

ANNUAL
The future
of cancer
therapy
ANNUAL
REPORT 20
21

01

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INTRODUCTION - D U J O T I O N -



MESSAGE FROM PROF BERTRAND TOMBAL, EORTC PRESIDENT

Dear colleagues and friends,

While 2021 was yet another tough year of research in the shadow of Covid-19, we have nonetheless made significant advancements on our mission to enhance survival and quality of life for cancer patients.

As president of this organisation and in my third and last term, I'm proud to report that the EORTC had 150 active studies at the end of 2021. Of these 40 were open to patient entry, nearly 100 in conduct, 19 in protocol development and 19 in regulatory activation. We enrolled 3333 patients in EORTC clinical trials after screening a further 3722.

The robustness of these studies reflects the unique multidisciplinary character of the EORTC. In 2021, our network included 3100 diverse cancer specialists from 760 institutions across 48 countries.

I believe that more and more world-class experts are attracted to the EORTC because of our new governance structure - designed to ultimately bring better outcomes to patients - which started delivering results in 2021.

We saw our Scientific Chairs Council (SCC) begin to establish new scientific strategies and priorities for research that will challenge the status quo in cancer care. The Radiation Oncology Scientific Council (ROSC) also began to leverage EORTC expertise across diseases to identify novel areas of research in radiation therapy.

As we head further into this century, the unique and integral place of EORTC in clinical cancer research can only be affirmed. Our global presence attracts many leading investigators, clinical groups and organisations through the best in evidence-based science.

I'm confident that with Professor Winette van der Graaf as EORTC President from 2022 we will continue to rise to meet tomorrow's oncology challenges.

Bertrand Tombal
EORTC President

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*Prof B.
Tombal*



CHIEF EXECUTIVE OFFICER

The transformation we are undergoing is truly a network-wide effort.

D. Lacombe

FOREWORD BY DR DENIS LACOMBE, EORTC CEO

A single hospital, university, or even national research organisation cannot fund all the extensive and comprehensive studies in the ever-widening field of clinical research. This research is best when medical scientists and clinicians join forces around patients' needs in multidisciplinary, international efforts.

This is fundamentally why the EORTC exists and why our network plays such a vital role in scientific discovery and advancements in oncology. And like the cancers we study and treat, we must continue to evolve and adapt to deliver on our purpose.

In 2019 we embarked on a transformation journey to ensure that the EORTC effectively addresses the oncology questions that truly matter and is fit in every way to lead Europe's future in clinical research.

The changes we've all worked so hard to realise began to be felt and seen throughout our organisation in 2021. In EORTC research and clinical studies, in our governance, our newly renovated Brussels HQ and in the vibrant pages of this annual report that details our news and achievements.

The newly formed Cancer Medicines Forum represents a significant milestone in this journey. The EORTC and European Medicines Agency (EMA) have joined forces

in the Forum to establish new routes for identifying evidence gaps and to develop more effective solutions to access cancer treatment.

Our progress continues to be powered by partnerships with charities and foundations. With the addition this year of Her Royal Highness Princess Dina Mired of Jordan as the Honorary President of the EORTC Cancer Research Fund, we're increasingly able to pursue research in some of the most challenging and neglected clinical settings.

The transformation we are undergoing is truly a network-wide effort. On behalf of the leadership team and the Board, I thank all of our members and partners for the indomitable spirit you demonstrated in the pursuit of our lifesaving mission in 2021.

Denis Lacombe
EORTC Chief Executive Officer

EORTC IN A NUTSHELL

Every year, 3.5 million people in the EU are diagnosed with cancer, and 1.3 million die from it. Over 40 percent of cancer cases are preventable. Without reversing current trends, it could become the leading cause of death in the EU.¹

By restricting access to health care and treatment, the pandemic has undermined Europe's fight against cancer. It exposed weaknesses in healthcare systems that made participation in clinical research that much harder for cancer patients and their families.

The pandemic has shown the need for crucial attention not just to restore cancer services, but to build back better as clinical researchers for the inevitable challenges that lie ahead.

As the largest cancer fighting clinical research organisation in Europe, we are uniquely positioned to lead in this effort. Strengthened and energised by the transformative change we realised in 2021 to ensure the EORTC is fit to lead's Europe's future in cancer clinical research.

The heart of our cancer-fighting network

Turning deadly cancer diagnoses into manageable conditions begins in the laboratories and research centres that are at the heart of the EORTC network.

The EORTC serves as a crucial independent and multi-tumour hub in the clinical research world with unique global research infrastructure. This is the added value we offer to international and European communities of clinical researchers. Our work spans across tumour types, disciplines and national borders.

We specialise in pan-European and international clinical and translational research that would be impossible on a national scale. Our synergistic network of institutions offers a transnational platform with unmatched quality and efficiency, and research capabilities for rare cancers and long-term follow-up.

In hand with patients, and acting as advocates

Patients and those affected by cancer have a vital voice in clinical research with the EORTC. Their perspective enhances research design and our impact in fundamental ways, ensuring that we better communicate academic knowledge to the public and much more.

Delivering on our mission also means engaging in European public affairs with policymakers and regulators. Together with patient advocacy groups, we champion policies that leave no cancer patient behind and can accelerate the pace of life-saving scientific discovery.

Research that changes practice and gives hope

Since 1962, EORTC has entered over 205 000 patients in practice-changing clinical trials across tumour types, notably for brain, breast, prostate, melanoma, head and neck and soft tissue sarcoma. In 2021, 40 studies were open to patient entry, bringing science and knowledge to patients for therapeutic improvement.

Working with 18 collaborative groups worldwide, EORTC demonstrates its capacity to bring investigators together to drive innovation in cancer care that gives hope to cancer patients everywhere. We play a key role in multidisciplinary, international translational and clinical research, taking basic science from the lab bench to the patient's bedside.

¹ https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12154-Europe%E2%80%99s-Beating-Cancer-Plan_en

Five pillars of activity

Our clinical research is patient-centric and spans across tumours and disciplines. All EORTC activities fall into five fundamental pillars.

05

THERAPEUTIC ACADEMIC TRIALS

Academic clinical research to shed light on the therapeutics agenda of cancer by optimising and ultimately changing standards of practice.

04

INFRASTRUCTURE

Infrastructure to promote more efficient and comprehensive cancer research that delivers high quality multidimensional datasets through collaborations with partner organisations, institutions and hospitals.



03

HQ OF THE FUTURE ACCELERATING INNOVATION

Accelerating innovation to respond to rapid changes in healthcare with new pathways and mechanisms that increase survival and quality of life for patients.

01

KNOWLEDGE TRANSLATIONAL RESEARCH

Translational research to collect biological material for analysis that can deepen our knowledge and understanding of cancer biology and help guide patient treatments based on their own tumour report analysis.

02

EDUCATION

Education to support the next generation of cancer researchers and healthcare workers by sharing knowledge and best practices, offering guidance and enabling dialogue on a global scale.

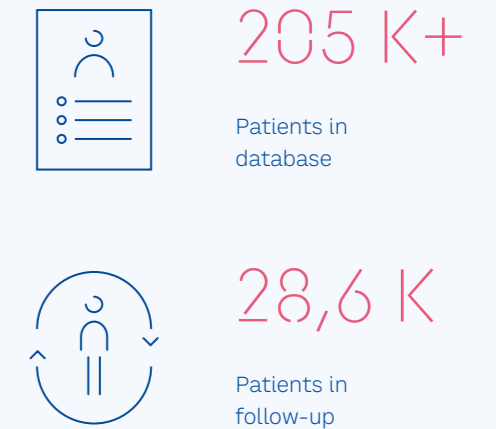
OUR MISSION IN NUMBERS 2021

EORTC's mission is to increase cancer patient survival and quality of life.

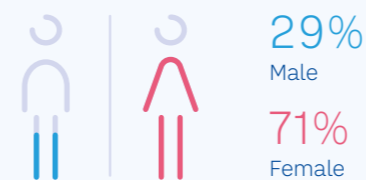
Network



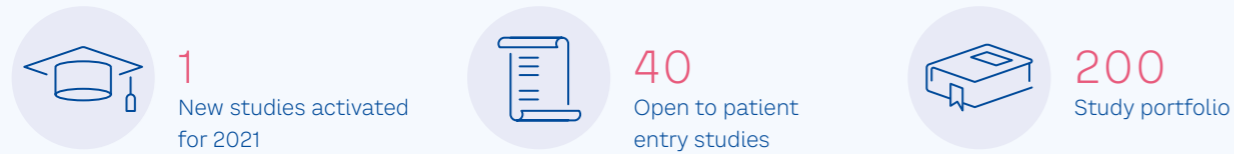
Patients involved in studies



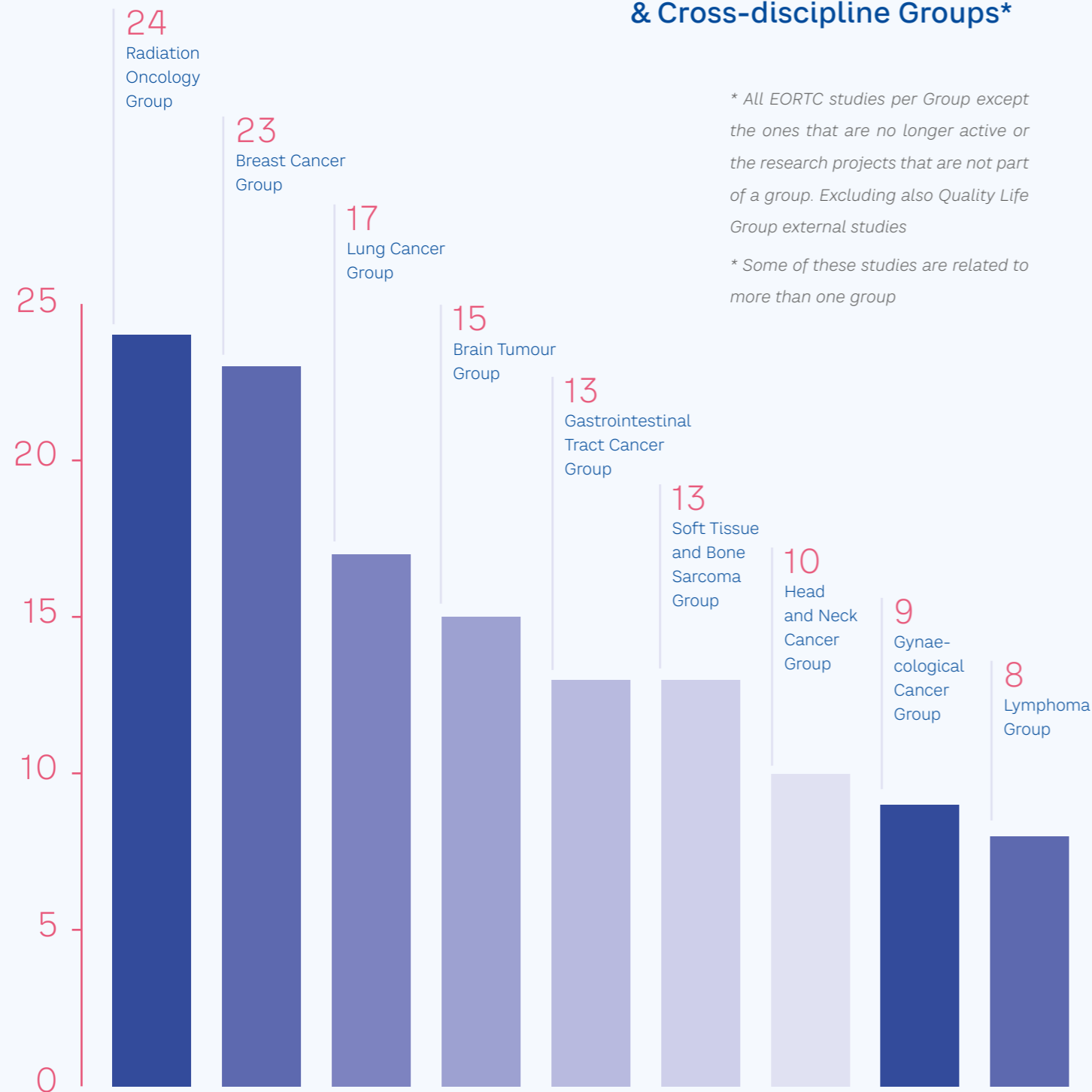
Staff



Studies



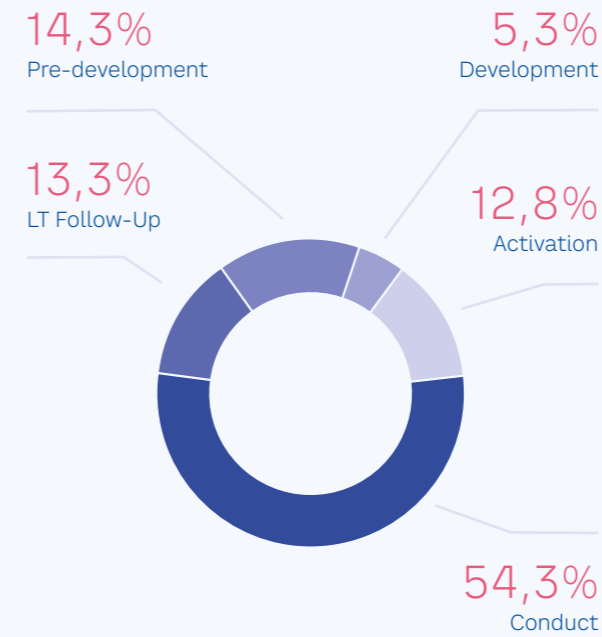
Studies per EORTC Tumour & Cross-discipline Groups*



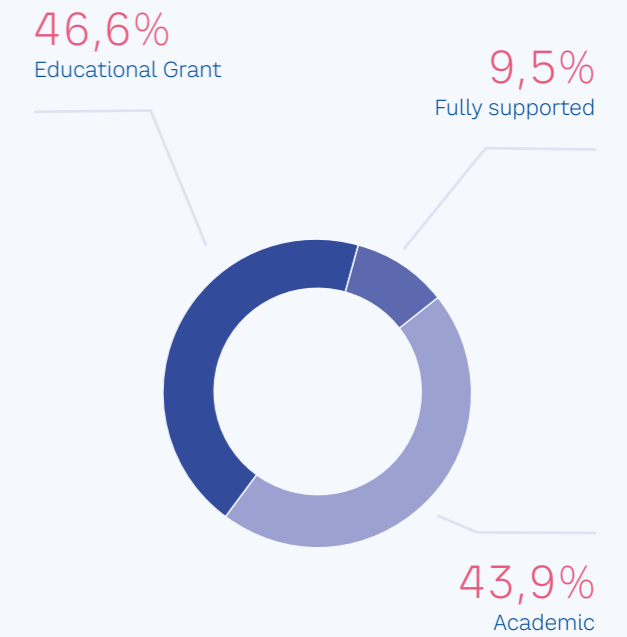
* All EORTC studies per Group except the ones that are no longer active or the research projects that are not part of a group. Excluding also Quality Life Group external studies

* Some of these studies are related to more than one group

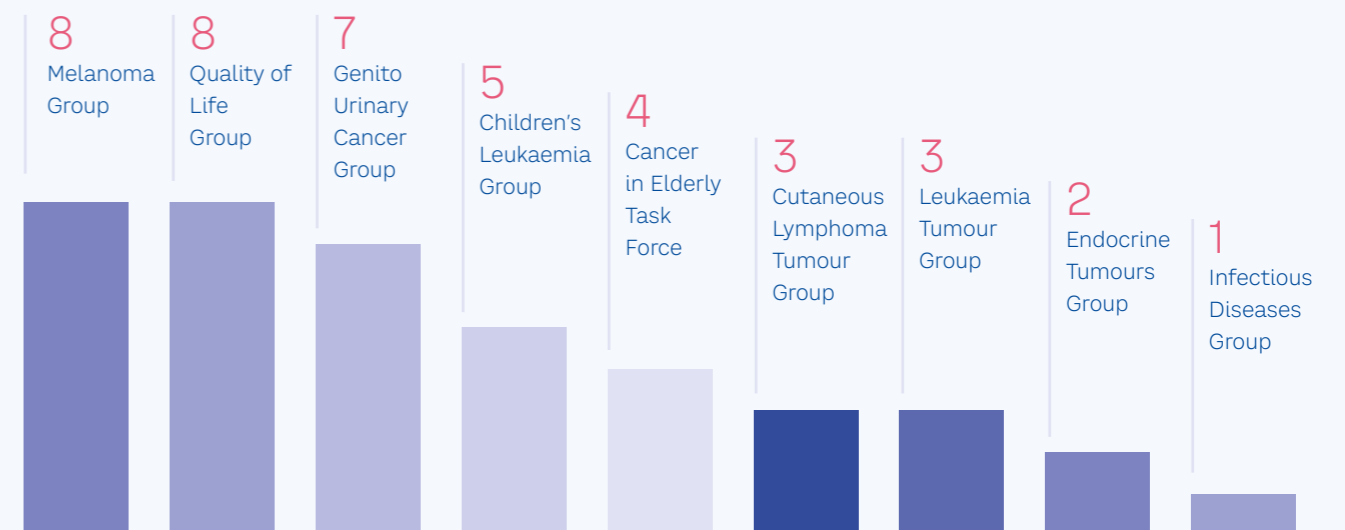
Active studies by stage



Studies by funding type/category



- **Pre-development:** Board approves the study proposal and the Protocol Review Committee (PRC) approves the protocol synopsis
- **Development:** full protocol is developed until PRC approval
- **Activation:** period from protocol release until the first site active, including regulatory submissions and approval by authorities
- **Conduct:** patient recruitment and follow-up as per protocol, concluding in a Final Analysis Report
- **Long-term (LT) follow-up:** monitoring a person's health over time after treatment, both during and after the study
- **Academic:** Study sponsored by EORTC or another academic group which are self funded, or funded by academic grants
- **Educational Grant:** Investigator sponsored trials, funded by Industry
- **Fully supported:** Industry sponsored trials.



NEW WAYS OF WORKING

REIMAGINING OUR BRUSSELS HQ

The opportunity to reimagine the way we work and our workspace was one of the pandemic's silver linings. Working closely with staff across the organisation, we fully transformed our Brussels HQ in 2021 into a hybrid space designed for collaboration, concentration and creativity. Consistent with our cancer-fighting mission, careful attention was paid to creating healthy workspaces that also reduce our environmental impact.

Listening to people, understanding their needs

After working remotely since 2020, mostly with success, a return to the office 'just as before' made little sense to EORTC staff. Working from home offered real benefits that people appreciated with gains in productivity as people were liberated from long commutes and enjoyed more flexible schedules.

The pandemic also sped up our digital transformation in some exciting ways, helping us become more efficient, relevant and integrated as a network.

But it also revealed downsides. The loss of in-person contact, disruptions to work-life balance and serious screen fatigue left many people ready for change once pandemic restrictions were lifted.

Across the organisation, EORTC staff reported that they craved reconnection with our culture and collaborative spirit. Especially when trying to onboard new staff who have shown remarkable resilience and flexibility during these times.

After listening to our staff and leveraging learnings from the pandemic, we reinvented our way of working to take the best of both remote and office working.

//

Our challenge was to maintain a sense of belonging and the EORTC's collaborative spirit whilst adapting to the new ways of working established during the pandemic.

Jean-Philippe Mulders, Head of HR



Co-created with employees – for balance, buy-in and success

Rethinking our ways of working involved everyone at EORTC HQ. Co-creation has been our motto and a driver for success from the start. Working groups were set up across key areas – from general principles through technology, onboarding and training to leadership – and were tasked to make recommendations for a more flexible system.

The result: overwhelming buy-in to a **hybrid model** that allows for minimum **20 per cent** physical office presence and up to **80 per cent** home working – supported by adequate technology and equipment, adjusted onboarding, present and accessible HR, and leaders equipped to lead teams through change with agility and resilience.

Modernising for a hybrid model

While lockdowns and mandatory teleworking measures left our offices empty for prolonged times, we seized the opportunity to modernise our Brussels HQ. Our new way of working would then materialise in a new, adapted environment.

Bright **open spaces** were created and assigned by function, with 70 per cent of **ergonomic** workstations and 30 per cent additional 'flex' desks. These were blended with a variety of additional spaces, aimed at **facilitating collaboration** (meeting rooms and alcoves), or **concentration** (focus rooms and bubbles).

Changes made in 2021 have also lightened our environmental footprint. The office now has LED lighting with automatic switch-off schedules, spaces dedicated to waste and recycling, charging areas for bicycle batteries and even charge-points for electric cars.

Support for a successful transition

We launched a range of initiatives to ensure the long-term success of the transition.

Peer-coaching sessions

These sessions have given people the space and time to share experiences, learnings and tools to embrace the EORTC's new way of working with their peers.

Ergonomic counsel

We offer employees the counsel of a professional ergonomist to optimise their work space for productive health and wellness.

Encouragement to reconnect

Staff are encouraged to plan more frequent in-person team meetings and welcome newcomers face-to-face. We've also restarted popular social activities such as yoga classes and after-work events.

Ensuring wellbeing

We're continuously listening to our staff as all cope with current challenges, and offering ongoing support through our HR teams, 'Trust Persons' and psychological assistance.

GOVERNANCE

RESPONDING TO A CHANGING LANDSCAPE

The EORTC became a more resilient organisation in 2021, better able to respond to the rapidly changing landscape in clinical research described below. While the Covid-19 pandemic has significantly impacted EORTC clinical research, it has also worked to affirm our commitment to continuous transformation in the pursuit of our life-saving mission.

Science

Science continues to rapidly evolve on a global scale, requiring the EORTC to keep pace at speed. Our agility is constantly tested. Our challenge remains to effectively adapt our scientific strategies and organisational priorities to emerging scientific information, data and technology.

Methodology

New forms of clinical research, including new programmes, bring together cohorts and trials with the 'real world'. This calls for a new methodology, and new research to ensure the selected methodology is robust and fit for purpose.

Digitalisation

Digital innovation in research, science and data are fundamentally changing the way we access, process, analyse and report on multidimensional datasets. Especially in precision oncology and immunotherapy. We must ensure that digitalisation creates progress for all, leaving no cancer patient behind.

Patient recruitment

Whilst the pandemic did impact recruitment for EORTC clinical trials, especially during the first wave, pragmatic trials and those addressing unmet needs were generally unaffected. EORTC has rapidly re-gained 80 to 90 per cent of our recruitment capacity. Yet, we must remain vigilant and resilient as an organisation as threats to global health security persist.

Finance

The EORTC is a stable and sustainable organisation due to the careful management of our Board and audit and financial committee. But we must also be ambitious if we are to deliver on our purpose, leaving no cancer patient behind. Pursuing partnerships is key to this ambition, enabling us to make shared investments and take shared risks to achieve shared goals.

Regulations

Cancer has been on the policymaker's agenda in Europe like never before in recent years. With the EU Cancer Mission and the European Beating Cancer Plan now underway, we must remain just as engaged, if not more, in the policy implementation as we were during its creation. The Cancer Medicines Forum we launched in 2021 with the European Medicines Agency (EMA) provides a promising foundation for this sustained engagement.

Patient involvement

Ensuring that EORTC activities are undertaken for patients and with patients is core to our mission. Our Patient Panel is essential to this work, from contributing to study concept development and lay language summaries to sitting on our independent data monitoring committee. This important collaboration must continue to be a priority for us all.

Modernising our governance



I'm confident that the new EORTC Board of Directors, emboldened with new financial management expertise, will secure the means to deliver on EORTC's scientific strategy.

Denis Lacombe, EORTC CEO

A key milestone in 2021 was the implementation of our new governance, a process that began in 2019 to reshape the EORTC to meet the scientific, regulatory and economic challenges of the new decade.

The changes underway are making the EORTC a leaner organisation whilst continuing to build on our matchless assets of multi-disciplinarity, coverage of a large number of cancer types and internationalism.

Leaders of Groups now form **the Scientific Chair Council (SCC)** that oversees EORTC's scientific strategy and ensures the link between the science, our network and Board of Directors. It is a powerful instrument to leverage all the EORTC's expertise across diseases to tackle shared oncological challenges.

Non-tumour-specific programmes such as our Minimal Residual Disease or Common Biological Target programmes are already in advanced discussions at the SCC. The Council is also vital to support Groups and diseases to access programmes, which taken alone would have smaller chances to succeed.

In parallel, the **Radiation Oncology Scientific Council (ROSC)** drives the EORTC scientific strategy for radiation oncology, also acting across diseases. It supports international programmes for oligometastatic patients in partnership with ESTRO that would not otherwise be possible, exemplifying the EORTC's commitment to multi-disciplinarity.

The **Board of Directors** now ensures the integration of EORTC's strategies on three levels: scientific, operational and financial. By reshaping the Board, particularly with this management and finance expertise, our network and partners can be assured that EORTC scientific strategies are expertly guided and efficiently supported.

In June 2021, we elected Professor Winette van der Graaf to become the EORTC's **new President**. Her tenure officially began in February 2022.

Professor van der Graaf is a medical oncologist based at The Netherlands Cancer Institute in Amsterdam with clinical and scientific international leadership in oncology and in cancer clinical research. Professor van der Graaf has been a longstanding member of



It's an incredible honour to help govern this world-renowned, multidisciplinary organisation.

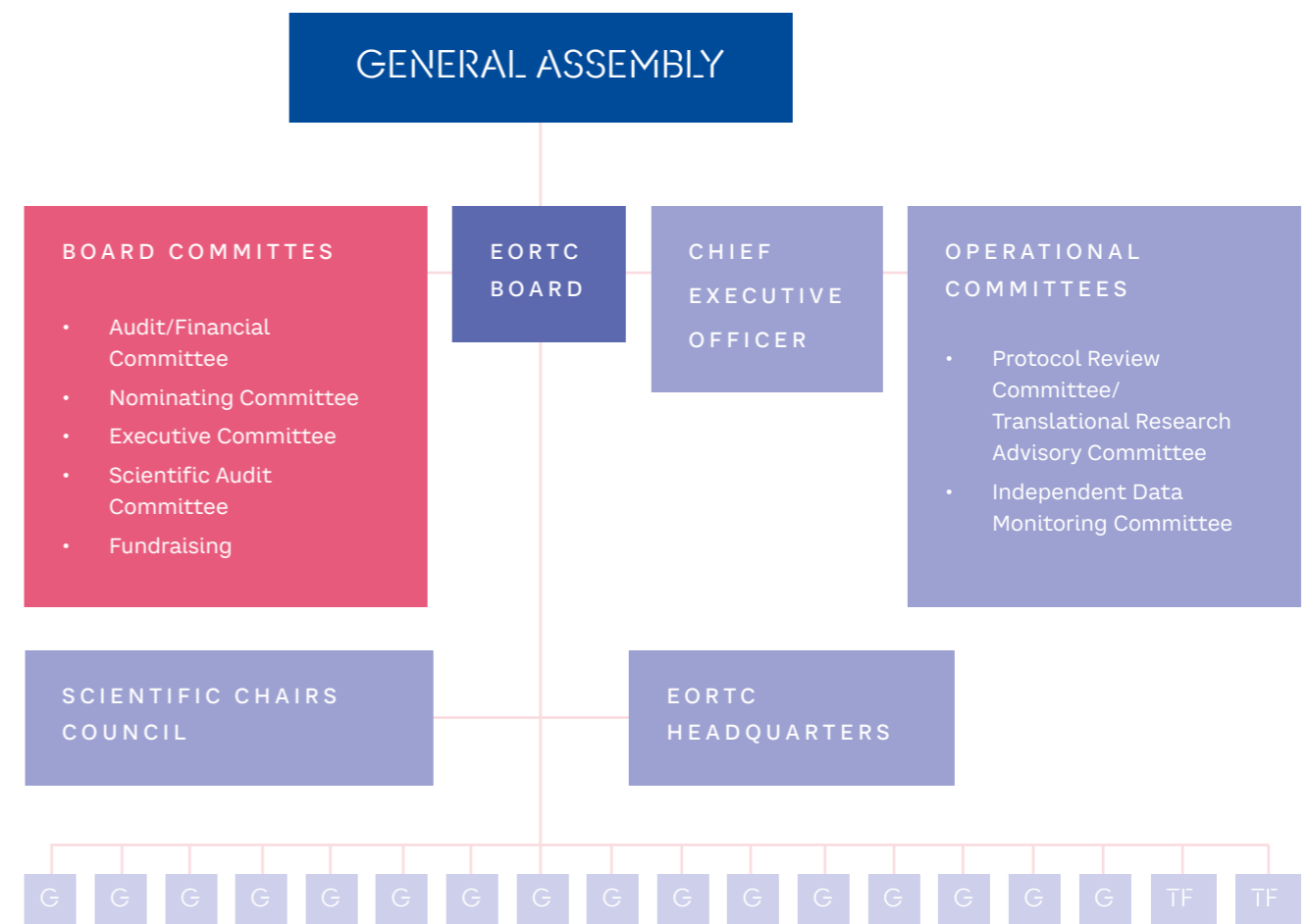
Winette van der Graaf

the EORTC, specifically of the Soft Tissue and Bone Sarcoma Group as well as the Quality of Life Group.

Her skills and capacities to engage with people have been inspirational to many, positioning her as a mentor for the next generation of doctors. Known for her dedication to patients, she is guiding the network's increasing engagement with patients and advocacy groups.

Visit www.eortc.org/governance for more information about roles and responsibilities, including committees.

EORTC governance



Board members



**WINETTE
VAN DER GRAAF**

PRESIDENT

Netherlands Cancer Institute - Van Leeuwenhoek
Amsterdam, Netherlands



**BERTRAND
TOMBAL**

PAST PRESIDENT

Cliniques Universitaires Saint-Luc
Brussels, Belgium



**JEAN-PIERRE
BIZZARI**

BOARD MEMBER

Haverford, United States



**MIEKE
VAN HEMELRIJCK**

BOARD MEMBER

Guy's and St Thomas' NHS - Guy's Hospital
London, United Kingdom



**ETIENNE
BRAIN**

SECRETARY GENERAL

Institut Curie - Hopital Rene Huguenin
Paris, France



**ELIZABETH
EISENHAUER**

CHAIR OF SCIENTIFIC AUDIT COMMITTEE

Queen's University
Kingston, Canada



**RICHARD
SCHILSKY**

CHAIR OF PROTOCOL REVIEW COMMITTEE
(EX-OFFICIO BOARD MEMBER)

University of Chicago
Chicago, United States



**DENIS
LACOMBE**

EORTC CEO (EX-OFFICIO BOARD MEMBER)

EORTC Headquarters
Brussels, Belgium



**BENJAMIN
BESSE**

CHAIR OF SCIENTIFIC CHAIRS COUNCIL

Gustave Roussy Cancer Campus
Villejuif, France



**MICHAEL
WELLER**

VICE-CHAIR OF SCIENTIFIC CHAIRS COUNCIL

Universitätsspital Zürich
Zurich, Switzerland



**CHRISTIAN
BRUNET**

EORTC CFO (EX-OFFICIO BOARD MEMBER)

EORTC Headquarters
Brussels, Belgium



**VASSILIS
GOLFINOPOULOS**

EORTC DIRECTOR HQ, PERMANENT GUEST
(EX-OFFICIO BOARD MEMBER)

EORTC Headquarters
Brussels, Belgium



**DIEGO
DU MONCEAU**

CHAIR OF THE EORTC CANCER RESEARCH
FUND

Brussels, Belgium



**GUY
BENIADA**

CHAIR OF THE EORTC AUDIT AND FINANCE
COMMITTEE

Brussels, Belgium

EORTC MEMBERS

EVOLVING OUR MEMBERSHIP

In 2021, we implemented a new membership policy following a thorough transformation process. Categories and statuses were realigned to effectively monitor the evolution of EORTC membership on different levels. Today members must all be connected with the organisation.

Implementing change

The new policy has defined both the geographical area eligible for active membership and the not-for-profit nature of organisations where members conduct their professional activities.

The EORTC **geographical area** comprises countries where EORTC is entitled to become a legal sponsor for clinical trials, including through collaboration contracts.

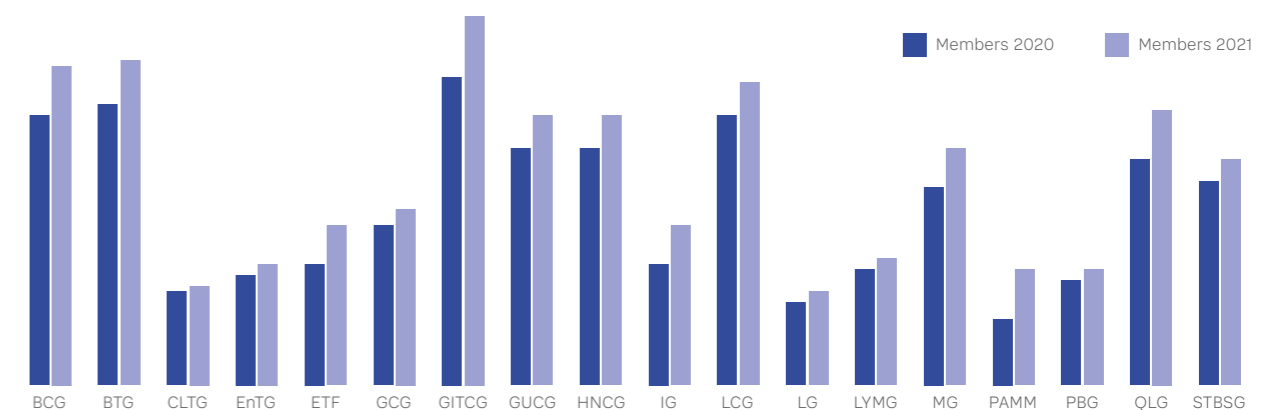
Active membership gives individuals voting rights in Groups, the ability to become Group officers and apply for leadership roles in governance.

Early Career Investigators are **Active members** in the first 10 years of their professional career, beginning the year board qualification is obtained. They can be of any age.

Affiliate members are either from a country outside the defined geographical area or young investigators in the EORTC geography still completing their oncology-related specialisation. Once board qualification is obtained, they can apply for Active Early Career Investigator membership. However, they must be starting their professional career in a not-for-profit organisation within EORTC's geographical area. Or interested individuals can also work in a non-profit environment in cancer that's outside the EORTC geographical area.

Growing Groups

This graph shows how membership has evolved for Groups over the year with the transformation underway. All Groups experienced growth in both active and affiliate membership.



Legend: BCG: Breast Cancer Group; BTG: Brain Tumour Group; CLTG: Cutaneous Lymphoma Tumour Group; EnTG: Endocrine Tumour Group; ETF: Cancer in the Elderly Task Force; GCG: Gynaecological Cancer Group; GITCG: Gastro-Intestinal Tract Cancer Group; GUCG: Genito-Urinary Cancer Group; HNCG: Head & Neck Cancer Group; IG: Imaging Group; LCG: Lung Cancer Group; LG: Leukaemia Group; LYMG: Lymphoma Group; MG: Melanoma Group; PAMM: Pharmacology & Molecular Mechanisms; PBG: Patho-Biology Group; QLG: Quality of Life Group; STBSG: Soft Tissue & Bone Sarcoma Group

SPOTLIGHT ON OUR MEMBERS

In 2021, our network reached over 3 100 members in 48 countries representing 760 institutions.

Our clinical research covers all types of cancer tumours with an integrated approach to evaluate innovative agents and multimodal therapeutic strategies against current standards of care.

We conduct activities in groups and task forces organised by tumour type and modality.

Our objective is to find the best solution for patients from both an efficacy and quality of life perspective.

Beyond tumour-specific research, our experts examine every aspect of cancer therapy, including pharmacology and molecular mechanisms, pathobiology, radiotherapy and imaging.

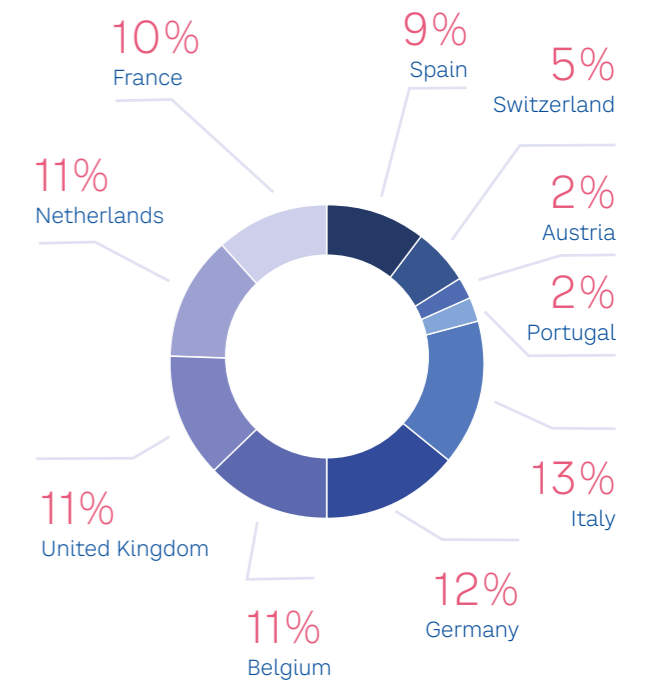
EORTC is a truly multidisciplinary organisation spanning over 30 different disciplines.

Top ten members disciplines

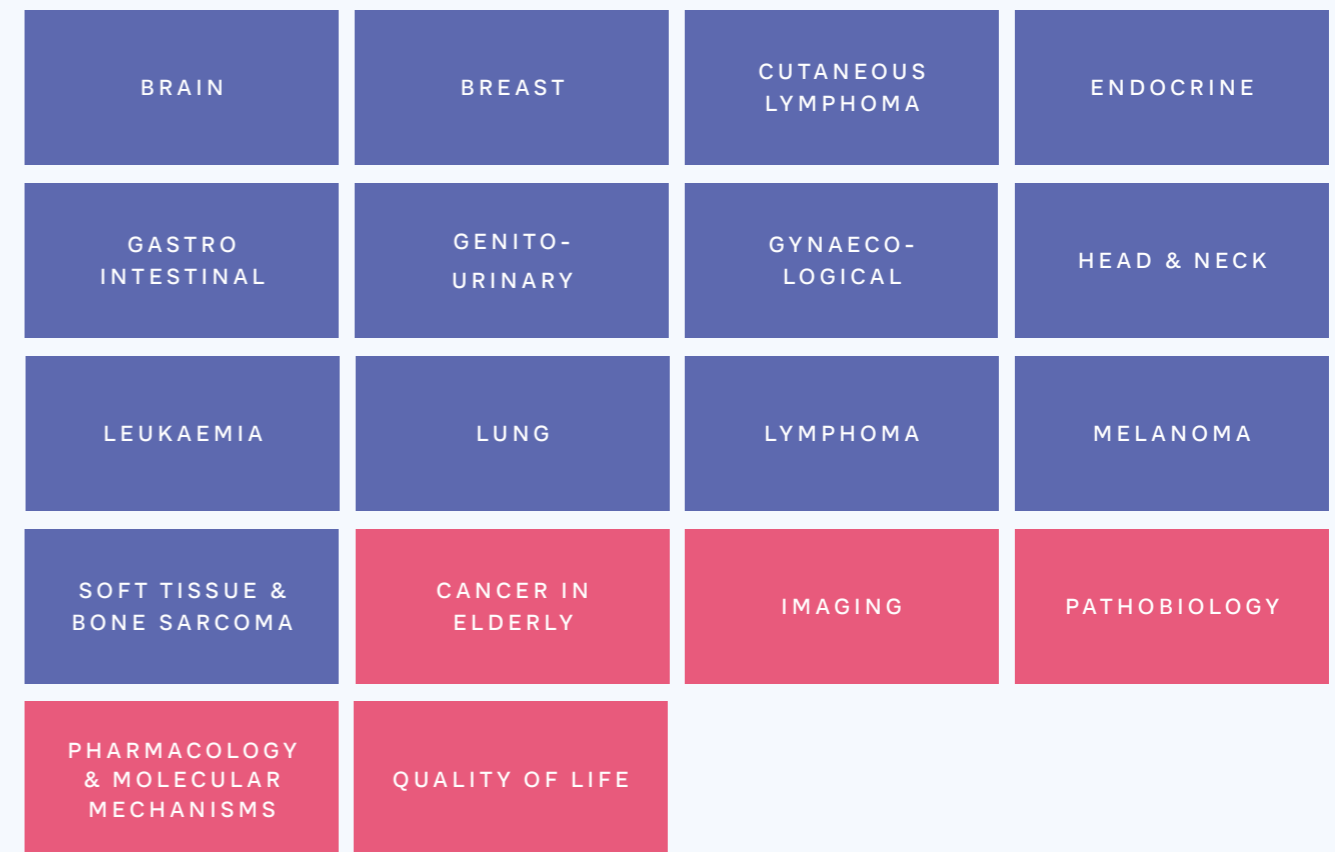


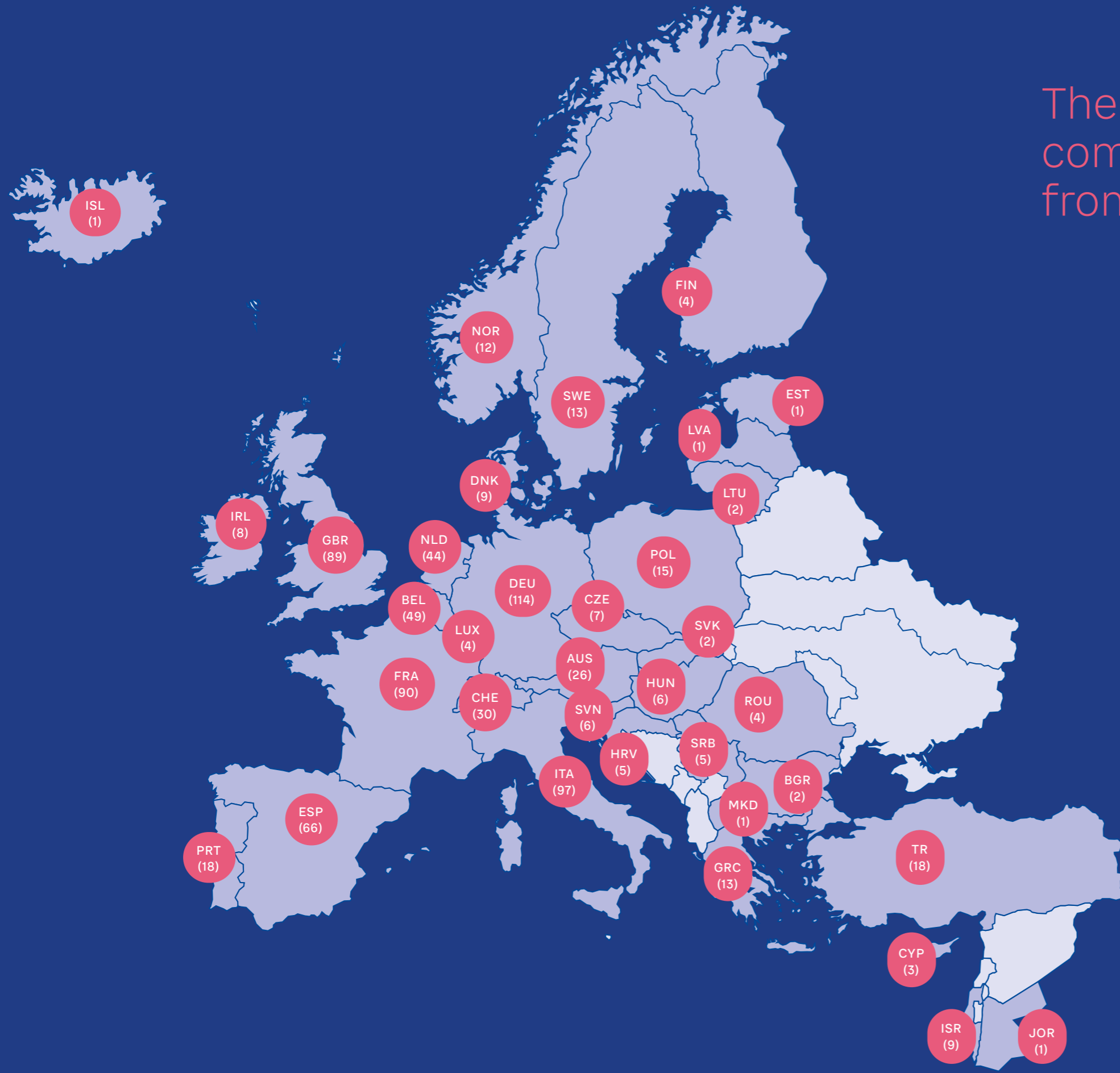
The EORTC network comprises institutions everywhere in the world.

Top ten members countries



EORTC comprises 13 tumour and 5 cross-discipline groups:





The EORTC network comprises institutions from around the world.

Institutions from outside Europe

- 2 Australia
- 3 Brazil
- 6 Canada
- 3 Egypt
- 2 India
- 9 Israel
- 5 Japan
- 1 Jordan
- 1 Qatar
- 1 Reunion
- 7 USA

EORTC GROUPS & TASK FORCES



EORTC is unique for conducting trials across multiple tumours with members stratified across Groups related to their tumour of interest. It's why we attract leading clinical researchers across the globe, and how we conduct practice changing trials.



DENIS
LACOMBE
EORTC CEO

BRAIN TUMOUR GROUP



OUR MISSION

The Brain Tumour Group initiates and conducts research to challenge, re-define and develop standards of care in emerging and controversial areas of diagnostic and therapeutic neuro-oncology. The Group is especially focused on diffuse gliomas of adulthood of World Health Organisation grades two to four as well as rare brain tumours. Members conduct joint projects with other EORTC Groups in the area of CNS metastasis.

Key Results

- Published the second interim analyses of EORTC 26053-22054 on adjuvant and concurrent temozolomide for 1p/19q non-co-deleted anaplastic glioma. Adjuvant temozolomide chemotherapy, but not concurrent temozolomide chemotherapy, was associated with a survival benefit in patients with 1p/19q non-co-deleted anaplastic glioma. Clinical benefit was dependent on IDH1 and IDH2 mutational status.
- Presented interim results of the phase III EORTC-BTG-1709 trial on marizomib in combination with standard temozolomide-based radiochemotherapy versus standard temozolomide-based radiochemotherapy alone in patients with newly diagnosed glioblastoma. The addition of marizomib did not improve Overall Survival (OS) or Progression Free Survival (PFS) in patients with newly diagnosed glioblastoma.
- Published final results of the first randomised trial in recurrent grade 2/3 meningioma (EORTC-BTG-1320) including molecular and quality of life analyses. Trabectedin did not improve PFS and OS and was associated with higher toxicity than Local Standard of Care (LOC) treatment in patients with non-benign meningioma.
- Completed accrual of EORTC-BTG-1608 trial of TG02 with 21 elderly patients with Anaplastic Astrocytoma or Glioblastoma and 50 patients with Glioblastoma at first relapse. Also completed accrual of the intergroup ROAM trial with 67 patients out of 157 (42.7%) of patients enrolled at EORTC sites.
- Published several secondary analyses including molecular, radiomics, sarcopenia, quality of life analyses of EORTC BTG trials.



MATTHIAS PREUSSER

CHAIR

Universitaetsklinikum
Wien - AKH unikliniken,
Austria



EMILIE LE RHUN

SECRETARY

UniversitaetsSpital
Zurich - Neurology Clinic,
Switzerland



GIUSEPPE MINNITI

TREASURER

Universita Degli Studi
Di Siena -Policlinico
«le Scotte»,
Italy

566 Members

BREAST CANCER GROUP

OUR MISSION

This Group aims to challenge, re-define and develop standards of care in all controversial areas of breast cancer diagnosis and therapy, including rare conditions such as male breast cancer. The Group's research also contributes to long-term outcomes and follow-up of all patients until death.

Key Results

- Launched the TREAT¹ phase III trial to identify ER+HER2- early breast cancer patients at high risk of relapse via detection of ctDNA and to establish a new treatment strategy to prevent or delay the occurrence of distant metastasis. The trial will open for recruitment by end 2022 and will screen 1 960 patients.
- Launched NOBLE², a non-comparative phase II trial of neoadjuvant olaparib with or without durvalumab for patients with BRCA-associated triple negative breast cancer. The trial will open for recruitment in 2022 with a total of 144 patients to enroll.
- There are currently limited treatment options for patients with HR+ Early Breast Cancer who have discontinued adjuvant treatment with aromatase inhibitors (AIs) due to treatment-related toxicity. Launched the AMEERA-6³ phase III study of Amce- nestrant versus tamoxifen to treat these patients. Recruitment opens in 2022 to screen 4 670 participants and randomly assign 3 738 to the intervention.
- Launched the APPALACHES⁴ phase II trial to examine the role of Palbociclib in combination with endocrine therapy as adjuvant systemic treatment instead of chemotherapies regimen in older patients with early breast cancer. Accrual has proceeded swiftly to meet enrollment goals.
- Developed three dedicated working groups to identify new trial ideas for locoregional treatment, breast cancer in the elderly and new drugs. Also enhanced our collaboration with the Quality-of-Life Group in three studies.

¹ EORTC-2129-BCG

² EORTC-1984-BCG

³ EORTC-2033-BCG

⁴ EORTC-1745-BCG-ETF



MICHAIL
IGNATIADIS

CHAIR

Institut Jules Bordet,
Belgium



FREDERIEKE VAN
DUIJNHOVEN

SECRETARY

The Netherlands Cancer
Institute-Antoni Van
Leeuwenhoekziekenhuis,
The Netherlands



MONIKA
ARNEDOS

TREASURER

Institut Bergonie,
France

586 Members

CANCER IN ELDERLY TASK FORCE

OUR MISSION

Geriatric oncologists have two main challenges: selecting patients for specific treatments and the delicate balance of prolonging their survival, whilst maintaining independence and quality of life. Since elderly patients are under-represented in cancer clinical trials, producing evidence-based recommendations in everyday clinical practice remains difficult. The Group conducts elderly-specific clinical research to meet these two challenges.

////////// Key Results

- Closed recruitment for a phase II trial ¹ with the combined treatment of pertuzumab and trastuzumab (dual anti-HER2 treatment) and cyclophosphamide (chemotherapy) in older and frail patients with HER2-positive metastatic breast cancer. This trial showed that the above combination was an active treatment in older and frail patients with HER2-positive metastatic breast cancer.
- Launched the APPALACHES ² phase II trial to examine the role of Palbociclib in combination with endocrine therapy as adjuvant systemic treatment instead of chemotherapies regimen in older patients with early breast cancer. Accrual has proceeded swiftly to meet enrollment goals.

¹ EORTC 75111-10114

² EORTC-1745-ETF-BCG.



LISSANDRA
DAL LAGO

CHAIR

The Netherlands Cancer
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276 Members

CUTANEOUS LYMPHOMA TUMOUR GROUP

OUR MISSION

Cutaneous lymphomas are rare cancers that require a widely distributed, multidisciplinary network to effectively study. This Group is focused on testing new agents in collaboration with industry and translational researchers. They regularly engage in prospective research for prognostic index development.

//////////////////// Key Results

- Advanced our collaboration with EuroFlow, a consortium of more than 20 diagnostic research groups in the fields of flow cytometric and molecular diagnostics. The aim is to better define and quantify blood involvement and develop an improved diagnostic test for mycosis fungoides. Together, we are conducting a survey on plaque definition in mycosis fungoides where at present there is no objective measure.
- Studying 'time to next treatment' (TtNT) in the PROCLIP database of mycosis fungoides and Sezary syndrome to assess clinical benefit of different treatments. Most treatments only result in partial responses and frequently with short duration of response. TtNT provides a surrogacy for clinical benefit for patients by recording the length of time from start of one treatment to the need for a next one.
- Hosted two Group meetings where we explored several new trial ideas and designs, as well as new strategies to obtain private-sector funding. The meeting in Marseille involved especially significant exchanges about pathophysiology, new targets, new treatments and quality of life with virtual presentations from as far as the US and Australia.
- Launched 2 clinical trials sponsored by EORTC and supported by academic grants from the pharmaceutical industry:
 - The REACH trial (EORTC 1754-CLTF) aims to determine the aetiology of chloremethine gel-induced skin drug reactions in early-stage mycosis fungoides. The study has recently opened for recruitment.
 - The MOGAT trial (EORTC 1820-CLTF) aims to assess the efficacy of mogamulizumab in combination with total skin electron beam (TSEB) therapy in patients with early-stage cutaneous T cell lymphoma. The study will open for recruitment in June 2022.



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Beaumont,
Switzerland

173 Members

ENDOCRINE TUMOUR GROUP

OUR MISSION

The Endocrine Group is focused on identifying novel treatment options for aggressive forms of thyroid carcinoma (TC) and reducing the disease burden by minimising management in high-prevalent low-risk TC.

////////// Key Results

- Launched a survey on the genotyping of thyroid cancer in Europe. A total of 86 practitioners from 18 European Union countries, Switzerland and Turkey responded. Most of them regularly require somatic molecular genotyping. Lack of reimbursement (46.7%), lack of established workflow (46.7%) and lack of access to targeted therapies (40%) were the main reasons not to perform somatic mutations screening.
- Launched a second survey with the Head and Neck Cancer Group on the management of anaplastic thyroid cancer (ATC) in Europe. A total of 94 institutions from 20 countries responded. The results showed that 30 centres evaluate ≥ 5 ATC pts/y with a global incidence >200 pts/y. 80.8% test BRAF. Most clinicians complained about the limitations in drug prescription and only 13.8% have clinical trials ongoing. The results clearly show that ATC still represents a huge unmet need.
- Presented both surveys at the ESMO meeting 2021. Hosted our Group biannual meetings virtually due to Covid-19. Thyroid cancer patients participated for the first time to share about their quality of life and clinical experiences.



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222 Members

GASTRO INTESTINAL TRACT CANCER GROUP

OUR MISSION

This Group focuses on expanding knowledge of the genetic, epigenetic and immunologic backgrounds of gastrointestinal tumour diseases. Clinical trials focus on preclinical to clinical interaction and integrating early drug development, ensuring that new aspects of tumour biology are investigated with appropriate technology.

////////// Key Results

- Several Task Forces of the Group were restructured to encourage greater activity and adapt to the virtual meeting environment:
 - The Hepatobiliary, Pancreatic cancer, and Neuroendocrine tumours (NETs) Task Force was split into Hepatobiliary and NETs Task Force on one side, and Pancreatic cancer Task Force on the other, allowing for more focussed discussion groups.
 - The Colorectal cancer and Anal & Rectal cancer Task Forces were merged in order to harmonise study proposal development.
- Out of 11 applicants to the 2021 call for applications, four Young and Early Career Investigators were selected for developing a research project with a grant from the GITCG.
- The publication reporting on early-onset colorectal cancer (Fontana E et al, JCO 2021) was selected for Rapid Communication in the Journal of Clinical Oncology.



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HANNEKE
VAN LAARHOVEN

YOUNG INVESTIGATOR PROGRAM

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The Netherlands

658 Members

GENITO- URINARY CANCERS GROUP

OUR MISSION

This Group focuses on treating cancers of the urinary tract and male reproductive system. They are especially concentrated on clinical research for prostate cancer. Members are also interested in rarer diseases and biomarker-driven research.

////////// Key Results

- Effectively recruited participants for the TIGER study, the single most relevant ongoing study in testicular cancer. Without EORTC efforts, recruitment would be insufficient. The randomised trial targets relapsed germ cell cancer comparing standard TIP chemotherapy to high dose chemotherapy in collaboration with ALLIANCE.
- Achieved 75% recruitment in the PEACE1 phase III trial on the combination of Radium223 plus enzalutamide. Study to assess if the combination improves radiological progression-free survival compared to enzalutamide single agent in asymptomatic or mildly symptomatic castration resistant prostate cancer patients metastatic to bone.
- Published a practice-changing recommendation to mandate the use of bone protecting agents when administering the combination studied in the PEACE trial. This should help to decrease the fracture rate for patients.



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481 Members

GYNAECOLOGICAL CANCER GROUP



OUR MISSION

EORTC has successfully conducted clinical trial research in ovarian, cervical, uterine and vulvar cancer for decades. Many of these trials were unique and changed clinical practice. Their aim is to discover clinically useful predictive factors for precision therapy and tailor clinical trials to them. The group also stimulates clinical trials in rare cancers within gynaecological oncology. The GCG Group's strength is the initiation and coordination of multidisciplinary, internationally oriented, and practice-changing clinical trials in gynaecological oncology.

Key Results

- Presented results from the EORTC 1508 trial at ESMO. This trial included 122 patients with platinum-resistant ovarian cancer. 33 were randomised to bevacizumab (BEV); 11 to atezolizumab (ATE)+placebo (P); 13 to ATE +ASA; 32 to BEV+ATE+P and 33 to BEV+ATE and treated until progression or unacceptable toxicity. The addition of ASA to BEV+ATE did not improve efficacy. Preliminary results of ATE+ASA may warrant exploration. Relative to BEV, the addition of ATE and ATE+ASA resulted in similar PFS-6 but prolonged time to first subsequent therapy and merits exploration. Translational analyses are ongoing with a grant from Roche to identify biomarkers of clinical benefit.
- EORTC 55092 ¹ phase I/II trial on pazopanib and weekly carboplatin and paclitaxel in patients with platinum-refractory/resistant ovarian has been completed with final analysis expected in 2022. The primary objective was to assess progression-free survival rate at 1 year.
- EORTC 1212 ² (NiCCC) nintedanib trial was completed along with the final analysis. 93 ovarian and 9 endometrium patients were randomised. The main objectives were to assess the efficacy, safety and effect on quality of life of nintedanib compared to chemotherapy in women with relapsed clear cell carcinoma of the ovary or endometrium. The manuscript is in preparation.
- The EORTC 62113-55115 ³ uterine sarcoma adjuvant trials has completed accrual. Follow-up is ongoing with 59 patients randomised. The primary objective is to assess progression-free survival (PFS) rate at four months after the last randomisation to cabozantinib or placebo. Data analysis and subsequent results are expected end 2022.

¹ Phase IB-II, open label, multicenter feasibility study of pazopanib in combination with Paclitaxel and Carboplatin in patients with platinum-refractory/resistant ovarian, fallopian tube or peritoneal carcinoma.

² NiCCC: A Randomised Phase II Study Of Nintedanib (BIBF1120) Compared To Chemotherapy in Patients With Recurrent Clear Cell Carcinoma Of The Ovary Or Endometrium

³ A randomized double-blind phase II study evaluating the role of maintenance therapy with cabozantinib in High Grade Uterine Sarcoma (HGUTs) after stabilization or response to doxorubicin +/- ifosfamide following surgery or in metastatic first line treatment



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320 Members

HEAD & NECK CANCER GROUP

OUR MISSION

The Group's research aims to contribute to better patient management at various stages of head and neck cancer by promoting and validating new treatments and examining individual responses to therapies. Oropharynx, oral cavity, larynx, and hypopharynx cancers are focus areas along with locally advanced pharyngolaryngeal squamous cell carcinoma, pre-neoplastic lesions, salivary gland cancers, and recurrent and/or metastatic cancer.

////////// Key Results

- Launched an artificial intelligence (AI) task force to explore the application of an AI surgery guided approach in a European grant. Also explored innovative ideas with novel concepts, including circulating tumour DNA (ctDNA) to guide adjuvant treatment.
- Contributed to the SPECTA Arcagen trial to analyse the genetic material of tumour samples from patients, including those with rare head and neck cancers. At the cut-off date, molecular alterations were found in the tumours of 629 patients of whom 421 were theoretically treatable by an existing therapy. Approved treatment in the right tumour type could be proposed in 58 cases.
- Two proposals were endorsed by the Board with one proposal under Protocol Review Committee (PRC) review and another ready for submission to authorities. Recruitment is ongoing in four clinical studies and two research projects.
- Collaborated with the Endocrine Tumour Group to develop synergies for strategy and protocol development.



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ANDRY

TREASURER

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Belgium

483 Members

IMAGING GROUP

OUR MISSION

This Group promotes the scientific and clinical value of imaging across modalities by spearheading the use of advanced techniques including translatable quantitative biomarkers, radiomic analyses, and artificial intelligence to explore biologically-driven questions. Specialist interests also include successful delivery of immunotherapy and image-guided treatment (theranostics).

////////// Key Results

- Hosted virtual plenary meetings featuring keynote lectures from world-renowned experts. The autumn theme focused on Fibroblast Activation Protein (FAP) theranostics with FAP inhibitors (FAPI), a rapidly emerging pan-tumoral target. The spring meeting was on European multi-site collaborations regarding imaging in glioma (GliMR consortium) and imaging standardisation in kidney disease (Parenchima project).
- Established new collaboration with PIN-TAD (Pharma Imaging Network for Therapeutics and Diagnostics), which is primarily North-America-based and focuses on imaging in oncological clinical trials.
- Continued strengthening of transversal research including with Disease Oriented Group (DOG) liaisons. The Oligometastatic Disease Subcommittee has made substantial progress with the Delphi consensus on imaging in Breast Cancer in collaboration with the Breast Cancer Group. The Quality Control Subcommittee together with the Gastro-Intestinal Group has collected the data for standardisation of imaging in colorectal cancer.
- Continued extensive educational activities - all virtual due to the pandemic - including at congresses for the two main European imaging societies. At European Association of Nuclear Medicine, we held a joint session on 'Nuclear Medicine in Precision Oncology'. We held another joint session at European Congress of Radiology, entitled 'Trials and tribulations: can imaging biomarkers tell the whole bony story?'



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CAMELLA

TREASURER

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Marie Lannelongue,
France

284 Members

LEUKAEMIA GROUP

OUR MISSION

The Group focuses on improving outcomes for adult patients with acute leukaemia or related haematologic malignancies, such as myelodysplastic syndromes. Members operate clinical trials, including large standard-practice changing phase III studies. One of the hallmarks of the Group are strong translational research programmes, that for example optimise epigenetic therapy in acute myeloid leukaemia or myelodysplastic syndromes. The Group is also engaged in survivorship studies in collaboration with the Quality of Life Group, taking advantage of the large number of patients already included in past phase III clinical trials.

////////// Key Results

- Completed the database lock for primary analysis of a large, potentially practice-changing phase III trial on the comparison of epigenetic therapy versus standard chemotherapy in first-line treatment of patients with acute myeloid leukaemia. ¹ The study is related to 53 sites across nine countries for a total of 600 patients.
- Active in the Survivorship Project to understand and improve long-term outcomes for acute myeloid leukaemia patients as part of the SPARTA trial. ² The trial is now closed for recruitment
- Engaged in HARMONY, the Healthcare Alliance for Resourceful Medicines Offensive against Neoplasms in Haematology. ³ The project gathers, integrates and analyses patient-derived data from diverse sources as part of the Big Data for Better Outcomes programme.

¹ *0-day Decitabine Versus Conventional Chemotherapy ("3+7") Followed by Allografting in AML Patients ≥ 60 Years : a Randomized Phase III Study of the EORTC Leukaemia Group, CELG, GIMEMA and German MDS Study Group. EORTC-1301-LG*

² *The Survivorship Project to understand and to improve long-Term outcomes for Acute myeloid leukaemia patients (SPARTA) - RP-1479*

³ *Healthcare Alliance for Resourceful Medicines Offensive against Neoplasms in Hematology (HARMONY) - RP-1655*



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Lithuania

173 Members

LUNG CANCER GROUP



OUR MISSION

This Group aims to challenge, re-define and develop standards of care for loco-regional as well as systemic treatments for lung cancer. This extends to mesothelioma and thymomas. Projects are designed to integrate disciplines such as imaging, translational research, quality of life and quality assurance. The Group is also focused on studying the use of immunotherapy to treat lung cancer.

Key Results

- Presented results at ESMO that showed nivolumab monotherapy demonstrates a manageable safety profile and objective activity (EORTC-ETOP NIVO-THYM¹). This is a phase II clinical trial for a rare and orphan thoracic disease in collaboration with the European Thoracic Oncology Platform (ETOP).
- Started recruitment of cohort two in NIVO-THYM² that could provide new treatment opportunities for rare and orphan diseases such as thymic epithelial tumors. The trial reported that immunotherapy is feasible in this population, however insufficient to meet the trial primary objective. The second cohort is currently ongoing to assess combination of nivolumab plus ipilimumab.
- Completed activation and now recruiting for a study in non-small cell lung cancer (ALKALINE) and developed a new study in small-cell lung cancer (PRIMALung). Submitted a total of 10 proposals to the Board with contributions from both senior Group members and young investigators.
- The interim analysis of the PEARLS trial showed that adjuvant pembrolizumab results in a statistically significant improvement in disease-free survival versus placebo in patients with stage IB-IIIa non-small cell lung cancer regardless of the PD-L1 expression. Results will be published in 2022 in the New England Journal of Medicine.

¹ Girard et al. LBA66 - Efficacy and safety of nivolumab for patients with pre-treated type B3 thymoma and thymic carcinoma: Results from the EORTC-ETOP NIVO-THYM phase II trial. ESMO 2021 (Annals of Oncology (2021) 32 (suppl_5): S1283-S1346. 10.1016/annonc/annonc741)

² EORTC-1525



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THIERRY BERGHMANS

TREASURER

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Belgium

561 Members

LYMPHOMA GROUP

OUR MISSION

The Group is focused on Hodgkin Lymphoma (HL), a rare cancer. When treated correctly, HL can be cured, but late toxicity (second cancers, cardiovascular diseases and fatigue) is a major concern. New trial initiatives aim to reduce both acute and late toxicity, whilst maintaining high cure rates. Research assesses all aspects of the disease to achieve a better basis for personalised treatment.

////////// Key Results

- Finalised inclusion of our phase II trial on response adapted treatment among patients with advanced Hodgkin lymphoma (COBRA trial)
- Successfully finalised the development of our collaborative trial among patients with early stage Hodgkin lymphoma (RADAR trial) with start of inclusion in 2022
- Finalised the quality assurance analysis of radiotherapy in our H10 trial among early stage Hodgkin lymphoma patients
- Recruited 2 PhD students exploring the impact of treatment and disease on Hodgkin lymphoma survivors' social, professional, and private functioning
- 1 active study in 2021 (EORTC-1537)
- 67 patients recruited



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PLATTEL

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EWA
PASZKIEWICZ-KOZIK

TREASURER

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of Oncology, Poland

241 Members

MELANOMA GROUP

OUR MISSION

The Melanoma Group aims to improve the clinical care of patients suffering with cutaneous, mucosal or ocular melanoma, and to increase knowledge about melanoma acquisition and progression. Group sub-committees focus on topics including epidemiology, early-stage melanoma, surgery, pathology and systemic therapy (adjuvant and for advanced disease).

//////////////////// Key Results

- Continued collaboration with French pharmaceutical company Pierre Fabre on the Columbus-AD study (2139-MG) ¹ to evaluate whether the combination of encorafenib and binimetinib in the adjuvant setting can improve survival for participants with surgically resected stage IIB/C BRAF V600E/K-mutant cutaneous melanoma.
- Completed accrual for EORTC 1208 ² Minitub to evaluate the outcome of patients with a T2-T3 primary melanoma and minimal sentinel node tumour burden, treated by CLND or nodal observation.
- One especially promising proposal is ready for PRC review: phase III adjuvant study with Tebentafusp in HLA-A*0201 positive patients following definitive treatment of high-risk uveal melanoma.
- Presented an update at ASCO on 'Relapse Free Survival and Distant Metastasis Free Survival' as well as first data on cross-over or re-treatment for adjuvant pembrolizumab for high-risk stage III melanoma after complete resection.
- Deepened collaboration with the European Association of Dermato-Oncology (EADO) and European Melanoma.

¹ W00090GE303 / EORTC-2139-MG: Adjuvant encorafenib & binimetinib vs. placebo in fully resected stage IIB/C BRAF V600E/K mutated melanoma: a randomized triple-blind phase III study in collaboration with the EORTC Melanoma Group

² 1208-MG Minitub: Prospective registry of Sentinel Node (SN) positive melanoma patients with minimal SN tumor burden who undergo Completion Lymph Node Dissection (CLND) or Nodal Observation.



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433 Members

PATHOBIOLOGY GROUP

OUR MISSION

Pathobiology research at EORTC aims to identify and validate biomarkers across cancer types that can be used to develop new or more targeted treatments. The Pathobiology Group aims to actively contribute to clinical research within EORTC and to perform collaborative studies into biomarkers.

////////// Key Results

- Received approval and began recruitment for phase I clinical trial evaluating the safety and tolerability of plasmid pHLL12 gene electrotransfer in basal cell carcinoma patients of the head and neck region. This method is expected to markedly improve therapy response with the trial representing a significant milestone.
- The impact of liquid biopsies in different phases of the disease, with special reference to solid tumours (breast cancer, biliary tract cancers, anaplastic thyroid carcinoma) were comprehensively evaluated and published.
- Received first omics-based results highlighting the molecular features of head and neck squamous cell carcinoma cells with radiation resistance.
- Co-operated with industry on studies including: single cell genomics to identify CNVs predicting ckd4/6 resistance, and the role and possible use of immunomodulatory mesenchymal stem cells in the treatment of COVID-19 disease financed by Slovenia's research agency (ARRS) and industrial partner Educell, Ltd.
- Virtually hosted the International Conference on Cancer Metastasis with keynotes on the challenges of malignant disease progression. The conference aimed to build bridges between basic and clinical researchers with 300 participants from 30 countries. Many presentations highlighted the role of immunotherapy to improve treatment outcomes in metastatic cancer patients.



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216 Members

PHARMACOLOGY & MOLECULAR MECHANISMS GROUP

OUR MISSION

This Group aims to stimulate preclinical and clinical research of anticancer drug effects and drug-related molecular pathology. PAMM is an integral part of the EORTC's Translational Research Division, delivering information for projects with other disease-oriented groups, particularly in early-stage development.

////////// Key Results

- Hosted our annual meeting virtually with nearly 100 participants and 19 world-class experts who covered research topics from individualised therapy and pharmacokinetics to clinically relevant tumour models. New topics were explored including microbiome and immunotherapy, the role of extracellular vesicles in chemoresistance, and profiling of cancer-associated fibroblasts associated to prognosis.
- Members published 30 collaborative papers, which reflects our increasing exchange with other Groups including Gastrointestinal, Pathobiology, Lung Cancer and Brain Tumour Groups as well as the Pancreatic Cancer Task Force.
- Began collaboration with the multidisciplinary network, Stratagem COST Action, on 'New diagnostic and therapeutic tools against multidrug resistant tumours' with EORTC members from Groups in Italy, The Netherlands and Spain.
- Despite the pandemic, Group members welcomed several early-career investigators for collaborative translational projects to their laboratories and cancer centres including in France, Italy and Spain. Joint PhD projects are also ongoing with EORTC Groups in The Netherlands, Italy and Poland.



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217 Members

QUALITY OF LIFE GROUP

OUR MISSION

This Group aims to better understand the effects of cancer and its treatments on health-related quality of life for patients across diverse population groups and cultures. Members develop and refine related questionnaires for oncology clinical trials, other well-designed research studies and clinical practice. They also collaborate with other EORTC research groups to implement studies in clinical trials.

////////// Key Results

- Published an update to our Module Development Guidelines, which have served as a vital reference tool since their first publication in 1993. The updated guidelines include: (i) alternative methods of identifying relevant quality of life issues, (ii) links to the newly developed EORTC QLG Item Library (iii) translation of modules, and (iv) changes to the methods used to develop validated modules.
- Developed an EORTC questionnaire to assess sexual health in cancer patients, an important but often neglected aspect of quality of life.
- Championed early career investigators to engage in quality of life research. In addition to offering two fellowships annually and awarding six visiting fellowships to other institutions in our Group network, we also provided grants to researchers to attend meetings. Several of our senior members mentor promising young researchers as well.
- Agreed during a strategy meeting to engage an expert to enhance Group communication internally and externally, ensuring our messages are clearly expressed in plain language for our diverse members.
- Led 2 trials in 2021, (EORTC-1617; EORTC-1514)



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500 Members

SOFT TISSUE AND BONE SARCOMA GROUP

OUR MISSION

This Group conducts international clinical trials and other research projects to innovate multidisciplinary treatment strategies for patients with sarcoma that can improve survival and quality of life. Members collaborate closely and across borders to conduct the breakthrough research that is needed for this heterogeneous group of rare and ultra-rare cancers.

////////// Key Results

- Opened our multi-disciplinary flagship trial, STRASS 2¹ as well as the TOLERANCE² trial - both of which are purely academic with EORTC as sponsor. STRASS 2 is a global trial examining the role of neo-adjuvant chemotherapy in high-risk retroperitoneal sarcoma and TOLERANCE is a phase III trial to optimise systemic treatment for sarcoma patients in the elderly.
- Seeking funding for an investigator-initiated multi-cohort trial to evaluate immunotherapy in soft tissue sarcoma with a translational endpoint. The study may be expanded to other tumour types.
- Hosted two Group meetings where we explored new strategies to fund academic trials and new approaches to engage commercial partners.

¹ EORTC 1809-STBSG

² EORTC 1976-STBSG



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414 Members

INFRA- STRUCTURE PROJECTS

SPOTLIGHT ON SPECTA

Precision oncology is the future of cancer treatment and through the SPECTA platform, EORTC is helping to lead the way. The pan-European platform powers research that advances the molecular understanding of cancer so that clinicians can selectively target specific patient profiles, leading to “best fit” treatments.



How SPECTA works

SPECTA aligns research into a single protocol and patient informed consent with one clinical database. Its centralised process ensures high-quality collection, storage of human biological material as well as translational research.

The platform is designed to enable rapid access to patient data and biological samples for quick implementation of new clinical trials and robust translational research.

Activity in 2021

- SPECTA continued to actively enroll patients in the 3 downstream projects opened in 2019: IMMUCan, Arcagen and AYA.
- The RP-1920 Bioradon project was fully developed and started activation phase in October 2021. First patient in is expected Q2 2022.
- The RP-2148 MRD (Minimal Residual Disease) project was developed by the Scientific Council and discussed within each of the EORTC groups. Discussions with external partners are ongoing. The project will compare circulating tumour DNA (ctDNA) monitoring versus standard of care (clinical or imaging) detection of relapse. The goal is to understand better what role ctDNA might play in the relapse monitoring and how it should be used in future trials.
- The RP-2030 project is another SPECTA downstream project under development, focusing on understanding the risk of transformation and progression of Head and Neck cancers. Some funding options were identified via EU IMI grants.

Precision oncology in action

SPECTA has incredible potential to advance precision medicine in oncology. Here are four innovative projects that used the platform in 2021.

AYA studies the molecular landscape of brain and sarcoma cancer in adolescent and young adults. It is a collaborative project with the German Research Center, DKFZ. Both cohorts were fully recruited in 2021 with results expected in 2022.

IMMUcan studies the interaction between tumours and the microenvironment, and the impact of therapeutic interventions. EORTC is the academic lead for this IMI funded project that aims to recruit 3,000 patients.

Arcagen studies the genomic landscape of rare cancers. This is a collaborative project with the European Reference Network on Rare Adult Solid Cancer (EURACAN). Recruitment is on-going with two out of 11 cohorts closed in 2021.

BioRadon studies the molecular characterisation of non-small cell lung cancer (NSCLC) and exposure to indoor radon in Europe, especially in non-smokers. The development phase was completed in 2021, enabling patient recruitment to start.

Discover SPECTA's new website:
spectaplatform.org

RADIATION ONCOLOGY & THE E2-RADIATE PLATFORM

The E²-RADIATE platform gathers 'real-world' data on patients treated with radiation oncology in Europe. The platform represents a unique collaboration between the EORTC and the European Society for Radiotherapy and Oncology (ESTRO) to build collective knowledge on how treatments impact patient survival and quality of life.



OligoCare, the first project

OligoCare is the first project on the E²-RADIATE platform. It's a pragmatic observational cohort study to evaluate radical radiotherapy for patients with oligometastatic disease. The main objective is to identify patient, tumour, diagnostic and treatment characteristics impacting overall survival.

The trial is significant because despite its almost universal use, the level of evidence supporting radical local treatment in general for oligometastatic patients and stereotactic radiotherapy in particular is low. Uncertainties and variability in practice are therefore huge and it seems highly unlikely or even impossible that these issues will be solved within the traditional framework of prospective randomised trials.



Meeting project milestones

In November 2021, we achieved a major milestone in OligoCare enrolment with the thousandth patient joining the trial. This month also corresponded to the highest recruiting month, leading to an annual total of 603 patients.

Twelve countries are currently contributing to recruitment with 47 sites activated out of the 50

planned for phase II. We plan to expand the number of sites participating with an additional 47 centres activated through 2023.

A new cohort: ReCare

We are pleased to announce that a new cohort will soon be added to the E²-RADIATE platform. ReCare is a cohort which focuses on cancer patients who are treated with high-dose re-irradiation. This cohort includes five subgroups, according to the anatomic groups of re-irradiation: the central nervous system (CNS), head and neck, thorax (including breast and chest wall), abdomen and pelvis. A total sample size of 2000 patients is foreseen. Sites selection is currently ongoing and the first patient to be enrolled is planned in Q3 2022.

ParticleCare, proton therapy for optimised radiotherapy

Particle therapy potentially offers great opportunities to further broaden the therapeutic ratio of radiotherapy, however there is widespread discussion regarding lack of evidence for particle treatment for a wide range of indications. ParticleCare, the third cohort to be part of the E²-RADIATE platform, has been designed to enhance evidence-based medicine in the field of particle therapy. Further developments of this cohort are still under discussion.

Introducing OligoRare

Although not part of the E²-RADIATE program, OligoRare is a key trial for radiotherapy at EORTC. In 2021, 19 patients with rare oligometastatic cancers were enrolled and six sites were activated in three countries. A total of 200 patients will eventually be accrued through 2026.

EORTC ECOSYSTEM

Our partnerships

We partner with organisations that share our mission to improve survival and quality of life for patients with cancer. Partners lend their expertise with clearly defined responsibilities in our structure, whilst adhering to EORTC's principles of independence and quality.



PATIENT INVOLVEMENT

In 2021, we continued to raise the vital voices of patients and those affected by cancer in clinical research. Their perspective strengthens the relevance and quality of EORTC research and our impact in fundamental ways. It's especially essential to better communicate academic knowledge to the public.

Our objective is not to simply have patients be present, but to create opportunities for their meaningful participation in clinical research. This involves a shift from token patient involvement to co-creation and shared decision-making. It also means establishing long-term partnerships with patients that recognise and value their vital contributions.

Patients in Groups and Committees

Becoming a member of the EORTC Patient Panel or a patient representative in EORTC Disease Oriented Groups and Committees are the main pathways for patient involvement. In 2021, we explored ways to enhance the induction and training of patient partners in these forums. We also saw two patient partners join the Breast Cancer Group and another join the Gastrointestinal Tract Cancer Group.

Patient involvement in the Independent Data Monitoring Committee (IDMC) exemplifies the meaningful participation that we strive for. The IDMC regularly assesses the progress of clinical trials, safety data and critical efficacy endpoints. Patient partners must be able to understand and engage in these discussions, bringing their perspective and experience to the table.

To support them on this journey in 2021, EORTC offered training to patient partners who recently joined the IDMC. They learned about our mission and values as well as EORTC's patient involvement framework as it relates to the IDMC. Participants reported that the experience left them feeling empowered to contribute and hopeful about the possibilities for future research.

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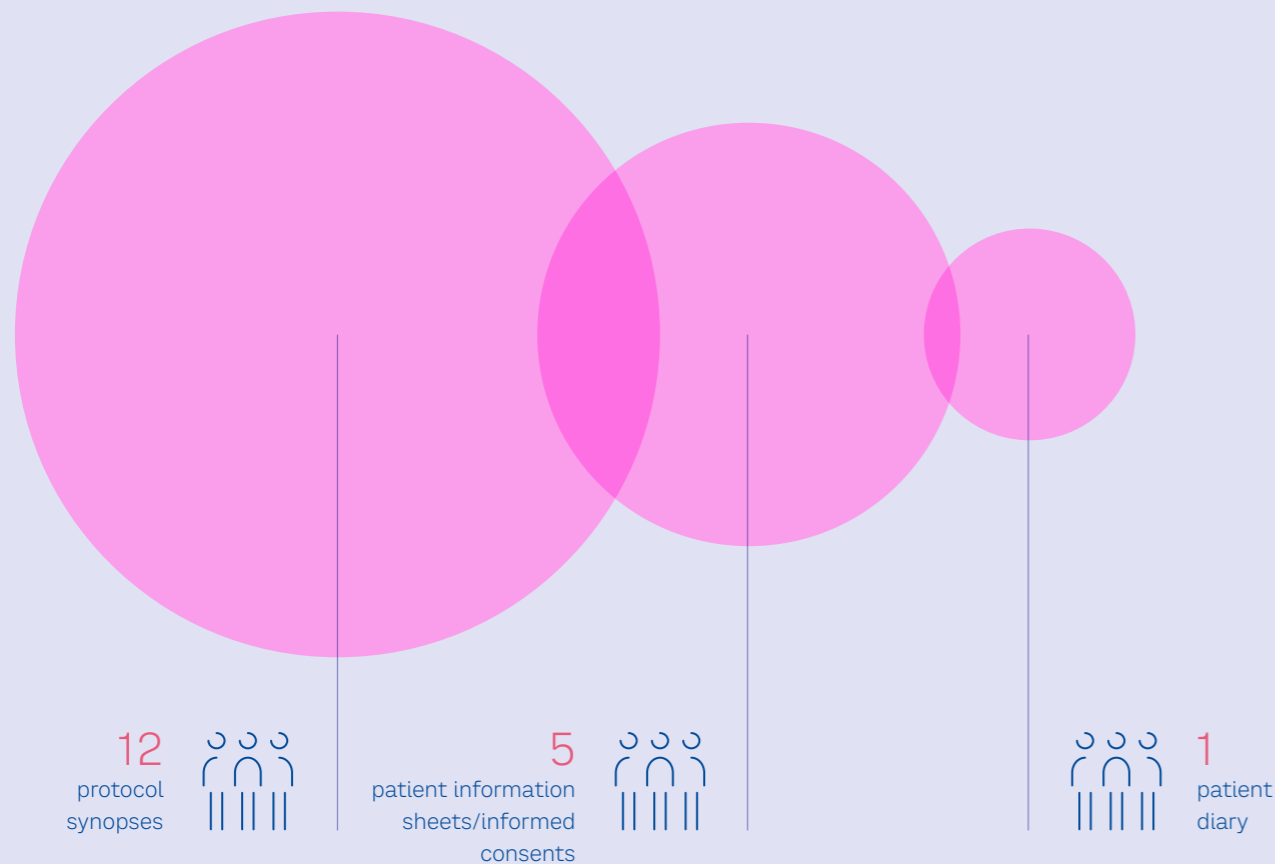
I can say that overall the IDMC meeting was a great experience. Although it was the first meeting for me, I was able to fully understand them. The materials received in advance were very useful.

I felt welcomed by the other participants and I had the opportunity to interact with them on the topics under discussion, being able to ask for further details. They always asked for my opinion. Thanks for giving me this great opportunity.

IDMC participant

By the numbers

Although the level of patient involvement differed from one study to another in 2021, patient perspectives helped shape research processes and were highly appreciated by EORTC medical teams with contributions including 41 patient reviews of 18 study documents.



Webinars and courses for lay audience

Webinars have become an increasingly effective way to reach and engage patient advocates, especially with so much activity going online since the pandemic. Our September 2021 webinar, 'Clinical trials: the patient in academic studies', was especially well attended and received.

Patient advocates from Sarcoma Patient EuroNet and Salivary Gland Cancer UK presented on the challenges patients face, such as finding and interpreting information about trials. EORTC's President-elect, Winette van der Graaf, who is known for championing patients in research, also presented alongside clinical research physician, Jessica Menis. Together, they led an engaging discussion on the difficulties professionals face recruiting patients for trials and how the process can be improved.



As of 2021, the EORTC website now has a dedicated page for our lay audience to access information about patient involvement in clinical research.

Besides, EORTC HQ has already started with the preparation of the Patient Days. It is a two-day training course designed specifically for European patients, caregivers, and patient advocates. The main objective of this course is to help participants better understand the whole clinical trials process, learn insights of cancer translational and clinical research from the concept development to the release of results. Several interactive sessions enable patients to debate selected topics with experts from different fields, including researchers and experienced patient advocates.

Engaging on web

As of 2021, the EORTC website now has a dedicated page for our lay audience to access information about patient involvement in clinical research. Patients, their family members, patient advocates and anyone affected by cancer can express their interest in joining forces and participating in EORTC research and activities @ www.eortc.org/patient



OUR POLICY ACTIONS

ADVANCING OUR POLICY AGENDA

EORTC plays a major role at European and national levels to alert regulators to the need for independent clinical research conducted without commercial aims. We also work with patient advocacy groups to ensure the European regulatory environment is conducive to patient-centred clinical research that enhances quality of life.

With our expertise in clinical research and oncology, EORTC is often invited to take part in EU-level discussions to influence European regulation or the research agenda. The EORTC also receives grants from EU-funded programmes.

EORTC supported the development of several European initiatives such as the Cancer Mission and the EU Beating Cancer Plan thanks to close interactions with

key officials and experts but also participation to various public consultations.

In recognition of its unique value, the EORTC is highlighted as 'important infrastructure for clinical trials' in the Porto Declaration on Cancer Research, prepared under the Portuguese Presidency of the EU.

Advocacy in action, a tour de force in 2021

Cancer Medicines Forum

Putting treatment optimisation at the top of Europe's health agenda and investment strategy has been a longstanding policy priority for the EORTC. In 2021, we achieved a significant breakthrough with the launch of the Cancer Medicines Forum.

The Forum fuses the power of the EORTC network with the European Medicines Agency (EMA) to advance treatment

optimisation for approved cancer medicines. This includes by identifying and prioritising research questions as well as policy matters emerging from the academic community.

Championed by our CEO, Denis Lacombe, the Forum has the potential to facilitate a new era in cancer care where patients have better, faster and more equitable access to innovation. Now, the exciting work begins to realise this mission.



Making the case for optimisation

EORTC experts made the case for optimisation at events throughout the year and with influential stakeholders in health and public affairs, including:

- The French Presidency of the EU
- The European Cancer Summit
- Innovative Partnership for Action Against Cancer
- DG Health and DG Research and Innovation
- International Association of Mutual Benefit Societies
- Health Technology Assessment (HTA) bodies
- Patient groups and associations

More about the Forum

The unprecedented speed of innovation in oncology provides lifesaving hope for cancer patients and their families. But tremendous inequities exist in patient access to innovative oncology treatments across the EU. For those who do have access, not all treatment experiences are clinically beneficial or financially efficient.

The Cancer Medicines Forum was launched to optimise the journey from regulatory steps into access by addressing questions about dose, schedule, duration, optimal ultimate patient population to benefit. The Forum will enable clinical researchers to investigate issues related to the optimal combination of drugs, biomarker determination and the ultimate beneficiary populations. Leveraging their multi-disciplinary expertise, researchers will explore de-escalation approaches as well that can avoid over-treatment and reduce costs, ideally before a drug is released on the market.

HEALTH DATA

The European Health Data Space (EHDS) is a Commission priority to realise the potential of digital health to provide high-quality healthcare, reduce inequalities and promote access to health data for research and innovation including for

cancer. At the same time, the EHDS should ensure that all people have control over their personal data.

Our advocacy efforts in 2021 were focused on striking the delicate balance between unlocking the power of health data whilst safeguarding patient rights. Together with our partners, we called for more European harmonisation of regulation to avoid a patchwork of divergent regulations in Member States. Our longstanding view is that legislation should not add unnecessary complexity to the research environment, but instead support trust and understanding between patients and researchers.

CLINICAL TRIAL DESIGN

Clinical trial designs are becoming more innovative, delivering exciting efficiencies that are expected to shorten drug development time and allow for more patient-centric approaches. From artificial intelligence and machine learning to in vitro diagnostic medical devices, the design possibilities are endlessly exciting. But they also involve many methodological, regulatory and operational challenges.

The EORTC participated in a working group co-ordinated by DG Health to facilitate the conduct of complex clinical trials in Europe. Recommendations from their October workshop included changing from a drug-centric to patient-centric approach with design combining molecular screening platforms and then patient allocation to appropriate treatments. This change would help to maximise the efficiency of clinical research so that no patient is left behind.



EU PROJECTS

- Co-ordinating the EU IMI funded project, 'IMMUcan - Integrated immunoprofiling of large adaptive cancer patient cohorts'. The project explores the tumour microenvironment and how it evolves under the influence of cancer treatment with tumour samples from some 3 000 cancer patients combined with clinical data.
- Contributing to a multistakeholder project to solve the efficacy-efficiency gap entitled, 'The HTx - Next Generation Health Technology Assessment'. EORTC is leading the case study on proton therapy, collecting real-world data for comparative effectiveness analysis.
- Co-ordinating 'SISAQOL-IMI Setting International Standards of Patient-Reported Outcomes and Quality of Life Endpoints in Cancer Clinical Trials'. Research involves a large group of stakeholders including academic, pharmaceutical, patients, regulatory agencies, HTA and scientific societies from around the world.
- Contributing to EURATOM project RadoNorm, 'Towards effective radiation protection based on improved scientific evidence and social considerations'. Using our SPECTA programme, we're recruiting lung cancer patients to correlate the molecular phenotype to indoor radon exposure.
- Co-ordinating the IMI TRISTAN project, which involves validating clinical imaging biomarkers for drug safety assessments.

TALKING PUBLIC AFFAIRS WITH STÉPHANE LEJEUNE

As Head of International Affairs and Policy, Stéphane Lejeune leads our public affairs activities and participation in EU funded projects. After nearly 20 years with the EORTC, he has seen cancer go up, down and all around in the policymaker's agenda. We spoke with Stéphane about his experience throughout the years.

Q. When you meet a policymaker, what are they most interested in about cancer and the EORTC?

A. Remember, they aren't medical professionals. They're politicians so what we do isn't intuitively obvious to them. I emphasise the remarkable range of cancer types we research at the EORTC, and our goal shared with the EU to 'leave no cancer patient behind'. They are always impressed with the expertise and size of our network and the incredible volume of EORTC clinical research projects.

Q. What's the policy area where you think EORTC can make the most impact?

A. There is actually a specific European regulatory and funding framework for independent clinical research. Protecting and improving this framework is where we focus most of our efforts. In recent years, we've also focused on regulation concerning the use of data since we need robust data for robust clinical research.



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I emphasize the remarkable range of cancer types we research at the EORTC, and our goal shared with the EU to 'leave no cancer patient behind'

Stéphane Lejeune, Head of International Affairs & Policy

Q. How can researchers support your activities and the EORTC's policy agenda?

A. The EORTC has a voice with European policymakers. But we would all benefit from greater contact with national authorities and local decision-makers. This is where our network members come in! You can help to advance the EORTC's policy agenda with advocacy locally. The EORTC is here to empower you. Contact me at stephane.lejeune@eortc.org.

Q. What about EU-funder projects?

A. EU funded projects are very challenging and competitive. Researchers need to be prepared to devote significant time and resources to prepare project applications with very limited chance to succeed. This is the reality. But if you're truly passionate about your project, this won't discourage you.

Q. What's hardest about advocacy work with European institutions?

A. There are so many officials from the European institutions that we'd like to engage with and who have a personal connection to cancer and the EORTC's mission. After all, cancer is the most important cause of death and morbidity in Europe after cardiovascular disease. The hardest part is to identify and then meaningfully engage with the officials who have real influence. Much of my time is spent working to attract their attention and developing messages they can understand about oncology and clinical research that aren't too technical or too superficial.

FELLOW- SHIPS

FELLOWSHIP PROGRAMME

Staying at the forefront of clinical cancer research requires investing in promising healthcare professionals who can accelerate the pace of scientific discovery. The EORTC established the Fellowship Programme to do just that.

Created in 1991, the EORTC Fellowship Program has enabled physicians, statisticians and scientists from around the world to engage in European clinical research that advances the EORTC's evolving scientific strategy in the fight against cancer.

Fellows work for up to three years at EORTC headquarters in Brussels, the capital of Europe. It is a unique opportunity to absorb all aspects of creating, activating and bringing cancer clinical research projects to maturity, from the inside.

Through the EORTC's Cancer Research Fund, in 2021, the Fellowship Program benefited from the generous support of organisations from across Europe, including:

- EORTC Groups
- European Society for Paediatric Oncology (SIOPE)
- Kom Op tegen Kanker
- Fonds Cancer (FOCA)
- Loterie Nationale / Nationale Loterij

Since 1991, in total 207 fellows from 41 nationalities were enrolled in the EORTC Fellowship Program. In 2021, 25 fellows benefited from a research grant, among them 7 new fellowships were awarded (2 statisticians, 4 Medical, 1 Quality of Life). 4 fellows are working on PhD theses.

Fellowships in numbers

Fellows:

- **25** fellowships benefited from a research grant in 2021
- **7** fellowships were awarded in 2021 (2 Statisticians, 4 Medical, 1 Quality of Life)
- **4** fellows are working on a PhD thesis
- **207** fellows sponsored
- **41** nationalities welcomed

Origins of our fellows

EUROPE: Belgium, France, United Kingdom, Germany, Greece, Italy, The Netherlands, Romania & Switzerland

AFRICA: Cameroon, Ghana, Morocco, Nigeria & Zimbabwe

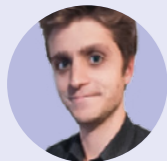
MIDDLE EAST: Saudi Arabia & Iran

ASIA: Japan

OCEANIA: Australia

LATIN AMERICA: Brazil

Testimonials from our Fellows



THOMAS MEYSKENS

ONCOLOGIST
Belgium

How did you learn about the fellowship and what have you enjoyed most?

During the final year of my training as a medical oncologist I was told about EORTC by one of my supervisors who had worked with EORTC as a study coordinator on many trials. He thought it would be a good experience for me and was absolutely right.

I've had the opportunity to contribute to so many different parts of the research life cycle, from early development and medical monitoring to manuscript writing. Working so closely with experts in multidisciplinary fields has not only made me a better oncologist but also exponentially expanded my professional network.



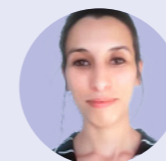
FELIX BOAKYE OPPONG

STATISTICIAN
Ghana

What's been the most professionally rewarding for you?

This fellowship has given me the opportunity to conduct statistical research with the EORTC's unique databases, exploring important clinical questions that are not necessarily part of the objectives of the EORTC's main clinical trials.

Projects have ranged from exploring the incidence of chemotherapy-induced myelosuppression and their prognostic role on patient survival to studying the association of antidepressant use with survival in newly diagnosed glioblastoma patients. The possibility of generating practice-changing results from this research for cancer patients keeps me motivated and engaged every day.



LAILA AIT HASSOU

STATISTICIAN
Morocco

How has your experience reflected the EORTC's diverse, multidisciplinary culture?

The Brussels HQ is an incredible environment with experts not just from Europe, but around the world like me from Morocco. In the iRECIST project, for example, our team of researchers are evaluating responses in immunotherapy clinical studies. And each of us brings to the project our unique experience from our countries as well as our specific academic expertise. We all have so many different educational and professional backgrounds, but that's what makes our research better. I've never worked in an environment quite like this before.

EVENTS & CAMPAIGNS

WEBINAR HIGHLIGHTS FROM 2021

The pandemic has had its silver linings. Our webinars have never been so popular or well attended as people have embraced remote work and online learning.

Not only is there no cost to webinar participation, network members enjoy their instant accessibility.

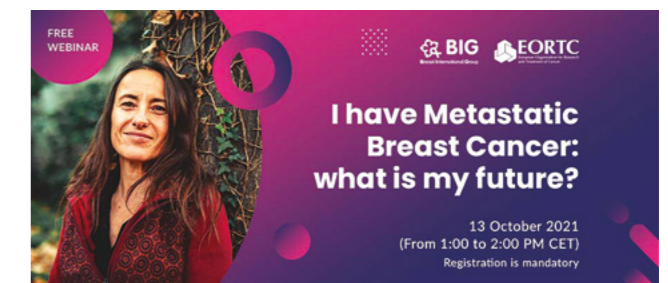
Members can learn anywhere with an internet connection. Since webinars are recorded, network members also benefited from playbacks at their own convenience. Here are some of the webinar highlights from 2021.

Clinical Trials: The patient in academic studies



This webinar enabled lay audiences to learn about the challenges for patients and researchers alike during clinical trials. Topics ranged from how to find information about relevant trials at the lay language to the difficulty researchers face during patient recruitment.

I have metastatic breast cancer: what is my future?



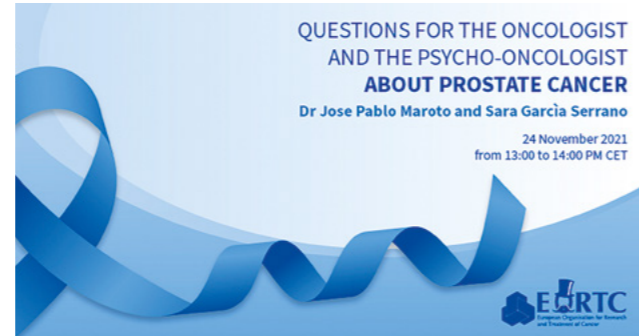
With Metastatic Breast Cancer Awareness Day in October, it was an ideal time to draw public attention to this advanced disease without a cure. The webinar targeted lay audiences to learn about advancements in understanding the disease and potential new treatments based on joint research by the EORTC and Breast International Group (BIG).

Early Breast Cancer: new strategies to optimise adjuvant endocrine treatment



Clinical research in breast cancer remains a top priority for the EORTC since the disease has overtaken lung cancer as the leading cause of cancer-related death in women across Europe. During this webinar, researchers learned about new strategies to optimise adjuvant endocrine treatment in breast cancer. The strategies discussed were based on joint research between the EORTC and BIG.

Questions for the oncologist and the psycho-oncologist about prostate cancer



Prostate cancer is the second commonest cause of male cancer death with more than 450,000 new cases in Europe recorded each year. Currently, one in seven men in Europe will develop detectable prostate cancer before the age of 85¹. EORTC experts shared recommendations to lower risk and mortality as well as better manage the mental health burden.

¹ *White Paper on Prostate Cancer. Recommendations for the EU cancer plan to tackle prostate cancer, European Association of Urology white paper.*



2021 FINANCIAL OVERVIEW

TOTAL REVENUE IN THE 2021 FISCAL YEAR:

We invested

39.4 M

32.3 M
in Clinical cancer research

0.4 M
in education/fellowships

0.9 M
in development, communication
& professional events

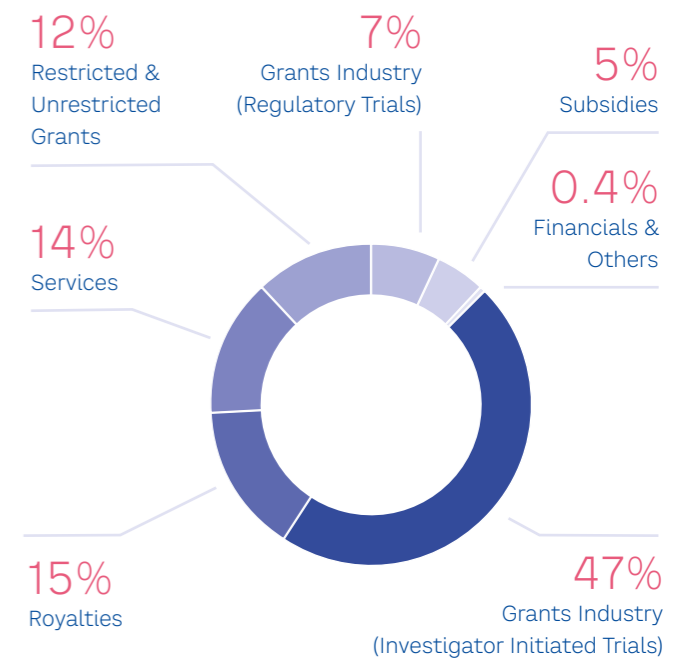
5.8 M
in operating expenses

Net assets

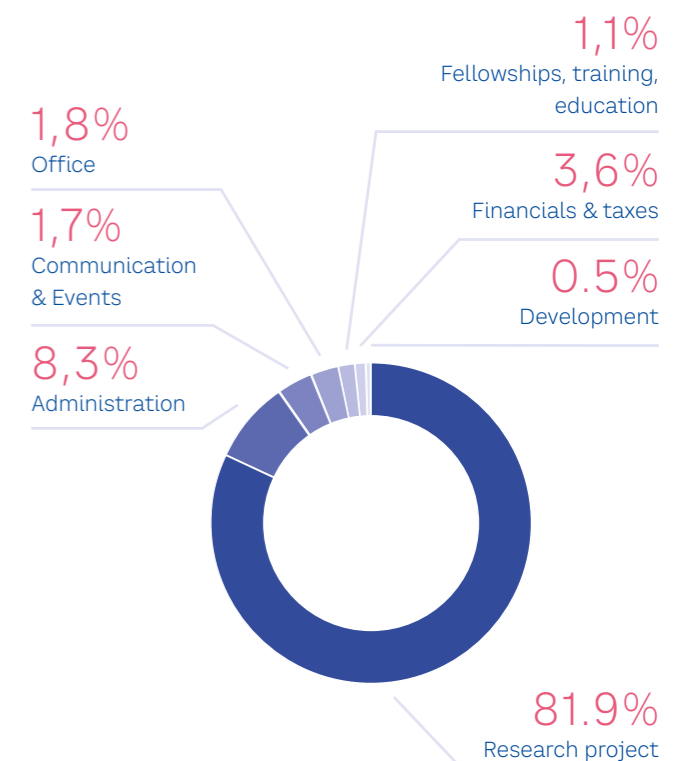
74.7 M
in 2021

73.2 M
in 2020

Income 2021



Expenditures 2021



FOR TO
CANCER
RESEARCH
FUND



AN INDEPENDENT FUND TO SUPPORT THE EORTC

A tradition of influence and impact

Since its founding in 1976, the EORTC Cancer Research Fund (ECRF) has raised millions of euros to promote, encourage and support the EORTC's life-saving mission which remains to increase the life expectancy and the quality of life of all cancer patients. Grants and donations come from a diverse range of supporters, from institutions and foundations and from the private sector and generous individuals across Europe and around the world.



A message from ECRF Chairman, Count Diego du Monceau de Bergendal, immediate past Chairman of the Board of Directors of ING Belgium and independent adviser to companies in retail and financial services.

When the late Prince Philip, Duke of Edinburgh served as our first honorary President, he began a tradition of welcoming some of the world's most recognised advocates and activists for cancer treatment and research to the ECRF's Board of Trustees.

This tradition continued in 2021. Following Prince Albert II of Monaco's 8 years of committed service, **Princess Dina Mired of Jordan** has now joined the EORTC Cancer Research Fund as Honorary President. The Princess has devoted much of her life to the fight against cancer.

As past President of the Union for International Cancer Control, as well as Director General of the King Hussein Cancer Foundation, the Princess is a powerful voice for cancer control the world over. We welcome her leadership and the truly global perspective she brings to the ECRF's mission.

We have welcomed two new trustees who are also exceptional in their fields.

Professor Duncan Jodrell has joined the Board of Trustees, bringing his lifetime of experience in innovative clinical research on pancreatic cancer to the board room. As Professor of Cancer Therapeutics at University of Cambridge, he has become a respected advocate for treatment optimisation – one of the EORTC's key priorities that the Board is keen to advance.

With the appointment of **Konstantin Sajonia-Coburgo-Gotha**, the ECRF has also gained a champion for cancer research from the world of finance and investment banking. From his base in Spain, Mr Sajonia-Coburgo brings more than 25-years of experience to the Board as an adviser to institutions from Banco Santander to Telefónica.

I would like to thank all ECRF Trustees, members of the Advisory Board, partners and funders for their continued trust and support in working together towards our mission of increasing the survival and the quality of life of cancer patients.



We know that Covid-19 has undermined cancer research around the world. As Honorary President I will endeavour to put my utmost in moving forward this organisation's great work and scientific achievements not only in Europe but also in the developing world.

HRH Princess Dina Mired of Jordan

EORTC CANCER RESEARCH FUND HONORARY PRESIDENT

OUR 2021 BOARD

ECRF Board of Trustees

Honorary President: HRH Princess Dina Mired of Jordan
Chairman: Count Diego du Monceau BE

Victoria Agnew	UK
Guy Beniada	FR
Edward Chandler	UK
Evelyne Genta	UK
Jean de Gunzburg	UK
Prof Duncan Jodrell	UK
Denis Lacombe	BE
Sally Lo	HK
Prince Guillaume of Luxembourg	
Alejandra MacCohon-Gardner	SP
Suzan Sabanci-Dincer	TUR
Konstantin Sajonia-Coburgo-Gotha	SP
Jean-Leopold Schuybroek	BE
Roger Stupp	US

ECRF Advisory Board

Robert Waley Cohen	UK
Prof Alexander Eggermont	NL
Prof Jean Claude Horiot	CH
Oscar Lewisohn	UK
Susanne Schroder	UK
Cigdem Simavi	TU
Prof John Smyth	UK

TOTAL RESTRICTED & UNRESTRICTED FUNDS RAISED IN 2021

Consolidated figures (EORTC, ECRF, Friends of EORTC, FFRTC¹)

€ 4.8M

RESTRICTED & UNRESTRICTED GRANTS

14

FELLOWSHIPS SPONSORED IN TOTAL

64

NUMBER OF ACADEMIC PROJECTS FUNDED (PARTIALLY & IN FULL²)

2

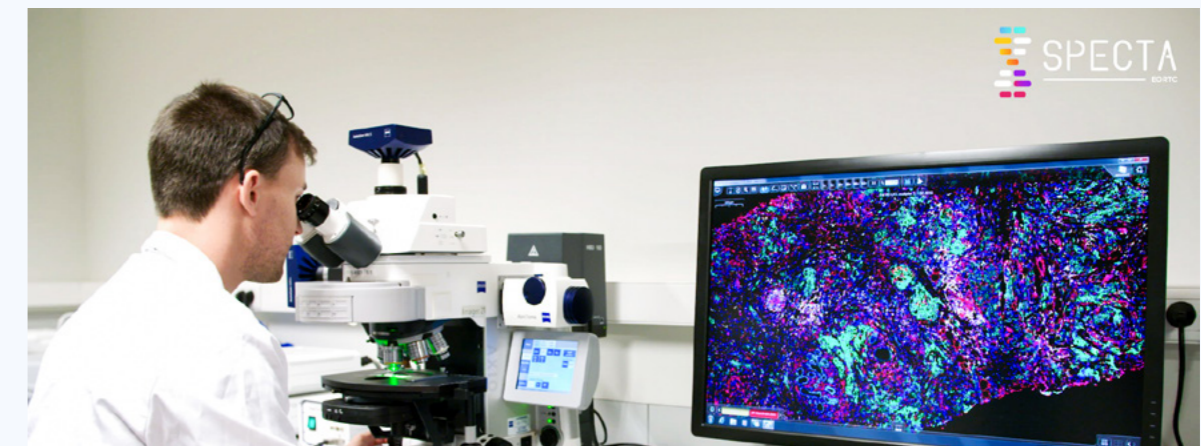
NEW FELLOWSHIPS SPONSORED IN 2021

¹ Friends of EORTC & Fondation Française pour la Recherche et Traitement du Cancer (FFRTC) are registered charities in the UK and France, respectively

² No industry involvement

2021 HIGHLIGHTS

SPECTA: TRANSLATIONAL CLINICAL RESEARCH PLATFORM FOR EUROPE



Precision oncology is the future of cancer treatment and through the SPECTA platform the EORTC is leading the way in clinical research. With support from ECRF donors, SPECTA has provided hope through research to thousands of patients.

 128
Doctors

 17
Countries

 1330
Patients

 1200
Reports

As one patient with papillary thyroid cancer said, "my current treatment was defined only after inclusion in SPECTA". Treating oncologists appreciate the platform's ability to accelerate their progress, especially in areas of unmet need. "SPECTA enables us to rapidly implement new clinical trials - including for rare cancers that are quite unique", said Professor of Medical Oncology and past President of the EORTC, Jean-Yves Blay.

In 2021, SPECTA's ever-growing cancer clinical research platform included 128 authorised research doctors in 17 countries. More than 1 330 patients have participated in three clinical research projects with over 1 200 individual result reports provided to patients with guidance for treatment.

CELEBRATING 10 YEARS WITH THE WBA



SPECTA's achievements would not be possible without the 10-year partnership the ECRF celebrated in 2021 with the Walgreens Boots Alliance (WBA).

From family fun days to sports activities and ugly holiday sweater contests, for a decade employees

across WBA have participated in all sorts of fundraising activities to benefit the SPECTA platform.

The WBA's generosity has enabled patients to discover personalised treatment options they otherwise may not have considered.

WELCOME TO ALLIANCE HEALTHCARE



The decision to partner with ECRF was easy for the new management of Alliance Healthcare (AH), previously owned by Walgreens Boots Alliance and since June 2021 under the umbrella of AmerisourceBergen.

The AH leadership team and thousands of their employees across Europe wanted to continue

supporting SPECTA's life-saving advancements after the spin-off from WBA.

Juan Guerra, Managing Director at Alliance Healthcare explains, "The EORTC's work and the advancements in cancer therapy and treatment that SPECTA brings about are critical in the fight against cancer. By joining forces, we can improve the health and wellbeing of patients."

WELCOME TO THE RISING TIDE FOUNDATION



Academic clinical trial in
**Elderly Patients with Advanced
Soft Tissue Sarcoma**



In 2021 the Rising Tide Foundation for Clinical Cancer Research and EORTC announced a new partnership in support of two EORTC trials in oligometastatic rare cancers (OligoRARE) and advanced soft tissue sarcomas for elderly patients (TOLERANCE).

"Our Foundation was established to help improve quality of life for patients and win the fight against cancer", explains Director, Wendelin Zellmayer. "We

partnered with the EORTC to propel research to the next level and bring ground-breaking treatment options to the bedside of patients".

Partnering with like-minded organisations is key to addressing unmet needs in clinical cancer research, especially in rare cancers and underrepresented populations. The Rising Tide Foundation is now an invaluable ally to the EORTC on the road to scientific discovery.

RISING TIDE FOUNDATION X ANTICANCER FUND



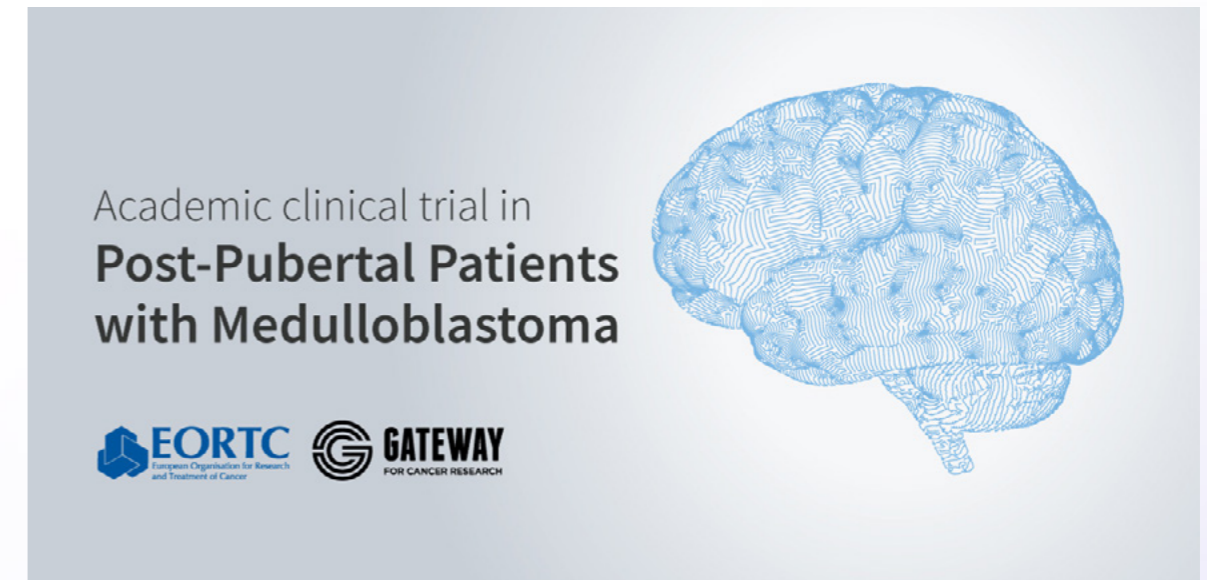
Two of the world's foremost cancer-fighting foundations joined forces with EORTC in 2021 to support the OligoRARE trial. Together, Rising Tide and the Anticancer Fund are now powering research to improve survival in patients with oligometastatic rare cancer.

The partnership enables both organisations to support cancer treatments that are outside the scope of the pharmaceutical industry, a priority they share. "Cancer care is multidisciplinary, but clinical research in radiotherapy and surgery is badly underserved despite the benefits for patients", explained Lydie Meheus,

Managing Director of the Anticancer Fund. "We are delighted to join forces with the EORTC and Rising Tide Foundation to make this trial happen. This is the second time we've supported an EORTC trial and are sure this partnership will continue. Because together, we can do so much more".

EORTC CEO, Denis Lacombe enthusiastically agreed. "International collaborations like this have the potential to enhance trials by addressing critical clinical questions and expedite treatments for underserved patient populations".

OPENING THE GATEWAY TO CANCER RESEARCH



As an American non-profit organisation, Gateway for Cancer Research is one of the only organisations that exclusively funds innovative Phase I and Phase II cancer clinical trials for patients of all ages, regardless of cancer type.

In 2021, the ECRF opened this gateway to the EORTC for the first time now supporting a clinical trial on a rare brain tumour known as medulloblastoma.

The project represents a unique opportunity to investigate a personalised medical therapy that can be applied to about 70% of adolescent and adult patients with the disease.

"We are proud to partner with EORTC to fund this promising clinical trial, and we are confident that our collaboration will truly accelerate progress for patients", said the organisation's President and CEO, Michael Burton.

MORE THAN PINK

KEVIN.MURPHY

STRONGER THAN YOU KNOW

In 2020, 2.3 million people were diagnosed with breast cancer.*



*World Health Organization.



The Australian-born hairdresser, Kevin Murphy, teamed up with the EORTC to support Breast Cancer Awareness Month in October. Funds raised through their 'More Than Pink' campaign contributed to the MINDACT Research Project, which uses gene signatures to explore loco-regional disease recurrence in women with early-stage breast cancer after breast-conserving surgery.

"We believe that the fight to end breast cancer is about more than just the colour pink, it is about each person who has been affected by the disease and supporting efforts that treat, prevent, detect, and bring awareness to the cause", the company declared on their website.

INVESTING IN THE NEXT GENERATION OF RESEARCHERS

Through the ECRF, organisations worldwide can support the outstanding fellows who spend three years at EORTC headquarters conducting practice-changing research. From the Belgium National Lottery to the

Japan Clinical Oncology Group, generous donors have powered this programme since 1991. This year was no exception. Gifts and grants enabled the programme to support 14 fellows in 2021.



// **The National Belgian Lottery is proud to support the EORTC and the education of the next generation of clinical cancer researchers**

LOTERIE NATIONALE

WE NEED PARTNERS LIKE YOU

What is clinical research exactly?

When you partner with the EORTC, you support patient-centred clinical research that improves survival and quality of life. But what is clinical research exactly? Let us explain.

Cancer clinical trials are research investigations with volunteers who test new treatments. Scientists and doctors are constantly seeking to develop innovative, more effective and less toxic treatments to improve patient survival and quality of life.

Clinical trials are necessary to confirm the safety and effectiveness of new treatments as well as decide whether side effects are acceptable when weighed against benefits.

In cancer research, some clinical trials evaluate new drugs, whilst others optimise different therapeutic approaches including surgery, radiation therapy and combinations of drugs already on the market. As with any new drug or treatment, however, there may be risks as well as benefits. That's why clinical trials are closely monitored and usually conducted in hospitals or through outpatient departments.

Academic clinical cancer research refers to clinical research which is not funded by pharmaceutical or biotechnology companies for commercialisation, but by non-profit clinical research organisations to advance cancer research and treatment for the benefit of patients.

A typical area of academic clinical research is the advancement and optimisation of already existing therapies. Academic clinical trials may, for instance, test how a combination of treatments (drugs, radiotherapy and surgery) could improve treatment outcomes. Or they may apply registered treatments in additional or less frequent indications.

Fighting cancer with clinical research

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2021 PUBLI- CATIONS

GROUPS	JOURNAL / TITLE / DOI	AUTHORS
Brain Tumour Group	Neuro-Oncology Trabectedin for recurrent WHO grade II or III meningioma: a randomized phase II study of the EORTC Brain Tumor Group (EORTC-1320-BTG). <i>Neuro Oncol</i> 2021. https://doi.org/10.1093/neuonc/noab243	<i>Preusser M, Silvani A, Le Rhun E, Soffiatti R, Lombardi G, Sepulveda JM, Brandal P, Beaney R, Bonneville-Levard A, Lorgis V, Vauleon E, Bromberg J, Erridge S, Cameron A, Mawrin C, Sahm F, Furtner J, Marosi C, Golfinopoulos V, Gorlia T, Weller M, Wick W.</i>
Brain Tumour Group	The Lancet Oncology Adjuvant and concurrent temozolomide for 1p/19q non-co-deleted anaplastic glioma (CATNON; EORTC study 26053-22054): second interim analysis of a randomised, open-label, phase 3 study. <i>Lancet Oncol</i> 2021. https://doi.org/10.1016/S1470-2045(21)00090-5	<i>van den Bent Martin J, Tesileanu M, Wick W, Sanson M, Brandes A, Clement P, Erridge S, Vogelbaum M, Nowak A, Baurain JF, Mason W, Wheeler H, Chinot O, Gill S, Griffin M, Rogers L, Taal W, Ruda R, Weller M, McBain C, Reijneveld J, Enting R, Capparrotti F, Lesimple T, Clenton S, Gijtenbeek A, Lim E, Herrlinger U, Hau P, Dhermain F, de Heer I, Aldape K, Jenkins R, Dubbink H, Kros J, Wesseling P, Nuyens S, Golfinopoulos V, Gorlia T, French P, Baumert B.</i>
Brain Tumour Group	European Journal of Cancer Impact of depatuxizumab mafodotin on health-related quality of life and neurological functioning in the phase II EORTC 1410/INTELLANCE II trial for EGFR-amplified recurrent glioblastoma. <i>Eur J Cancer</i> 2021. https://doi.org/10.1016/j.ejca.2021.01.010	<i>Clement P, Dirven L, Eoli M, Sepulveda JM, Walenkamp A, Frenel JS, Franceschi E, Weller M, Chinot O, De Vos F, Whenham N, Sanghera P, Looman J, Kundu M, De Geus JP, Nuyens S, Spruyt M, Gorlia T, Coens C, Golfinopoulos V, Reijneveld J, van den Bent M.</i>
Brain Tumour Group	Neuro-Oncology Prognostic significance of genome-wide DNA methylation profiles within the randomised, phase 3, EORTC CATNON trial on non-1p/19q deleted anaplastic glioma. <i>Neuro Oncol</i> 2021. https://doi.org/10.1093/neuonc/noab088	<i>Tesileanu M, van den Bent M, Sanson M, Wick W, Brandes A, Clement P, Erridge S, Vogelbaum M, Nowak A, Baurain J, Mason W, Wheeler H, Chinot O, Gill S, Griffin M, Rogers L, Taal W, Rudà R, Weller M, McBain C, van Linde M, Sabedot T, Hoogstrate Y, von Deimling A, de Heer I, van IJcken W, Brouwer R, Aldape K, Jenkins R, Dubbink H, Kros J, Wesseling P, Cheung Kin J, Golfinopoulos V, Baumert B, Gorlia T, Noushmehr H, French P</i>
Brain Tumour Group	Acta Neuropathologica Non-IDH1-R132H IDH1/2 mutations are associated with increased DNA methylation and improved survival in astrocytomas, compared to IDH1-R132H mutations. <i>Acta Neuropathol</i> 2021. https://doi.org/10.1007/s00401-021-02291-6	<i>Tesileanu M, Vallentgoed W, Sanson M, Taal W, Clement P, Wick W, Brandes A, Baurain JF, Chinot O, Wheeler H, Gill S, Griffin M, Rogers L, Ruda R, Weller M, McBain C, Reijneveld J, Enting R, Caparrotti F, Lesimple T, Clenton S, Gijtenbeek A, Lim E, De Vos F, Mulholland PJ, Taphoorn M, de Heer I, Hoogstrate Y, de Wit M, Boggiani L, Venneker S, Oosting J, Bovee J, Erridge S, Vogelbaum M, Nowak A, Mason W, Kros J, Wesseling P, Aldape K, Jenkins R, Dubbink H, Baumert B, Golfinopoulos V, Gorlia T, van den Bent M, French P.</i>

Brain Tumour Group	The Lancet Digital Health Deep-learning based synthesis of post-contrast T1-weighted magnetic resonance imaging for tumor response assessment in neuro-oncology: a multicenter, retrospective study. <i>Lancet Digit. Health.</i> 2021. https://doi.org/10.1016/S2589-7500(21)00205-3	Jayachandran Preetha C, Meredig H, Bugnara G, Mahmutoglu M, Foltyn M, Isensee F, Kessler T, Pflueger I, Schell M, Neuberger U, Petersen J, Wick A, Heiland S, Debus J, Platten M, Idbaih A, Brandes A, Winkler F, van den Bent M, Nabors B, Stupp R, Maier-Hein K, Gorlia T, Tonn JC, Weller M, Wick W, Bendszus M, Vollmuth P.
Brain Tumour Group	Clinical Cancer Research Temporal muscle thickness as a prognostic marker in newly diagnosed glioblastoma patients: translational imaging analysis of the CENTRIC EORTC 26071-22072 and CORE trials. <i>Clin Cancer Res</i> 2021. https://doi.org/10.1158/1078-0432.CCR-21-1987	Furtner J, Weller M, Weber M, Gorlia T, Nabors B, Reardon D, Tonn JC, Stupp R, Preusser M.
Brain Tumour Group	Neuro-Oncology The EGFRvIII Transcriptome in glioblastoma, a meta-omics analysis. <i>Neuro Oncol</i> 2021. https://doi.org/10.1093/neuonc/noab231	Hoogstrate Y, Santoesha G, de Wit M, de Heer I, Draaisma K, van Riet J, van Royen M, van de Werken H, Bours V, Buter J, Vanden Bempt I, Eoli M, Franceschi E, Frenel S, Gorlia T, Hanse M, Hoebe A, Kerkhof M, Kros J, Leenstra S, Lombardi G, Lukacova S, Robe P, Sepulveda J, Taal W, Taphoorn M, Vernhout R, Walenkamp A, Watts C, Weller M, De Vos F, Jenster G, van den Bent M, French P.
Brain Tumour Group	Cancers (Basel) Development of Randomized Trials in Adults with Medulloblastoma-The Example of EORTC 1634-BTG/NOA-23. <i>Cancers (Basel)</i> 2021. https://doi.org/10.3390/cancers13143451	Hau P, Frappaz D, Hovey E, McCabe M, Pajtler K, Wiestler B, Seidel C, Combs S, Dirven L, Klein M, Anazodo A, Hattungen E, Hofer S, Pfister S, Zimmer C, Kortmann RD, Sunyach MP, Tanguy R, Effene R, von Deimling A, Sahm F, Rutkowski S, Berghoff A, Franceschi E, Pineda E, Beier D, Peeters E, Gorlia T, Vanlancker M, Bromberg J, Gautier J, Ziegler D, Preusser M, Wick W, Weller M.
Brain Tumour Group	Neuro-Oncology Systematic review on the use of patient-reported outcome measures in brain tumor studies: part of the Response Assessment in Neuro-Oncology Patient-Reported Outcome (RANO-PRO) initiative. <i>Neuro Oncol</i> 2021. https://doi.org/10.1093/nop/npab013	Dirven L, Vos M, Walbert T, Armstrong T, Arons D, van den Bent M, Blakeley J, Brown P, Bulbeck H, Chang S, Coens C, Gilbert M, Grant R, Jalali R, Leach D, Leeper H, Mendoza T, Nayak L, Oliver K, Reijneveld J, Le Rhun E, Rubinstein L, Weller M, Wen P, Taphoorn M.
Breast Cancer Group	Clinical Cancer Research Niraparib for advanced breast cancer with germline BRCA1 and BRCA2 mutations: the EORTC 1307-BCG/BIG5-13/TESARO PR-30-50-10-C BRAVO study. <i>Clin Cancer Res</i> 2021. https://doi.org/10.1158/1078-0432.CCR-21-0310	Turner N, Balmana J, Poncet C, Goulioti T, Tryfonidis K, Honkoop A, Zoppoli G, Razis E, Johannsson O, Colleoni M, Tutt A, Audeh W, Ignatiadis M, Mailliez A, Tredan O, Musolino A, Vuylsteke P, Juan Fita MJ, MacPherson I, Kaufman B, Manso L, Goldstein L, Ellard S, Lang I, Yu Jen K, Adam V, Litiere S, Erban J, Cameron D.

Breast Cancer Group	The Lancet Oncology 70-gene signature as an aid to treatment decisions in early breast cancer: updated results of the Phase 3 randomized MINDACT trial. <i>Lancet Oncol</i> 2021. https://doi.org/10.1016/S1470-2045(21)00007-3	Piccart M, Van't Veer L, Poncet C, Lopes J, Delaloge S, Pierga JY, Vuylsteke P, Brain E, Vrijaldenhoven S, Neijenhuis P, Causeret S, Smilde T, Viale G, Glas A, Delorenzi M, Sotiriou C, Rubio I, Kummel S, Zoppoli G, Thompson A, Matos E, Zaman K, Hilbers F, Fumagalli D, Ravdin P, Knox S, Tryfonidis K, Peric A, Meulemans B, Bogaerts J, Cardoso F, Rutgers E.
Breast Cancer Group	Journal of the National Cancer Institute Side Effects 15 Years After Lymph Node Irradiation in Breast Cancer: Randomized EORTC Trial 22922/10925. <i>J Natl Cancer Inst</i> 2021. https://doi.org/10.1093/jnci/djab113	Poortmans P, Struikmans H, De Brouwer P, Weltens C, Fortpied C, Kirkove C, Budach V, Peignaux-Casasnovas K, van der Leij F, Vonk E, Valli MC, Van Tienhoven G, Weidner N, Noel G, Guckenberger M, Koiter E, Van Limbergen E, Engelen A, Fourquet A, Bartelink H.
Breast Cancer Group	British Journal of Cancer Patterns of genomic change in residual disease after neo-adjuvant chemotherapy for estrogen-receptor positive and HER2 negative breast cancer. <i>Br J Cancer</i> 2021. https://doi.org/10.1038/s41416-021-01526-3	Chatzipli A, Bonnefoi H, MacGrogan G, Sentis J, Cameron D, Poncet C, Iggo R.
Breast Cancer Group	European Journal of Cancer The impact of isolated local recurrence on long-term outcome in early-breast cancer patients after breast-conserving therapy. <i>Eur J Cancer</i> 2021; 155:28-37. https://doi.org/10.1016/j.ejca.2021.06.018	Vrieling C, Assele S, Moser L, Sauve N, Litiere S, Fourquet A, Poortmans P, Struikmans H, van Tienhoven G, Bartelink H, Collette L.
Breast Cancer Group	Breast Cancer Research and Treatment Combining method of detection and 70-gene signature for enhanced prognostication of breast cancer. <i>Breast Cancer Res Treat</i> 2021. https://doi.org/10.1007/s10549-021-06315-3	Lopes Cardozo J, Schmidt M, van 't Veer L, Cardoso F, Poncet C, Rutgers E, Drukker C.
Breast Cancer Group	NPJ Breast Cancer Evaluation of multiple transcriptomic gene risk signatures in male breast cancer. <i>NPJ</i> 2021. https://doi.org/10.1038/s41523-021-00301-0	Bayani J, Poncet C, Crozier C, Neven A, Piper T, Cunningham C, Sobol M, Aebi S, Benstead K, Bogler O, Dal Lago L, Fraser J, Hilbers F, Hedenfalk I, Korde L, Linderholm B, Martens J, Middleton L, Murray M, Kelly C, Nilsson C, Nowaczyk M, Peeters S, Peric A, Porter P, Schroeder C, Rubio I, Ruddy K, Van Asperen C, Van Den Weyngaert D, van Deurzen C, van Leeuwen-Stok E, Vermeij J, Winer E, Giordano S, Cardoso F, Bartlett J.
Breast Cancer Group	Annals of Oncology Outcome without adjuvant systemic treatment in stage I ER+/HER2- breast cancer patients included in the MINDACT trial. <i>Ann Oncol</i> 2021. https://doi.org/10.1016/j.annonc.2021.11.014	Lopes Cardozo J, Byng D, Drukker C, Schmidt M, Binuya MA, Van't Veer L, Cardoso F, Piccart M, Smorenburg C, Poncet C, Rutgers E.

Breast Cancer Group	Annals of Oncology Gene expression signatures for tailoring adjuvant chemotherapy of luminal breast cancer: stronger evidence, greater trust. <i>Ann Oncol</i> 2021. https://doi.org/10.1016/j.annonc.2021.05.804	<i>Piccart M, Kalinsky K, Gray R, Barlow WE, Poncet C, Cardoso F, Winer E, Sparano J.</i>
Children's Leukemia	Archives de Pediatrie CNS-3 status remains an independent adverse prognosis factor in children with acute lymphoblastic leukemia (ALL) treated without cranial irradiation: Results of EORTC Children Leukemia Group study 58951. <i>Arch Pediatr</i> 2021. https://doi.org/10.1016/j.arcped.2021.04.009	<i>Sirvent N, Suci S, De Moerloose B, Ferster A, Mazingue F, Plat G, Yakouben K, Uyttebroeck A, Paillard C, Costa V, Simon P, Pluchart C, Poiree M, Minckes O, Millot F, Freycon C, Maes P, Hoyoux C, Cave H, Rohrlach P, Bertrand Y, Benoit Y.</i>
Children's Leukemia	Human Reproduction Fertility status among long-term childhood acute lymphoblastic leukaemia survivors enrolled between 1971 and 1998 in EORTC CLG studies: results of the 58LAE study. <i>Hum Reprod</i> 2021. https://doi.org/10.1093/humrep/deab236	<i>Rossi G, Kicinski M, Suci S, Vandecruys E, Plat G, Uyttebroeck A, Paillard C, Barbati M, Dresse MF, Simon P, Minckes O, Pluchart C, Ferster A, Freycon C, Millot F, Van Der Werff J, Chantrain C, Paulus R, de Schaetzen G, Rohrlach P, Benoit Y, Piette C.</i>
Children's Leukemia	Cancers Sociodemographic and medical determinants of quality of life in long-term childhood acute lymphoblastic leukemia survivors enrolled in EORTC CLG studies. <i>Cancers</i> 2021. https://doi.org/10.3390/cancers14010152	<i>Sleurs C, Musoro J, Rowsell A, Kicinski M, Suci S, Chantziara S, Coens C, Pe M, Missotten P, Vandecruys E, Uyttebroeck A, Dresse MF, Pluchart C, Ferster A, Freycon C, Van Der Werff J, Rohrlach P, Benoit Y, Darlington AS, Piette C.</i>
EORTC Headquarters	Radiotherapy & Oncology Development of staffing, workload and infrastructure in member departments of the European Organisation for Research and Treatment of Cancer (EORTC) radiation oncology group. <i>Radiother Oncol</i> 2021. https://doi.org/10.1016/j.radonc.2020.11.009	<i>Willmann J, Poortmans P, Monti AF, Grant W, Clementel E, Corning C, Reynaert N, Hurkmans C, Nicolaus A.</i>
EORTC Headquarters	Journal of Clinical Epidemiology The Net Benefit of a treatment should take the correlation between benefits and harms into account. <i>J Clin Epidemiol</i> 2021. https://doi.org/10.1016/j.jclinepi.2021.03.018	<i>Buyse M, Saad E, Peron J, Chiem JC, De Backer M, Cantagallo Eva, Ciani O.</i>
EORTC Headquarters	European Journal of Cancer The spleen as an organ at risk in paediatric radiotherapy: A SIOP-Europe Radiation Oncology Working Group report. <i>Eur J Cancer</i> 2021. https://doi.org/10.1016/j.ejca.2020.10.025	<i>Arunagiri N, Kelly S, Dunlea C, Dixon O, Cantwell J, Budhia P, Boterberg T, Janssens G, Gains J, Chang YC, Gaze M.</i>
EORTC Headquarters	Journal of Cancer Policy Accelerating regulatory approval of anticancer therapies: benefits, drawbacks and recommendations for a more sustainable approach. <i>Jour Cancer Pol</i> 2021. https://doi.org/10.1016/j.jcipo.2021.100296	<i>Saesen R, Lacombe D, Huys I.</i>

EORTC Headquarters	Cancers Molecular Characterization of Ovarian Yolk Sac Tumor (OYST). <i>Cancers</i> 2021. https://doi.org/10.3390/cancers13020220	<i>Hodroj K, Stevovic A, Attignon V, Ferraioli D, Meeus P, Croce S, Chopin N, Rossi L, Floquet A, Rousset-Jablonski C, Tredan O, Guyon F, Treilleux I, Rannou C, Morfouace M, Ray-Coquard I.</i>
EORTC Headquarters	European Journal of Cancer Design, Organization and Impact of Treatment Optimization Studies in Breast, Lung and Colorectal Cancer: the Experience of the European Organisation for Research and Treatment of Cancer. <i>Eur J Cancer</i> 2021. https://doi.org/10.1016/j.ejca.2021.04.012	<i>Saesen R, Lacombe D, Huys I.</i>
EORTC Headquarters	European Journal of Cancer Long term efficacy update of crizotinib in patients with advanced, inoperable inflammatory myofibroblastic tumor from EORTC trial 90101 CREATE. <i>Eur J Cancer</i> 2021. https://doi.org/10.1016/j.ejca.2021.07.016	<i>Schoeffski P, Kubickova M, Wozniak A, Blay JY, Strauss S, Stacchiotti S, Switaj T, Buecklein V, Leahy MG, Italiano A, Isambert N, Debiec-Rychter M, Sciort R, Lee Che-Jui, Speetjens F, Nzokirantevye A, Neven A, Kasper B.</i>
EORTC Headquarters	Molecular Oncology The Porto European Cancer Research Summit 2021. <i>Mol Oncol</i> 2021. https://doi.org/10.1002/1878-0261.13078	<i>Ringborg U, Berns A, Celis J, Heitor M, Tabernero J, Baumann M, Henrique R, Aapro M, Basu P, Beets-Tan R, Besse B, Cardoso F, Carneiro F, van den Eede G, Eggermont A, Frohling S, galbraith S, Garralda E, Hanahan D, Hofmarcher T, Jonsson B, Kallioniemi O, Kasler M, Kondrosi E, Korbel J, Lacombe D, Machado JC, Martin Moreno JM, Meunier F, Nagy P, Nucifero P, Oberst S, Oliveiera, Papatriantafyllou M, Ricciardi W, Roediger A, Ryll B, Schilsky R, Scocca G, Seruca R, Soares M, Steindorf K, Valentini V, Voest E, Weiderpass E, Wilking N, Wren A, Zitvogel L.</i>
EORTC Headquarters	Computational and Mathematical Methods in Medicine A Simulation Study to Compare the Predictive Performance of Survival Neural Networks with Cox Models for Clinical Trial Data. <i>CMMM</i> 2021. https://doi.org/10.1155/2021/2160322	<i>Kantidakis G, Biganzoli L, Putter H, Fiocco M.</i>
EORTC Headquarters	BMC Cancer Early discontinuation of PD-1 blockade upon achieving a complete or partial response in patients with advanced melanoma: the multicentre prospective Safe Stop trial. <i>BMC Cancer</i> 2021. https://doi.org/10.1186/s12885-021-08018-w	<i>Mulder E, de Joode K, Litiere S, Ten Tije A, Suijkerbuijk K, Boers-Sonderen M, Hospers G, de Groot J, van den Eertwegh A, Aarts M, Piersma D, van Rijn R, Kapiteijn E, Vreugdenhil G, van den Berkmortel F, Oomen-de Hoop E, Franken M, Ryll B, Rutkowski P, Sleijfer S, Haanen J, van der Veldt A.</i>
Gastrointestinal Tract Cancer Group	Journal of Clinical Oncology Early-Onset Colorectal Adenocarcinoma in the IDEA database: Treatment Adherence, Toxicities and Outcomes with 3 and 6 months of Adjuvant Fluoropyrimidine and Oxaliplatin. <i>J Clin Oncol</i> 2021. https://doi.org/10.1200/JCO.21.02008	<i>Fontana E, Meyers J, Sobrero A, Iveson T, Shields A, Taieb J, Yoshino T, Souglakos I, Smyth E, Lordick F, Moehler M, Giraut A, Harkin A, Labianca R, Meyerhardt J, Andre T, Yamanaka T, Boukovinas I, Lonardi S, Saunders M, Vernerey D, Oki E, Georgoulas V, Grothey A, Ben-Aharon I, Shi Q.</i>

Gastrointestinal Tract Cancer Group**Acta Oncol**

CXCR4 and Hif-1a as prognostic molecular markers for stage 3 colon cancer patients: post hoc analysis of the randomized, multicenter phase 3 PETACC-2 trial dataset. *Acta Oncol* 2021.

<https://doi.org/10.1080/0284186X.2021.1959057>

Maderer A, Fiteni F, Tanis E, Mauer M, Schmitt T, Aust D, Lutz M, Roelofson F, Gog C, Weinmann A, Koehne CH, Moehler M, Thomaidis T.

Gastrointestinal Tract Cancer Group**European Journal of Cancer**

Individual patient data meta-analysis of neoadjuvant chemotherapy followed by surgery versus upfront surgery for carcinoma of the oesophagus or the gastro-oesophageal junction. *Eur J Cancer* 2021.

<https://doi.org/10.1016/j.ejca.2021.08.014>

Faron M, Cheugoua-Zanetsie AM, Thirion P, Nankivell M, Winter K, Cunningham D, Van der Gaast A, Law S, Langley R, de Vathaire F, Valmasoni M, Mauer M, Roth J, GebSKI V, Burmeister B, Paoletti X, van Sandick J, Fu J, Ducreux M, Blanchard P, Tierney J, Pignon JP, Michiels S.

Gastrointestinal Tract Cancer Group**Physics and Imaging in Radiation Oncology**

Artificial intelligence based treatment planning of radiotherapy for locally advanced breast cancer. *PhRO* 2021.

<https://doi.org/10.1016/j.phro.2021.11.007>

van de Sande D, Sharabiani M, Bluemink H, Kneepkens E, Bakx N, Hagelaar E, van der Sangen M, Theuws J, Hurkmans C.

Genito-Urinary Cancers group**Journal of Clinical Oncology**

Survival and New Prognosticators in Metastatic Seminoma: Results From the IGCCCG-Update Consortium. *J Clin Oncol* 2021.

<https://doi.org/10.1200/JCO.20.03292>

Beyer J, Collette L, Sauve N, Daugaard G, Feldman D, Tandstad T, Tryakin A, Stahl O, Gonzalez Billalabeitia E, De Giorgi U, Culine S, de Wit R, Hansen A, Bebek M, Terbuch A, Albany C, Hentrich M, Gietema J, Huddart R, Lorch A, Cafferty F, Heng D, Sweeney C, Winqvist E, Fankhauser C, Stark D, Grimison P, Necchi A, Tran B, Negaard H, Chovanec M, Heidenreich A, Shamash J, Sternberg C, Vaughn D, Duran Martinez I, Bokemeyer C, Patrikidou A, Cathomas R, Assele S, Gillessen S.

Genito-Urinary Cancers group**Journal of Clinical Oncology**

Predicting outcomes in men with metastatic non seminomatous germ cell Tumours (NSGCT): Results from the IGCCCG Update Consortium. *J Clin Oncol* 2021.

<https://doi.org/10.1200/JCO.20.03296>

Gillessen S, Sauve N, Collette L, Daugaard G, de Wit R, Albany C, Tryakin A, Fizazi K, Stahl O, Gietema J, De Giorgi U, Cafferty F, Hansen A, Tandstad T, Huddart R, Necchi A, Sweeney C, Garcia-Del-Muro X, Heng D, Lorch A, Chovanec M, Winqvist E, Grimison P, Feldman D, Terbuch A, Hentrich M, Bokemeyer C, Negaard H, Fankhauser C, Shamash J, Vaughn D, Sternberg C, Heidenreich A, Beyer J.

Genito-Urinary Cancers group**BJU International**

Cytoreductive nephrectomy and exposure to sunitinib - a post-hoc analysis of the SURTIME trial. *BJU International* 2021.

<https://doi.org/10.1111/bju.15625>

Abu-Ghanem , van Thienen J, Blank C, Aarts M, Jewett M, De Jong I, Lattouf JB, van Melick HHE, Wood L, Mulders P, Rottey S, Wadgstaff J, Zondervan P, Powles T, Neven A, Collette L, Tombal B, Haanen J, Bex A.

Genito-Urinary Cancers group**JAMA**

Association of Increased Prostate-Specific Antigen Levels After Treatment and Mortality in Men With Locally Advanced vs Localized Prostate Cancer: A Secondary Analysis of 2 Randomized Clinical Trials. *JAMA Netw Open*. 2021 May 3;4(5):e2111092. doi: 10.1001/jamanetworkopen.2021.11092. PMID: 33999161; PMCID: PMC8129819.

<https://doi.org/10.1001/jamanetworkopen.2021.11092>

King MT, Chen MH, Collette L, Neven A, Bolla M, D'Amico AV.

Genito-Urinary Cancers group, Quality of Life Group**BMC Cancer**

Minimally important differences for the EORTC QLQ-C30 in prostate cancer clinical trials. *BMC Cancer* 2021.

<https://doi.org/10.1186/s12885-021-08609-7>

Gamper EM, Musoro J, Coens C, Stelmes JJ, Falato C, Groenvold M, Velikova G, Cocks K, Flechtner HH, King T, Bottomley A.

Head and Neck Cancer group**Annals of Oncology**

Prognostic factor analysis and long-term results of the TAX 323 (EORTC 24971) study in unresectable head and neck cancer patients. *Ann Oncol* 2021.

<https://doi.org/10.1016/j.ejca.2021.07.034>

Szturz P, Vinches M, Remenár E, van Herpen C, Degardin M, Stewart J, Fortpied C, Vermorken JB.

Head and Neck Cancer group**European Journal of Cancer**

A phase II study of monalizumab in patients with recurrent/metastatic squamous cell carcinoma of the head and neck: results of the I1 cohort of the EORTC-HNCG-1559 trial (UPSTREAM). *Eur J Cancer* 2021.

<https://doi.org/10.1016/j.ejca.2021.09.003>

Galot R, Le Tourneau C, Saada-Bouziid E, Daste A, Even C, Debryne P, Henry S, Zanetta S, Rutten A, Licitra L, Canon JL, Kaminsky MC, Specenier P, Rottey S, Dirix L, Raveloarivahy T, Fortpied C, Vanlancker M, Govaerts AS, Machiels JP.

Head and Neck Cancer group**Journal of Geriatric Oncology**

Treatment patterns in older patients with locally advanced head and neck squamous cell carcinoma: Results from an EORTC led survey. *J Geriatr Oncol* 2021.

<https://doi.org/10.1016/j.jgo.2021.05.007>

Oosting S, Desideri I, Staelens D, Caballero C, Tribius S, Simon C, Singer S, Gregoire V, Fortpied C.

Head and Neck Cancer group**The Lancet Oncology**

Chemotherapy and radiotherapy in locally advanced head and neck cancer: an individual patient data network meta-analysis. *Lancet Oncol* 2021.

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Petit C, Lacas B, Pignon JP, Quynh Thu Le, Gregoire V, Grau C, Hackshaw A, Zackrisson B, Parmar M, Lee JW, Ghi MG, Sanguineti G, Temam S, Chegoua-Zanetsie M, O'Sullivan B, Posner M, Vokes E, Cruz Hernandez JJ, Szutkowski Z, Lartigau E, Budach V, Suwinski R, poulsen M, Kumar S, Ghosh Laskar S, Mazeron JJ, Jeremic B, Simes J, Zhong LP, Overgaard J, Fortpied C, Torres Saavedra P, Bourhis J, Auperin A, Blanchard P.

Head and Neck Cancer group	Radiotherapy and Oncology Independent external validation using the EORTC HNCG-ROG 1219 DAHANCA trial data of NTCP models for acute oral mucositis. <i>Radiother Oncol</i> 2021. https://doi.org/10.1016/j.radonc.2021.04.006	<i>Sharabiani M, Clementel E, Andratschke N, Collette L, Fortpied C, Gregoire V, Overgaard J, Willmann J, Hurkmans C.</i>
Imaging Group Cancer group	Frontiers in Oncology Bone Metastases Are Measurable: The Role of Whole-Body MRI and Positron Emission Tomography. <i>Front. Oncol.</i> 2021. https://doi.org/10.3389/fonc.2021.772530	<i>Oprea-Lager D, Cysouw M, Boellaard R, Deroose C, de Geus-Oei Lioe-Fee, Lopci E, Bidaut L, Herrmann K, Fournier L, Baeuerle T, deSouza N, Lecouvet F.</i>
Imaging Group	European Radiology Incorporating radiomics into clinical trials: expert consensus endorsed by the European Society of Radiology on considerations for data-driven compared to biologically driven quantitative biomarkers. <i>Eur Radiol</i> 2021. https://doi.org/10.1007/s00330-020-07598-8	<i>Fournier L, Costaridou L, Bidaut L, Michoux N, Lecouvet F, de Geus-Oei LF, Boellaard R, Oprea-Lager D, Obuchowski N, Caroli A, Kunz W, Oei E, O'Connor J, Mayerhoefer M, Franca M, Alberich-Bayarri A, Deroose C, Loewe C, Manniesing R, Caramella C, Lopci E, Lassau N, Persson A, Achten R, Rosendal K, Clement O, Kotter E, Golay X, Smits M, Dewey M, Sullivan D, van der Lugt A, deSouza N.</i>
Lung Cancer group	Lung Cancer Combined, patient-level, analysis of two randomised trials evaluating the addition of denosumab to standard first-line chemotherapy in advanced NSCLC – the ETOP/EORTC SPLENDOUR and AMGEN -249 trials. <i>Lung Cancer</i> 2021. https://doi.org/10.1016/j.lungcan.2021.09.002	<i>Peters Solange, Danson S, Ejedepang D, Dafni U, Radcliffe HS, Bustin F, Crequit J, Coate L, Guillot M, Surmont V, Rauch D, Rudzki J, O'Mahony D, Barneto Aranda I, Scherz A, Tsourti Z, Roschitzki H, Demonty G, Stahel R, O'Brien M, Hasan B.</i>
Melanoma Group	The Lancet Oncology Adjuvant pembrolizumab versus placebo in resected stage III melanoma (EORTC 1325-MG/KEYNOTE-054): distant metastasis-free survival results from a randomised, controlled, double-blind, phase 3 trial. <i>Lancet Oncol</i> 2021. https://doi.org/10.1016/S1470-2045(21)00065-6	<i>Eggermont A, Blank C, Mandala M, Long G, Atkinson V, Dalle S, Haydon A, Meshcheryakov A, Khattak A, Carlino M, Sandhu S, Larkin J, Puig S, Ascierto P, Rutkowski P, Schadendorf D, Koornstra R, Hernandez-Aya L, Di Giacomo AM, van den Eertwegh A, Grob JJ, Jamal R, Lorigan P, Ibrahim N, Marreaud S, Kicinski M, Suci S, Robert C.</i>
Melanoma Group	European Journal of Cancer Crossover and rechallenge with pembrolizumab in recurrent patients from the EORTC 1325-MG/Keynote-054 phase 3 trial, pembrolizumab versus placebo after complete resection of high-risk stage III melanoma. <i>Eur J Cancer</i> 2021. https://doi.org/10.1016/j.ejca.2021.09.023	<i>Eggermont A, Meshcheryakov A, Atkinson V, Blank C, Mandala M, Long G, Barrow C, Di Giacomo AM, Fisher R, Sandhu S, Kudchadkar R, Ortiz Romero P, Svane IM, Larkin J, Puig S, Hersey P, Quaglino P, Queirolo P, Stroyakovskiy D, Bastholt L, Mohr P, Hernberg M, Chiarion-Sileni V, Fitzharris B, Hauschild A, Yamazaki N, van Akkooi A, Lorigan P, Kreper C, Ibrahim N, Marreaud S, Kicinski M, Suci S, Robert C.</i>

Melanoma Group	The Lancet Oncology Adjuvant therapy in stage IIIA melanoma - Authors' reply. <i>Lancet Oncol</i> 2021. https://doi.org/10.1016/S1470-2045(21)00354-5	<i>Eggermont A, Suci S, Robert C.</i>
Quality of Life Group	Quality of Life Research Equivalence testing of a newly developed interviewer-led telephone script for the EORTC QLQ-C30. <i>Qual Life Res</i> 2021. https://doi.org/10.1007/s11136-021-02955-6	<i>Piccinin C, Pe M, Kulis D, Shaw J, Whellwright S, Bottomley A.</i>
Quality of Life Group	Psychooncology Cancer patient satisfaction with health care professional communication: An international EORTC study. <i>Psychooncology</i> 2021. https://doi.org/10.1002/pon.5823	<i>Arraras J, Giesinger J, Shamieh O, Bahar I, Koller M, Bredart A, Kuljanic K, Costantini A, Greimel E, Sztankay M, Wintner L, Carreiro de Souza M, Ishiki H, Kontogianni M, Wolan M, Kikawa Y, Lanceley A, Gioulbasanis I, Harle A, Kulis D.</i>
Quality of Life Group	BMC Cancer Functional health and symptoms in Spain before and during the COVID-19 pandemic. <i>BMC Cancer</i> 2021. https://doi.org/10.1186/s12889-021-10899-2	<i>Lehmann J, Holzner B, Giesinger J, Bottomley A, Ansari S, Von Butler L, Kemmler G.</i>
Quality of Life Group	Quality of Life Research Health-related quality of life issues, including symptoms, in patients with active COVID-19 or post COVID-19; a systematic literature review. <i>Qual Life Res</i> 2021. https://doi.org/10.1007/s11136-021-02908-z	<i>Amdal CD, Pe M, Sorum Falk R, Piccinin C, Bottomley A, Arraras JI, Darlington AS, Hofso K, Holzner B, Hoyning Jorgensen NM, Kulis D, Rimehaug SA, Singer S, Taylor K, Wheelwright S, Bjordal K.</i>
Quality of Life Group	Health Qual Life Outcomes Investigating the response scale of the EORTC QLQ-C30 in German cancer patients and a population survey. <i>Health Qual Life Outcomes</i> 2021. https://doi.org/10.1186/s12955-021-01866-x	<i>Koller M, Muller K, Nolte S, Schmidt H, Harvey C, Molle U, Boehm A, Engeler D, Metzger J, Sztankay M, Holzner B, Groenvold M, Kulis D, Bottomley A.</i>
Quality of Life Group	Support Care Cancer Developing an e-learning course on the use of PRO measures in oncological practice: health care professionals' preferences for learning content and methods. <i>Support Care Cancer</i> 2021. https://doi.org/10.1007/s00520-021-06676-x	<i>Sztankay M, Wintner L, Roggendorg S, Nordhausen T, Dirven L, Taphoorn M, Verdonck-de Leeuw I, Velikova G, Bottomley A, Kulis D, Kachel T, Schmidt H.</i>
Quality of Life Group	Quality of Life Research Dutch utility weights for the EORTC cancer-specific utility instrument: the Dutch EORTC QLU-C10D. <i>Qual Life Res</i> 2021 https://doi.org/10.1007/s11136-021-02767-8	<i>Jansen F, Verdonck-de Leeuw I, Gamper E, Norman R, Holzner B, King M, Kemmler G.</i>
Quality of Life Group	Pharmacoeconomics Estimation of an EORTC QLU-C10 Value Set for Spain Using a Discrete Choice Experiment. <i>Pharmacoeconomics</i> 2021. https://doi.org/10.1007/s40273-021-01058-x	<i>Paolo Finch A, Gamper E, Norman R, Viney R, Holzner B, Kemmler G.</i>

Quality of Life Group	Health Qual Life Outcomes General Spanish population normative data analysis for the EORTC QLQ-C30 by sex, age, and health condition. Health Qual Life Outcomes 2021. https://doi.org/10.1186/s12955-021-01820-x	Arraras JI, Nolte S, Liegl G, Rose M, Manterola A, Illarramendi JJ, Zarandona U, Rico M, Teiejria L, Asin G, Hernandez I, Barrado M, Vera Ruth, Efficace F, Giesinger J.
Quality of Life Group	Quality of Life Research Development of an EORTC questionnaire measuring instrumental activities of daily living (IADL) in patients with brain tumours: phase I-III. Qual Life Res 2021. https://doi.org/10.1007/s11136-020-02738-5	Oort Q, Dirven L, Sikkes S, Aaronson N, Boele F, Brannan C, Egeter J, Grant R, Klein M, Lips I, Narita Y, Sato H, Sztankay M, Stockhammer G, Talacchi A, Uitdehaag B, Reijneveld J, Taphoorn M.
Quality of Life Group	European Journal of Cancer Psychometric validation of the European Organisation for Research and Treatment of Cancer-Quality of Life Questionnaire Sexual Health https://doi.org/10.1016/j.ejca.2021.06.003	Greimel E, Nagele E, Lanceley A, Oberguggenberger A, Nordin A, Kuljanic K, Arraras JI, Wei-Chu C, Jensen P, Tomaszewski K, Creutzberg C, Galalae R, Toelen H, Zimmermann K, Bjelic-Radsic V, Costantini A, Almont T, Serpentine S, Paskeviciute Froeding L, Vistad I, Schmalz C.
Quality of Life Group, Brain Tumours	Neuro-Oncology Establishing anchor-based minimally important differences for the EORTC QLQ-C30 in glioma patients. Neuro Oncol 2021. https://doi.org/10.1093/neuonc/noab037	Dirven L, Musoro, Coens C, Reijneveld J, Taphoorn M, Boele F, Groenvold M, van den Bent M, Stupp R, Velikova G, Cocks K, Sprangers M, King M, Flechtner HH, Bottomley A.
Quality of Life Group, Brain Tumours	European Journal of Cancer Objective neurocognitive functioning and neurocognitive complaints in patients with high-grade glioma: Evidence of cognitive awareness from the European Organisation for Research and Treatment of Cancer brain tumour clinical trials. Eur J Cancer 2021. https://doi.org/10.1016/j.ejca.2020.10.040	Caramanna I, Bottomley A, Drijver J, Twisk J, van den Bent M, Idbaih A, Wick W, Pe M, Klein M, Reijneveld J.
Quality of Life Group, Head and Neck Cancer	Quality of Life Research Methodological approach for determining the Minimal Important Difference and Minimal Important Change scores for the European Organisation for Research and Treatment of Cancer Head and Neck Cancer Module (EORTC QLQ-HN43) exemplified by the Swallowing scale. Qual Life Res 2021. https://doi.org/10.1007/s11136-021-02939-6	Singer S, Hammerlid E, Tomaszewska I, Amdal CD, Bjordal K, Herlofson BB, Santos M, Castro Silva J, Mehanna H, Fullerton A, Brannan C, Fernandez Gonzalez L, Inherstern J, Pinto M, Arraras JI, Noam Y, Bonomo P, Baumann I, Galalae R, Nicolatou-Galitis O, Kiyota N, Raber-Durlacher J, Salem D, Fabian A, Boehm A, Krejovic-Trivic S, Chie WC, Taylor K, Simon C, Licitra L, Sherman A.
Quality of Life Group, Lymphoma	European Journal of Haematology Reference values for the EORTC QLQ-C30 in patients with advanced stage Hodgkin Lymphoma and in Hodgkin Lymphoma survivors. Eur J Haematol 2021. https://doi.org/10.1111/ejh.13601	Vachon H, Mierzynska J, Taye M, Pe M, Coens C, Martinelli F, Fortpied C, Flechtner H, Vestmoe Maraldo M, Hutchings M, Meijnders P, Aleman B, Lugtenburg P, Spina M, André M, Hertzberg M, Briones J, Bottomley A.

Quality of Life Group, Melanoma	The Lancet Oncology Adjuvant pembrolizumab versus placebo in resected stage III melanoma (EORTC 1325-MG/KEYNOTE-054): health-related quality-of-life results from a double-blind, randomised, controlled, phase 3 trial. Lancet Oncol 2021. https://doi.org/10.1016/S1470-2045(21)00081-4	Bottomley A, Coens C, Mierzynska J, Blank C, Mandala M, Long G, Atkinson V, Dalle S, Haydon A, Meshcheryakov A, Khattak A, Carlino M, Sandhu S, Puig S, Ascierto P, Larkin J, Lorigan P, Rutkowski P, Schadendorf D, Koorstra R, Hernandez Aya L, Di Giacomo AM, Van Den Eertwegh A, Grob JJ, Gutzmer R, Rahima J, van Akkooi A, Krepler C, Ibrahim N, Marreaud S, Kicinski M, Suci S, Robert C, Eggermont A.
Radiation Oncology	Radiation Oncology Quality assurance of radiotherapy in the ongoing EORTC 1420 «Best of» trial for early stage oropharyngeal, supraglottic and hypopharyngeal carcinoma: results of the benchmark case procedure. Radiation Oncol. 2021. https://doi.org/10.1186/s13014-021-01809-2	Stelmes JJ, Vu E, Gregoire V, Simon C, Clementel E, Kazmierska J, Grant W, Ozsahin M, Tomsej M, Vieilleigne L, Fortpied C, Hurkmans C, Branquinho A, Andratschke N, Zimmermann F, Weber D, Weber D.
Radiation Oncology	Journal of Clinical Oncology Short androgen suppression and radiation dose escalation for intermediate and limited high risk localized prostate cancer. 12-year results of EORTC trial 22991. EORTC trial 22991 for intermediate and limited high risk prostate cancer. J Clin Oncol 2021. https://doi.org/10.1200/JCO.21.00855	Bolla M, Neven A, Maingon P, Carrie C, Boladeras A, Andreopoulos D, Engelen A, Sundar S, Van Der Steen-Banasik E, Armstrong J, Peignaux K, Boustani J, Herrera F, Pieters B, Slot A, Bahl A, Scrase C, Azria D, Jansa J, O'Sullivan J, Van Den Bergh A, Collette L.
Soft Tissue and Bone Sarcoma Group	Annals of Oncology Final analysis of the randomized trial on imatinib as an adjuvant in localized gastrointestinal stromal Tumours (GIST) from the EORTC Soft Tissue and Bone Sarcoma Group (STBSG), the Australasian Gastro-Intestinal Trials Group (AGITG), UNICANCER, French Sarcoma Group (FSG), Italian Sarcoma Group (ISG), Spanish Group for Research on Sarcomas (GEIS). Ann Oncol 2021. https://doi.org/10.1016/j.annonc.2021.01.004	Casali P, Le Cesne A, Poveda Velasco A, Kotasek D, Rutkowski P, Hohenberger P, Fumagalli E, Judson I, Italiano A, Gelderblom H, Penel N, Hartmann JT, Duffaud F, Goldstein D, Martin-Broto J, Gronchi A, Wardelmann E, Marreaud S, Zalczberg J, Litiere S, Blay JY.
Soft Tissue and Bone Sarcoma Group	European Journal of Cancer Randomized phase 2 study comparing the efficacy and safety of the oral tyrosine kinase inhibitor nintedanib with single agent ifosfamide in patients with advanced, inoperable, metastatic soft tissue sarcoma after failure of first-line chemotherapy. EORTC-1506-STBSG "ANITA". Eur J Cancer 2021. https://doi.org/10.1016/j.ejca.2021.04.015	Schoeffski P, Toulmonde M, Estival-Gonzalez A, Marquina G, Dudzisz-Sledz M, Brahmi M, Steeghs N, Karavasilis V, De Haan J, Wozniak A, Cousin S, Domenech M, Bovee J, Charron-Barra C, Marreaud S, Litiere S, De Meulemeester L, Olungu C, Gelderblom H.
Soft Tissue and Bone Sarcoma Group	European Journal of Cancer Efficacy thresholds for clinical trials with advanced or metastatic leiomyosarcoma patients: an EORTC Soft Tissue and Bone Sarcoma Group (STBSG) meta-analysis based on a literature review for soft-tissue sarcomas. Eur J Cancer 2021. https://doi.org/10.1016/j.ejca.2021.06.025	Kantidakis G, Litiere S, Neven A, Vinches M, Judson I, Schoeffski P, Wardelmann E, Stacchiotti S, D'Ambrosio L, Marreaud S, van der Graaf W, Kasper B, Fiocco M, Gelderblom H.

CLINICAL TRIALS

CODE	STAGE	NAME /TITLE	DESCRIPTION	PRIMARY GROUP/ SECONDARY GROUP
1920	Conduct	RP-1920 Bioradon	Molecular characterization of NSCLC patients and exposure to indoor radon in Europe	
1843	Conduct	RP-1843 Arcagen	Molecular characterization of rare cancer	
10031	LT Follow-Up	EORTC-10031-BCG SOFT	A Phase III Trial Evaluating the Role of Ovarian Function Suppression and the Role of Exemestane as Adjuvant Therapies for Premenopausal Women with Endocrine Responsive Breast Cancer tamoxifen versus ovarian function suppression + tamoxifen versus ovarian function suppression + exemestane.	Breast Cancer Group
10041	LT Follow-Up	EORTC-10041-BCG MINDACT	MINDACT (Microarray In Node-negative and 1 to 3 positive lymph node Disease may Avoid Chemo Therapy): A prospective, randomized study comparing the 70-gene signature with the common clinicopathological criteria in selecting patients for adjuvant chemotherapy in breast cancer with 0 to 3 positive nodes»	Breast Cancer Group
10071	LT Follow-Up	EORTC-10071-BCG ALTO	A randomised, multi-centre, open-label, phase III study of adjuvant lapatinib, trastuzumab, their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer	Breast Cancer Group
10085	LT Follow-Up	EORTC-10085-BCG Male BC	Clinical and biological characterization of Male Breast Cancer : an international retrospective EORTC, BIG and NABCG intergroup study (for the prospective part, please refer to 10085p)	Breast Cancer Group
1828	Conduct	RP-1828 IMMUcan	Integrated IMMUnoprofiling of large adaptive cancer patients cohorts	
10112	LT Follow-Up	EORTC-10112-BCG Aphinity	A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus trastuzumab plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer.	Breast Cancer Group
10981	LT Follow-Up	EORTC-10981-22023-BCG-ROG AMAROS	After Mapping of the Axilla:Radiotherapy or Surgery	Breast Cancer Group

1822	Conduct	RP-1822 OligoCare	A pragmatic observational basket study to evaluate radical radiotherapy for oligometastatic cancer patients	
1202	Completed	EORTC-1202-STBSG	Phase II trial of cabazitaxel in metastatic or inoperable locally advanced dedifferentiated liposarcoma.	Soft Tissue and Bone Sarcoma Group
1759	Conduct	RP-1759 AYA/TYA	Investigations on adolescent and young adults cohort within 1553-SPECTA	
90101	Conduct	EORTC-90101-NOCI CREATE	Cross-tumoral Phase 2 clinical trial exploring crizotinib (PF-02341066) in patients with advanced tumors induced by causal alterations of ALK and/or MET («CREATE»)	
7511	Conduct	EORTC-7511-10114-ETF-BCG	Pertuzumab + trastuzumab (PH) versus PH plus metronomic chemotherapy (PHM) in the elderly HER2+ metastatic breast cancer population who may continue on T-DM1 alone following disease progression while on PH/PHM: an open-label multicentre randomized phase II selection trial of the EORTC Elderly Task Force and Breast Cancer Group	Breast Cancer Group
65091	Conduct	EORTC-65091-06093-IDG-LG	Empirical versus pre-emptive (diagnostic-driven) antifungal therapy of patients treated for haematological malignancies or receiving an allogeneic stem cell transplant. A therapeutic open label phase III strategy study of the EORTC Infectious Diseases and Leukaemia Groups	Infectious Diseases Group Leukaemia Group
1219	LT Follow-Up	EORTC-1219-ROG-HNCG	A blind randomized multicenter study of accelerated fractionated chemo-radiotherapy with or without the hypoxic radiosensitizer nimorazole (Nimoral), using a 15 gene signature for hypoxia in the treatment of squamous cell carcinoma of the head and neck	Radiation Oncology Group Head & Neck Cancer Group
62113	Conduct	EORTC-62113-55115-STBSG-GCG HGUTS	A randomized double-blind phase II study evaluating the role of maintenance therapy with cabozantinib in High Grade Uterine Sarcoma (HGUTS) after stabilization or response to doxorubicin +/- ifosfamide following surgery or in metastatic first line treatment	Soft Tissue and Bone Sarcoma Group Gynaecological Cancer Group
58LAE	Conduct	EORTC-58LAE-CLG	Assessment of the long term outcome of childhood ALL patients enrolled in EORTC CLG trials between 1971 and 1998	Children's Leukaemia Group
58111	Conduct	EORTC-58111-CLG IntReALL SR 2010	International Study for Treatment of Standard Risk Childhood Relapsed ALL 2010. A randomized Phase III Study Conducted by the Resistant Disease Committee of the International BFM Study Group	Children's Leukaemia Group

58081	Conduct	EORTC-58081-CLG 0	Translational research - observational study for identification of new possible prognostic factors and future therapeutic targets in children with acute lymphoblastic leukaemia (ALL).	Children's Leukaemia Group
58051	Conduct	EORTC-58051-CLG Interfant	International collaborative treatment protocol for infants under one year with acute lymphoblastic or biphenotypic Leukaemia	Children's Leukaemia Group
55994	Conduct	EORTC-55994-GCG 0	Randomized phase III study of neoadjuvant chemotherapy followed by surgery vs. concomitant radiotherapy and chemotherapy in FIGO Ib2, IIa > 4 cm or IIb cervical cancer.	Gynaecological Cancer Group
55102	Conduct	EORTC-55102-GCG ENGOT-EN2-DGCG	A phase III Trial of postoperative chemotherapy or no further treatment for patients with stage I-II medium or high risk endometrial cancer.	Gynaecological Cancer Group
55092	Conduct	EORTC-55092-GCG 0	Phase IB-II, open label, multicentre feasibility study of Pazopanib in combination with Paclitaxel and Carboplatin in patients with platinum-refractory/resistant ovarian, fallopian tube or peritoneal carcinoma.	Gynaecological Cancer Group
40091	Conduct	EORTC-40091-GITCG BOS 2	Randomized phase II trial evaluating the efficacy of FOLFOX alone, FOLFOX plus bevacizumab and FOLFOX plus panitumumab as perioperative treatment in patients with resectable liver metastases from wild type KRAS and NRAS colorectal cancer	Gastrointestinal Tract Cancer Group
1335	LT Follow-Up	EORTC-1335-LCG-PBG SPECTAlung	SPECTAlung: Screening Patients with thoracic tumors for Efficient Clinical Trial Access	Lung Cancer Group Pathobiology Group
40084	Conduct	EORTC-40084-22084-GITCG-ROG	A phase II-R and a phase III trial evaluating both *Erlotinib (PH II-R) and chemoradiation (PH III) as adjuvant treatment for patients with resected head of pancreas adenocarcinoma *(PH II-R Erlotinib randomization completed, arm 2 closed to accrual effective 04/02/14)	Gastrointestinal Tract Cancer Group Radiation Oncology Group
26053	Conduct	EORTC-26053-22054-BTG-ROG CATNON	Phase III trial on concurrent and adjuvant temozolomide chemotherapy in non-1p/19q deleted anaplastic glioma. The CATNON intergroup trial.	Brain Tumour Group Radiation Oncology Group
22114	Conduct	EORTC-22114-40111-GITCG-ROG TOP GEAR	Trial of preoperative therapy for gastric and esophagogastric junction adenocarcinoma. A randomized phase II/III trial of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer.	Gastrointestinal Tract Cancer Group Radiation Oncology Group

22113	Conduct	EORTC-22113-08113-ROG-LCG LUNGTECH	LungTech Stereotactic Body Radiotherapy (SBRT) of inoperable centrally located NSCLC: A phase II study in preparation for a randomized phase III trial	Radiation Oncology Group Lung Cancer Group
22085	Conduct	EORTC-22085-10083-ROG-BCG DCIS	A randomized phase III study of radiation doses and fractionation schedules for ductal carcinoma in situ (DCIS) of the breast.	Radiation Oncology Group Breast Cancer Group
1410	LT Follow-Up	EORTC-1410-BTG INTELLANCE 2	INTELLANCE 2: ABT 414 alone or ABT 414 plus temozolomide versus lomustine or temozolomide for recurrent glioblastoma: a randomized phase II study of the EORTC Brain Tumor Group	Brain Tumour Group
22055	Conduct	EORTC-22055-08053-LCG-ROG LUNG-ART	Phase III study comparing post-operative conformal radiotherapy to no post-operative radiotherapy in patients with completely resected non-small cell lung cancer and mediastinal N2 involvement - LUNG-ART	Lung Cancer Group Radiation Oncology Group
22051	Conduct	EORTC-22051-10052-BCG-ROG SUPREMO	Selective Use of Postoperative Radiotherapy after mastectomy (SUPREMO)	Breast Cancer Group Radiation Oncology Group
20971	Conduct	EORTC-20971-22997-LYMG-ROG	A Phase III randomized study on low-dose total body irradiation and involved field radiotherapy in patients with localized, stages I and II, low grade non-Hodgkin's lymphoma	Lymphoma Group Radiation Oncology Group
2033	Conduct	EORTC-2033-BCG AMEERA-6	A randomized, multicenter, double-blind phase 3 study of SAR439859 for the treatment of patients with ER-positive, HER2-negative, node positive, early stage breast cancer who have discontinued adjuvant aromatase inhibitor therapy for any reason other than disease recurrence	Breast Cancer Group
20113	Conduct	EORTC-20113-LYMG BREACH	Brentuximab vedotin associated with chemotherapy in untreated patients with stage I/II unfavourable Hodgkin's lymphoma. A randomized phase II LYSA-FIL-EORTC intergroup study	Lymphoma Group
1965	Conduct	EORTC-1965-BCG DESCRESCENDO	De-escalation of adjuvant chemotherapy in HER2-positive, hormone receptor-negative, early breast cancer patients who achieved pathological complete response after neo-adjuvant chemotherapy and dual HER2-blockade.	Breast Cancer Group
1945	Conduct	EORTC-1945 OligoRARE	Stereotactic body radiotherapy in addition to standard of care treatment in patients with oligometastatic rare cancers (OligoRARE): a randomized, phase 3, open-label trial.	

1944	Conduct	EORTC-1944-QLG-STBSG 004/2020	Long-term survivorship challenges of advanced/metastatic GIST patients responding to Imatinib treatment: An observational study	Quality of Life Group Soft Tissue and Bone Sarcoma Group
1940	Conduct	EORTC-1940-QLG QLG 002/2020	Development of an EORTC questionnaire for Children with Cancer (8-14 years) - Phase I	Quality of Life Group
1841	Conduct	EORTC-1841-QLG-BCG QLG 002/2019	Adaption of the EORTC QLQ-Breast Cancer Module for male BC Phase I	Quality of Life Group Breast Cancer Group
1840	Conduct	EORTC-1840-QLG QLG 004/2019	Development of an EORTC questionnaire to assess health-related quality of life (HRQOL) in primary cutaneous T-cell and B-cell lymphomas.	Quality of Life Group
1839	Conduct	EORTC-1839-QLG QLG 003/2019	Phase 1 to 3 of the update of the EORTC Quality of Life Gastric module QLQ-STO22	Quality of Life Group
1825	Conduct	EORTC-1825-LCG ALKALINE	Activity of Lorlatinib based on ALK resistance mutations on blood in ALK positive NSCLC patients previously treated with 2nd generation ALK inhibitor	Lung Cancer Group
1811	Conduct	EORTC-1811 E ² -RADlatE	EORTC-ESTRO Radiotherapy Infrastructure for Europe	
1809	Conduct	EORTC-1809-STBSG STRASS 2	A randomized phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patients with High Risk RetroPeritoneal Sarcoma (RPS)	Soft Tissue and Bone Sarcoma Group
18081	Conduct	EORTC-18081-MG	Adjuvant peginterferon alpha-2b for 2 years vs Observation in patients with an ulcerated primary cutaneous melanoma with T(2-4)bnOMO: a randomized phase III trial of the EORTC Melanoma Group	Melanoma Group
1754	Conduct	EORTC-1754-CLTF REACH	Study to determine the aetiology of skin drug reaction with chlormethine gel for treatment tailoring in early stage mycosis fungoides	Cutaneous Lymphoma Tumour Group
1751	Conduct	EORTC-1751-QLG-BTG QLG 007/2017	Revision of the EORTC QLQ-BN20 brain tumor module	Quality of Life Group Brain Tumour Group
1749	Conduct	EORTC-1749-QLG-STBSG QLG 003/2018	Incorporating the patient voice in sarcoma research: How can we assess quality of life in this heterogeneous group of patients?	Quality of Life Group Soft Tissue and Bone Sarcoma Group
1748	Conduct	EORTC-1748-QLG-BCG-LYMG-GCG-GUCG QLG 005/2017	Phase 1-3 development of an EORTC module assessing fertility issues and patient care needs	Quality of Life Group Breast Cancer Group

1747	Conduct	EORTC-1747-QLG QLG 001/2018	Determination of utility weights for the QLU-C10D in five countries inside and outside Europe and analysis of their variability across populations	Quality of Life Group
1745	Conduct	EORTC-1745-ETF-BCG APPALACHES	A Phase II study of Adjuvant Palbociclib as an Alternative to chemotherapy in Elderly patients with high-risk ER+/HER2- early breast cancer (APPALACHES)	Breast Cancer Group Cancer in Elderly Task Force
1740	Conduct	EORTC-1740-HNCG LA-OSCC	Randomized Phase II study of Cisplatin plus Radiotherapy versus Durvalumab plus Radiotherapy followed by Adjuvant Durvalumab versus Durvalumab plus Radiotherapy followed by Adjuvant Tremelimumab and Durvalumab in Intermediate Risk HPV-Positive Locoregionally Advanced Oropharyngeal Squamous Cell Cancer (LA-OSCC)	Head & Neck Cancer Group
1727	Conduct	EORTC-1727-QLG QLG 001/2019	Development and evaluation of an e-learning programme on EORTC Quality of Life measures in clinical practice	Quality of Life Group
1726	Conduct	EORTC-1726-QLG QLG 005/2018	Evaluating the use of the E-PRO measures for improving inter-rater reliability of CTCAE ratings	Quality of Life Group
1722	Conduct	EORTC-1722-QLG-BCG QLG 001/2017	Improving Health-Related Quality of Life in Metastatic Breast Cancer. Taking stock of achievements and delivering better measurement	Quality of Life Group Breast Cancer Group
1721	Conduct	EORTC-1721-QLG-BTG QLG 004/2018	Understanding long-term implications of brain tumor treatment on HRQOL and cognitive functioning: a European cross-sectional study	Quality of Life Group Brain Tumour Group
1709	Conduct	EORTC-1709-BTG MIRAGE	A phase III trial of marizomib in combination with standard temozolomide-based radiochemotherapy versus standard temozolomide-based radiochemotherapy alone in patients with newly diagnosed glioblastoma - MIRAGE	Brain Tumour Group
1634	Activation	EORTC-1634-BTG PersoMed-I	Personalised Risk-Adapted Therapy in Post-Pubertal Patients with Newly-Diagnosed Medulloblastoma (PersoMed-I)	Brain Tumour Group
1707	Conduct	EORTC-1707-GITCG VESTIGE	Adjuvant immunotherapy in patients with resected gastric cancer following preoperative chemotherapy with high risk for recurrence (N+ and/or R1): an open label randomized controlled phase-2-study (VESTIGE)	Gastrointestinal Tract Cancer Group

1702	Conduct	EORTC-1702-LCG-ROG HALT	Targeted therapy with or without dose intensified radiotherapy for oligo-progressive disease in oncogene-addicted lung tumours	Lung Cancer Group Radiation Oncology Group
1652	Conduct	EORTC-1652-CLTG PARCT	Phase II trial of atezolizumab (anti-PD-L1) in the treatment of stage IIb-IV mycosis fungoides/sezary syndrome patients relapsed/refractory after a previous systemic treatment	Cutaneous Lymphoma Tumour Group
1629	Conduct	EORTC-1629-HNCG-QLG QLG 010/2016	Late Toxicity and Long-term Quality of Life in Head and Neck Cancer Survivors	Head & Neck Cancer Group Quality of Life Group
1623	Conduct	EORTC-1623-QLG QLG 011/2016	Comparative evaluation of the computer-adaptive EORTC quality of life measures	Quality of Life Group
1622	Conduct	EORTC-1622-QLG QLG 012/2016	Comparison of the EORTC QLU-C10D with generic utility instruments and development of a comprehensive manual for its use	Quality of Life Group
1621	Conduct	EORTC-1621-QLG-LG SPARTA	A Survivorship Project to understand and to improve long-term outcomes for Acute myeloid Leukaemia patients (SPARTA): The SPARTA Platform	Quality of Life Group Leukaemia Group
1617	Conduct	EORTC-1617-QLG-BCG-ROG	Follow-up in Early and Locally Advanced Breast Cancer Patients: An EORTC QLG-BCG-ROG Protocol	Quality of Life Group Breast Cancer Group; Radiation Oncology Group
1613	Conduct	EORTC-1613-LCG APPLE	APPLE trial: Feasibility and activity of AZD9291 (osimertinib) treatment on Positive PLasma T790M in EGFR mutant NSCLC patients	Lung Cancer Group
1612	Conduct	EORTC-1612-MG EBIN	Combination of targeted therapy (Encorafenib and Binimetinib) followed by combination of immunotherapy (Ipilimumab and Nivolumab) vs immediate combination of immunotherapy in patients with unresectable or metastatic melanoma with BRAF V600 mutation: an EORTC phase II randomized study (EBIN)	Melanoma Group
1608	Conduct	EORTC-1608-BTG STEAM	Study of TG02 in Elderly Newly Diagnosed or Adult Relapsed Patients with Anaplastic Astrocytoma or Glioblastoma: A Phase Ib Study	Brain Tumour Group
1607	Conduct	EORTC-1607-GITCG	Open-label first line, single-arm phase II study of CisGem combined with pembrolizumab in patients with advanced or metastatic biliary tract cancer	Gastrointestinal Tract Cancer Group

1604	Conduct	EORTC-1604 MOTRICOLOR 3	Phase II open-label study with the anti-PD-L1 Atezolizumab monoclonal antibody in combination with Bevacizumab in patients with advanced chemotherapy resistant colorectal cancer and MSI-like molecular signature	
1750	Activation	EORTC-1750-QLG QLG 006/2017	Update of the EORTC QLQ-MY20 questionnaire for the assessment of quality of life in Multiple Myeloma patients. Phase I-III Study on behalf of the EORTC Quality of Life Group	Quality of Life Group
1559	Conduct	EORTC-1559-HNCG UPSTREAM	A pilot study of personalized biomarker-based treatment strategy or immunotherapy in patients with recurrent/metastatic squamous cell carcinoma of the head and neck (UPSTREAM)	Head & Neck Cancer Group
1553	Conduct	EORTC-1553 SPECTA	SPECTA: Screening Cancer Patients for Efficient Clinical Trial Access	
18071	LT Follow-Up	EORTC-18071-MG	Adjuvant immunotherapy with anti-CTLA-4 monoclonal antibody (ipilimumab) versus placebo after complete resection of high-risk Stage III melanoma : A randomized, double-blind Phase 3 trial of the EORTC Melanoma Group.	Melanoma Group
1545	Conduct	EORTC-1545-GUCG EnzaRAD	Randomised phase 3 trial of Enzalutamide in Androgen Deprivation therapy with radiation therapy for high risk, clinically localised, prostate cancer.	Genito-Urinary Cancers Group
1537	Conduct	EORTC-1537-LYMG COBRA	Very early PET-response adapted targeted therapy for advanced Hodgkin lymphoma: a single -arm phase II study	Lymphoma Group
1532	Conduct	EORTC-1532-GUCG ODM-201	A phase 2 Randomized Open-Label Study of Oral ODM-201 vs. androgen deprivation therapy (ADT) with LHRH agonists or antagonist in Men with Hormone Naive Prostate Cancer	Genito-Urinary Cancers Group
1820	Activation	EORTC-1820-CLTF MOGAT	Open-Label, phase II, Multi-Center, study of Anti-CCR4 Monoclonal Antibody (mogamalizumab) Plus TSEB in advanced Cutaneous T-Cell Lymphoma	Cutaneous Lymphoma Tumour Group
1525	Conduct	EORTC-1525-LCG NivoThym	Single-arm, multicenter, phase II study of immunotherapy in patients with type B3 thymoma and thymic carcinoma previously treated with chemotherapy.	Lung Cancer Group
1837	Activation	EORTC-1837-QLG QLG 2019/007	Development of an EORTC module for renal cancer patients: phase I-III	Quality of Life Group

1523	Conduct	EORTC-1523-QLG QLG 007/2015	Adapt the existing EORTC QLQ-GINET21 Module to develop a specific module for use in patients with Pancreatic Neuroendocrine Tumour.	Quality of Life Group
1522	Conduct	EORTC-1522-QLG QLG 003/2015 + 011/2021	Development of an EORTC questionnaire for individuals at risk for a Hereditary Cancer Predisposition Syndrome : the EORTC QLQ-HCPSxx	Quality of Life Group
1518	Conduct	EORTC-1518-QLG QLG 006/2015	Confirming content validity of the EORTC QLQ-C30	Quality of Life Group
1842	Activation	EORTC-1842-QLG QLG 007/2020	Development of a questionnaire module for patients with metastatic malignant melanoma	Quality of Life Group
18961	LT Follow-Up	EORTC-18961-MG	Adjuvant ganglioside GM2-KLH/QS-21 Vaccination Post-operative adjuvant ganglioside GM2-KLH/QS-21 vaccination treatment vs observation after resection of primary cutaneous melanoma (AJCC stage II, T3-T4N0M0), a 2-arm multicenter randomized phase III trial	Melanoma Group
1901	Activation	EORTC-1901-LCG PRIMALung	Prophylactic cerebral Irradiation or active magnetic resonance imaging surveillance in small-cell Lung cancer patients (PRIMALung study)	Lung Cancer Group
1912	Activation	EORTC-1912-GITCG PAMICC	Pamiparib and Low Dose Temozolomide In Patients with Platinum Sensitive Biliary Tract Cancer	Gastrointestinal Tract Cancer Group
1913	Development	EORTC-1913-LYMG RADAR	A randomised phase III trial with a PET response adapted design comparing ABVD +/- ISRT with A2VD +/- ISRT in patients with previously untreated stage IA/IIA Hodgkin lymphoma	Lymphoma Group
1926	Activation	EORTC-1926-BTG RIGOLETTO	Romiplostim plus lomustine or lomustine alone at first progression of MGMT promoter-methylated glioblastoma: a randomized phase II open label multicenter study	Brain Tumour Group
1933	Development	EORTC-1933-ROG-GITCG NANOPANC	Multicenter randomised phase II study evaluating the feasibility and efficacy of the combination neoadjuvant FOLFIRINOX followed by SBRT and nanoparticles vs. Neoadjuvant FOLFIRINOX in borderline resectable and locally advanced pancreatic cancer	Radiation Oncology Group Gastrointestinal Tract Cancer Group

1514	Conduct	EORTC-1514-QLG-GCG	Follow-up in Gynecological Cancer Survivors: An EORTC QLG-GCG Survivorship Study	Quality of Life Group Gynaecological Cancer Group
1941	Activation	EORTC-1941-QLG QLG 006/2020	Establishing thresholds for clinical importance for disease-specific EORTC questionnaire modules	Quality of Life Group
1942	Activation	EORTC-1942-QLG-GUCG QLG 003/2020	The need for validated Bladder Cancer Modules: Update and potential merging of the existing MIBC and the NMIBC modules – including an assessment focused on metastatic bladder cancer	Quality of Life Group Genito-Urinary Cancers Group
1943	Development	EORTC-1943-QLG QLG 005/2020	The development of a new instrument with open-ended response options where patients can write and rate symptoms and problems not covered by the static EORTC instrument(s) they have completed	Quality of Life Group
1513	Conduct	EORTC-1513-BCG PALLAS	Palbociclib collaborative Adjuvant Study: A randomized phase III trial of palbociclib with adjuvant endocrine therapy versus endocrine therapy alone for hormone receptor positive (HR+)/ human epidermal growth factor receptor 2 (HER2)-negative early breast cancer	Breast Cancer Group
1508	Conduct	EORTC-1508-GCG	A phase II study of the anti-PD-L1 antibody atezolizumab, bevacizumab and acetylsalicylic acid to investigate safety and efficacy of this combination in recurrent platinum-resistant ovarian, fallopian tube or primary peritoneal adenocarcinoma	Gynaecological Cancer Group
1502	Conduct	EORTC-1502-BCG PYTHIA	A phase II study of Palbociclib plus Fulvestrant for pretreated patients with ER+/HER2- metastatic Breast Cancer; Palbociclib in molecularly characterized ER-Positive/HER2 negative metastatic Breast Study: the PYTHIA study	Breast Cancer Group
1976	Activation	EORTC-1976-STBSG-QLG-ETF TOLERANCE	Health-related quality Of Life of Elderly patients with advanced soft tissue sarcoma undergoing doxorubicin alone or cyclophosphamide plus prednisolone treatment: TOLERANCE trial	Soft Tissue and Bone Sarcoma Group
1984	Development	EORTC-1984-BCG NOBLE	Olaparib and durvalumab as neoadjuvant therapy for patients with BRCA-associated triple negative breast cancer	Breast Cancer Group
20012	LT Follow-Up	EORTC-20012-LYMG BEACOPP	BEACOPP (4 cycles escalated + 4 cycles baseline) versus ABVD (8 cycles) in stage III & IV Hodgkin's Lymphoma	Lymphoma Group

20051	LT Follow-Up	EORTC-20051-LYMG H10	The H10 EORTC/GELA/IIL randomized Inter-group trial on early FDG-PET scan guided treatment adaptation versus standard combined modality treatment in patients with supradiaphragmatic stage I/II Hodgkin's lymphoma.	Lymphoma Group
1420	Conduct	EORTC-1420-HNCG-ROG Best Of	Phase III study assessing the "best of" radiotherapy compared to the "best of" surgery (trans-oral surgery (TOS)) in patients with T1-T2, N0-N1 oropharyngeal, supraglottic carcinoma and with T1, N0 hypopharyngeal carcinoma	Head & Neck Cancer Group Radiation Oncology Group
2013	Development	EORTC-2013-BTG	Treatment and outcome of patients with primary brain tumours diagnosed according to cIMPACT-NOW recommendations and the 2021 WHO classification	Brain Tumour Group
2028	Activation	EORTC-2028-HNCG	A Study to Evaluate the Efficacy of Neoadjuvant DaRT for Advanced Oral Cavity SCC	Head & Neck Cancer Group
1419	Conduct	EORTC-1419-BTG ETERNITY	Molecular genetic, host-derived and clinical determinants of long-term survival in glioblastoma	Brain Tumour Group
2034	Activation	EORTC-2034-QLG pMID	Prospective Minimal Important Difference (MID) Project: Interpreting changes in EORTC QLQ-C30 scores by anchoring to patients' rating of change	Quality of Life Group
2054	Activation	EORTC-2054-QLG QLG 004/2021	A phase 1-2 study to identify which HRQoL issues need to be assessed for cancer patients on immune checkpoint inhibitors.	Quality of Life Group
2056	Development	EORTC-2056-QLG QLG 007/2021	Determination of utility weights for the QLU-C10D in further European and Asian countries and methodological investigation on the robustness of DCE results.	Quality of Life Group
20881	LT Follow-Up	EORTC-20881-LYMG H7	Phase III study on Hodgkin's disease supradiaphragmatic clinical stages I and II	Lymphoma Group
1417	Conduct	EORTC-1417-LCG REACTION	A phase II study of etoposide and cis/carboplatin with or without pembrolizumab in untreated extensive small cell lung cancer	Lung Cancer Group
2139	Activation	EORTC-2139-MG COLUMBUS-AD	Adjuvant encorafenib & binimetinib vs. placebo in resected stage IIB/C BRAF V600E/K mutated melanoma: a randomized triple-blind phase III study in collaboration with the EORTC Melanoma Group	Melanoma Group

22033	LT Follow-Up	EORTC-22033-26033-ROG-BTG	Primary chemotherapy with temozolomide vs. radiotherapy in patients with low grade gliomas after stratification for genetic 1p loss : a phase III study	Radiation Oncology Group Brain Tumour Group
1416	Conduct	EORTC-1416-LCG PEARLS	A randomized, phase 3 trial with anti-PD-1 monoclonal antibody pembrolizumab (MK-3475) versus placebo for patients with early stage NSCLC after resection and completion of standard adjuvant therapy	Lung Cancer Group
1414	Conduct	EORTC-1414-GUCG-ROG Pegasus	Phase IIIb randomized trial comparing irradiation plus long term adjuvant androgen deprivation with GnRH antagonist versus GnRH agonist plus flare protection in patients with very high risk localized or locally advanced prostate cancer. A joint study of the EORTC ROG and GUCG	Genito-Urinary Cancers Group Radiation Oncology Group
1409	Conduct	EORTC-1409-GITCG CLIMB	A prospective Colorectal Liver Metastasis DataBase with an Integrated Quality Assurance program	Gastrointestinal Tract Cancer Group
1408	Conduct	EORTC-1408-BCG AURORA	Aiming to Understand the Molecular Aberrations in Metastatic Breast Cancer	Breast Cancer Group
1407	Conduct	EORTC-1407-GUCG TIGER	A Randomized phase III trial comparing conventional-dose chemotherapy using paclitaxel, ifosfamide, and cisplatin (TIP) with high dose chemotherapy using mobilizing paclitaxel plus ifosfamide followed by High-dose carboplatin and etoposide (TI-CE) as first salvage treatment in relapsed or refractory germ cell tumors	Genito-Urinary Cancers Group
22922	LT Follow-Up	EORTC-22922-10925-ROG-BCG	Phase III randomized trial investigating the role of internal mammary and medial supraclavicular (IM-MS) lymph node chain irradiation in stage I-III breast cancer (Joint study of the EORTC Radiotherapy Cooperative Group and the EORTC Breast Cancer Cooperative Group EORTC 22922/10925)	Radiation Oncology Group Breast Cancer Group
22991	LT Follow-Up	EORTC-22991-ROG	Three Dimensional Conformal Radiotherapy / Intensity Modulated Radiotherapy alone vs Three Dimensional Conformal Radiotherapy / Intensity Modulated Radiotherapy plus adjuvant hormonal therapy in localized T1b-c, T2a, N0, M0 prostatic carcinoma. A Phase III Randomized Study.	Radiation Oncology Group

24971	LT Follow-Up	EORTC-24971-HNCG	A randomized phase III multicenter trial of neoadjuvant docetaxel (Taxotere) plus cisplatin plus 5-fluorouracil versus neoadjuvant cisplatin plus 5-fluorouracil in patients with locally advanced inoperable squamous cell carcinoma of the head and neck	Head and Neck Cancer Group
1403	Conduct	EORTC-1403-STBSG rEECur	International Randomised Controlled Trial of Chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma	Soft Tissue and Bone Sarcoma Group
26071	LT Follow-Up	EORTC-26071-22072-BTG-ROG CENTRIC	Cilengitide in subjects with newly diagnosed glioblastoma and methylated MGMT promoter gene- a multicenter, open-label, controlled Phase III study, testing cilengitide in combination with standard treatment (temozolomide with concomitant radiation therapy, followed by temozolomide maintenance therapy) versus standard treatment alone (CENTRIC)	Brain Tumour Group Radiation Oncology Group
30073	Completed	EORTC-30073-GUCG SURTIME		Genito-Urinary Cancers Group
40054	LT Follow-Up	EORTC-40054-22062-GITCG-ROG PETACC-6	Preoperative chemoradiotherapy and postoperative chemotherapy with capecitabine and oxaplatin vs. capecitabine alone in locally advanced rectal cancer (PETACC-6).	Gastrointestinal Tract Cancer Group Radiation Oncology Group
1402	Conduct	EORTC-1402-STBSG EE2012	International Randomised Controlled Trial for the Treatment of Newly Diagnosed Ewing's Sarcoma Family of Tumours – Euro Ewing 2012	Soft Tissue and Bone Sarcoma Group
1333	Conduct	EORTC-1333-GUCG PEACE III	A Randomized multicenter phase III trial comparing enzalutamide vs. a combination of Ra223 and enzalutamide in asymptomatic or mildly symptomatic castration resistant prostate cancer patients metastatic to bone.	Genito-Urinary Cancers Group
40CRC	LT Follow-Up	EORTC-40CRC-GITCG SPECTAcolor	Screening Platform of the EORTC for Clinical Trials in Advanced Colorectal cancer "SPECTAcolor"	Gastrointestinal Tract Cancer Group
1325	Conduct	EORTC-1325-MG	Adjuvant immunotherapy with anti-PD-1 monoclonal antibody Pembrolizumab (MK-3475) versus placebo after complete resection of high-risk Stage III melanoma: A randomized, double-blind Phase 3 trial of the EORTC Melanoma Group	Melanoma Group

1324	Conduct	EORTC-1324-BCG Olympia	A randomised, double-blind, parallel group, placebo-controlled multi-centre Phase III study to assess the efficacy and safety of olaparib versus placebo as adjuvant treatment in patients with germline BRCA1/2 mutations and high risk HER2 negative primary breast cancer who have completed definitive local treatment and neoadjuvant or adjuvant chemotherapy	Breast Cancer Group
55984	LT Follow-Up	EORTC-55984	A randomized trial of Adryamicin (A) Cisplatin (P) chemotherapy versus Paclitaxel (T) Adriamycin (A) and Cisplatin (P) in patients with metastatic/relapsed or locally advanced inoperable endometrial cancer.	
55991	LT Follow-Up	EORTC-55991-GCG	A randomized trial of adjuvant treatment with radiation plus chemotherapy versus radiation alone in high risk endometrial carcinoma.	Gynaecological Cancer Group
1321	Conduct	EORTC-1321-STBSG ALT-GIST	A randomised phase II trial of imatinib alternating with regorafenib compared to imatinib alone for the first line treatment of advanced gastrointestinal stromal tumour (GIST). (CTC 0122/AGITG AG1013GST)	Soft Tissue and Bone Sarcoma Group
1320	Conduct	EORTC-1320-BTG	Trabectedin for recurrent grade II or III meningioma: a randomized phase II study of the EORTC Brain Tumor Group	Brain Tumour Group
1317	Conduct	EORTC-1317-STBSG CaboGist	Phase II study of cabozantinib in patients with metastatic gastrointestinal stromal tumor (GIST) who progressed during neoadjuvant, adjuvant or palliative therapy with imatinib and sunitinib	Soft Tissue and Bone Sarcoma Group
1308	Conduct	EORTC-1308-BTG-ROG ROAM	Radiation versus Observation following surgical resection of Atypical Meningioma: a randomised controlled trial (The ROAM trial) / EORTC 1308	Brain Tumour Group Radiation Oncology Group
58951	LT Follow-Up	EORTC-58951-CLG	The value of 1) Dexamethasone vs prednisolone during induction 2) of prolonged versus conventional duration of L-Asparaginase therapy during consolidation and late intensification, in acute lymphoblastic Leukaemia and lymphoblastic non-Hodgkin lymphoma of childhood. A Randomised phase III study.	Children's Leukaemia Group
1301	Conduct	EORTC-1301-LG AML21	10-day decitabine versus conventional chemotherapy ("3+7") followed by allografting in AML patients >= 60 years: a randomized phase III study of the EORTC Leukaemia Group, CELG, GIMEMA and German MDS Study Group	Leukaemia Group

62024	LT Follow-Up	EORTC-62024-STBSG 0	Intermediate and high risk localized, completely resected, gastrointestinal stromal tumors (GIST) expressing KIT receptor : a controlled randomized trial on adjuvant Imatinib mesylate (Glivec) versus no further therapy after complete surgery.	Soft Tissue and Bone Sarcoma Group
62092	LT Follow-Up	EORTC-62092-22092-STBSG-ROG STRASS	A phase III randomized study of preoperative radiotherapy plus surgery versus surgery alone for patients with Retroperitoneal sarcomas (RPS) - STRASS	Soft Tissue and Bone Sarcoma Group Radiation Oncology Group
1221	Conduct	EORTC-1221-ETF nursing home project	Cancer in elderly nursing home residents in Belgium: prospective cohort study including translational research to develop better prognostic tools to help with treatment decisions in the elderly	Cancer in Elderly Task Force
1212	Conduct	EORTC-1212-GCG NiCCC	A Randomised Phase II Study of Nintedanib (BIBF 1120) compared to Chemotherapy in Patients with Recurrent Clear Cell Carcinoma of the Ovary or Endometrium (NiCCC)	Gynaecological Cancer Group
1209	Conduct	EORTC-1209-EnTG	A phase II study exploring the safety and efficacy of nintedanib (BIBF1120) as second line therapy for patients with either differentiated or medullary thyroid cancer progressing after first line therapy.	Endocrine Tumour Group
1208	Conduct	EORTC-1208-MG MiniTub	Minitub: Prospective registry on Sentinel Node (SN) positive melanoma patients with minimal SN tumor burden who undergo Completion Lymph Node Dissections (CLND) or Nodal Observation.	Melanoma Group
1206	Conduct	EORTC-1206-HNCG	A randomised phase II study to evaluate the efficacy and safety of Chemotherapy (CT) vs androgen deprivation therapy (ADT) in patients with recurrent and/or metastatic, androgen receptor (AR) expressing, salivary gland cancer (SGCs)	Head & Neck Cancer Group
1205	Conduct	EORTC-1205-LCG	EORTC randomized phase II study of pleurectomy/ decortication (P/D) preceded or followed by chemotherapy in patients with early stage malignant pleural mesothelioma	Lung Cancer Group
1203	Conduct	EORTC-1203-GITCG INNOVATION	Integration of trastuzumab, with or without pertuzumab, into perioperative chemotherapy of HER-2 positive stomach cancer: the INNOVATION-TRIAL	Gastrointestinal Tract Cancer Group

1201	Conduct	EORTC-1201-GUCG-ROG PEACE-1	A prospective randomised phase III study of androgen deprivation therapy (+/- docetaxel) with or without local radiotherapy with or without abiraterone acetate and prednisone in patient with metastatic hormone-naïve prostate cancer.	Genito-Urinary Cancers Group Radiation Oncology Group
10085p	Conduct	EORTC-10085p-BCG Prospective male BC	Clinical and biological characterization of Male Breast Cancer: an international EORTC, BIG, TBCRC and NABCG intergroup study.	Breast Cancer Group
8114	Conduct	EORTC-08114-LCG GEM	Genetics of EGFR Mutation Study (GEM): a Translational Study of the EORTC Lung group	Lung Cancer Group
8111	Conduct	EORTC-08111-LCG ETOP5-12 (SPLEN-DOUR)	A randomised, open-label phase III trial evaluating the addition of denosumab to standard first-line anticancer treatment in advanced NSCLC	Lung Cancer Group

* Active studies in 2021



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