

## VIRTUAL MOBILITY (VM) GRANT REPORT

This report is submitted by the VM grantee to VNS Manager, who will coordinate the approval on behalf of the Action MC.

Action number: CA18117

VM grant title: Harmonising a common dataset for biobanking of rare gynaecological cancers

VM grant start and end date: 13/9/2021 to 18/10/2021

Grantee name: Dr Sharon O'Toole

**Description of the outcomes and achieved outputs (including any specific Action objective and deliverables, or publications resulting from the Virtual Mobility).**

*(max. 500 words)*

The output from this virtual mobility grant is a designed survey (attached as appendix) which is gone for ethical approval and will be circulated throughout the COST action members to evaluate how many are involved in biobanking and to establish the parameters being collected in each biobank.

To do this survey we had to first agree on what parameters the group of experts considered important to collect as part of a rare gynaecological cancer biobank. In order to agree on these parameters, we evaluated the parameters collected in the RaNGO biobank which is a UK rare gynaecological cancer biobank. This was used as a template and refined by the working group in this virtual mobility as part of our series of weekly meetings throughout the period of the virtual mobility.

**Description of the benefits to the COST Action Strategy (what and how).**

*(max. 500 words)*

Reaching a consensus on the clinical parameters and other parameters required for biobanking, specific for rare gynaecological cancers greatly contributes to the GYNOCARE COST Action Strategy. This consensus can eventually be disseminated to future members derived from NNC and IPC countries, through already existing links between members within the network.

Establishing what data others are collecting as part of their biobank will help us refine our final list so that we can have a harmonised dataset. This will form the basis of the information collected by the virtual biobank as one of the central aims of the COST action.

**Description of the virtual collaboration (including constructive reflection on activities undertaken, identified successful practices and lessons learned).**

*(max.500 words)*

Weekly meetings were held for the period of the virtual mobility. These took place on 14th Sept, 21st Sept, 28th Sept, 5th Oct, 12th Oct and 19th Oct. These meetings were attended by myself (Dr Sharon O'Toole), Dr James Beirne (St James Hospital and Trinity College Dublin), Dr Bridget Ellul (BBMRI-Malta node), Prof Charles Savona-Ventura (University of Malta), Dr Miriam Azzopardi (Department of Health Information and Research, Malta) and Ms Rita Micallef (Cancer Registry Malta). An additional meeting took place on 27th Sept with Prof Simon Herrington, author of the latest WHO Classification of Gynaecological Tumours to receive his input on the classification of rare gynaecological tumours that would form the basis of some of the survey questions.

The weekly meetings were held for 1-2 hours depending on the agenda. Over the 6 week period, a consensus was reached on the parameters being collected, these were then designed into a survey format and agreement was reached on the possible answer choices for each question which would enable more streamlined answers to be received. This survey was then taken by Prof Charles Santova and put into Google forms where it was checked and evaluated by all the members of the virtual mobility. This is attached as an appendix to the report. This is now submitted for ethical approval and will be circulated as soon as that is received, firstly to COST members but there is also the intention to circulate within networks of the COST action including European Society for Gynaecological Oncology and the European Board of Obstetrics and Gynaecology.

The weekly meetings were very successful to enable the group to achieve their objectives and to keep the project to the timelines. Each member of the virtual mobility attended these meetings at the scheduled time and a lot was achieved in the dedicated time. This has now enabled us to achieve consensus on the parameters that would be collected in the virtual biobank going forward.