexual activity (years) (Mean, SD)      | 15.51 (4.67)     | 20.86 (4.76)         | 19.30 (3.82)         |
| Duration of sexual exposure (years) (Mean, SD)          | 22.89 (10.39)    | 26.72 (9.19)         | 21.61 (10.20)        |
| Number of lifetime sexual partners (Mean, SD)           | 1.03 (0.22)      | 1.07 (0.27)          | 1.03 (0.21)          |
| Number of pregnancies including abortion (Mean, SD)     | 2.51 (1.32)      | 1.83 (1.06)          | 2.62 (1.41)          |
| Duration of tobacco exposure (years) (Mean, SD)         | 11.47 (8.93)     | 12.29 (8.90)         | 10.29 (11.82)        |
| Duration of exposure to biomass fuel (years) (Mean, SD) | 8.67 (5.63)      | 7.34 (5.28)          | 11.80 (5.51)         |
| SES (Mean, SD)  | 9.07 (2.14)      | 9.65 (3.02)          | 8.49 (1.88)          |
| SLI (Mean, SD)  | 20.91 (9.61)     | 23.09 (7.92)         | 16.94 (15.60)        |
| KAP score (Pre POSCAM)                                  | 12.88 (4.39)     | 12.28 (4.91)         | 11.84 (4.05)         |
| HPV positivity  | 112 (10.2%)      | 9 (5.1%)             | 103 (11.1%)          |

**Table 2. Bivariate characteristics of the study population stratified by HPV positivity**

| Characteristic                               | Total         | HPV positive | OR   | 95% CI     | p-value |
|--|---------------|--------------|------|------------|---------|
| Age (years)                                  | 41.96 (8.52)  | 41.87 (7.27) | 1.00 | 0.99, 1.01 | NS      |
| Age of onset of sexual activity (years)      | 15.51 (4.67)  | 20.86 (4.76) | 1.36 | 1.06, 1.74 | NS      |
| Duration of sexual exposure (years)          | 22.89 (10.39) | 26.72 (9.19) | 1.07 | 0.97, 1.18 | NS      |
| Number of lifetime sexual partners           | 1.03 (0.22)   | 1.07 (0.27)  | 1.06 | 0.82, 1.37 | NS      |
| Number of pregnancies including abortion     | 2.51 (1.32)   | 1.83 (1.06)  | 0.67 | 0.47, 0.97 | NS      |
| Duration of tobacco exposure (years)         | 11.47 (8.93)  | 12.29 (8.90) | 1.01 | 0.99, 1.03 | NS      |
| Duration of exposure to biomass fuel (years) | 8.67 (5.63)   | 7.34 (5.28)  | 0.84 | 0.68, 1.04 | NS      |
| SES  | 9.07 (2.14)   | 9.65 (3.02)  | 1.07 | 0.99, 1.16 | NS      |
| SLI  | 20.91 (9.61)  | 23.09 (7.92) | 1.10 | 1.01, 1.20 | NS      |
| KAP score (Pre POSCAM)                       | 12.88 (4.39)  | 12.28 (4.91) | 0.93 | 0.88, 0.98 | NS      |
| HPV positivity                               | 112 (10.2%)   | 9 (5.1%)     | 1.00 | 0.99, 1.01 | NS      |

### IMPLEMENTATION

**Table 3. IMPACT OF IMPLEMENTING POSCAM (POPULATION SENSITIVE SPECIFIC AND SYSTEMATIC CANCER AWARENESS METHOD) IN IMPROVING KNOWLEDGE ATTITUDE PRACTICE (KAP)**

|   | Pre-intervention            | Post-intervention                      |
|---|-----------------------------|--|
| KAP Score (overall) N=1100  | 12.08 (4.39) (Mean, SD)     | 35.72 (5.01) (Mean, SD) P < 0.0001 * S |
| Knowledge (K)   |                             |  |
| K- Heard of cervical cancer   | 20.5%                       | 98.6%                                  |
| K- Risk factors for cervical cancer                                     | 2.9%                        | 38.8%                                  |
| K- Symptoms for cervical cancer   | 15.7%                       | 97.8%                                  |
| K- Cervical cancer is preventable                                       | 3.8%                        | 97.7%                                  |
| K- Heard about HPV vaccine  | 15.7%                       | 96.5%                                  |
| Attitude (A)  |                             |  |
| A- Preference for HPV testing? Health worker assisted                   | 98.7%                       | 0.7%                                   |
| A- Will you come for HPV testing in future (if required)?               | —                           | 97.5%                                  |
| A- Will you recommend HPV testing to someone else?                      | —                           | 94.8%                                  |
| Practice (P)  |                             |  |
| P- Screened for cervical cancer earlier to this study                   | 3%                          | —                                      |
| P- Are you willing to undergo an another awareness training session?    | —                           | 13.8%                                  |
| P- Are you willing to participate in subsequent cancer screening camps? | —                           | 70.2%                                  |
| P- Would you be willing to vaccinate your daughter, son (or both)?      | 82.9%                       | 96.2%                                  |
| P- How much are you willing to pay for vaccine (INR)                    | 337.81 (5317.72) (Mean, SD) | 3623376.01 (Mean, SD)                  |



**Table 4. KOLGOTRG EASE MODEL OF IMPLEMENTATION FOR PRECERCA PROJECT**

| EASE model  | Measures   | Challenges and mitigation   |
|-------------|--|---|
| Ethical     | • Voluntary participation and consent explained by local languages and after COBRA counselling<br>• No incentives provided to avoid coercion   | ➤ Customised to align timing of screening that suits workers who work for hourly wages  |
| Accessible  | • Screening and treatment organised within the workplace and involvement of local doctors/nurses<br>• No travel involved except if referral was to tertiary centres for treatment.<br>• Use of Mobile colposcope and ablation device<br>• Use of closed systems and one stop HPV testing platforms for field testing   | ➤ Obtaining 360degree stakeholder support and small incremental gains from multiple sources (every little helps)  |
| Sustainable | • Continuing follow up and engagement rather than that one off screening<br>• Local workforce engagement for identifying local champions/ women leaders<br>• Identifying local stakeholders/ NGO<br>• Obtaining endorsement from the ministry of health and family welfare to integrate/embed the program with the gov. run screening initiatives and involving community health workers<br>• Engaging trainee doctors/nurses in field work for capacity building and research | ➤ Involving tea garden managers in planning the awareness and screening sessions so that it does not hamper work, wages and industry<br>➤ Develop a community-based goodwill project which provides education and women empowerment |
| Effective   | • Early diagnosis of challenges and risk mitigation  | • Screening effort concentrated between months of November to March each year to suit local preferences   |

### CONCLUSION

Unique barriers, challenges and solutions were identified through the systematic POSCAM and EASE model approach. A robust referral integration system supported by the state Health Ministry and local Medical college, Tea-garden management, Indian Council of Medical Research rural health research unit and local NGOs ensured local stakeholder support for long-term sustainability and follow-up. We propose to scale up this project and develop cluster RCTs for interventions addressing HPV persistence, improving screening uptake and follow-up strategies using Tea gardens as clusters stratified by HPV positive rates (high versus low).

**Acknowledgement:** We acknowledge the support provided by the local Tea-garden management, doctors and health care workers, Manisha Nandi Foundation, Uttarbanga Marwari Sewa Trust, North Bengal Medical College, ICMR MRHRU Darjeeling and Ministry of Health and Family Welfare, Govt of West Bengal, all volunteers, donors and the women of the Tea Gardens

**NUGENA presented by Dr. Asima Mukhopadhyay at ASCO on June 2025**

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**NUGENA (NURSE-LED GENETIC COUNSELLING AND AWARENESS): A proof-of-concept to implementation of genetic counseling for HBOC in LMICs**

ASCO Abstract ID: 10583

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**Background**

- Availability and affordability of genetic testing and counselling for gyn malignancies remain an unmet clinical need in LMICs and health gap in cancer care equity.
- Implementation research project NuGenA was started by training nurses to improve genetic testing uptake and identifying at-risk family members ([www.kolgotrg.org/nugena/](http://www.kolgotrg.org/nugena/)).
- Objectives 1. Systematic approach to genetic counselling 2. Improving public and provider awareness and all tier nursing training 3. Developing curriculum 4. Biobanking

**Methods**

- Ethical approvals were obtained (KolGo/CTR/HSMC).
- A nurse-led structured training program combining lectures/modules/live-demonstration-workshops/role-playing using offline and virtual-learning-methods were administered to sensitize/train all tiers of nurses including train-the-trainers in genetic counselling.
- A comprehensive NuGenA questionnaire including demographic and family history, CAM, pre/post-test counselling satisfaction-regret scale, quality-of-life and willingness-to-pay for genetic testing was administered by trained nurses.
- Physician and nursing interviews were conducted at 1 year to assess barriers/challenges/success of the program and improvement of KAP.
- KolGoTg EASE (Ethical/Affordable/Sustainable/Scalable/Effective/Early-diagnosis-and-treatment barriers) matrix was used to measure key performance indicators and impact of implementation

**Results**

**Key performance indicators and impact of implementation using EASE model**

EASE MODEL: KPI for success of (provider and patient level) implementing nurse led genetic counselling services

- |                                  |  |
|----------------------------------|--|
| <b>Ethical</b>                   | <ul style="list-style-type: none"> <li>No. of OC patients who underwent counselling by trained nurses- 270 (9 centres)</li> <li>No. of patients willing to participate versus no. who could participate- 161/159</li> <li>No. of persons who opted out of the study- 2</li> <li>Willingness to pay for genetic testing using a Co-Pay model= 99/159 (62%). Participation in a co-pay model was viewed as a barrier to participation in the study in some governmental set ups even when the test was not available freely outside of research projects.</li> </ul> |
| <b>Acceptable and affordable</b> | <ul style="list-style-type: none"> <li>No. of patients who underwent BRCA genetic testing- 159/270 (59%)</li> <li>No of patients who was BRCA positive- 48/159 (30%)</li> <li>No. of at risk family members who underwent counselling- 458</li> <li>No. of at risk family members who consented testing- 12</li> <li>No. of at-risk family members who accepted risk reducing surgery- 2</li> </ul>  |

EASE MODEL: KPI for success of (provider and patient level) implementing nurse led genetic counselling services

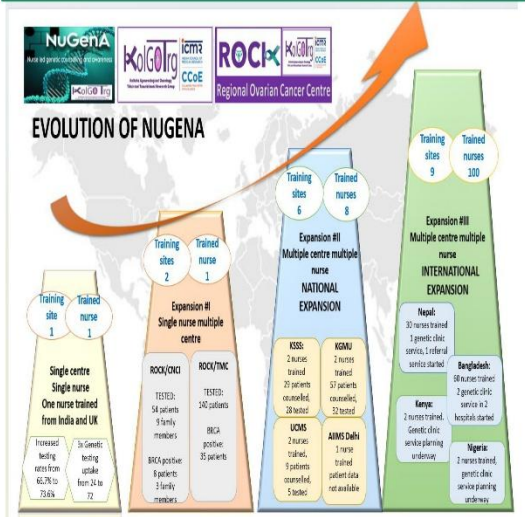
- |                                 |   |
|---------------------------------|---|
| <b>Sustainable and scalable</b> | <ul style="list-style-type: none"> <li>No. of nurses trained in genetic counselling- 126 (hospital level)</li> <li>No. of nurses sensitized at a community level= 100</li> <li>No. of nurse-led initiatives undertaken to engage patient/family members in organizing cancer screening (PPI/snowballing) and awareness camps- 6</li> <li>No of nurse-led community camps conducted through local support and COBRA (Cervix/Oral/Ovary/Breast cancer Awareness) counselling- 150</li> <li>Integration of NuGenA genetic counselling modules in BSc and MSc nursing- Sister Niveciti University, Kolkata</li> <li>Integration of genetic counselling module within the IGCS nursing curriculum</li> <li>A pan-India Scale up across 15 sites in India is due to start as NuGenA expansion phase (2025-)</li> <li>Prospects for scaling up through the IGCS network of training centres and development of a nursing certificate program for genetic counselling- in progress</li> </ul> |
|---------------------------------|---|

- |                  |   |
|------------------|---|
| <b>Effective</b> | <ul style="list-style-type: none"> <li>No. of nurse-led/nurse-facilitated set-ups for genetic counselling initiated till date- 7</li> <li>Considered to be a cost-effective and patient-centric approach compared to paying for genetic counselling across all set ups.</li> <li>Local Policy making and guidelines update of COBRA counselling by local governmental health authorities for training community health nurses (ASHA/ANM) of Darjeeling district, West Bengal</li> <li>Global outreach and acceptance of the model- Recipient of the Charter Champion award by the World Ovarian Cancer Coalition</li> </ul> |
|------------------|---|

Early diagnosis and treatment barriers/ challenges/

Barriers identified include institutional disinterest, patient stigma, testing costs and poor uptake of genetic testing/Adoption of risk-reducing strategies amongst at-risk family members, underpin the necessity for repeated counselling efforts and continued training support for providers.

**Expansion of NuGenA movement as a proof-of-concept: - 126 hospital-based nurses trained and 100 community nurses sensitized**



**Conclusions and Future Directions for Research**

- Continued effort is required for provider training and awareness for scalability of nurse-led genetic counselling services including inclusion in Gyn Oncology nursing curriculums- changes can be transformative!
- NuGenA expansion phase in India is planned in collaboration with Mayo Clinic USA, and global expansion through the IGCS network
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- Strand Life Sciences, Medgenome Labs Private Ltd ,AbaseCare for co-funding, sample collection and testing
- Patrons: Kaberi Banerjee, Sahaditani Gurung and family

Questionnaires that need to be implemented to develop the service and their rationale

Research/ services team required for study implementation



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 Website: [www.kolgotrg.org/nugena](http://www.kolgotrg.org/nugena)




**NUGENA EXPANSION presented by Dr. Raja Pramanik on 14<sup>th</sup> Dec, 2025**

[\[Click Here for pdf version\]](#)

**NuGenA (Nurse Led Genetic Counselling and Awareness) Expansion Cohort**



**OBJECTIVE 1:** To determine the efficacy of the NURSE-led cancer genetic clinic program as measured by:

- 1A: Determining the prevalence of germline mutation in hospital-based patients with ovarian and breast cancers and at-risk individuals in the family.
- 1B: % increase in individuals at risk of developing hereditary cancers through awareness and screening campaigns compared to traditional non-concerted hospital-based approaches.
- 1C: Improvement in the uptake of genetic testing and referrals, and risk-reducing interventions.

**OBJECTIVE 2:**

- Assess acceptability and embeddedness
- Compare local community satisfaction
- Study willingness to pay (WTP) for screening and genetic testing
- Assessing barriers in rural versus urban and different socio-economic strata

**OBJECTIVE 3:**

- Systematic Biobanking through a structured/NABL accredited framework (KolGOtrg Biobank – Kolgotrg) - of the samples collected.

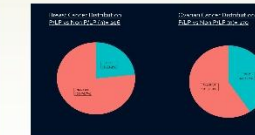
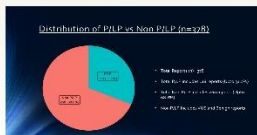
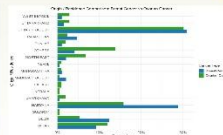
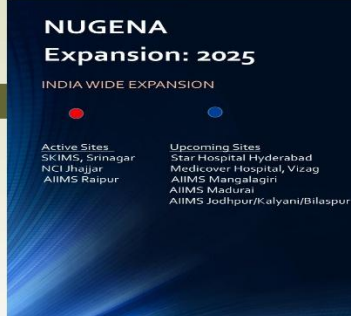
**OBJECTIVE 4:**

- Developing translational research network and pathways to facilitate biomarker research for early detection/prevention for HBOC and Lynch syndrome.

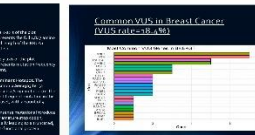
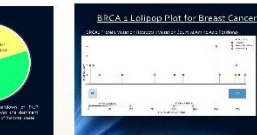
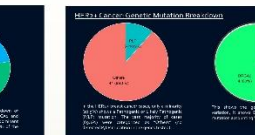
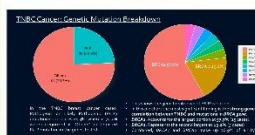
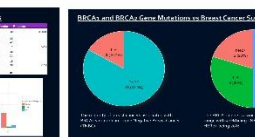
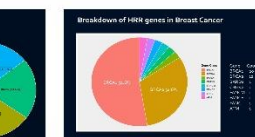
**RESULTS**

**ENROLMENT SITES:**

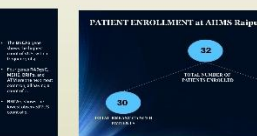
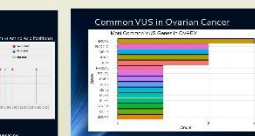
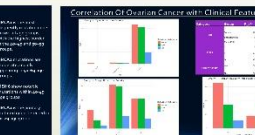
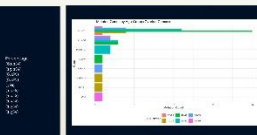
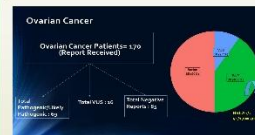
- AIIMS, NEW DELHI (1/3/25-30/11/25)
- NCI-AIIMS, JHAJJAR (1/3/25-30/11/25)
- AIIMS, RAIPUR (1/9/25 – 30/11/25)
- STRATEGY: NURSE-LED COUNSELING OF CONSECUTIVE, UNSELECTED CASES OF BREAST & OVARIAN CANCERS.
- TESTING USING MEDGENOME 140 GENE HEREDITARY CANCER PANEL



**BREAST CANCER**



**OVARIAN CANCER**



**KEY INSIGHTS**

- ✓ Breast Ca= 20% P/LP, 15% BRCA1/2 (TNBC enriched, ref bias, all reports NA at data-cutoff)
- ✓ Ovarian ca= 40% P/LP, 30% BRCA1/2 (all reports NA at data-cutoff)
- ✓ Overall BRCA/ non-BRCA = 70/30
- ✓ VUS= 18% (2019=37%): we are improving!
- ✓ Median Age for Ca Breast in BRCA2=42 yrs! (low!!)
- ✓ No impact of FH in breast ca
- ✓ Gradually growing PAN-INDIA Cohort will give a clearer picture of our diverse population.

(Acknowledgement: Medgenome Labs for supporting this expansion)

## Awards and achievements

### Achievements:

1. GCIG executive body member
2. CCRN Co-chair
3. Topic group Chair: Lancet Ovarian Cancer Commission
4. Topic Group Chair: GCIG 7th Ovarian Consensus Committee meeting on Clinical Research
5. Partnership: APGOT and Lancet Ovarian Cancer Commission
6. Best poster abstract award – IGCS 2025 for PRECERCA project
7. ASCO global invited presentation (2025) for NuGenA

### Key Publications

1. Submitted: CCCC-CR- Lancet Oncology (draft) Written by KolGOTRG)
2. Published: EWS -LMIC: Published in Lancet (December 2025)
3. Published: Gyn Oncology Reports
4. Published: IJGC: position paper of GCIG IDEA guidelines
5. Published: IJGC: ESGO resource stratified guidelines in Cervical Cancer
6. Manuscript accepted: Nature Primer Review in Ovarian Cancer
7. Manuscript under preparation: Cancers (TMR scoring in Ovarian Cancer)
8. Manuscript under preparation: PROVAT 1, HIPEC HR, NUGenA, PRECERCA, Biobanking, EWS India, IPIROC #02 and protocol for IPIROC#03

## Publications

### KolGOTRG Publications (2024–2025)

1. Cibula D., Mburu A., Planchamp F., Zapardiel I., Atallah D., al-Rubaish S., **Mukhopadhyay A.**, & Nout R. (2026). European Society of Gynaecological Oncology resource-stratified guidelines for the management of patients with cervical cancer. *International Journal of Gynecological Cancer*, 36(1). DOI: [10.1016/j.ijgc.2025.102747](https://doi.org/10.1016/j.ijgc.2025.102747)
2. Funston G., Morgan E., Adams T., Adel R. S., Andrade C. E., Bolatbekova R., **Mukhopadhyay A** & Umeh, C. R. (2025). Experiences of women with ovarian cancer in 22 low-income and middle-income countries (Every Woman Study LMICs): a cross-sectional study. *The Lancet Obstetrics, Gynaecology, & Women's Health*, 1(4), e302-e313. DOI: [10.1016/j.lanogw.2025.100047](https://doi.org/10.1016/j.lanogw.2025.100047)
3. **Mukhopadhyay A.**, Bhattacharjee D., Gupta R., Vernekar M., Singh N., Mandal R., & Thorburn, G. (2025). POSCAM and EASE model to implement a point-of-care test-and-treat strategy for vulnerable women in remote resource-restricted settings: the precerca (prevention of cervical cancer) initiative. *International Journal of Gynecological Cancer*, 35(11). DOI: [10.1016/j.ijgc.2025.102671](https://doi.org/10.1016/j.ijgc.2025.102671)
4. **Mukhopadhyay A.**, Bhattacharjee D., Kidwell K., Kumari S., Villar S., Bhattacharjee A., & Mukherjee B. (2025). Variation in prescribing practices for standard-of-care (soc) parp inhibitor dosing in ovarian cancer in india: a pilot physician survey using r2ct strategy in IPIROC study. *International Journal of Gynecological Cancer*, 35(11). DOI: [10.1016/j.ijgc.2025.102172](https://doi.org/10.1016/j.ijgc.2025.102172)
5. **Mukhopadhyay A.**, Chakraborty D, Bhattacharjee D, Mukherjee P, Gupta R, Mandal R, et al. NuGenA (Nurse Led Genetic Counselling and Awareness): A proof-of-concept to implementation of genetic counselling for HBOC in LMICs. *J Clin Oncol*. 2025 Jun;43(16\_suppl):10583–10583. DOI:[10.1200/JCO.2025.43.16\\_suppl.10583](https://doi.org/10.1200/JCO.2025.43.16_suppl.10583)
6. **Mukhopadhyay A.**, Ghosh T, Bhattacharjee D, Chakraborty D, Roy SS, Bhattacharjee A, et al. Intermittent PARP inhibitor regimen in ovarian cancer (IPIROC): A proof-of-concept exploratory pragmatic study (IPIROC#02) using generic rucaparib with pharmacodynamic assessment. *J Clin Oncol*. 2025 Jun;43(16\_suppl). doi: [10.1200/JCO.2025.43.16\\_suppl.e17597](https://doi.org/10.1200/JCO.2025.43.16_suppl.e17597).
7. Bajwa A, Chidebe RCW, Adams T, Funston G, Soerjomataram I, **Mukhopadhyay A**, et al. Challenges and opportunities in ovarian cancer care: A qualitative study of clinician perspectives from 24 low- and middle-income countries. *J Cancer Policy*. 2025 Apr;44(3):100582. doi: [10.1016/j.jcpo.2025.100582](https://doi.org/10.1016/j.jcpo.2025.100582).
8. McCormack M, Eminowicz G, Gallardo D, Díez P, Farrelly L, Kent C, **Mukhopadhyay A**, et al. Induction chemotherapy followed by standard chemoradiotherapy versus standard chemoradiotherapy alone in patients with locally advanced cervical cancer (GCIG INTERLACE): An international, multicentre, randomised phase 3 trial. *Obstet Gynecol Surv*. 2025 Mar;80(3):162–164. doi: [10.1097/01.ogx.0001110368.01213.91](https://doi.org/10.1097/01.ogx.0001110368.01213.91).
9. Reid F, Adams TS, Adel RS, Bolatbekova R, Cohen R, Kaidarova D, **Mukhopadhyay A**, et al. Variations in level of surgery and optimal cytoreduction amongst 2,446 women with ovarian cancer in 22 low- and middle-income countries: The Every Woman Study Cohort. *Int J Gynecol Cancer*. 2025 Feb;35(2):100322. doi: [10.1016/j.ijgc.2024.100322](https://doi.org/10.1016/j.ijgc.2024.100322).
10. Abdul-Aziz S, Bhattarai N, Vale L, Sagoo GS, **Mukhopadhyay A**, et al. Challenges and opportunities to address the emerging burden of targeted therapies in ovarian cancer. *Gynecol Oncol Rep*. 2025 Feb;57(5):101680. doi: [10.1016/j.gore.2025.101680](https://doi.org/10.1016/j.gore.2025.101680).
11. Ledermann J, McCormack M, Rincón DG, Eminowicz G, Díez P, Farrelly L, **Mukhopadhyay A**, et al. A randomized, phase III trial of induction chemotherapy followed by chemoradiation compared with chemoradiation alone in locally advanced cervical cancer: The GCIG INTERLACE Trial. *Gynecol Oncol*. 2024 Nov;190:S21. doi:[10.1016/j.ygyno.2024.07.036](https://doi.org/10.1016/j.ygyno.2024.07.036).
12. Reid F, Adams T, Adel R, Bolatbekova R, Chidebe RCW, Cohen R, **Mukhopadhyay A**, et al. Identifying opportunities and challenges to improve survival and quality of life for women with ovarian cancer in low- and middle-income countries: the Every Woman Study. *Int J Gynecol Cancer*. 2024 Oct;34(Suppl 3):A241–A242. doi:[10.1136/ijgc-2024-IGCS.428](https://doi.org/10.1136/ijgc-2024-IGCS.428).

13. Chakraborty D, Khatun S, Hossain F, Anwar BR, Afroz M, Siddiqui N, **Mukhopadhyay A**, et al. NuGenA (nurse-led genetic counselling and awareness): a provider survey on barriers of implementation in LMICs – Bangladesh experience. *Int J Gynecol Cancer*. 2024 Oct;34(Suppl 3):A189–A190. [doi:10.1136/ijgc-2024-IGCS.325](https://doi.org/10.1136/ijgc-2024-IGCS.325).
14. Abdul-Aziz S, Chakraborty D, Bhattacharya A, Chakraborty M, Pal S, Mitra T, **Mukhopadhyay A**, et al. Patient and public involvement in designing a willingness to pay survey for a PARP inhibitor de-escalation study IPIROC in ovarian cancer: a UK– India experience. *Int J Gynecol Cancer*. 2024 Oct;34(Suppl 3):A83.2–A84. [doi:10.1136/ijgc-2024-IGCS.119](https://doi.org/10.1136/ijgc-2024-IGCS.119).
15. Jayraj AS, Chakraborty D, Kar B, Karar M, **Mukhopadhyay A**, et al. Retrospective validation of phenotypic prediction score in epithelial ovarian cancer for prediction of homologous recombination proficiency in an Indian cohort: PROVAT-1 study. *Int J Gynecol Cancer*. 2024 Oct;34(Suppl 3):A225. [doi:10.1136/ijgc-2024-IGCS.391](https://doi.org/10.1136/ijgc-2024-IGCS.391).
16. Kumari S, Bhattacharjee D, Ghosh T, Chakraborty D, Bhattacharjee A, Mandal S, **Mukhopadhyay A**, et al. Representing EDI in gynaecological oncology academic clinical trials in India: IPIROC trial framework. *Int J Gynecol Cancer*. 2024 Oct;34(Suppl 3):A304– A305. [doi:10.1136/ijgc-2024-IGCS.534](https://doi.org/10.1136/ijgc-2024-IGCS.534).
17. McCormack M, Eminowicz G, Gallardo D, Díez P, Farrelly L, Kent C, **Mukhopadhyay A**, et al. Induction chemotherapy followed by standard chemoradiotherapy versus standard chemoradiotherapy alone in patients with locally advanced cervical cancer (GCG INTERLACE): an international, multicentre, randomised phase 3 trial. *Lancet*. 2024 Oct;404(10462). [doi:10.1016/S0140-6736\(24\)01438-7](https://doi.org/10.1016/S0140-6736(24)01438-7).
18. Reid F, Adams T, Adel RS, Andrade CE, Bajwa A, Bambury I, **Mukhopadhyay A**, et al. The Every Woman Study™ low- and middle-income countries edition protocol: A multi- country observational study to assess opportunities and challenges to improving survival and quality of life for women with ovarian cancer. *PLoS One*. 2024 May;19(5):e0298154. [doi:10.1371/journal.pone.0298154](https://doi.org/10.1371/journal.pone.0298154).
19. McCormack M, Rincon DG, Eminowicz G, Díez P, Farrelly L, Kent C, **Mukhopadhyay A**, et al. A randomized phase III trial of induction chemotherapy followed by chemoradiation compared with chemoradiation alone in locally advanced cervical cancer: The GCG INTERLACE trial. *Int J Gynecol Cancer*. 2024 Mar;34(Suppl 1):A1.2–A2. [doi:10.1136/ijgc-2024-ESGO.2](https://doi.org/10.1136/ijgc-2024-ESGO.2).
20. Kar A, Ghosh P, Gautam A, Chowdhury S, Basak D, Sarkar I, **Mukhopadhyay A**, et al. CD38-RyR2 axis-mediated signaling impedes CD8+ T cell response to anti-PD1 therapy in cancer. *Proc Natl Acad Sci U S A*. 2024 Mar 12;121(11):e2315989121. [doi:10.1073/pnas.2315989121](https://doi.org/10.1073/pnas.2315989121).
21. Sinha A, Ghosh A, Ghosh A, Mathai S, Bhaumik J, **Mukhopadhyay A**, et al. MAL expression downregulation through suppressive H3K27me3 marks at the promoter in HPV16-related cervical cancers is prognostically relevant and manifested by the interplay of novel MAL antisense long noncoding RNA AC103563.8, E7 oncoprotein and EZH2. *Clin Epigenetics*. 2024 Mar 10;16(1):40. [doi:10.1186/s13148-024-01651-9](https://doi.org/10.1186/s13148-024-01651-9).
22. Creutzberg CL, Kim J-W, Eminowicz G, Allanson E, Eberst L, Kim SI, **Mukhopadhyay A**, et al. Clinical research in endometrial cancer: consensus recommendations from the Gynecologic Cancer InterGroup. *Lancet Oncol*. 2024 Sep;25(9):e420–e431. [doi:10.1016/S1470-2045\(24\)00192-X](https://doi.org/10.1016/S1470-2045(24)00192-X).
23. Sehouli J, Boer J, Brand AH, Oza AM, O'Donnell J, Bennett K, **Mukhopadhyay A**, et al. How to optimize and evaluate diversity in gynecologic cancer clinical trials: statements from the GCG Barcelona Meeting. *Int J Gynecol Cancer*. 2024 Nov 4;34(11):1677– 1684. [doi:10.1136/ijgc-2024-005982](https://doi.org/10.1136/ijgc-2024-005982).
24. Yun BS, Lee KB, Lee KH, Chang HK, Kim JY, Lim MC, **Mukhopadhyay A**, et al. Therapeutic effects of surgical debulking of metastatic lymph nodes in cervical cancer IIICr: a trial protocol for a phase III, multicenter, randomized controlled study (KGOG1047/DEBULK trial). *J Gynecol Oncol*. 2024 Jan 22;35(5):e57. [doi:10.3802/jgo.2024.35.e57](https://doi.org/10.3802/jgo.2024.35.e57).
25. Sinha A, Ghosh S, Ghosh A, Ghosh A, Mathai S, Bhaumik J, **Mukhopadhyay A**, et al. Unfurling the functional association between long intergenic noncoding RNAs (lincRNAs) and HPV16-related cervical cancer pathogenesis through weighted gene co-expression network analysis of differentially expressed lincRNAs and coding genes. *Carcinogenesis*. 2024 Jul 8;45(7):451–462. [doi:10.1093/carcin/bgae019](https://doi.org/10.1093/carcin/bgae019).

### **Other documents generated and updated**

1. SOP: Biobank management
2. SOP: KOLGOTRG Trial management and operations (N=80)
3. SOP: IPIROC trial management and monitoring and template for patient facing AV aids

### **Social media presence**

- We have participated in Press releases during Ovarian Cancer and Cervical Cancer awareness months in collaboration with Suraksha diagnostic.
- TV-9 Nakshatra award was presented to Asima Mukhopadhyay on March 2025 and formation of KOLGOTRG was mentioned
- IPIROC #03 study was launched on 14th December 2025 with a press release.

## **Our Donors and Patrons**

**#01: Dr Kaberi Banerjee** for supporting **CMIE lab incubation and PRECERCA**

**#02: Manisha Rampuria Family** for supporting **ROCK**

**#03: Sahadhani Gurung Family** for supporting **NUGenA**

**#04: Suraksha Diagnostics** with **CSR funding** for **PRECERCA** project

**We sincerely thank you all for your continued support**

## **Sponsors**

**#01: BDR Pharmaceuticals** – Workshop sponsorship for our annual meetings and as a funding partner to the IPIROC #02 and #03 study

**#02: Suraksha Diagnostics** – Workshop sponsorship and funding partner to IPIROC and PRECERCA study. Co-partner for academic HRD assay development and Supporting ROCK CTU.

**#03: Cepheid Global** – Workshop sponsorship and co-funding for PRECERCA project

**#04: MedGenome Ltd.** – Workshop sponsorship (NCI Delhi Nursing workshop)

**#05: Saral Diagnostics** – Workshop sponsorship

**#06: Allied Scientific Pvt Ltd** – Workshop sponsorship

## **Annual audit and expenditure**

### **HR and FINANCE – KOLGOTRG**

KolGOTRG's human resources and financial management are overseen by an external, reputed chartered accountancy firm, T K Ghose Global Services. The firm manages all trial-related financial oversight, including expenses, taxation, statutory compliance, and regulatory financial reporting, ensuring transparency and accountability. Internal budgeting and day-to-day financial operations are managed directly by the Principal Investigator (PI) in close collaboration with the CA firm. Project-wise budget planning, projections, and financial monitoring are led by the PI to ensure alignment with study objectives. This dual-governance model ensures ethical financial handling, compliance, and robust fiscal stewardship across all KolGOTRG activities.

#### **1. Statutory audit report prepared by TK Ghose Global Services**

**1.1 Annual Audited accounts FY. 2024-2025 – [Click Here](#)**

**1.2 Form No. 10 B – [Click Here](#)**

**1.3 Certificate of Compliance – Taxes on Foreign Remittance – [Click Here](#)**

## Finance and Budget (Jan–Dec 2025)

Total Approx. Income (Jan–Dec 2025): 20,561,977 INR (₹2 Crore 5 Lakh 62 Thousand)

Note: Excludes income from FY 2024–2025 remaining grant amounts from ICMR and DST (₹21.56 lakh), fully utilised till February 2025.

### Income Summary

| Category     | Amount (INR) | Approx. Description       |
|--------------|--------------|---------------------------|
| Grant Income | 18,452,129   | ₹1 Cr 84 Lakh 52 Thousand |
| Workshop     | 1,264,573    | ₹12 Lakh 64 Thousand      |
| Donation     | 296,000      | ₹2 Lakh 96 Thousand       |
| Membership   | 94,839       | ₹95 Thousand              |
| Other        | 354,436      | ₹3 Lakh 54 Thousand       |
| Unidentified | 100,000      | ₹1 Lakh                   |

### Detailed Income Break-up

| Sl. No. | Source                           | Amount (INR) | Remarks              |
|---------|----------------------------------|--------------|----------------------|
| 1       | Grant ICMR IPIROC<br>(2nd Year)  | 1,04,01,170  | ₹104 Lakh approx.    |
| 2       | Grant DST CRG                    | 1,500,000    | ₹15 Lakh             |
| 3       | Grant UoM                        | 2,185,300    | ₹21 Lakh 85 Thousand |
| 4       | Grant NuGenA<br>(MedGenome)      | 2,846,959    | ₹28 Lakh 47 Thousand |
| 5       | Grant Pooja Chettri (NuGenA)     | 44,000       | ₹44 Thousand         |
| 6       | Grant PRECERCA (Suraksha)        | 800,000      | ₹8 Lakh              |
| 7       | SciGenom (OC Biomarker)          | 270,000      | ₹2.7 Lakh            |
| 8       | Educational Grant –<br>Aster CMI | 294,000      | ₹2 Lakh 94 Thousand  |

| Sl. No. | Source                               | Amount (INR)                   |
|---------|--------------------------------------|--------------------------------|
| 9       | Strand LS (RAINBO)                   | 110,700<br>₹1 Lakh 11 Thousand |
| 10      | Workshop Sponsorship – BDR           | 925,735<br>₹9 Lakh 26 Thousand |
| 11      | Workshop – Saral Diagnostics         | 90,000<br>₹90 Thousand         |
| 12      | Workshop Sponsorship – Allied Scient | 12,000<br>₹12 Thousand         |
| 13      | Workshop Registration                | 10,580<br>₹10,580              |
| 14      | IGCS Reimbursement (Dec 2024 Meet)   | 226,258<br>₹2 Lakh 26 Thousand |
| 15      | Donation – Kaberi Banerjee           | 200,000<br>₹2 Lakh             |
| 16      | Donation – Rampuria Family           | 96,000<br>₹96 Thousand         |
| 17      | Membership Fees                      | 94,839<br>₹95 Thousand         |
| 18      | Unidentified Source (26 Dec 2025)    | 100,000<br>₹1 Lakh             |
| 19      | ROCK Consultation Payment            | 5,500<br>₹5 Thousand           |
| 20      | Interest (FD)                        | 142,058<br>₹1 Lakh 42 Thousand |
| 21      | Tax Return                           | 9,500<br>₹9,500                |
| 22      | Other Payments / Refunds             | 197,378<br>₹1 Lakh 97 Thousand |

### Expenditure

Total Expenditure till December 2025: 21,972,259 INR (₹2 Crore 19 Lakh 72 Thousand)

**Balance in Hand – January 2026**

| <b>Account</b> | <b>Amount (INR)</b> | <b>Remarks</b> |
|----------------|---------------------|----------------|
| HDFC Bank      | 500,000             | ₹5 Lakh        |
| ICICI Bank     | 525,000             | ₹5.25 Lakh     |
| SBI Bank       | 5,850,485           | ₹58.5 Lakh     |
| Total Balance  | 7,875,485           | ≈ ₹75 Lakh     |

**Proposed Utilization till March 2026 (357 Lakh)**

| <b>Sl. No.</b> | <b>Purpose</b>                | <b>Amount (INR)</b> |
|----------------|-------------------------------|---------------------|
| 1              | MedGenome HRD                 | 2,000,000           |
| 2              | PARP / Functional HRD         | 1,500,000           |
| 3              | Manpower                      | 1,200,000           |
| 4              | Office                        | 100,000             |
| 5              | IT / Server                   | 100,000             |
| 6              | Workshop Payment (Statistics) | 120,000             |
| 7              | DSMB                          | 75,000              |
| 8              | Insurance                     | 400,000             |

**Funds to be Carried Over to Next Financial Year**

Approx. ₹18 Lakh

Including DST Grant (₹7 Lakh) and remaining funds from UoM / NuGenA / Membership / Donations.

**Funds Expected to be Realized (Jan–Mar 2026)**

| <b>Sl. No.</b> | <b>Source</b>   | <b>Expected Amount (INR)</b> |
|----------------|---|------------------------------|
| 1              | Workshop Sponsorship – BDR / Tiasha Travels / Cepheid | 1,400,000                    |
| 2              | ICMR Small Grant (Year 1)                             | 3,500,000                    |
| 3              | ICMR IPIROC Grant (3rd Year – March 2026)             | 10,000,000                   |

**Annual Budget for KOLGOTRG (Excluding Manpower)**

Approx. ₹24 Lakh per year

| <b>Sl. No.</b> | <b>Budget Head</b>     | <b>Annual Amount (INR)</b> |
|----------------|------------------------|----------------------------|
| 1              | GCIG Membership Dues   | 130,000                    |
| 2              | Biobank License        | 270,000                    |
| 3              | Finance / HR / Auditor | 450,000 – 480,000          |
| 4              | Trial Insurance        | 400,000                    |
| 5              | Office Maintenance     | 300,000                    |
| 6              | IT / Server            | 300,000                    |
| 7              | Audit / Accreditations | 200,000                    |

**KOLGOTRG Trust Account Status**

| <b>Details</b>           | <b>Amount / Status</b> | <b>Remarks</b>                                |
|--------------------------|------------------------|---|
| Initial Deposit          | 25,000                 | Deposited by Asima Mukhopadhyay on 11/12/2024 |
| Balance as on 03/01/2026 | 20,111                 | KYC update pending; MAB ₹1 Lakh required      |
| Property Status          | Under Process          | 1 BHK flat under the name of the Trust        |

# THANK YOU

