



*The future of cancer therapy*



Annual  
Report  
**2022**

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# Introduction





# Message from EORTC President, Prof. Winette van der Graaf

## Dear colleagues and friends,

2022 has been another challenging year with successive international crises affecting the cancer research field. EORTC has nonetheless made significant achievements in advancing its mission to improve the standard of cancer treatment for patients.

As President of this organisation, it has been an honour to take the leadership role in 2022, a year in which we celebrated its 60<sup>th</sup> anniversary. The celebration showcased achievements from the past and the great potential of this organisation. EORTC's research activities reflected by its unique multidisciplinary character, quality and robustness remain the cornerstones of the organisation.

With its network of over 3 400 cancer specialists from 917 institutions across 50 countries, EORTC is well prepared to take on the new challenges of the future. The recent implementation of the new governance was a necessary game changer to embrace modern oncological challenges. This allowed us to engage in new cross-cutting initiatives and to improve efficiency through shared programs, solutions, and infrastructures.

EORTC is fit for embarking on important challenges. The design of high-quality clinical trials with statistical rigour to achieve therapeutic progress, not only for common cancers but also for rare cancers and entities within common cancers, is even more crucial today than ever. Collaboration with pharmaceutical companies, without whom we cannot run many clinical trials, is essential. The central role of EORTC in this field can't be emphasised enough and reflects our current and future ambitions.

Patients are central to what we accomplish. With headquarters' support, I take it forward as part of my mandate, to further develop and structure patient involvement in activities of the groups and task forces. Collaboration between groups and willingness to step a bit aside from everyone's comfort zone in creating new forms of such collaborations is key. The voice of patients is increasingly important and as an organisation, we can better incorporate their input into our studies. Next to our ambition to improve survival with our studies, we also want to highlight our global reputation on quality-of-life research and the measures and instruments developed by EORTC which are used globally in clinical trials.

Enabling the next generation of researchers to contribute to EORTC's mission and realise their



potential with us is a priority not just for me, but also for the Board of Directors. That is why in 2022 we began placing greater emphasis on career development, education, and access to research programmes for Early Career Investigators.

I would like to take this opportunity to thank my fellow members of the Board of Directors who dedicate their time and energy and have proven to be of invaluable support to this organisation. The responsibilities of the Board span from validating EORTC's scientific strategy as proposed by the Scientific Chairs Council (SCC), to ensuring the operational and financial sustainability of EORTC. These are major responsibilities, and our motivation is carried by the power of EORTC's network without

which this would not be possible. I also would like to thank the donors and charities who have made academic trials and many other important initiatives possible.

The unique and integral place of EORTC in clinical cancer research can only be affirmed. Our global presence, whether alone or through multiple partnerships, attests of the role and impact EORTC has on oncology.

**Winette Van der Graaf** —————  
**EORTC President**



CHIEF EXECUTIVE OFFICER

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

*D. Lacombe*



# Foreword by EORTC Chief Executive Officer, Dr. Denis Lacombe

## Dear colleagues, partners and friends,

The year 2022 marks a significant milestone for EORTC, not so many organisations can be proud of celebrating 60 years of therapeutic progress for cancer patients. We remain devoted to being "the place to meet" for oncology in Europe and beyond, bringing together disease experts, representatives of all disciplines, translational scientists, and other stakeholders to address the multifaceted challenges that lie ahead. This is the fundamental reason why EORTC exists and why our network plays such a vital role in driving progress and innovation in oncology research and therapy.

This year we celebrate our past, but we also recognise the importance

of continually evolving and adapting to meet future challenges and keep building on our distinguished record of scientific achievements.

Adaptability is crucial in today's dynamic landscape. Various new regulations, both sector-specific and non-sector-specific, such as the General Data Protection Regulation, Clinical Trial Regulation, In-Vitro Diagnostic Regulation, Medical Device Regulation, and European Health Data Space, have an impact on our clinical research agenda. Therefore, we are working to ensure a seamless transition without any interruption of our activity. Today, this is a top priority for patients and for our network.

With our new governance structure implemented in 2021, the Scientific Chair Council fosters multidisciplinary activities and cross-cutting disease discussions to expand knowledge on emerging oncological questions. We also conduct workshops, such as the 2022 Real-World Data workshop and the planned 2023 pragmatic clinical trials workshop, to share our expertise.

EORTC actively promotes independent research in Europe, and as EORTC CEO, I am honoured to serve on the Management Board of the European Medicine Agency and co-lead with the EMA the newly formed Cancer Medicines Forum (CMF). The CMF aims to identify evidence gaps and develop effective solutions for cancer treatment access while prioritising patient-relevant endpoints.

Our evolving partnerships with academic groups, oncology societies, and the commercial sector are vital to our success, including the flagship E<sup>2</sup>-RADlatE programme with the European Society for Therapeutic Radiology and Oncology (ESTRO) and running complex multidisciplinary programmes like large clinical trials in rare cancers with the US cooperative group.

Finally, under the leadership of Her Royal Highness Princess Dina Mired of Jordan as the Honorary President of the EORTC Cancer Research Fund, we are expanding research to new territories and challenging clinical settings.

This annual report reflects on our global journey, scientific progress, public policy engagement, and member' contributions to our mission of increasing patient survival and quality of life. On behalf of the leadership team and the Board, thank you for contributing towards our mission to increase patient survival and quality of life for all.

**Dr. Denis Lacombe**  
**EORTC Chief Executive  
Officer**

# EORTC in a nutshell

A woman in a white lab coat is looking at a tablet. The background is a blue and purple gradient with a futuristic digital overlay of a globe and data points.

Our role in  
clinical cancer  
research

It is estimated that in 2020 the cancer burden has risen to 2.7 million new cases (all types, excluding non-melanoma skin cancer) and 1.3 million deaths. If current trends continue, cancer could become the leading cause of death in Europe.<sup>1</sup>

Given the growing societal concerns and rising costs associated with cancer treatments, it is imperative to understand how cancer treatments are developed and made accessible in an efficient manner to all patients. As our understanding of cancer biology evolves, opportunities for therapeutic progress have never been more diverse. Clinical research provides solutions to validate the optimal use of cancer treatments across patient populations, informing patients, doctors, and healthcare systems.

## A hub for independent and multi-tumour academic research

As the largest cancer-fighting clinical research organisation in Europe, EORTC is uniquely positioned to lead in the effort to accelerate the pace of scientific discovery. Being at the heart of an international cancer-fighting network, with laboratories and research centres forming its core, EORTC serves as a crucial independent hub in the clinical research world providing unique global research infrastructures that add value to international and European communities of clinical researchers and patients alike.

The organisation's work spans across multiple tumour types, disciplines, and national borders, focusing on pan-European and international clinical and translational research that would be impossible on a national scale. Its synergistic network of institutions offers a transnational platform with unmatched quality and efficiency, as well as research capabilities for rare cancers and long-term follow-up.

EORTC also engages in European public affairs with policymakers and regulators, championing policies that leave no cancer patient behind and accelerate life-saving scientific discoveries.

## Practice-changing clinical trials

EORTC understands that patients and those affected by cancer play a vital role in clinical research. Their perspective enhances research design and impact, ensuring better communication of academic knowledge to the public.

In the past 60 years, EORTC has entered over 210 707 patients in practice-changing clinical trials across various tumour types, including brain, breast, prostate, melanoma, head and neck, and soft tissue sarcoma. In 2022, 22 studies were open to patient entry, bringing science and knowledge to patients for therapeutic improvement. Working with 22 external collaborative groups worldwide, EORTC demonstrates its capacity to bring investigators together to drive innovation in cancer care, taking basic science from the lab bench to the patient's bedside.

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<sup>1</sup> [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12154-Europe%E2%80%99s-Beating-Cancer-Plan\\_en](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's 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.

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.

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.



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.

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.

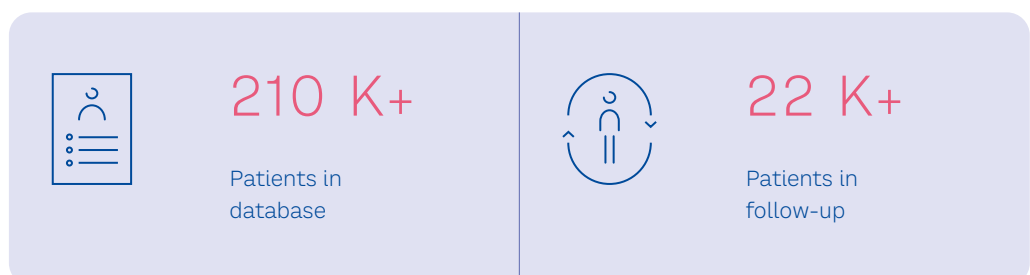
# Our mission in numbers 2022

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

## Network



## Patients involved in studies



## Staff



**260+**  
Staff  
members



**38**  
Nationalities



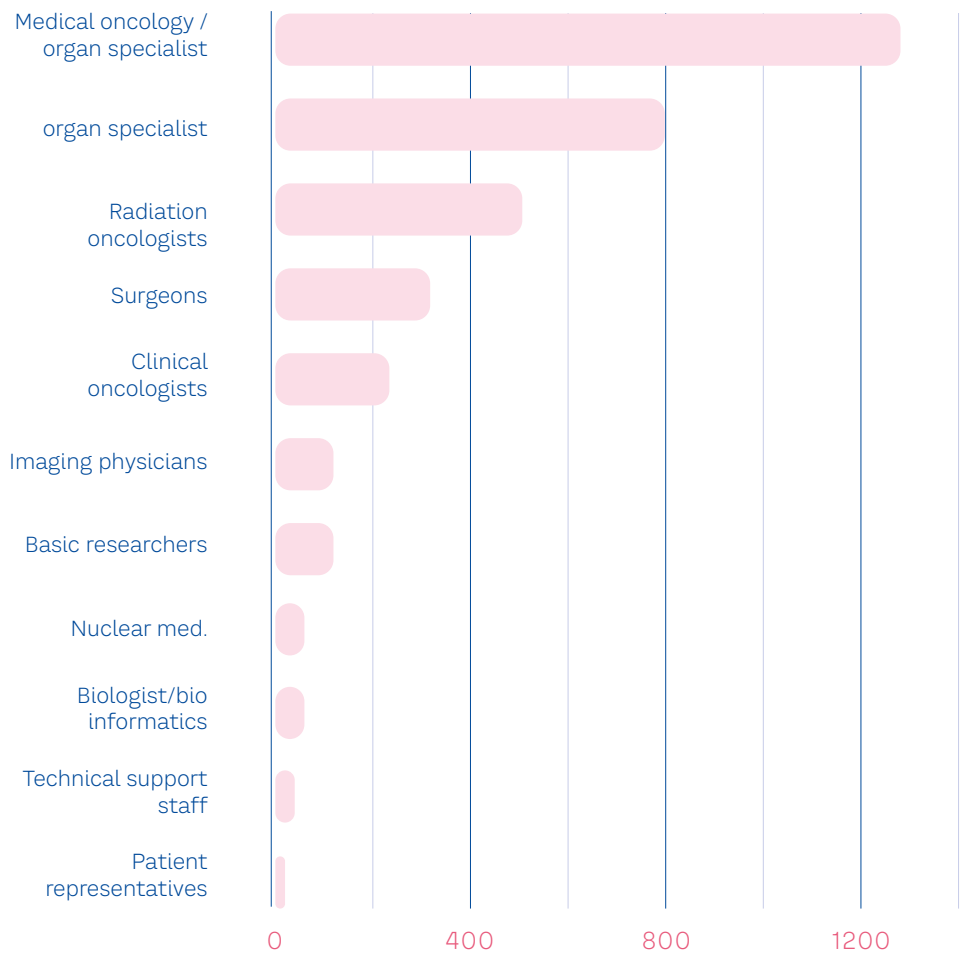
**23**  
Active  
fellowships

**31%**  
Male

**69%**  
Female



## Speciality distribution



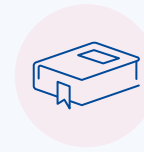
## Studies



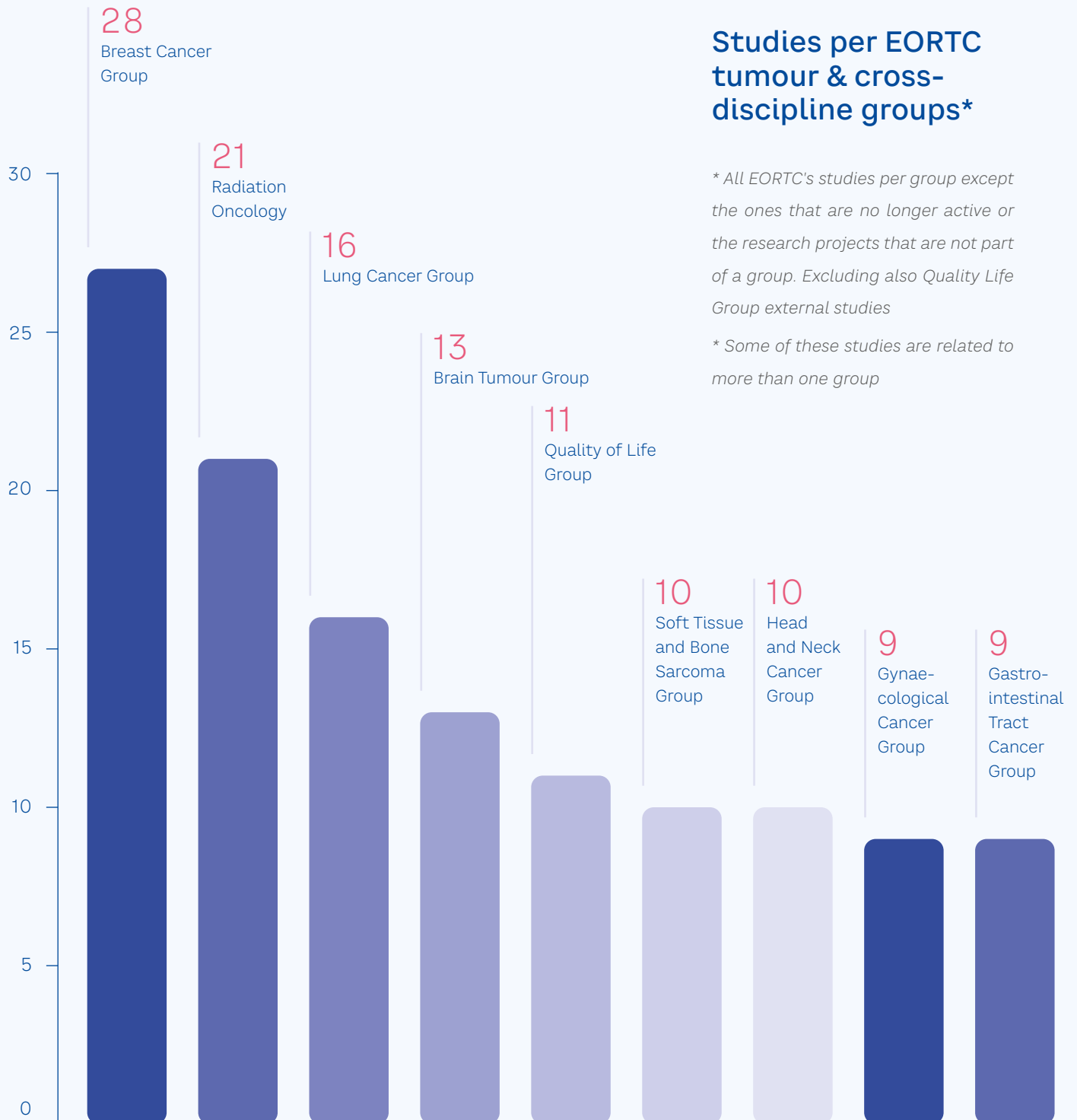
**8**  
New studies  
activated in 2022



**22**  
Open to patient  
entry studies

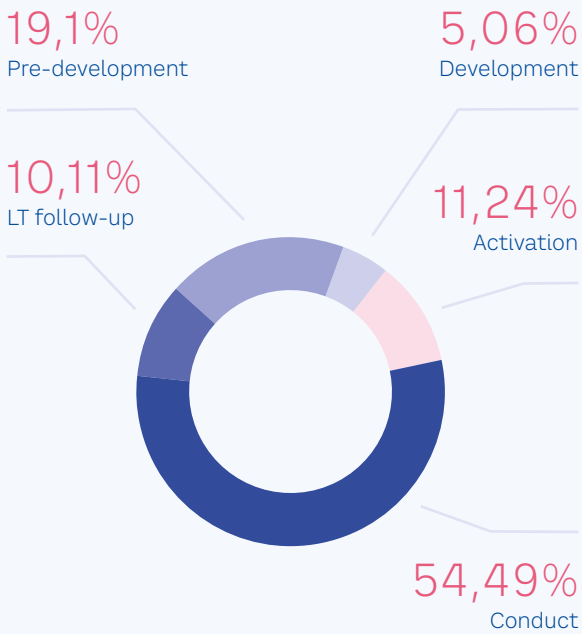


**186**  
Study portfolio



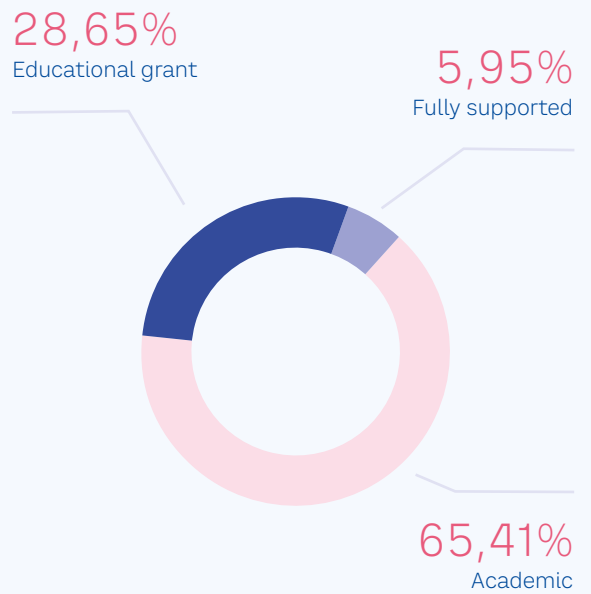


### Active studies by stage

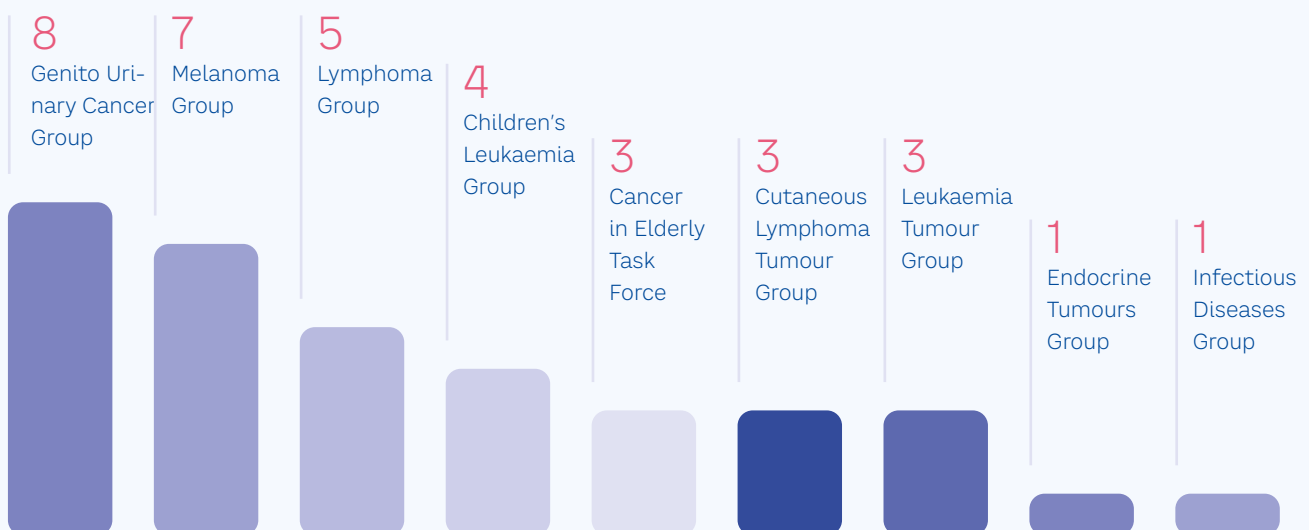


- **Pre-development:** Board approves the study proposal, and the Protocol Review Committee (PRC) approves the protocol synopsis
- **Development:** full protocol is developed until PRC approval
- **Activation:** period from protocol release until the first site active, including regulatory submissions and approval by authorities
- **Conduct:** patient recruitment and follow-up as per protocol, concluding in a Final Analysis Report
- **Long-term follow-up:** monitoring a person's health over time after treatment, both during and after the study

### Studies by funding type



- **Academic:** Study sponsored by EORTC or another academic group which are self-funded, or funded by independent grants
- **Educational Grant:** Investigator sponsored trials, funded by industry
- **Fully supported:** Industry sponsored trials



# 60<sup>th</sup> anniversary



# Celebrating the past, inspiring the future

In September 2022, EORTC marked its 60<sup>th</sup> anniversary with a conference in Brussels to celebrate the past and inspire the future of cancer research. The event included a gala dinner hosted by HRH Princess Dina Mired of Jordan, the newly appointed Honorary President of the European Cancer Research Fund (ECRF) and EORTC, in the presence of HSH Prince Albert II of Monaco (Immediate past Honorary President of the ECRF).



The anniversary brought together EORTC members, supporters, donors, partners, patient advocates and many more key stakeholders from across Europe. Thanks to its 200 guests, the Gala dinner helped to raise funds for EORTC initiatives.



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*Cancer kills more than 10 million people every year. People are what matter at EORTC. This organisation has understood the need for cancer research to be inclusive of all patients and all types of cancer and has successfully managed to advance research aimed not only at increasing patient survival, but also improving quality of life.*

**Dr. Denis Lacombe, EORTC CEO**



*Around 400 people from 17 countries attended the event at the Square in Brussels to celebrate EORTC's 60<sup>th</sup> anniversary*

Discussion about how best to increase the voice and engagement of patients in clinical research were frequent at the conference. As were debates about EU policy to improve patient access to innovative treatments and reduce inequalities in treatment seen in some regions and countries in Europe.

Patient-centred, multi-disciplinary academic clinical research continues to drive EORTC's agenda, and its importance in the process of treatment development, as well as access to treatment, was a key take-home message from the 60<sup>th</sup> anniversary events.

Questions of importance to patients featured heavily in discussions. What use is innovation if people cannot access it? How to get to the situation where patients ask to go into a trial, rather than feeling that participation is being offered because it is their last chance, or that the doctor does not know what to do?

Young investigators were not only active participants at the conference, but a focus of discussion themselves. In particular, how best to recruit, retain and motivate them while maximising the fresh ideas that these future leaders of oncology bring to EORTC. The young investigators also came up with several interesting suggestions for the future, including the idea of helping EORTC's position itself as a platform to encourage collaboration across national groups.

The impact of precision medicine on clinical research was also a matter of significant debate. Rendering a robust trial result requires finding sub-groups of patients in large enough numbers. Whilst EORTC has this competency, building on our know-how and expertise especially with rare cancers, these trials do put more pressure on already over-stretched hospitals.

There was widespread consensus about the need to provide greater support to hospital staff to run trials, as well as more and better education about the significant benefits trials can bring to their institutions.





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*We can embrace the opportunities that EORTC has to offer and build on its achievements to maintain therapeutic progress for all cancer patients. We are an organisation with breakthrough cancer research, but also with over 40 years' history of research in the field of quality of life.*

**Winette van der Graaf,**  
EORTC President



**Celebrating the Past,  
Inspiring the Future**

**EORTC**  
[www.eortc.org](http://www.eortc.org)

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*EORTC has proven that its clinical researchers can significantly improve survival and quality of life for cancer patients.*

**HSH Prince Albert II of  
Monaco**



# Governance



# Modernising our governance

In 2019, we embarked on a journey to reshape EORTC's governance to better meet the scientific, regulatory and economic challenges of the new decade. This transformation progressed in 2022 in ways that were seen, felt and appreciated throughout the organisation.

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 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 in accessing programmes, which taken alone would have smaller chances to succeed. In parallel, the Radiation Oncology Scientific Council (ROSC) drives EORTC's 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 EORTC's commitment to multidisciplinary.

Similarly, clinical research to address the specificities of older adults will be re-enforced with an Older Adult Council (OAC). It will stimulate cross-cutting clinical research such as the development and validation of specific geriatric instruments while also addressing specific questions such as competing risks in clinical trial assessments. The OAC will be instrumental to address new strategies such as treatment adaptation based on fitness and frailty models. 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's scientific strategies are expertly guided and efficiently supported.

In 2022, Professor Winette van der Graaf started her mandate as EORTC's new President. 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 clinical research. She has been a longstanding EORTC member, specifically of the Soft Tissue and Bone Sarcoma Group as well as the Quality of Life Group.

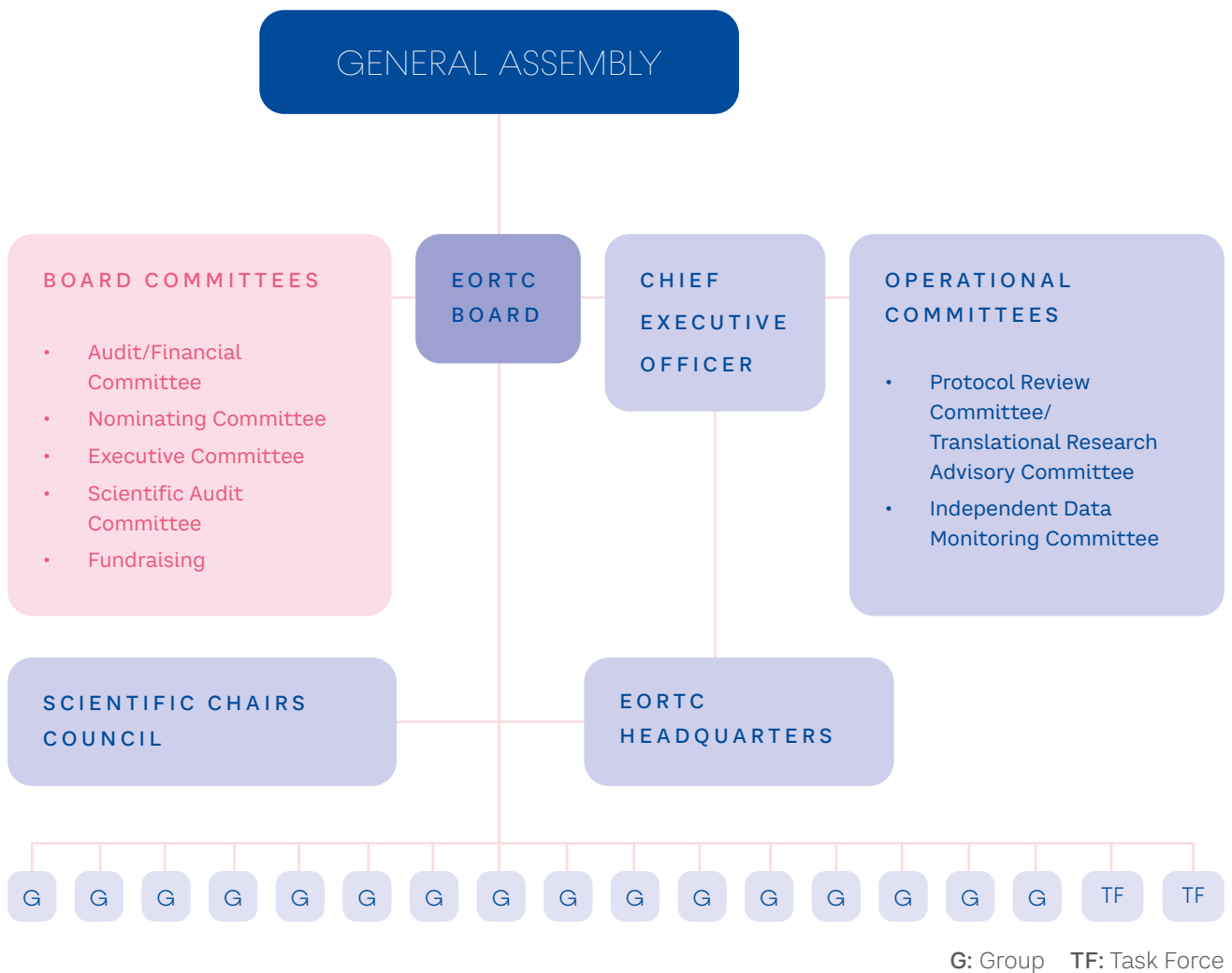
Her skills and capacities to engage with people have been inspirational to many, positioning her as a mentor for the next generation of doctors. Known for her dedication to patients, she is guiding the network's increasing engagement with patient and advocacy groups.

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*I'm confident that EORTC under the leadership of its Board of Directors, has taken the right steps forward to guaranteeing an organisation fit for purpose. New governance is empowering EORTC's network, ensuring the latest science and priorities are reflected in EORTC's evolving agenda.*

**Denis Lacombe, EORTC CEO**

Visit [www.eortc.org/governance](http://www.eortc.org/governance) for more information about roles and responsibilities, including committees.



# Responding to a changing landscape

With our new governance, we are better able to meet the scientific, regulatory and economic challenges of the new decade. In 2022, we worked to turn these challenges into opportunities to improve survival and quality of life.



## Science

Science continues to rapidly evolve on a global scale, requiring 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. The Scientific Chair Council is now in full leadership of the scientific strategy to work across the different agendas of EORTC's disease-oriented and technology groups while ensuring that common oncological challenges are efficiently addressed.

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## 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. EORTC conducted a dedicated workshop in 2022 to explore this change with the results to be published in 2023.

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## 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. In 2022, we continued our efforts to ensure that digitalisation creates progress for all, leaving no cancer patient behind.

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## 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. However, due to less trials having been activated during the COVID years, recruitment was impacted in 2022. EORTC

has been catching up since, opening seven new trials in 2022. As global health threats persist, we continue to remain vigilant and resilient as an organisation.

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## Finance

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. Making good on this promise, the Board supported the creation of an endowment fund in 2022 to support EORTC's long-term strategy.

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## 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 policy implementation as we were during creation. After adapting to the GDPR, EORTC is now in the active phase of implementing the Clinical Trial Regulation and preparing for other regulations such as those governing medical devices and in-vitro diagnostics.

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## Patient involvement

Ensuring that EORTC's 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 accelerated in 2022 under the leadership of our new President, Professor Winette van der Graaf.

# Board members

BOARD OFFICERS



**WINETTE  
VAN DER GRAAF**

PRESIDENT

Netherlands Cancer Institute -  
Van Leeuwenhoek  
Amsterdam, Netherlands



**BERTRAND  
TOMBAL**

PAST PRESIDENT

Cliniques Universitaires Saint-Luc  
Brussels, Belgium



**ETIENNE  
BRAIN**

SECRETARY GENERAL

Institut Curie – Hopital Rene  
Huguenin  
Paris, France

CHAIRS OF EORTC COMMITTEES/COUNCIL



**ELIZABETH  
EISENHAUER**

CHAIR OF SCIENTIFIC AUDIT  
COMMITTEE

Queen's University  
Kingston, Canada



**BENJAMIN  
BESSE**

CHAIR OF SCIENTIFIC CHAIRS  
COUNCIL

Gustave Roussy  
Villejuif, France



**MICHAEL  
WELLER**

VICE-CHAIR OF SCIENTIFIC  
CHAIRS COUNCIL

Universitätsspital Zürich  
Zurich, Switzerland



**DIEGO  
DU MONCEAU**

CHAIR OF THE EORTC CANCER  
RESEARCH FUND

Brussels, Belgium



**GUY  
BENIADA**

CHAIR OF THE EORTC AUDIT AND  
FINANCE COMMITTEE

Annecy, France

BOARD MEMBERS



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

EX-OFFICIO BOARD MEMBERS



RICHARD SCHILSKY

CHAIR OF PROTOCOL REVIEW COMMITTEE

University of Chicago  
Chicago, United States



DENIS LACOMBE

EORTC CHIEF EXECUTIVE OFFICER

EORTC Headquarters  
Brussels, Belgium



CHRISTIAN BRUNET

EORTC CHIEF FINANCIAL OFFICER

EORTC Headquarters  
Brussels, Belgium



VASSILIS GOLFINOPOULOS

EORTC DIRECTOR HEADQUARTERS

EORTC Headquarters  
Brussels, Belgium



PETR SZTURZ

EARLY CAREER INVESTIGATOR (ECI)

Centre Hospitalier Universitaire  
Vaudois - Lausanne  
Lausanne, Switzerland

# Headquarters



# Developments at Headquarters

Located in the heart of Europe, EORTC Headquarters in Brussels supports, implements, and monitors the strategy of the organisation. With the transformation in EORTC's governance, we have continued to adapt our way of working in 2022.

Adapting to regulatory change was a priority action. After revising our workflow to comply with the EU Clinical Trials Regulation, we are now on track to submit the first clinical trial application under the new regime in 2023. We also adapted to the EU's In Vitro Diagnostics Regulation and are now ready to welcome studies with innovative testing methods that are increasingly important to characterise disease in patients.

Our revenue from licensing presented a business and legal challenge but

also an opportunity. As EORTC lacks core funding, income from service agreements can provide substantial support for research whilst still ensuring our independence. We now have a dedicated team in place to develop these services.

Producing world-class clinical research requires world-class software. We began implementing a new state-of-the-art clinical trial management system, which includes an electronic trial master file and study start-up software. Work is ongoing for the full



integration of our data and systems to generate greater insights from data and plan more efficiently. Without causing any workplace delays, we also implemented new commercial safety database software.

We are proud of the relentless efforts of our staff that make all this possible. Over 260 employees and fellows at Headquarters, representing 38 nationalities and a wide range of ages, dedicate their energy towards producing great science that changes people's lives. In our new hybrid model, they are physically present in our newly renovated office at a minimum of 20 per cent of their time. Upgrades made to our facilities have improved EORTC's environmental footprint, from installing LED lighting to dedicated waste and recycling stations. Staff also benefit from more sustainable travel-to-work options. We welcomed nine scientists to our fellowship

programme this year, four of whom are pursuing PhDs in collaboration with universities in our network. We also welcomed a new Operations Director to oversee all clinical and translational research functions. Today, support, communication and policy functions report directly to the CEO.

Altogether, the EORTC Headquarters remains the linchpin for EORTC, the essential control and performance centre, serving tirelessly the organisation in pursuing its mission.



## Employees' testimonials



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*As an early career researcher, EORTC has provided a broad range of experiences that have taught me a lot about cancer research. Working directly with leading experts and having access to EORTC's expansive network is invaluable to build my career.*

**Luigi Lim, Fellow Statistician**



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*EORTC is a place of acceptance, balance and excellence. I feel proud to be part of an organisation that's revolutionising cancer treatment.*

**Ana Teresa Mota, Data Manager**



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*At EORTC, I'm honored to be part of a multidisciplinary team with the same mission: making an impact on cancer therapy that improves quality of life for patients.*

**Hazal Erkol, Processes and Learning Coordinator**



# EORTC members

# Evolving our membership

In 2021, we introduced a new membership policy that we continued to implement with impact in 2022. The transformation has involved realigning categories and statutes to effectively monitor the evolution of EORTC membership on different levels. Today all members must be connected with the organisation.

## Membership types

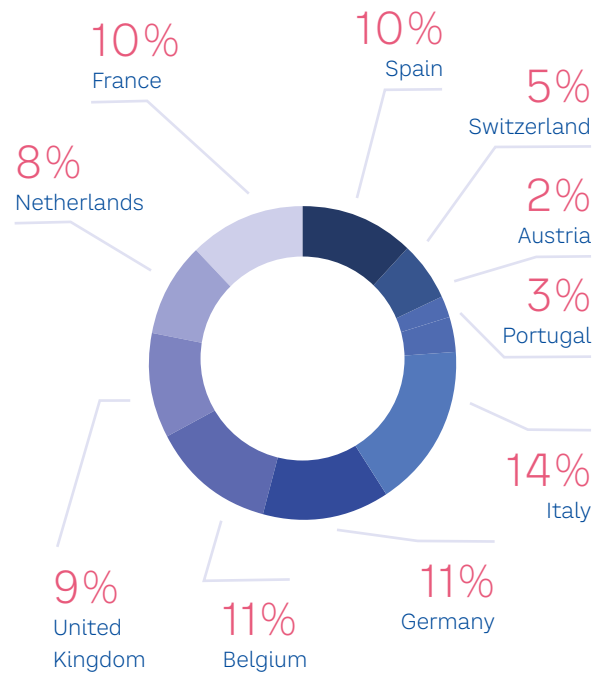
The new policy has defined both the geographical area eligible for active membership and the not-for-profit nature of organisations where members conduct their professional activities.

EORTC's **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 individuals in the first 10 years of their professional career, beginning the year board qualification is obtained. For non-MD

Top 10 members countries\*



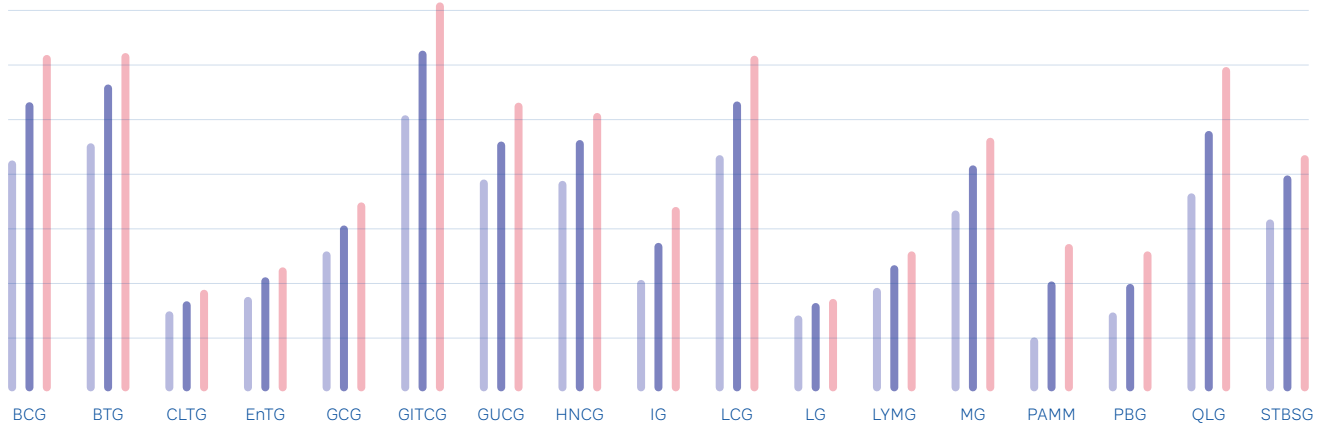
\*Out of the total membership, 17% represents members from other countries.

specialisations, the year of the MSc is considered as the start, or the year of the PhD if immediately following the MSc degree. Age as such is no longer taken into consideration.

**Affiliate members** are either from a country outside the defined geographical area or young investigators in EORTC's 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.

## Growing Groups

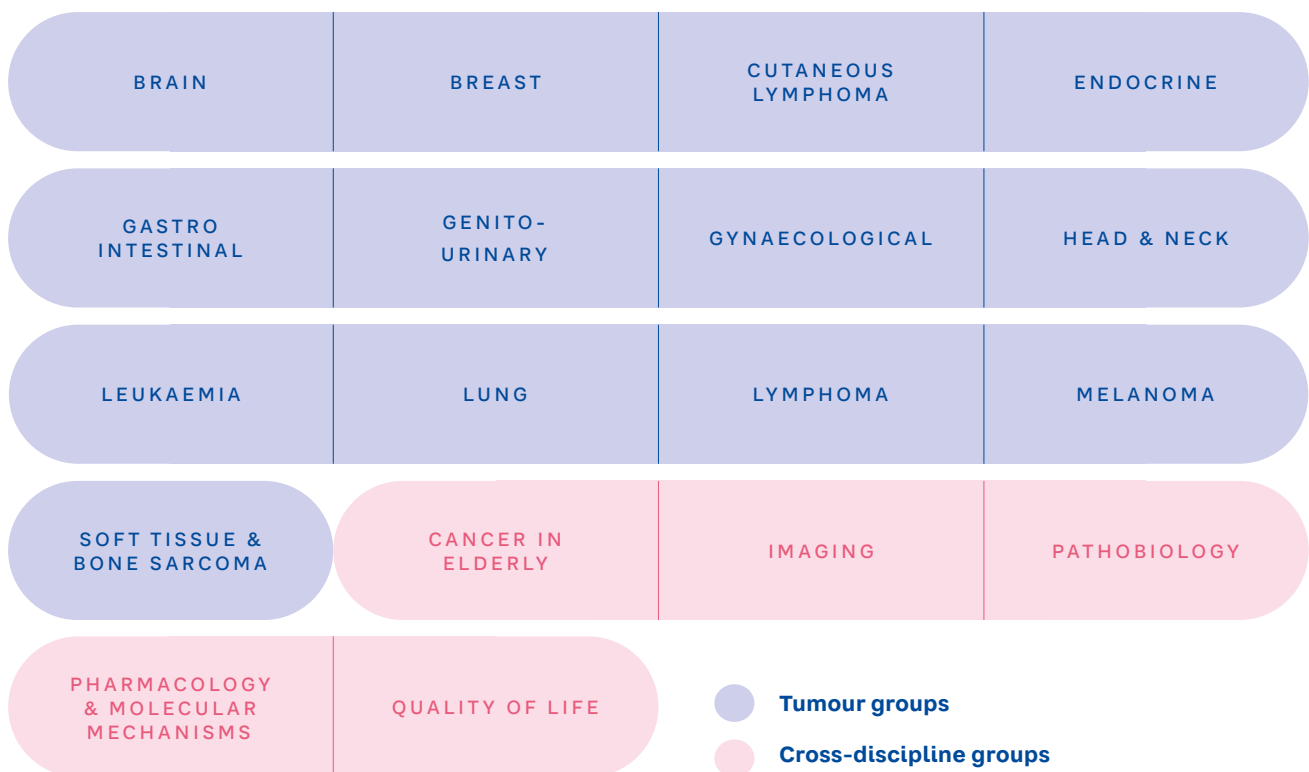
This graph shows how membership has evolved for Groups over the year with the transformation underway. All Groups experienced growth in both active and affiliate membership.



- Members 2020
- Members 2021
- Members 2022

**Legend:** BCG: Breast Cancer Group; BTG: Brain Tumour Group; CLTG: Cutaneous Lymphoma Tumour Group; EnTG: Endocrine Tumour Group; GCG: Gynaecological Cancer Group; GITCG: Gastro-Intestinal Tract Cancer Group; GUCC: 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

## EORTC comprises 13 tumour and 5 cross-discipline groups:



# Spotlight on our members

In 2022, our network reached over 3 400 members in 50 countries representing 917 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.

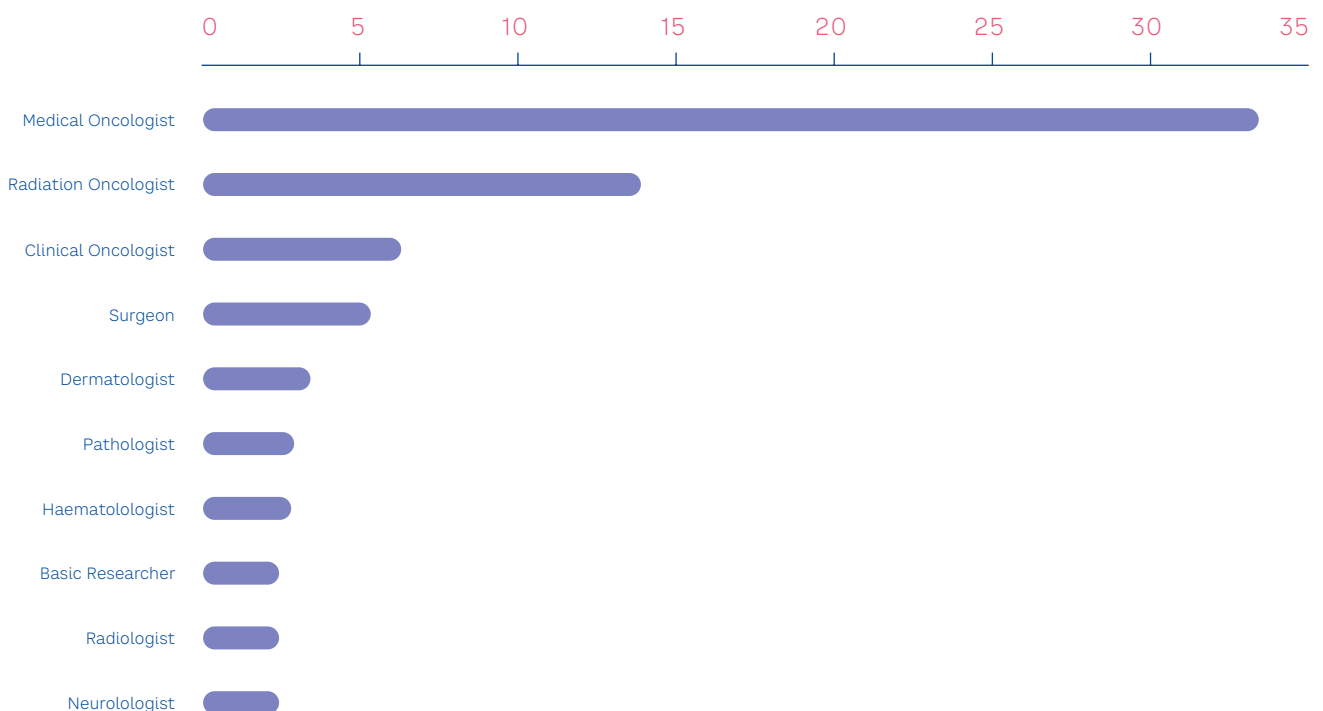
Our objective is to find the best solution for patients from both an efficacy and quality of life perspective.

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

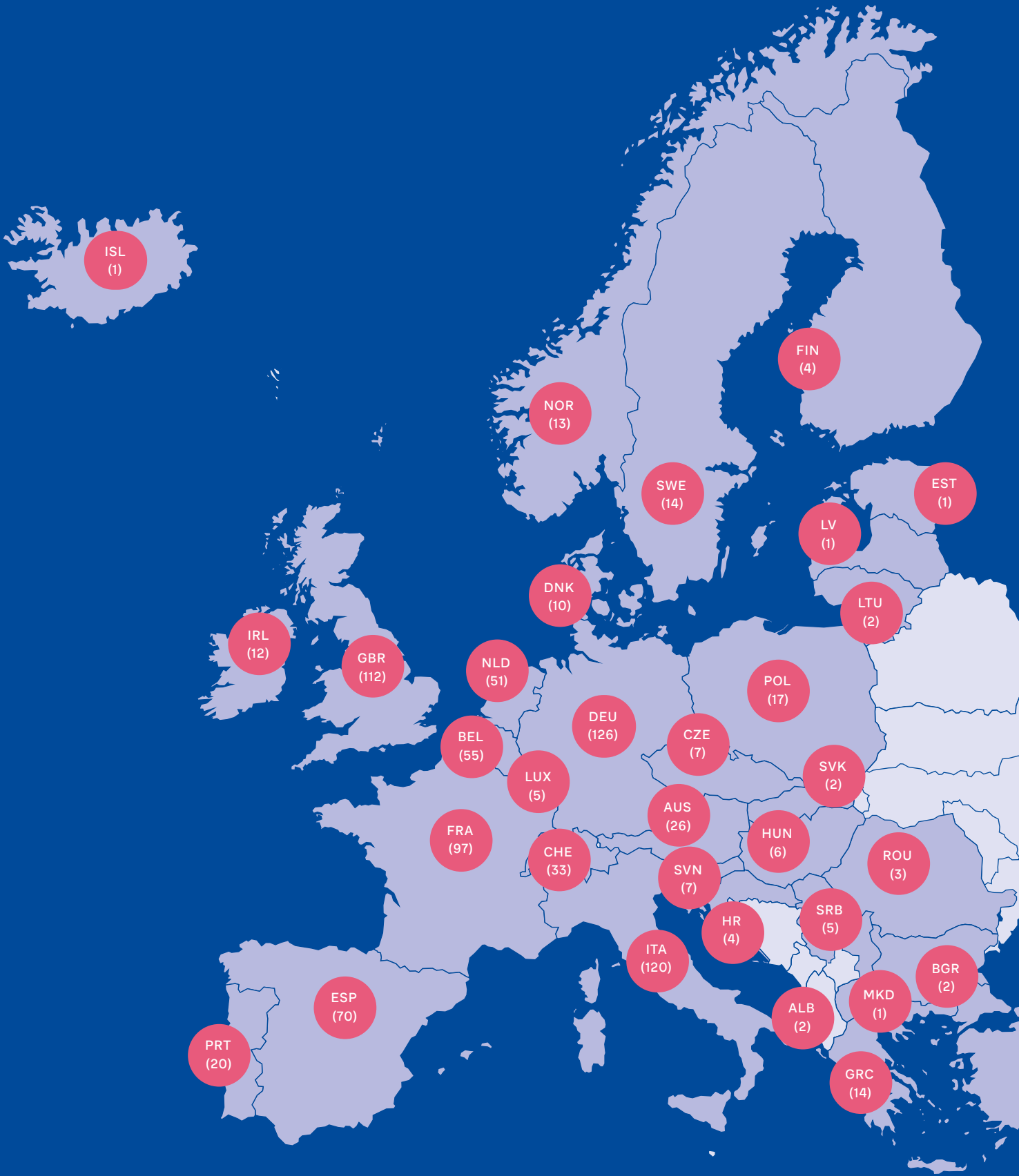
Beyond tumour-specific research, our experts examine every aspect of cancer therapy, including pharmacology and molecular mechanisms, pathobiology, radiotherapy and imaging.

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

## Top ten members disciplines







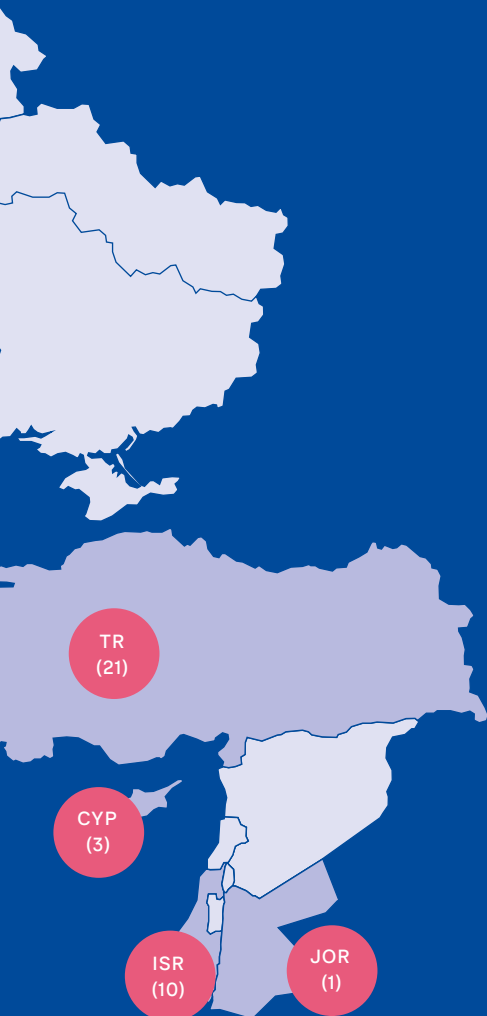
# EORTC's network comprises institutions from around the world.

## Institutions from outside Europe

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4	Australia
5	Brazil
9	Canada
3	Egypt
2	India
10	Israel
7	Japan
1	Jordan
2	Qatar
17	USA
21	Turkey

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**EORTC**

# Groups & Task Forces





*The international and multidisciplinary membership of EORTC is unique. The ability to address common oncological questions across tumour types represents another strength of EORTC's network. Together, EORTC members - whether clinicians or scientists - embrace therapeutic challenges to improve the standards of care for cancer patients. We are deeply thankful to all of them.*



DR. DENIS  
LACOMBE

EORTC CHIEF EXECUTIVE OFFICER

# Brain Tumour Group



## Our mission

The Brain Tumour Group initiates and conducts research to challenge, redefine and develop standards of care in emerging and controversial areas of diagnostic and therapeutic neuro-oncology. The Group mainly focuses on diffuse glioma of adulthood of WHO grades 2-4, as well as meningiomas and rare brain tumours.

## Key Results

- Long-term follow-up analysis of MIRAGE Trial<sup>1</sup> found that Marizomib did not improve PFS or OS and was associated with higher toxicity than standard of care treatment in patients with newly diagnosed glioblastoma.
- Final analysis of STEAM Trial<sup>2</sup> showed that a TG02 maximum tolerated dose could be identified for the two cohorts of elderly patients with newly diagnosed glioblastoma. TG02 did not show activity in patients with recurrent glioblastoma.
- Long-term follow-up analysis for EORTC 26951 and RTOG 9402 showed similar long-term survival even without tumour recurrence in a significant proportion of patients after first-line treatment with radiotherapy/PCV.
- Start of recruitment for the academic 1634 Personalised Risk-Adapted Therapy in Post-Pubertal Patients with Newly Diagnosed Medulloblastoma (PersoMed-I<sup>3</sup>) study and finalisation of EORTC-2013 prospective and retrospective registry on rare primary brain tumours for activation.
- EU Horizon Europe funding granted to the pragmatic trial LEGATO<sup>4</sup> on re-irradiation combined with lomustine vs. lomustine alone at first progression of glioblastoma.
- Active mentoring and career development of eight young neuro-oncologists.
- Published the results of several secondary analyses using clinical, molecular, pathology, radiomics, neurocognitive and quality of life data from our many previous clinical trials or existing collaborations.

<sup>1</sup> EORTC-1709

<sup>3</sup> EORTC-1634

<sup>2</sup> EORTC-1608

<sup>4</sup> EORTC-2227



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REPRESENTATIVE

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Institute, Rotterdam  
The Netherlands

629 Members



# Breast Cancer Group



## Our mission

This Group aims to challenge, redefine, and develop standards of care in all areas of breast cancer diagnosis and therapy. The group evaluates innovative treatments and multidisciplinary approaches to increase survival and improve quality of life of all breast cancer patients.

## Key Results

- Completed accruals of the APPALACHES<sup>1</sup> phase II trial in October 2022. This trial aims 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. Interim analysis is planned for 2023 and the primary endpoint analysis in 2025.
- Development and set up of NOBLE<sup>2</sup>, a non-comparative phase II trial of neoadjuvant olaparib with or without durvalumab for patients with BRCA-associated triple negative breast cancer. The regulatory submission is planned for Q1 2023 and will open for recruitment by Q2-Q3 2023. The trial will enrol 152 patients.
- Development and set-up of TREAT<sup>3</sup> phase III trial to evaluate the role of elacestrant in decreasing distant relapses in ER+/HER2- patients with ctDNA relapse five years or more from the start of endocrine treatment. The trial will open for recruitment by Q3 2023 and will screen 1 960 patients to randomise 220.
- Co-developed a pragmatic randomised controlled trial<sup>4</sup> with the Quality of Life (QoL) Group to evaluate the improvement of QoL through supportive treatments for hormone therapy-related symptoms in women with early Breast cancer. Launch is planned for 2023.

<sup>1</sup> EORTC-1745

<sup>2</sup> EORTC-1984

<sup>3</sup> EORTC-2029

<sup>4</sup> EORTC-2237



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620 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.

## From Elderly Task Force to Older Adult Council

In 2022, the Cancer in Elderly Task Force evolved to become the Older Adult Council (OAC). The Older Adult Council (OAC) is a think-tank established recently to stimulate cross-cutting questions in the field of cancer in the older population. The role of the OAC is mainly to motivate Disease-Oriented Groups to address important questions in this population over 70 years old. The council has the main objective to assist in methodological aspects of clinical research in older patients with cancer, such as, but not limited to evaluation of frailty, QoL, competitive causes of death, treatment toxicities and patient preferences.

Members are identified by their Disease Oriented Groups to represent the group in the OAC, to ensure that research questions related to this under-represented population in clinical research are raised and considered with more attention.

## Key Results

- Opened recruitment for TOLERANCE<sup>1</sup>, a phase III trial to optimise systemic treatment for advanced soft-tissue sarcoma patients in the elderly.
- Closed recruitment of APPALACHES<sup>2</sup>, which examines the role of Palbociclib in combination with endocrine therapy as adjuvant systemic treatment instead of chemotherapies regimen in older patients with early breast cancer.

<sup>1</sup> EORTC-1976

<sup>2</sup> EORTC-1745



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# Cutaneous Lymphoma Tumour Group



## Our mission

Cutaneous lymphomas are rare cancers that require a widely distributed, multidisciplinary network to effectively diagnose, treat and study. The Cutaneous Lymphoma Tumor 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 collaboration in 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 and Sézary syndrome. Survey work has continued on plaque definition in mycosis fungoides where there is currently no objective measure.
- Studying 'time to next treatment' (TtNT) in the PROCLIFI database of mycosis fungoides and Sézary syndrome to assess the clinical benefit of different treatments. Most treatments only result in partial responses and frequently with a short duration of response. TtNT provides surrogacy for clinical benefit for patients by recording the time from one treatment to the next.
- End of trial was declared for PARCT<sup>1</sup>, a phase II study to assess atezolizumab as a treatment option for patients with mycosis fungoides and Sézary syndrome that has progressed under or after previous therapy. The final analysis report and manuscript are in preparation.
- Hosted a meeting specifically dedicated to new trial ideas and designs, as well as new strategies to obtain private-sector funding. The Group's annual meeting in Madrid involved especially significant exchanges about pathophysiology, new targets, new treatments, and quality of life with presentations from as far as the US and Australia.

<sup>1</sup> EORTC-1652



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REPRESENTATIVE

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Mannheim GmbH  
Germany

193 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 and improving patient quality of life.

## Key Results

- Defined the Group's position on the management and shared decision making (SDM) of low-risk microcarcinoma concerning: 1) the current state of diagnostic and management options in micro papillary thyroid carcinomas, 2) the available evidence on patient needs and available decision instruments, and 3) practical suggestions for implementing SDM. The final paper highlighted ways to improve SDM and patient participation, knowledge gaps and research directions.<sup>1</sup>
- Published results from the 2021 survey with the Head and Neck Cancer Group on the management of anaplastic thyroid cancer (ATC) in Europe.<sup>2</sup> The evidence clearly show that ATC still represents a huge unmet need, and a call to action is needed for this rare and aggressive cancer.
- Designed a new randomised controlled intervention trial, in collaboration with the EORTC QoL group, to assess if a multidisciplinary rehabilitation programme integrated into primary treatment for thyroid carcinoma can improve quality of life three months after primary treatment.<sup>3</sup> We expect the study to add significant data to this field that currently lacks evidence.

<sup>1</sup> Koot A, et al. (2022). Position paper from the Endocrine Task Force of the European Organisation for Research and Treatment of Cancer (EORTC) on the management and shared decision making in patients with low-risk micro papillary thyroid carcinoma. *European Journal of Cancer*.  
<https://doi.org/10.1016/j.ejca.2022.11.005>

<sup>2</sup> Locati L D, et al. (2022). Current picture of anaplastic thyroid cancer patients' care and meetable needs: A survey of 94 Institutions from the EORTC Endocrine and Head and Neck Cancer Groups. *European Journal of Cancer*.  
<https://doi.org/10.1016/j.ejca.2022.12.002>

<sup>3</sup> PhIT-TC; EORTC-2234



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230 Members

# Gastro-Intestinal Tract Cancer Group



## Our mission

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

## Highlights from congresses

Koessler T, et al. (2021). ESMO Congress 2022: highlights from the EORTC gastrointestinal tract cancer group's perspective. *ESMO Open*. <https://doi.org/10.1016/j.esmoop.2022.100392>.

Sclafani F, et al. (2022). Highlights from the 2022 ASCO gastrointestinal cancer symposium: An overview by the EORTC gastrointestinal tract cancer group. *Clinical Colorectal Cancer*. <https://doi.org/10.1016/j.clcc.2022.04.001>.

## Key Results

- Reached key milestones in three phase II clinical trials with patient entry closure and/or database lock. All were accepted at the 2022 ASCO Gastrointestinal Cancer Symposium with articles to be published in 2023.
- VESTIGE study on adjuvant immunotherapy in patients with resected gastric cancer following preoperative chemotherapy.
- INNOVATION study on the use of two monoclonal antibodies with standard chemotherapy for HER-2 positive stomach cancer.
- ILOC<sup>1</sup> study on immunotherapy in combination with local tumour ablation in patients with colorectal cancer liver metastases.
- Published a research project on survival outcomes in patients with liver metastases from gastric and esophago-gastric junction cancer in the European Journal of Cancer<sup>2</sup>.
- Continued grants for five translational research projects managed by Young and Early Career Investigators.

<sup>1</sup> Seligmann JF, et al. (2023). Durvalumab and tremelimumab plus local tumor ablation (RFA or stereotactic radiotherapy) in patients with metastatic colorectal cancer with unresectable liver metastases: Results of the EORTC-1560-GITCG (ILOC) phase II study. *Journal of Clinical Oncology*.  
[https://doi.org/10.1200/JCO.2023.41.4\\_suppl.141](https://doi.org/10.1200/JCO.2023.41.4_suppl.141)

<sup>2</sup> Kroese TE, et al. (2022). Liver oligometastatic disease in synchronous metastatic gastric cancer patients: a nationwide population-based cohort study. *European Journal of Cancer*.  
<https://doi.org/10.1016/j.ejca.2022.11.011>



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719 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, prostate cancer-specific quality of life and biomarker-driven research.

## Key Results

- An EU grant was awarded to EORTC for a phase III pragmatic randomised trial to evaluate intermittent androgen deprivation therapy in the era of androgen receptor pathway inhibitors. The study is part of a global initiative on treatment de-intensification.
- Effectively recruited participants for the TIGER<sup>1</sup> study, the single most relevant ongoing study in testicular cancer. Without EORTC's efforts and additional patients from our network, the full accrual target would not have been reached. The randomised trial targets relapsed germ cell cancer comparing standard TIP chemotherapy to high dose chemotherapy in collaboration with ALLIANCE.
- Achieved 98% recruitment in the PEACE3<sup>2</sup> phase III trial on the combination of Radium223 plus enzalutamide. The study assesses whether the combination improves radiological progression-free survival compared to enzalutamide alone in asymptomatic or mildly symptomatic castration resistant prostate cancer patients metastatic to bone.

<sup>1</sup> EORTC-1407

<sup>2</sup> EORTC-1333



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536 Members



# Gynaecological Cancer Group



## Our mission

The aim of this Group is to improve clinical practice in ovarian, cervical, uterine and vulvar cancer. Key elements are clinically useful predictive factors for precision therapy, patient-relevant outcomes and tailoring clinical trials to incorporate these elements. The Group also stimulates clinical trials in rare cancers within gynaecological oncology. Its strength is the initiation and co-ordination of multidisciplinary, investigator-initiated and practice-changing clinical trials in gynaecological oncology.

## Key Results

- Results from the EORTC-1508 trial, previously presented at the 2021 ESMO congress, are currently under publication. These demonstrated that the addition of bevacizumab to atezolizumab resulted in similar PFS-6 but prolonged time to the first subsequent therapy. Translational analyses are ongoing with a grant from Roche to identify biomarkers of clinical benefit.
- Completed EORTC-55092 phase I/II trial on pazopanib and weekly carboplatin and paclitaxel in patients with platinum-refractory/resistant ovarian. The primary objective - to assess progression-free survival rate at one year - was not met. A full paper is currently in development.
- Completed NiCCC<sup>1</sup> nintedanib trial along with the final analysis, including 93 ovarian and nine endometrium randomised patients. 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. Despite being statistically significant, results were not clinically relevant. The manuscript is in preparation by the lead organisation, the Scottish Gynaecological Cancer Trials Group.
- Completed accrual for EORTC-62113-55115 cabozantinib maintenance trial in high grade uterine sarcoma. Follow-up is ongoing with 59 patients randomised. The primary objective is to assess progression-free survival rate at four months after the last randomisation to cabozantinib or placebo. Data analysis and subsequent results are expected in the first half of 2023.

<sup>1</sup> EORTC-1212



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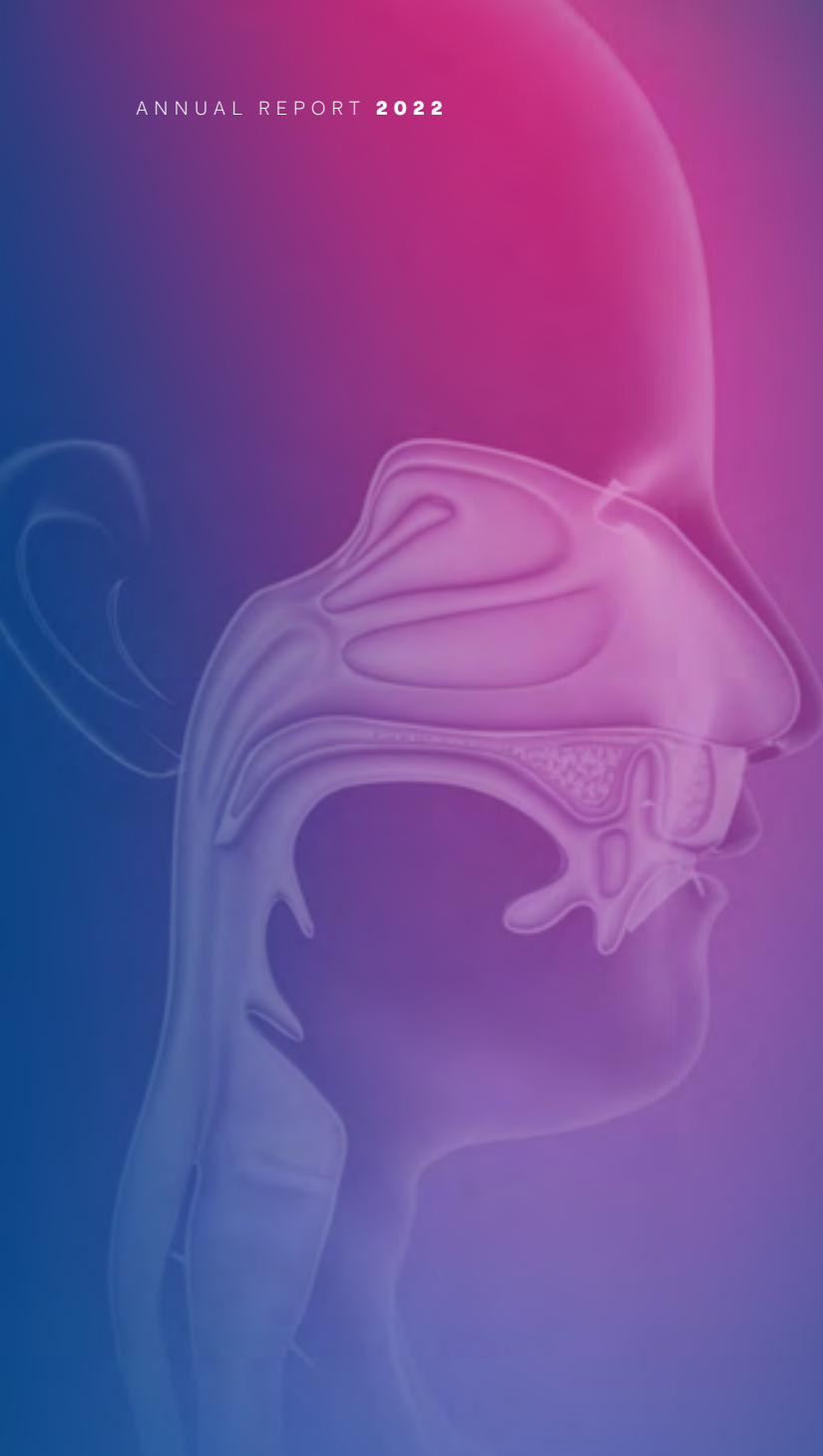


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Spain

350 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 pre-neoplastic lesions, salivary gland cancers and recurrent and/or metastatic cancer.

## Key Results

- Successful brainstorm sessions resulted in five trial proposals that the Group is exploring for funding. Collaboration also continues with the Endocrine Task Force to develop synergies for strategy and protocol development.
- The EORTC Board endorsed two trials and one research project. The trials entered the development phase, one is under regulatory submission and will investigate a combination of xevinapant with radiotherapy for elderly patients, and the other will investigate if radical radiation therapy in combination with immunotherapy can improve the outcome of recurrent oligometastatic head and neck cancer.
- Reached the target accrual for cohort 12 of UPSTREAM<sup>1</sup>, a study to investigate the effect of targeted treatment to specific biomarkers found in an individual patient's tumour. Recruitment continues in four other cohorts.
- More than 200 patients were included in the IMMUcan project<sup>2</sup>.

<sup>1</sup> EORTC-1559

<sup>2</sup> IMMUcan is a translation research project to better understand the tumor microenvironment.



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516 Members

# Imaging Group

## Our mission

The Group's multidisciplinary research promotes the scientific and clinical value of imaging across modalities. Members promote the use of advanced techniques including translatable quantitative biomarkers, radiomic analyses and artificial intelligence to interrogate biologically driven questions. Specific interests involve the successful delivery of therapy and image-guided treatment, including theranostics. Members are radiologists, nuclear medicine physicians and scientists interested in medical imaging.

## Key Results

- Published several authoritative recommendations on imaging, including for recommendations for standardisation in colorectal cancer with the Gastro-Intestinal Group and recommendations for standardisation of lesions for biomarker analysis with the European Society of Radiology. Together with the European Society of Oncological Imaging, the role of RECIST<sup>1</sup> criteria as a biomarker for response was also highlighted.
- Continued strengthening of transversal research including with other Groups. In particular, the oligometastatic disease sub-committee has made substantial progress with the Delphi consensus on imaging in breast cancer in collaboration with the Breast Cancer Group.
- Hosted virtual plenary meetings featuring keynote lectures from world-renowned experts. At the spring meeting, lectures were given on lung cancer screening and the Delphi Method<sup>2</sup>, an approach that members have successfully used in the past and is the basis of ongoing projects.

<sup>1</sup> The Response Evaluation Criteria in Solid Tumours (RECIST) provides a simple and pragmatic methodology to evaluate the activity and efficacy of new cancer therapeutics in solid tumours.

<sup>2</sup> The Delphi Method is an approach to answer a research question by consensus with subject experts. It allows for reflection among participants, who can then nuance and reconsider their opinion based on the anonymised opinions of others.



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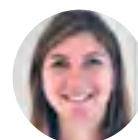
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339 Members



# Leukaemia Group

## Our mission

The Group focuses on improving outcomes for adult patients with acute leukaemia or related hematologic malignancies, such as myelodysplastic syndromes. Members operate clinical trials, including large standard-practice changing phase III studies. One of its hallmarks are strong translational research programmes, that for example optimise epigenetic therapy and standardise minimal residual disease assessments in acute myeloid leukaemia or myelodysplastic syndromes to improve treatment stratification at diagnosis, treatment monitoring and optimisation. With the Quality of Life Group, members engage in survivorship studies that leverage the large number of patients already included in past phase III clinical trials.

## Key Results

- Completed analysis and follow-up 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 leukemia. Presented results at major congresses in haematology.<sup>1</sup>
- Advanced several translational projects embedded in large phase III studies on, for example, the detection of minimal residual disease.
- Published results of an open label phase III study on the antifungal prophylaxis treatment strategy for patients suffering from haematological malignancies or receiving an allogeneic stem cell

transplant, in collaboration with the Infectious Disease Group.<sup>2</sup>

- Closed recruitment for a survivorship project to understand and improve long-term outcomes for acute myeloid leukaemia patients as part of the SPARTA trial.<sup>3</sup>
- Engaged in HARMONY<sup>4</sup> initiative which gathers, integrates and analyses patient-derived data from diverse sources as part of the Big Data for Better Outcomes programme.<sup>5</sup>
- Engaged in HARMONY initiative which gathers, integrates and analyses patient-derived data from diverse sources as part of the Big Data for Better Outcomes programme.
- Several active translational projects embedded in the large phase III study on, for example, the detection of the minimal residual disease.

<sup>1</sup> Efficace F, et al. (2022). 10-Day Decitabine Versus Intensive Chemotherapy Followed by Transplantation in Fit AML Patients Aged ≥60 Years: Health-Related Quality of Life Outcomes of the Randomized Phase III Trial AML21 of the EORTC leukaemia Group, Gimema, Celg, and Gmds-SG. *Blood*.  
<https://doi.org/10.1182/blood-2022-166544>

<sup>2</sup> Maertens J, et al. (2022). Empiric vs Preemptive Antifungal Strategy in High-Risk Neutropenic Patients on Fluconazole Prophylaxis: A Randomized Trial of the European Organization for Research and Treatment of Cancer. *Clinical Infectious Diseases*.  
<https://doi.org/10.1093/cid/ciac623>

<sup>3</sup> The Survivorship Project to understand and improve long-term outcomes for acute myeloid leukaemia patients (SPARTA)

<sup>4</sup> Healthcare Alliance for Resourceful Medicines Offensive against Neoplasms in Hematology (HARMONY) is funded by the European Union.

<sup>5</sup> The project known as BD4BO is an initiative of the European Union.



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Germany

175 Members



# Lung Cancer Group

## Our mission

This Group aims to challenge, re-define and develop standards of care in all stages of lung cancer from early stage to locally advanced and metastatic disease. This extends to rare thoracic cancers. Members are especially focused on the conduct of pragmatic trials and (de)intensification of treatments. Projects are designed to integrate disciplines such as imaging, translational research and quality of life.

## Key Results

- Presented results of PEARLS<sup>1</sup> trial at major conferences that provided support for adjuvant pembrolizumab compared to placebo for completely resected early non-small cell lung cancer (NSCLC), regardless of PD-L1 expression. Results were published in Lancet Oncology and led to the FDA approval of pembrolizumab in the adjuvant setting.
- Presented results of APPLE<sup>2</sup> at major conferences that showed serial monitoring of ctDNA in patients with advanced EGFR mutant-NSCLC treated with first-generation EGFR inhibitors is feasible. Molecular progression before radiological progression led to earlier switch to osimertinib in 17% of patients with satisfactory survival outcomes.
- Reached accrual for NIVOTHYM<sup>3</sup> trial on the combination cohort of ipilimumab/nivolumab in patients with thymic malignancies after progression to chemotherapy. Presentation of the primary endpoint is expected in 2023.
- Started recruitment for the PRIMALung<sup>4</sup> trial to answer the clinically relevant question of prophylactic cerebral irradiation or active MRI surveillance in patients with small-cell lung cancer.
- Developed a project about the consensual multidisciplinary definition of resectable stage III NSCLC<sup>5</sup>.

<sup>1</sup> EORTC-1416

<sup>2</sup> EORTC-1613

<sup>3</sup> EORTC-1525

<sup>4</sup> EORTC-1901

<sup>5</sup> NSCLC is any type of epithelial lung cancer other than small cell lung cancer.



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621 Members

# Lymphoma Group

## Our mission

The Group is focused on treatment of patients with Hodgkin Lymphoma (HL), a disease with high treatment success rates but where late toxicity (second cancers, cardiovascular disease 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

- Presented the first results of our phase II trial on response adapted treatment amongst patients with advanced Hodgkin lymphoma (COBRA trial<sup>1</sup>) at the International Symposium of Hodgkin Lymphoma in Cologne.
- Published papers<sup>2</sup> on survivorship of patients treated in EORTC's clinical trials.
- Finalised the development of our collaborative trial in early-stage Hodgkin lymphoma (RADAR trial<sup>3</sup>) with inclusion beginning in 2023.
- Expanded our Executive Committee with enthusiastic expert investigators.

<sup>1</sup> EORTC-1537

<sup>2</sup> Juul SJ, et al. (2022). Employment situation among long-term Hodgkin lymphoma survivors in Europe: an analysis of patients from nine consecutive EORTC-LYSA trials. *Journal of Cancer Survivorship*.

<https://doi.org/10.1007/s11764-022-01305-w>

Juul SJ, et al. (2022). Comparison of outcomes between Hodgkin's lymphoma patients treated in and outside clinical trials: A study based on the EORTC-Dutch late effects cohort-linked data. *European Journal of Haematology*.

<https://doi.org/10.1111/ejh.13899>

<sup>3</sup> EORTC-1913



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National Research Institute  
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Poland

261 Members



# Melanoma Group



## Our mission

The 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 to build on previous successes with pivotal adjuvant therapy trials by leading the COLUMBUS-AD<sup>1</sup> study, a randomised trial in collaboration with Pierre Fabre. It evaluates encorafenib and binimetanib as adjuvant therapy in resected stage IIb/c melanoma in 25 countries and 175 centres.
- Completed accrual of the EBIN<sup>2</sup> trial evaluating whether a sequential approach with an induction period of 12 weeks treatment with Braf/Mek targeted agents (encorafenib + binimetinib) followed by an immunotherapy combination with nivolumab + ipilimumab improves progression free survival compared to an immunotherapy combination nivolumab + ipilimumab alone as first line treatment in patients with BRAF V600 mutation-positive unresectable or metastatic melanoma.
- Submitted one proposal for review by the Protocol Review Committee: 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.
- Published a clinical guideline for the treatment of melanoma and Merkel cell carcinoma together with the European Association of Dermato-Oncology (EADO), further strengthening our collaboration.

<sup>1</sup> EORTC-2139

<sup>2</sup> EORTC-1612



PAUL  
LORIGAN

CHAIR

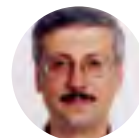
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GHANEM

TREASURER

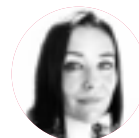
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FRANCESCA  
MARIA BOSIO

YOUNG - EARLY CAREER  
INVESTIGATORS  
REPRESENTATIVE

UZ Leuven, Belgium

470 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 perform collaborative studies into biomarkers.

## Key Results

- Contributed to the launch of the IMMUNO-model<sup>1</sup> COST Action<sup>2</sup> to establish an open, competent and multidisciplinary European network of scientists that can evaluate the response and toxicity induced by immunotherapies in preclinical models. The ultimate objective is to translate novel scientific discoveries into benefits that improve survival and quality of life for patients.
- Proposed and championed the creation of a European Molecular Tumour Board Network that can contribute to several work packages and tasks planned under the EU Horizon Europe Programme, Infrserv Cancer. It would enable scientists to bring in novel technologies and interact with clinicians confronted with multi-resistant oncologic disease. The network could significantly improve diagnostic quality, especially for patients at the late stage of their disease.

<sup>1</sup> CA21135

<sup>2</sup> COST Actions are interdisciplinary research networks typically supported by the EU that bring researchers and innovators together to investigate a topic of their choice for four years.



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529 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. It is an integral part of EORTC's Translational Research Division, delivering information for projects with other disease-oriented groups, particularly in early-stage development.

## Key Results

- Published 20 collaborative papers, which reflected strong collaboration across EORTC including with the Gastrointestinal, Pathobiology, Lung Cancer and Brain Tumour Groups. A joint paper with the Pancreatic Cancer Task Force evolved from a grant proposed by an Early Career Investigator in the Group.
- Hosted annual meetings with 150 participants that featured lectures by 30 invited speakers (PAMM and EORTC members or collaborators), 22 selected oral presentations and 37 posters by young investigators, discussing EORTC-PAMM research topics (i.e., individualised therapy, pharmacokinetics, novel therapeutics, and molecular mechanisms underlying chemoresistance), and new research topics, including immune-therapy, microbiome, and reverse pharmacology approaches.
- Strengthened collaboration with multidisciplinary networks, Stratagem and Transpan COST Actions<sup>1</sup>. This included for new diagnostic and therapeutic tools against multidrug resistant tumours and for identifying biological markers for prevention and translational medicine in pancreatic cancer. Collaboration involved members from Groups in France, Italy, Spain, The Netherlands and UK.
- Organised short internships for Early Career Investigators from Marseille, Palermo, Milano, Pisa, Parma, Madrid and Gdansk on collaborative translational research projects, whilst also running joint PhD projects between Groups in Amsterdam, Palermo, Parma and Gdansk.

<sup>1</sup> COST Actions are interdisciplinary research networks typically supported by the EU that bring researchers and innovators together to investigate a topic of their choice for four years.



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ANNETTE  
LARSEN

TREASURER

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et de la recherche médicale,  
France

273 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 disease-oriented groups to implement studies in clinical trials.

## Key Results

- Developed and validated the EORTC Computerised Adaptive Test (CAT) Core<sup>1</sup>, making it fully available for public use in 2023. This adaptive version of the QLQ-C30 questionnaire allows for more precise and personalised measurement of health-related quality of life.
- Group members are involved in EUonQoL<sup>2</sup>, an EU Horizon Europe project that aims at implementing a quality of life (QoL) toolkit across Europe, putting the CAT and Item Library at the centre of the development efforts.
- Developed new questionnaires to assess the quality of life for patients with anal cancer and both high and low grade non-Hodgkin lymphoma.
- Reached over 250 item lists in the EORTC Library for use in academic and commercial research. Item lists can be tailored to research needs and allow for better coverage of quality of life in trials.
- For the first time, three Early Career Investigators were awarded grants to visit institutions affiliated with the Group and twelve received funds to attend Group meetings.

<sup>1</sup> In CAT assessments, the selection of items is tailored to the individual based on responses to prior items. Item banks, from which the CAT selects items, have been developed for all symptom and functional domains of the QLQ-C30.

<sup>2</sup> EUonQoL aims to develop, pilot and validate the EUonQoL-Kit, a patient-driven, unified system to assess quality of life based on evaluations and preferences of cancer patients and survivors.



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Austria

604 Members



# Soft Tissue & 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 needed for this heterogeneous group of rare and ultra-rare cancers. They also engage with regulators and policymakers to help facilitate access to new treatments for rare cancer patients.

## Key Results

- Recruiting for multi-disciplinary flagship trial, STRASS 2<sup>1</sup> as well as the TOLERANCE<sup>2</sup> trial. Both are purely academic with EORTC as the 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.

<sup>1</sup> EORTC-1809

<sup>2</sup> EORTC-1976



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434 Members

A patient is lying in a hospital bed, receiving radiation therapy. A large, complex medical machine is positioned above the patient, with a white tube or nozzle directed towards their face. The patient is wearing a hospital gown and has their arms raised. The scene is set in a clinical environment, likely a radiotherapy department. The background is a soft, blue-tinted gradient.

# Radiation Oncology Scientific Council

The Radiation Oncology Scientific Council (ROSC), chaired by Piet Ost, Universitair Ziekenhuis Gent, Belgium, is a think tank established in 2020 that represents the radiation oncology community and advises EORTC on topics related to radiation treatment. Its priority is to ensure that radiation oncology remains a pillar of EORTC's multidisciplinary research by empowering and re-enforcing radiation oncologists within Disease-Oriented Groups.

## Treatment optimisation

Members are composed of diverse representatives from organisations and professional groups, including:

- EORTC Disease-Oriented Groups and EORTC headquarters
- European Society of Radiotherapy and Oncology (ESTRO)
- Experts in radiation therapy quality assurance (RTQA)
- Medical physicists and radiotherapy technologists

ROSC also supports a branch of early career investigators (ECI) in radiation oncology, providing training and support to research initiatives.

## Research in 2022

In 2022, ROSC continued to be instrumental in driving the E<sup>2</sup>-RADlatE programme and OligoRare, a histology-independent trial in rare oligometastatic cancers. ROSC members examined several trials where they helped to ensure data pooling across similar trials, prevent potential trial competition and implement quality assurance projects.

## The Council in action

Strategy – Develop EORTC's approach toward change in radiation therapy technology, techniques and treatment approaches and how to incorporate change in trials

- Guidance – Recognise areas where the EORTC database and trial expertise could be used to propose technical guidelines, best practices or methods applicable to radiation therapy
- Innovation – Identify new technology and novel techniques to incorporate in EORTC's trials or platform portfolios
- Research recommendations – Provide recommendations and feedback to concerned EORTC Groups regarding the use of radiation technology in trials
- Quality assurance – Maintain current processes and help establish new ones for developing technology and techniques
- Funding – Identify possible financial partners to help run trials across Europe
- Partnerships – Develop and nurture links with other academic groups, commercial entities and national, European and international agencies
- Membership – Support and stimulate the activity of Early Career Investigators in radiation oncology



# Projects



# INFRASTRUCTURE PROJECTS

## SPECTA



Expanding precision oncology is the present and future of cancer treatment and through the SPECTA platform, EORTC is leading the way in clinical research. This 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 in a single protocol and patient informed consent, with a unique clinical database as well. Its centralised process ensures high-quality collection and storage of human biological material, leading to robust translational research.

The platform is designed to enable rapid access to patient data and biological samples for quick implementation of new clinical trials. In some projects, a molecular report is generated and a molecular tumour board comprising clinicians, clinical and translational research scientists is organised to discuss the molecular findings as well as treatment options.

### Activity in 2022

- SPECTA's clinical research platform grew to 153 authorised research doctors in 19 countries.
- Around 600 patients were enrolled out of the 800 registered in three recruiting projects, contributing to more than 2 700 registered patients and 1 700 individual result reports delivered to investigators since SPECTA began.
- Published four publications featuring SPECTA projects: Arcagen-GI<sup>1</sup>, SPECTALung<sup>2</sup>, AYA Sarcoma<sup>3</sup> and IMMUcan scRNA seq DB<sup>4</sup>.

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<sup>1</sup> Lamarca A, et al. (2022). Molecular profiling and precision medicine in rare gastrointestinal cancers within EURACAN in the SPECTA Arcagen study (EORTC-1843): too few patients with matched treatment in Europe. *Annals of Oncology*. <https://doi.org/10.1016/j.annonc.2022.07.006>

<sup>2</sup> Morfouace M, et al. (2022). Results of screening in early and advanced thoracic malignancies in the EORTC pan-European SPECTAlung platform. *Scientific Reports*. <https://doi.org/10.1038/s41598-022-12056-0>

<sup>3</sup> Morfouace M, et al. (2022). Comprehensive molecular profiling of sarcomas in adolescent and young adult patients: Results of the EORTC SPECTA-AYA international proof-of-concept study. *European Journal of Cancer*. <https://doi.org/10.1016/j.ejca.2022.10.020>

<sup>4</sup> Camps J, et al. (2023). Meta-Analysis of Human Cancer Single-Cell RNA-Seq Datasets Using the IMMUcan Database. *Cancer Research*. <https://doi.org/10.1158/0008-5472.CAN-22-0074>

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## Precision oncology in action

SPECTA has incredible potential to advance precision medicine in oncology. Here are five innovative projects that used the platform in 2022.

### / In recruitment

**BioRadon** studies the molecular characterisation of non-small cell lung cancer and exposure to indoor radon in Europe, especially in non-smokers. Patient recruitment started in 2022, with 76 patients enrolled so far.

**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 analyse tumour samples from 3 000 patients from five different tumour types.

### / In analysis

**Arcagen** studies the genomic landscape of rare cancers. This is a collaborative project with the European Reference Network on Rare Adult Solid Cancer (EURACAN). The nine remaining cohorts reached the recruitment target and were closed for analysis in 2022.

**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. Results from the sarcoma cohort were published in 2022.

### / In development

**MRD** studies whether the detection of minimal residual disease by ctDNA, after curative treatment of several types of cancer with a high recurrence rate, is predictive of recurrence. The first cohort is expected to be active in 2023.

# E<sup>2</sup>-RADlatE



## Radiation oncology & the E<sup>2</sup>-RADlatE platform

The E<sup>2</sup>-RADlatE platform gathers 'real-world' data on patients treated with radiation oncology in Europe. The platform represents a unique collaboration between EORTC and the European Society for Radiotherapy and Oncology (ESTRO) to build collective knowledge on how treatments impact patient survival and quality of life. As a platform, it is open to different projects.

## OligoCare

OligoCare is the first project on the E<sup>2</sup>-RADlatE platform. It is 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 cohort 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 2022, a total of 702 patients were recruited into the study contributing to nearly 2 000 patients

enrolled. 12 countries are currently contributing to recruitment with 47 sites activated out of the 50 planned for phase II. We plan to expand sites to an additional 47 centres in 2023.

Treatment data on 1 000 patients were presented at the annual ESTRO conference in 2022. First analysis of early toxicities on 1600 recruited patients with sufficient follow-up will be presented at ESTRO in 2023.

## ReCare

ReCare is a cohort that focuses on cancer patients who are treated with high-dose re-irradiation. This cohort includes five subgroups, according to the anatomic areas 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 2 000 patients is foreseen. Regulatory submission is ongoing in multiple countries and recruitment should start soon.

## OligoRare

Although not part of the E<sup>2</sup>-RADlatE platform, OligoRare is a key trial in radiotherapy at EORTC. In 2022, 57 patients with oligometastatic rare cancers were enrolled to either standard of care or SBRT<sup>1</sup>. Presently, seven out of eight sites are actively recruiting in five countries. A total of 200 patients will eventually be accrued through 2026.

<sup>1</sup> *Stereotactic Body Radiation Therapy (SBRT)*

# RESEARCH PROJECTS

## Spotlight on RECIST

Tumour response assessment is an important component of clinical trials in oncology, evaluating the activity and efficacy of new cancer therapeutics in solid tumours.

Already in 1979, the WHO proposed a unified set of criteria to establish a credible endpoint to be assessed earlier than overall survival. Implementation of a standardised definition not only ensured a uniform assessment of response between sites participating in a multicentre trial, but also allowed comparison of response to treatment across different trials. EORTC, together with NCI US and CCTG Canada, has been instrumental in subsequent initiatives to refine and clarify the criteria, resulting in the publication of the Response Evaluation Criteria in Solid Tumours (RECIST) v1.0 and v1.1. The value of both WHO and RECIST methodologies has been their pragmatic approach to providing a simple and feasible method applicable across a wide range of tumour types and investigations. Although developed primarily to assess activity in early phase II trials with tumour response as primary endpoint, the success of the criteria has led to the present situation where RECIST is applied across the spectrum from early phase I trials through confirmatory phase III trials, imbedded in the definition of endpoints such as response and progression free survival.

In a constantly changing landscape, RECIST must continue to evolve to stay up to date with new treatment classes, new imaging methodology and new diagnostic tools being

developed. This is done under the umbrella of the RECIST Working Group, comprising representatives from the three founding organisations, as well as scientific experts (oncologists, imaging specialists, methodologists) from other organisations. Its mission is to ensure that RECIST undergoes continued testing, validation and updating. This is clearly illustrated by the currently ongoing projects.

### RECIST for immunotherapeutic agents

The development of immunotherapeutic agents has led to remarkable improvements in patient outcomes in several tumour types. Unlike the classic antitumoural agents, the activation of the immune system by immunotherapy may cause an initial increase in tumour size, followed by tumour shrinkage. In RECIST v1.1 the initial flare would be considered a sign of progressive disease leading to treatment discontinuation. Pharmaceutical companies who have been developing the first of these type of treatments have developed their own rulesets for assessing response to immunotherapy. This divergence in rulesets was counteracted by the publication of iRECIST, an update of RECIST allowing treatment and observation beyond an initial tumour growth in the setting of immunotherapy. Efforts are currently ongoing to collect data to validate the use of these criteria for future trials.

On the other hand, several studies have reported the potential for (real) acceleration of the disease process upon the start of immunotherapy. There is currently no consensus on whether this exists and, if it does, on how to distinguish it from pseudo-progression. It is, thus, relevant to define characteristics based on which we can identify, capture and manage this therapeutic outcome. This is therefore currently one of the main topics of investigation for the RECIST Working group.

## Tumour growth kinetics

In the last few years, the concept of tumour growth modelling has gained some momentum as a more efficient alternative to RECIST criteria for assessing treatment effect in (early) clinical trials. A regression-growth equation has been proposed based on the assumption that change in tumour quantity during therapy results from 2 independent processes: an exponential decrease/regression, followed by an exponential growth/ regrowth of the tumour. The derived tumour growth constant correlates with classical outcomes in clinical trials and could therefore be used as an early tool to assess efficacy.

Moreover, one of the criticisms of RECIST is that the criteria do not take into account the individual lesion response, especially the phenomenon of mixed responses, which is a mix of responding and non-responding lesions, occurring within the same patient. It is currently not clear whether patients displaying such response patterns have an outcome similar to patients with more homogeneous response patterns, and therefore whether this deserves specific attention in the RECIST categorisation. The RECIST Working group would therefore like to assess how criteria based on mixed responses compare to classical RECIST assessment and whether such criteria have a better association with overall survival as compared to RECIST. There are currently few data available on the actual occurrence of mixed responses.

The RECIST Working Group is currently exploring these two concepts in the existing databases which were previously used to validate and/or update initial RECIST criteria.

## Response assessment in patients with brain metastases

RANO criteria for response assessment of Brain Metastases and RECIST are two different methods

for measuring the size of cancer lesions. These methods are used in clinical trials to assess the tumour shrinkage or tumour growth that happens when patients are treated with a specific drug(s). Although both methods have some similar characteristics in the way they assess the size of the cancer, there are also some differences. It is unclear if one of the methods may be better correlated with the length of time that a patient responds to treatment, or whether one of the methods is better correlated with the total time a patient survives. The RECIST Working Group and the RANO consortium are jointly working on pooling data from a large number of clinical trials of brain metastases to provide a unified approach for the assessment of response of patients with brain metastases. [ac](https://www.ac)

## New routes for RECIST

As mentioned above, the world of imaging is rapidly changing as the computational power of artificial intelligence-based algorithms is starting to allow automatic segmentation of tumour lesions on classical images and the extraction of features (not visible to the human eye) that can be used to help classify and predict outcomes of patients. In January 2022, the RECIST Working Group organised a workshop on the application of radiomics in clinical trials in general and the role radiomics could play in future versions of RECIST. The outcome of this workshop is currently being written down in a white paper which will clarify a roadmap for possible integration in RECIST.

Further, in September 2022, the RECIST Working Group organised a workshop with experts in the field of liquid biopsies and ctDNA testing to get a better picture of the state of the art of this technology, and the role it can play in monitoring patients response to treatment in clinical trials. These two workshops will have a profound impact on the way forward for RECIST.



# EORTC

# ecosystem



# Our partnerships

Since EORTC was founded 60 years ago, we have worked to strengthen partnerships with other stakeholders involved in cancer care who share the same mission: to improve survival and quality of life for patients. Enabling collaboration across scientific disciplines and national borders is fundamental to our purpose. This is why we highly value collaborations that can leverage the unique expertise and resources of each organisation.

The formal and informal relationships we have across our ecosystem are as diverse as its parts. With some

organisations, we establish partnerships such as with medical societies or government bodies. These partners lend their expertise with clearly defined responsibilities in our structure, whilst adhering to EORTC standards for independence and quality. Other relationships are built around shared principles and policy goals such as with patient groups.

No matter the depth or breadth of collaboration, we share the same pursuit of science and progress in cancer care.



# Our policy actions



# Making policy impact in 2022

EORTC plays a major role at European and national levels to alert regulators of 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 pan-European expertise in clinical research and oncology, we add significant value to high-level EU discussions on Europe's research agenda and as seen in 2022, we are increasingly awarded EU research grants.

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

*Elevating  
our voice  
at the  
EMA*

*EORTC CEO, Dr. Denis Lacombe was appointed as a voting member of the Management Board of the European Medicine Agency (EMA) in 2022. This gives EORTC insight during this three-year mandate into the functioning of the agency and allows EORTC to emphasise the specific challenges but also the importance of non-commercial research in Europe.*

## Treatment optimisation

Placing treatment optimisation at the top of Europe's health agenda and investment strategy is a longstanding policy priority for EORTC. Our policy recommendations are expressed in the manifesto on treatment optimisation<sup>1</sup> launched in 2019 with the support of key allies in cancer care.

The manifesto highlights the vital role of independent clinical research in Europe to define optimal therapy uses. Our advocacy has emphasised the resulting cost savings that could ensure better access to treatment for European citizens, especially for expensive new drugs.

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
- DG Health and DG Research and Innovation
- International Association of Mutual Benefit Societies
- Health Technology Assessment (HTA) bodies
- Patient groups and associations

<sup>1</sup> <https://www.eortc.org/blog/2019/01/29/eortc-manifesto-on-treatment-optimization-your-support-needed/>

## Cancer Medicine Forum

In 2022, we achieved a significant breakthrough with the start of the Cancer Medicines Forum (CMF). The forum fuses the power of EORTC's network with the European Medicines Agency (EMA) to advance treatment optimisation for approved cancer medicines. Though led by a strong academic component, the CMF includes representatives of all stakeholders involved in the process of development and care.

The objectives of the Forum are to leverage the focus given to drug regulation in order to support treatment optimisation, to identify and prioritise research questions for treatment optimisation of approved cancer medicines, as well as to identify other priorities on policy aspects emerging from the academic community. Finally, it aims to integrate the work of academia into regulatory decisions.

In addition, EORTC participated in multiple meetings with officials from DG Health and DG Research and Innovation, patients, clinicians, various HTA bodies, the International Association of Mutual Benefit Societies and the European Social Insurance Platform.

## Implementation of EU regulations

EORTC has also addressed in its policy actions as well as in its internal processes the implementation of new regulations. The full use of health data is paramount for advancing science not limited to the understanding of the disease and treatment effects but also to the development of new tools such as artificial intelligence solutions. The European legal framework for research should achieve the delicate balance between unlocking the power of health data whilst safeguarding patient rights.

The European Union was active in 2022 with its European Health Data Space initiative composed of several proposed regulations, notably the **Data Governance Act** and the **Data Act**.

Together with other stakeholders, EORTC advocated for more clarity and consistency from the EU when issuing policy that impacts other regulation such as the **General Data Protection Regulation** (GDPR). Our view is that new legislation should not add unnecessary complexity to the research environment. But rather build trust and understanding between researchers and patients.

In 2022, we continued implementing the new **Clinical Trial Regulation**, adapting many EORTC's regulatory processes, whilst continuing working with the EMA to address remaining bottlenecks, such as those related to the **Clinical Trial Information System** that has impacted non-commercial research like ours.

Efforts to prepare for the implementation of the **Medical Device and In-Vitro Regulations** are also ongoing. In our engagements with policymakers, we regularly stress the importance of co-ordinating and harmonising regulations and the risk for clinical research if not.

In consultations around the revision of the **EU General Pharmaceuticals Legislation**, we



emphasised the need for public financing to support treatment optimisation research. It is essential to ensure organisations like EORTC can continue conducting independent research without commercial aims. Treatment optimisation research

also has a role to play in supporting the efficient use of public resources and ultimately the affordability of medicines and access for all.

## EU projects



Winning EU funding for clinical research projects is challenging and extremely competitive. Researchers devote significant time and resources to prepare

project applications with very limited chance to succeed. That is why 2022 was such an exciting and proud time for all of us engaged in EU-funded research over the years.

Three proposals co-ordinated by EORTC were selected for funding under the **Horizon Europe** call for pragmatic clinical trials to optimise treatments for patients with refractory cancers. These projects will begin in 2023 and involve the creation of a treatment optimisation platform for glioblastoma, prostate and peritoneal sarcoma cancers. Other EU projects that EORTC contributed to in 2022 include:

- Quality of Life in Oncology: measuring what matters for cancer patients and survivors in Europe (**EUonQoL**) is a patient-driven initiative to create a unified system for the assessment of quality of life based on evaluations and preferences of cancer patients and survivors.
- Improving the future of young adults with cancer (**STRONG-AYA**) aims to collect real-world data

from five European countries to feed a platform powered with artificial intelligence to define best treatment options, support patient decisions and optimise healthcare.

- Integrated IMMUnoprofiling of large adaptive CANcer patient cohorts (**IMMUcan**) is a 36-million-euro project to understand the tumour micro-environment and how it evolves under the influence of cancer treatment.
- Setting International Standards of Patient-Reported Outcomes and Quality of Life Endpoints in Cancer Clinical Trials (**SISAQOL-IMI**) is establishing guidance on how to use patient-reported outcomes in cancer clinical trials.
- Towards effective radiation protection based on improved scientific evidence and social considerations (**RadoNorm**) involves the SPECTA programme to recruit lung cancer patients to correlate molecular phenotype to indoor radon exposure.
- Next Generation Health Technology Assessment (**HTx**) is the leading case study on proton therapy, collecting real-world data for comparative effectiveness analysis.
- **IMI TRISTAN** is a project to validate clinical imaging biomarkers for drug safety assessments



# Patient involvement



# Partnering with patients for better research outcomes

## 2022 in a nutshell

EORTC's efforts to engage people affected by cancer in clinical research continued with robust attention in 2022.

Our focus was on raising awareness around patient involvement as a concept and enhancing understanding of the opportunities for Disease Oriented Groups, EORTC HQ, and patient partners to co-create research. Throughout the year, Groups expressed their interest to learn more about the spectrum of patient involvement activities to better integrate patient voices in studies. We have also observed an increased interest in patient involvement in the cancer research community and were pleased to see increasing support for evolving from tokenistic patient participation in clinical research to more meaningful engagement.

## Integrating patient voices in our research

Although the level of patient involvement differed from one study to another, patient perspectives helped shape EORTC's research processes, redefine research priorities and improve the quality of patient information sheet and informed consent. Patient reviews were highly appreciated by EORTC's medical teams with contributions including 19 patient reviews of 15 study documents, including:

- 1 research proposal
- 9 protocol synopses
- 5 patient information sheets and informed consent documents, including a template

*We welcome new patient partners to co-create clinical research with EORTC*

## Patient Days

In November 2022, we hosted our biennial training course, Patient Days. This two-day event is designed specifically for patients, caregivers and patient advocates. The main objective is to help participants improve their understanding of cancer and cancer care with EORTC, multidisciplinary approaches to cancer treatment, including minimally invasive surgery, radio- and immunotherapy. Participants explored wide-ranging aspects of clinical trials, from the development of a research idea to disseminating study results. Several sessions helped patients to unravel the complexity of randomisation, blinding, real-world data, and artificial intelligence applied in the scope of cancer research. A closing session dedicated to patient involvement emphasised the need for diversity and inclusion that, as a result, could reduce inequality in patient involvement for people from different backgrounds.

Some key takeaways from this year were the value of pragmatic trials for patients as well as the importance of data sharing and data altruism to enhance research. EORTC thanks the Patient Panel members who helped to shape the programme and ensure it was truly relevant for the cancer patient community.

### By the numbers

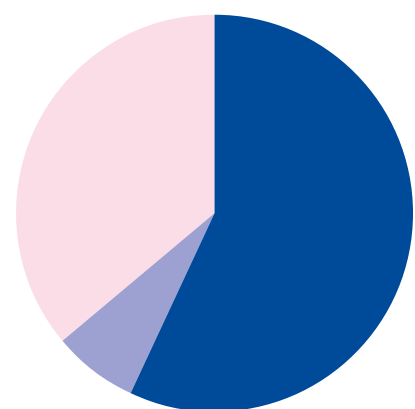
- 32 patients and caregivers attended
- 23 speakers representing 19 countries

### Assessing satisfaction

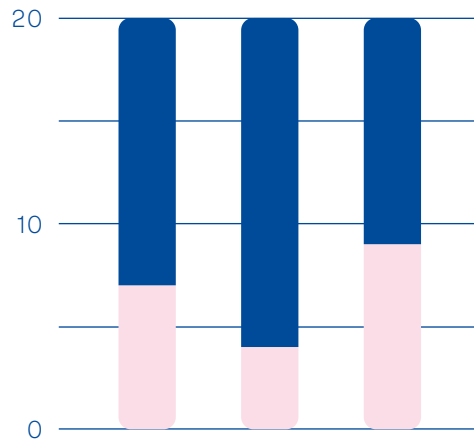
A post-event survey showed overall satisfaction with Patient Days, in particular the programme, organisation and delivery of the presentations.

Learning expectations of the event were not only met but in 70% of cases were even exceeded.

### How satisfied are you with EORTC Patient Days?



● Neutral	7%
● Satisfied	36%
● Very satisfied	57%

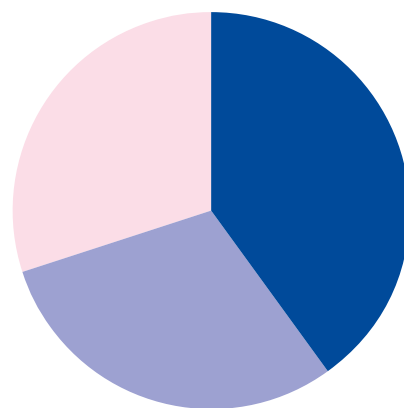


*How satisfied are you with EORTC Patient Days?*

	Program	Organ.	Delivery
Very good	13	16	11
Good	7	4	9

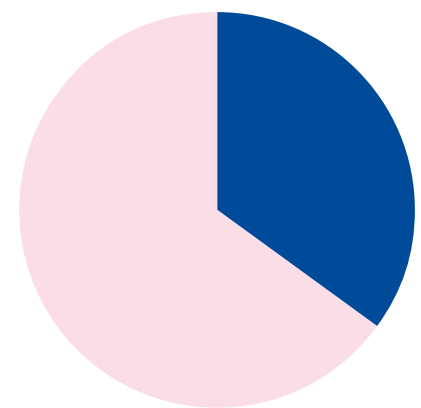
*To what extent were your learning expectations met?*

- Met expectations 30%
- Above 30%
- Far-above 40%



*Will you apply the knowledge you obtained during Patient Days in your personal or professional life?*

- To a great extent 35%
- To some extent 65%



We have also learned that one of the most important takeaways from Patient Days were pragmatic trials and their value for patients, as well as the impact of data sharing and data altruism.

One of the participants shared his thoughts with us:

*The aspect that most struck me about the event was the realisation that there is a world of unseen research and commitment, undertaken by very talented people aimed towards the treatment and care of patients, that largely goes unseen. The fact that an organisation like this exists is extraordinary. This event and EORTC seem to place the patient right at the heart of processes.*

**Martin Kirby , Patient Days participant**

To the question “how did this event impact your perception of EORTC?”, some patients commented:

*It made me realise that within EORTC patients really matter. Added to this, the effort put into the event illustrated that EORTC is willing to and doing more carrying-out high impact research.*

**Ana Amariutei , Patient Days participant**

EORTC would like to express its special gratitude to the Patient Panel members who were part of the EORTC Patient Days Programme Committee and helped

shape the programme of this event, adjust it to the needs of the audience and include topics that are truly relevant for the cancer patient community.

## Clinical trial brochure in lay language

An updated Clinical Trial Brochure is now available for patients. Produced in close collaboration with the Patient Panel, it explains how clinical trials are designed and carried out for patients in accessible lay language. In addition to a glossary of useful terms, it also includes a list of questions patients might find useful through their cancer journey. The brochure is currently available in English.





Participants at the EORTC Patient Days, hosted in Brussels, Belgium, on 25-26 November 2022

**WHY SHOULD YOU READ THIS BOOKLET?**

Patients with cancer may be asked to participate in a clinical trial. If you are a patient, a family member or friend, this booklet is for you. Our goal is to explain you what clinical trials are and to help you understand how they are set up and carried out.

We know how difficult it can be to understand and remember complex medical information, especially when cancer is being diagnosed and treatment options are being presented. However, this information is important to help you make adequate decisions. This booklet is meant to complement what your doctors tell you, providing answers to many of the questions you may have.

**CANCER CLINICAL TRIALS**  
**All you need to know**  
*A booklet for people affected by cancer*

**EORTC**  
The future of cancer therapy

For more information about EORTC, please have a look at the EORTC webpage on [www.eortc.org](http://www.eortc.org) or send an email at [communication@eortc.org](mailto:communication@eortc.org).

A snapshot of our Clinical Trials Brochure for patients



# Fellowships



# Fellowship Programme

Established in 1991 to promote European cancer clinical research, the EORTC Fellowship Programme encourages physicians, statisticians, and scientists from all over the world to work for up to three years at the EORTC Headquarters in Brussels, the capital of Europe.

This represents a unique opportunity to learn the principles of cancer clinical research by being attached to a specific EORTC Group, a medical or a methodological research programme in the Belgian capital. Our fellows absorb all aspects of creating, activating and bringing cancer clinical research projects to maturity whilst collaborating with a multidisciplinary team and building an international network.

Through the Cancer Research Fund in 2022, the Fellowship Programme benefited from the generous support of organisations across Europe, including:

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

## Fellows in 2022

- **23** fellows benefited from a research grant
- **9** fellowships were awarded (1 Bioinformatician – 4 statisticians – 3 Medical doctors – 1 Master in sciences in Quality of Life department)
- **4** fellows working on a PhD thesis
- **215** total fellows sponsored since 1991
- **46** nationalities

## Origins of fellows

*EORTC welcomed fellows from Europe, Africa, the Middle East, Oceania, Latin America and Asia.*

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

**AFRICA:** Cameroon, Ghana, Morocco, Nigeria & Zimbabwe

**MIDDLE EAST:** Saudi Arabia & Iran

**ASIA:** Japan, India & The Philippines

**OCEANIA:** Australia

**LATIN AMERICA:** Brazil

# Testimonials from our fellows



RIDWAN OYEBAYO OLANIRAN

BAYESIAN BIOSTATISTICS AND BIOINFORMATICS

Nigeria

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

*I learnt about the programme through postdoctoral and research fellowship opportunities posted on LinkedIn. Since my fellowship began in statistics, I have had the opportunity to contribute to various trials and research projects in collaboration with leading breast cancer oncologists in Europe. In addition, I have been privileged to attend statistics and oncology trainings, which have expanded my knowledge of various aspects of oncology trials.*



## ROBBE SAESEN

HEALTH POLICY AND REGULATORY SCIENCE

Belgium

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

*During my fellowship, I've met people from diverse cultural and educational backgrounds that have enriched my work. By sharing my office with a legal scholar and an economic researcher, for example, I learn from their experience and exchange research insights with them. I also collaborated with a statistical fellow for a study I conducted. Regardless of their specialty, all EORTC fellows have a monthly meeting where one person gives a presentation on a topic in their field of expertise. These meetings have broadened my horizons by exposing me to information that I wouldn't come across on my own. All these aspects contribute to EORTC's multidisciplinary culture, enabling the cross-fertilisation of research ideas among young researchers from different countries.*



## SARAH KELLY

RADIATION ONCOLOGY

United Kingdom

### *What has been professionally rewarding for you?*

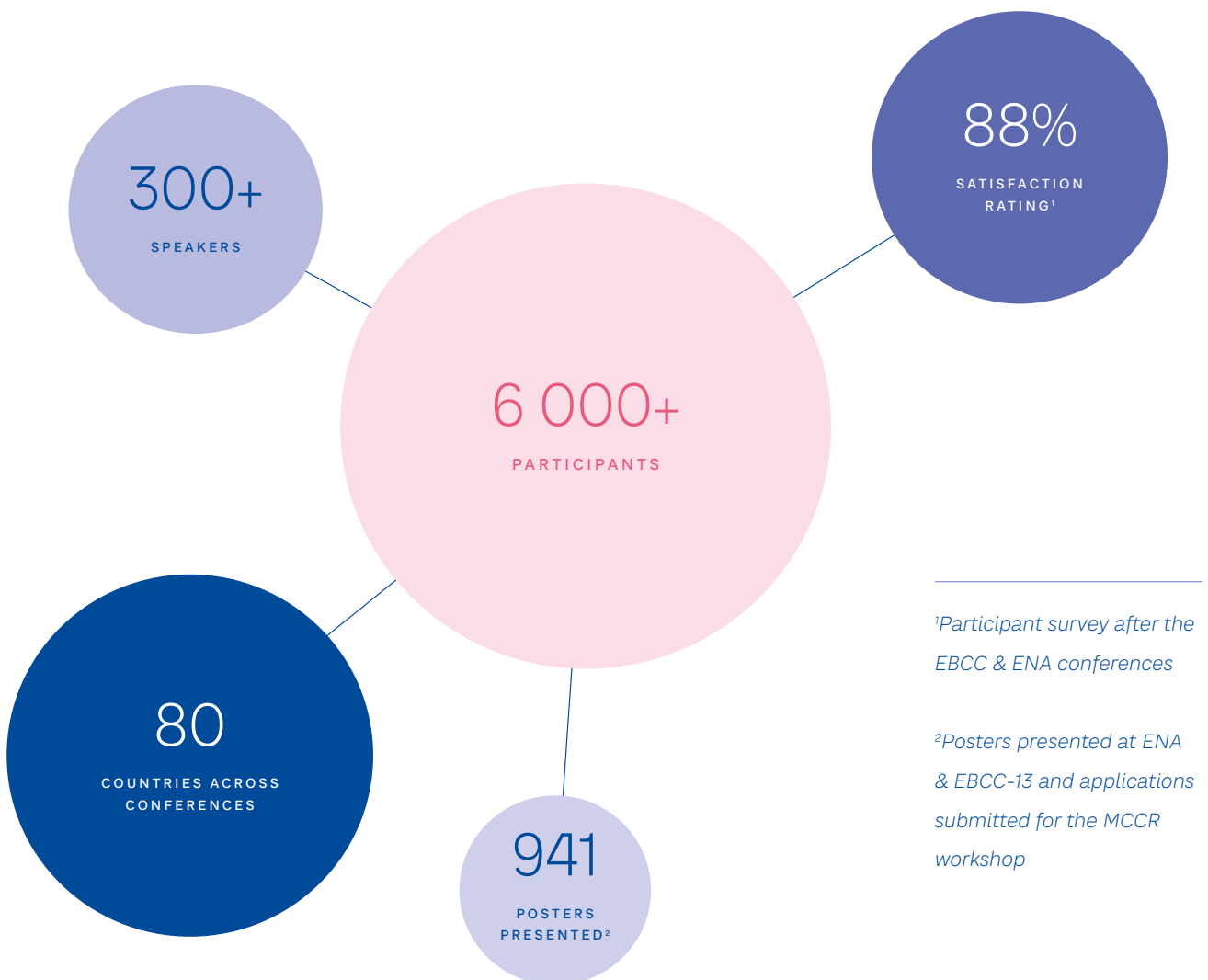
*This fellowship has given me the chance to develop research and project management skills that I would not typically have in a clinical environment, as well as publish my work and travel to present at a variety of conferences. Another significant highlight has been the mentorship and opportunities to collaborate with incredibly accomplished and enthusiastic people from around the world.*

# Events



# In 2022, EORTC welcomed the return to live events after a break due to the pandemic

Overall, over 6 000 delegates participated in EORTC-led events, providing a platform for collaboration and knowledge-sharing amongst our network and the wider scientific community.



<sup>1</sup>Participant survey after the EBCC & ENA conferences

<sup>2</sup>Posters presented at ENA & EBCC-13 and applications submitted for the MCCR workshop



## CLINICAL TRIAL STATISTICS FOR NON-STATISTICIANS

14 - 17 June / Brussels, Belgium



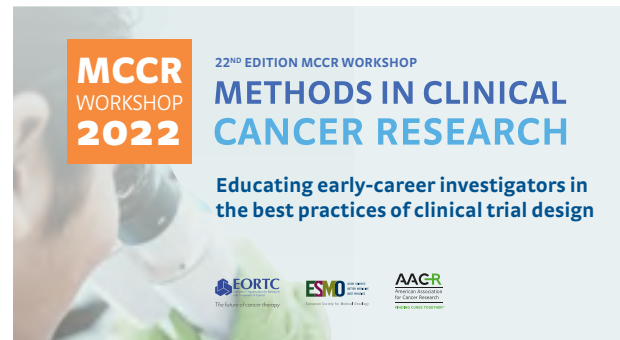
Taught by EORTC's world-class biostatisticians, this course offers participants the opportunity to gain greater understanding of statistical principles in an accessible way. Participants learn how to design their own clinical research, work in a multidisciplinary team involving statisticians and to critically appraise the scientific value of published research.

In 2022, over 70 participants enrolled in the course with over 55 per cent from academia and 15 per cent from industry. The remaining participants were from not-for-profit organisations and EORTC.

[www.eortc.org/stats](http://www.eortc.org/stats)

## METHODS IN CLINICAL CANCER RESEARCH WORKSHOP

18-24 June / Sint Michielsgestel, The Netherlands



Early Career Investigators learn best practice in clinical trial design during this week-long workshop. They benefit from access to experienced clinical investigators from different institutions and countries with expertise across all areas of clinical research. The workshop is organised in collaboration with the European Society of Medical Oncology (ESMO) and the American Association for Cancer Research (AACR). Together we have provided training to over 1 900 investigators from around the world since 1999.

In 2022, over 30 world-renowned faculty members taught 50 Early Career Investigators from 11 countries who were selected in a competitive application process. Most participants were medical oncologists, followed by clinical oncologists and paediatric oncology. Protocols ranged from phase I to phase III with a majority in phase II trials for 12 different tumour types.

[www.eortc.org/mccr](http://www.eortc.org/mccr)

## EORTC-BIG JOINT WEBINAR

19 October / Online



Every October is international breast cancer awareness month. On this occasion, and for the fourth consecutive year, we collaborated with Breast International Group (BIG) to organise the Pink October webinar for a scientific audience. This year's edition was entitled, The Unmet Needs of Older Patients with Breast Cancer.

Amongst the key learnings, participants gained insight into geriatric assessments that reveal essential information about a person's health status and treatment tolerance. The tool allows clinical trials to be more inclusive for older patients and optimise their care whilst reducing side effects and discontinuation.

## EORTC-NCI-AACR SYMPOSIUM ON MOLECULAR TARGETS & CANCER THERAPEUTICS (ENA)

26- 28 October / Barcelona, Spain



The symposium attracted 1 266 participants from academia, industry and government from across the globe. Participants discussed innovations and drug development, target selection, and the impact of new discoveries in cellular and molecular biology, as well as early clinical trials.

[www.eortc.org/ena](http://www.eortc.org/ena)

//

*Thanks for the great meeting. Everything worked very well, including the virtual session.*

//

*Wonderful meeting! I'm already looking forward to the next one.*

## EUROPEAN BREAST CANCER CONFERENCE (EBCC-13)

16- 18 November / Barcelona, Spain



After a COVID postponement, this conference attracted over 1 750 healthcare professionals from 79 countries and received over 350 abstracts. Participants learnt about the latest advances in breast cancer care from early detection to personalised treatment and survivorship.

The conference manifesto focused on balancing the pros and cons for contralateral prophylactic mastectomy and was subsequently printed in The European Journal of Cancer.

[www.eortc.org/ebcc](http://www.eortc.org/ebcc)



//

*This year was very good for me, because the talks were related to real world tasks that I have to resolve or improve in my institution. For me, it was one of the best meetings of 2022.*

//

*It was by far the best and most clinically relevant breast cancer conference I have been to and am definitely planning to attend the next one. Presentations were clear and relevant and interesting.*

## PATIENT DAYS TRAINING COURSE

25- 26 November / Brussels, Belgium



Cancer patients, caregivers, and cancer patients advocates gained a comprehensive understanding of the clinical trials process, from concept development to result release during this two-day training.

About 70 participants benefited from interactive sessions with experts on select topics.

Interested  
in future  
EORTC  
events?



*Scan here.*

# Financial overview



# Total revenue in fiscal year 2022

## Our investments

44,3 M (total)

34,1 M  
in clinical cancer research

0,6 M  
education and fellowships

2,0 M  
in development, communication  
and professional events

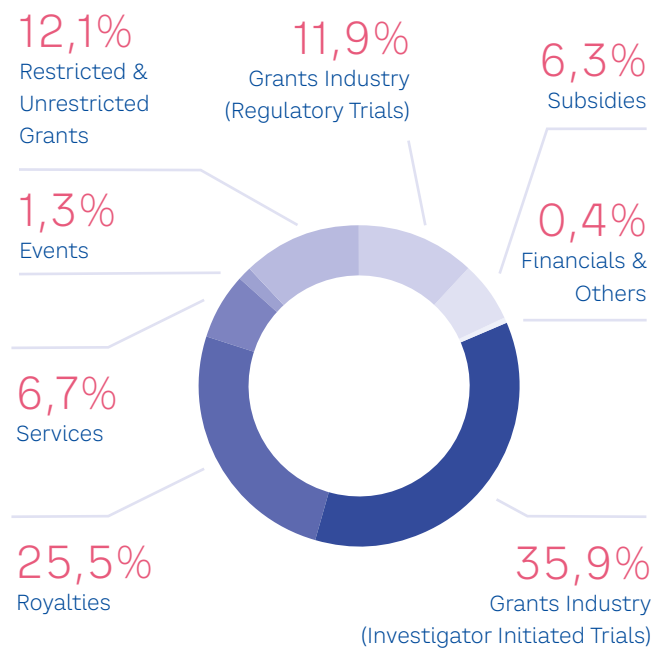
7,6 M  
in operating expenses

## Net assets

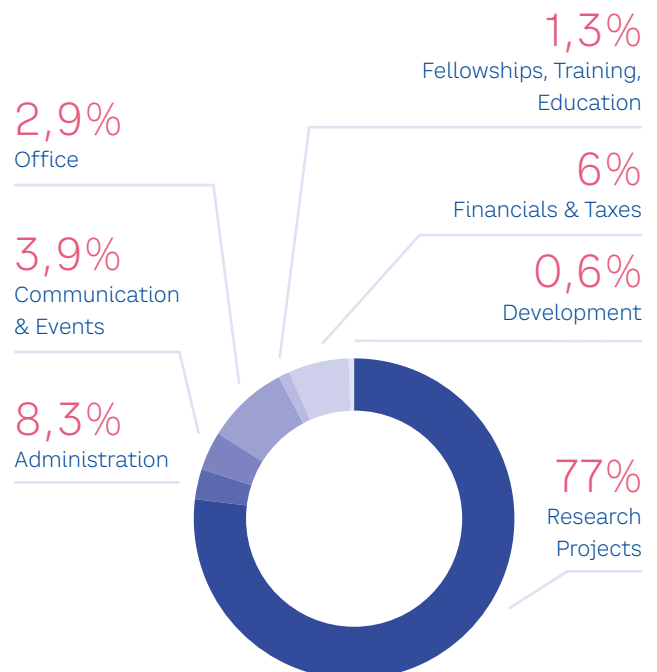
68,877 M  
in 2022

72,224 M  
in 2021

## Income



## Expenditures





# Cancer Research Fund

# EORTC



# An independant fund to support EORTC



Since its founding in 1976, the EORTC Cancer Research Fund (ECRF) has raised millions of euros to promote, encourage and support EORTC's critical mission. Grants and donations come from a diverse range of supporters, from institutions and foundations to the private sector and generous individuals across Europe and around the world.

## High-impact, transparent and cost-effective

We make sure your donations fund patient-centred, practice changing academic clinical trials that are unmet by the pharmaceutical industry. The ECRF Board continuously strives to achieve ever higher scores for accountability and transparency with oversight from EORTC's Audit and Finance Committee.

A portrait of HRH Princess Dina Mired of Jordan, a woman with long dark hair, wearing a dark blazer over a light-colored top, with her arms crossed. The image is overlaid with a semi-transparent blue filter.

# A message from our Honorary President

**HRH Princess Dina Mired of Jordan is a humanitarian, health activist and leading global advocate for cancer control.**

As a mother of a cancer survivor, serving as the ECRF's Honorary President is personal to me. I am unable to find words to give justice to the enormous gratitude I feel towards EORTC for the scientific advancements and hope it has provided for my family and millions of others around the world in the fight for survival.

The practice-changing, multidisciplinary research that emerges from this incredible organisation has made EORTC an increasingly global reference in cancer care and treatment.

EORTC's collaboration with the King Hussein Cancer Center in Jordan is the latest proof of its global promise that I hope will continue with more research institutions worldwide.

Whilst celebrating EORTC's 60<sup>th</sup> anniversary in September 2022, I was keenly aware that in my role, I stand on the shoulders of giants. HSH Prince Albert II of Monaco served as a tremendous leader following amongst others the late Prince Philip, the Duke of Edinburgh.

I'm inspired by their service and take up this mantle with all my passion and spirit, emboldened to leave no stone unturned to support EORTC's life-saving mission that truly serves all of humanity.





## A message from our Chairman, Count Diego du Monceau de Bergendal

The EORTC Cancer Research Fund was founded in 1976 by a group of European philanthropists. Its mission from the beginning and still today is to help raise funds for EORTC and to support its development in its fight against cancer. The Board of Trustees is committed to ensure that all donations made to ECRF enhance and accelerate the pace of patient-centred academic clinical research that increases the life expectancy and quality of life for patients across cancer types.

The ECRF Trustees are all people with the highest credentials who contribute their time and expertise to advance EORTC's mission.

Some trustees are chosen to be part of the Audit and Finance Committee of the whole organisation where they advise and make recommendations in total independence. This year we are pleased that Caroline Artis, a former senior partner of Ernst & Young (EY) in

London, accepted to become a Trustee and a member of the Audit and Finance Committee.

On behalf of all the Trustees, I want to express my sincere gratitude to all the doctors, researchers, and staff who made 2022 such a tremendous success.

And most importantly, I want to thank our donors. Your generosity ensures EORTC can continue delivering therapeutic progress that turns cancer patients into survivors.

Donors truly power EORTC forward, helping to ensure no one gets left behind in the fight for survival. Donate now to give us the means to continue having such a great impact on practice changing clinical trials.

Scan to learn more about how to make your gift today.

Thank you.



## Our Board in 2022

### ECRF Board of Trustees

Victoria Agnew	UK
Caroline Artis	UK
Guy Beniada	FR
Edward Chandler	UK
Evelyne Genta	UK
Jean de Gunzburg	UK
Duncan Jodrell	UK
Denis Lacombe	BE
Sally Lo	HK
Prince Guillaume of Luxembourg	LUX
Alejandra MacCohon-Gardner	SP
Diego du Monceau	BE
Suzan Sabanci-Dincer	TUR

Konstantin Sajonia-Coburgo	SP
Jean-Leopold Schuybroek	BE
Roger Stupp	US

### ECRF Advisory Board

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

# Total restricted and unrestricted funds raised in 2022

Consolidated figures (EORTC, ECRF, Friends of EORTC, Fondation Francaise RTC<sup>1</sup>)

€ 4.7 M

RESTRICTED &  
UNRESTRICTED  
FUNDS

23

FELLOWSHIPS  
SPONSORED IN  
TOTAL

75

NUMBER OF  
ACADEMIC PROJECTS  
FUNDED (PARTIALLY &  
IN FULL)<sup>2</sup>

9

NEW  
FELLOWSHIPS  
SPONSORED IN  
2022

<sup>1</sup> Friends of EORTC & Fondation Francaise pour la Recherche et Traitement du Cancer (FFRTC) are registered charities in the UK and France respectively

<sup>2</sup> No industry involvement





# 2022 Highlights

## AmerisourceBergen donates \$1.5 million to the SPECTA platform



Precision oncology is the future of cancer treatment and through the SPECTA platform EORTC is leading the way in clinical research with this technology. In recognition of its breakthrough potential, AmerisourceBergen donated \$1.5 million to the SPECTA platform in 2022 following the over 10-year tradition of support from its subsidiary, Alliance Healthcare, previously owned by Walgreens Boots Alliance.

The partnership with Alliance Healthcare as a member of the AmerisourceBergen Group ensures the continuation of SPECTA's work in

precision cancer medicine, helping guide patient treatment whilst advancing our understanding of cancer biology. 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 EORTC, Jean-Yves Blay. As one patient with papillary thyroid cancer attested, "my current treatment was defined only after inclusion in SPECTA".

By December 2022, SPECTA's ever-growing cancer clinical research platform included 153 authorised research doctors in 19 countries. More than 2 700 patients registered in the platform's clinical research projects with over 1 700 individual result reports provided to patients with guidance for treatment. SPECTA today counts five downstream projects: two in final analysis, two open to patient recruitment and one in development.

**AmerisourceBergen**

**Alliance  
Healthcare**

## Walgreens Boots Alliance commits €1.8 million to E<sup>2</sup>-RADIatE

In 2022, the Walgreens Boots Alliance (WBA) announced a three-year plan to raise €1.8 million to support E<sup>2</sup>-RADIatE. The platform is aimed at defining optimal radiation oncology treatments that can become the new standard of care for patients in clinical trials.

Radiotherapy is one of the mainstays of cancer treatment. Approximately one in two cancer patients need radiotherapy at least once in the course of their disease. Improved technology and their proper use are critical to increase the cure rate and decrease the probability of radiation-induced toxicity. This is the hope and possibility that E<sup>2</sup>-RADIatE offers.

"E<sup>2</sup>-RADIatE is the sole platform in Europe embracing radiation oncology to deliver evidence for novel therapeutic options", explains EORTC CEO, Dr. Denis Lacombe. It will streamline the collection and connection of clinical information with diagnostic imaging data, radiation imaging and treatment data as well as health economic



data. The platform will also collect patient-reported outcomes to improve patient-centred care and capitalise quality of life.

"Everyone at WBA is proud to support the vital work of EORTC, including with this ground-breaking technology", says WBA's Chief Operating Officer, Ornella Barra. "E<sup>2</sup>-RADIatE has great potential to reduce the health inequities in cancer care that we have long sought to overcome alongside EORTC."



**Walgreens Boots Alliance**



*[photo from EORTC's 60th Anniversary Gala Dinner in Brussels, September 29th, 2022]*

*HSH Prince Albert II of Monaco and HRH Princess Dina Mired of Jordan joined by Mrs Ornella Barra, Chief Operating Officer – International, Walgreens Boots Alliance, Prof Winette van der Graaf, EORTC President (far right), Dr. Denis Lacombe, EORTC CEO (second from right) and Count Diego du Monceau, EORTC Cancer Research Fund Chairman (far left).*

# Bringing greater hope through research to the Middle East



*Dr. Mansour, KHCC CEO, and Dr. Lacombe, EORTC CEO, Amman, Jordan*

*“The agreement demonstrates how EORTC stays true to its mission of improving survival and quality of life for all cancer patients. Access to clinical cancer research is crucial to close the gap in patient treatment and care. As a Jordanian and ECRF / EORTC Honorary President, I’m so proud of this partnership.”*

HRH PRINCESS DINA MIRED OF JORDAN

In 2022, the King Hussein Cancer Center (KHCC) in Amman, Jordan signed an agreement with EORTC, to become the EORTC Middle East Coordinating Office (MECO) for translational and clinical research. This is the first formal EORTC collaboration in the Middle East and was championed by Princess Dina Mired of Jordan who currently serves as ECRF/ EORTC’s Honorary President.

The agreement forms an important part of our efforts to develop cancer research in middle-income countries where relatively few patients take part in clinical trials. Founded in 1997, the King Hussein Cancer Centre has grown to become the first choice for patients seeking premium holistic cancer treatment in the region.

Since 2017, the King Hussein Cancer Center has successfully contributed to six EORTC clinical trials with representation in all EORTC research groups. The new partnership should accelerate this collaboration as well as enable activities with collaborators across the Middle East. Among the first activities was a clinical trial statistics course co-led by researchers from both organisations.

“EORTC is a European organisation, with a global view and mission to improve the lives of cancer patients worldwide”, said Dr. Denis Lacombe, EORTC Chief Executive Officer. “This agreement brings us a step closer to achieving this mission.”



*EORTC- KHCC Middle East Co-ordinating Office (MECO) signing agreement event, Amman, Jordan*

# Investing in future generations of clinical cancer researchers

Since 1991, the ECRF has supported EORTC Fellowship programme. This programme enables researchers from all disciplines vital to cancer research (oncology, statistics, imaging, physics, law, policy and patient privacy) from around the world to engage in world-class research for up to three years at EORTC Headquarters in Brussels.

In 2022, EORTC welcomed a total of 23 fellows thanks to the longstanding support of organisations including: Fonds Cancer (FOCA), the Belgium National Lottery, European Society for Paediatric Oncology, Kom op Tegen Kanker (KOTK), University of Leiden.



# We need partners like you

## What exactly is clinical research?

When you partner with 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 that is not funded by pharmaceutical or biotechnology companies for commercialisation, but by non-profit clinical research organisations.

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

Improving cancer survival requires independent multidisciplinary research that leads to breakthrough clinical trials. Clinical trials are the most important step on the journey from the laboratory to patients' bedside.



EORTC is uniquely positioned to deliver on this mission as the strongest cancer fighting organisation in Europe. We operate on a global scale that would be impossible at national level, and with an outstanding record of achievements and breakthroughs dating back to 1962.

No tumour is too rare to tackle at EORTC. Our research is solution-driven for all types of cancers, regardless of their commercial value. We leave no-one behind because ultimately, cancer touches us all. If not directly, through our families, friends and our countries' healthcare budgets.

We need your support to pursue our progress forward. Together, we can keep increasing patient survival and quality of life.



# Thank you

EORTC and ECRF are grateful to all our supporters, including many private individuals, whose generosity helps to ensure therapeutic progress for all cancer patients.



Walgreens  
Boots  
Alliance



AmerisourceBergen



Fonds Cancer  
(FOCA)



Snowman  
Foundation

Foundation  
Georges Dreyfus

# Contact us



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+32 2 774 15 26



[www.eortcresearchfund.org](http://www.eortcresearchfund.org)

We make it easy for businesses and individuals to support our mission.

Take the first step and reach out to our team to start a conversation today!



## BE

EORTC ECRF

IBAN: BE79 0682 4292 7433 (EUR)



## UK

Friends of EORTC

IBAN: GB30 COUT 1800 0201 8843 95 (GBP)



## FR

Fondation Française RTC

IBAN: FR76 30000 4009 3200 0100 3025 923 (EUR)



## Rest of Europe & USA

for EORTC Cancer Research fund

Transnational Giving Europe (TGE)

King Baudouin Foundation US

# Publications



GROUPS	JOURNAL / TITLE / DOI	AUTHORS
<b>Brain Tumour</b>	<b>Journal of Clinical Oncology</b> Joint Final Report of EORTC 26951 and RTOG 9402: Phase III Trials With Procarbazine, Lomustine, and Vincristine Chemotherapy for Anaplastic Oligodendroglial Tumors. <i>J Clin Oncol</i> 2022. <a href="https://doi.org/10.1200/JCO.21.02543">https://doi.org/10.1200/JCO.21.02543</a>	<i>Lassman A, Hoang-Xuan K, Polley MY, Brandes A, Cairncross JG, Kros J, Ashby L, Taphoorn M, Souhami L, Dinjens W, Laack N, Kouwenhoven M, Fink K, French P, MacDonald D, Lacombe D, Won M, Gorlia T, Mehta M, van den Bent M.</i>
<b>Brain Tumour</b>	<b>Clinical Cancer Research</b> Prognostic significance of DNA methylation profiles at MRI enhancing tumor recurrence: a report from the EORTC 26091 TAVAREC trial. <i>Clin Cancer Res</i> 2022. <a href="https://doi.org/10.1158/1078-0432.CCR-21-3725">https://doi.org/10.1158/1078-0432.CCR-21-3725</a>	<i>Draaisma K, Tesileanu C, de Heer I, Klein M, Smits M, Reijneveld JC, Clement P, De Vos F, Wick A, Mulholland PJ, Taphoorn M, Weller M, Chinot O, Kros J, Verschuere T, Coens C, Golfinopoulos V, Gorlia T, Idbaih A, Robe P, van den Bent M, French P.</i>
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<p><b>Lymphoma</b></p>	<p><b>British Journal of Haematology</b>            Relapse Patterns in early-PET negative, limited stage Hodgkin Lymphoma (HL) after ABVD with or without Radiotherapy – A joint analysis of the EORTC/FIL/LYSA H10 and NCRI RAPID Trials. <i>Br J Haemathol</i> 2022.  <a href="https://doi.org/10.1111/bjh.18594">https://doi.org/10.1111/bjh.18594</a></p>	<p><i>Fiaccadori V, Neven A, Fortpied C, Aurer I, Andre M, Federico M, Counsell N, Phillips E, Clifton-Hadley L, Barrington S, Illidge T, Radford T, Raemaekers J.</i></p>
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<p><b>Melanoma</b></p>	<p><b>European Journal of Cancer</b>            Prognostic and predictive value of <math>\alpha</math>-blockers in the EORTC 1325/KEYNOTE-054 phase III trial of pembrolizumab vs placebo in resected high-risk stage III melanoma. <i>Eur J Cancer</i> 2022.  <a href="https://doi.org/10.1016/j.ejca.2022.01.017">https://doi.org/10.1016/j.ejca.2022.01.017</a></p>	<p><i>Kennedy O, Kicinski M, Valpione S, Gandini S, Suciu S, Blank C, Long G, Atkinson V, Dalle S, Haydon A, Meshcheryakov A, Khat-tak 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, Gutzmer R, Jamal R, van Akkooi A, Robert C, Eggermont A, Lorigan P, Mandala M.</i></p>
<p><b>Melanoma</b></p>	<p><b>European Journal of Cancer</b>            European consensus-based interdisciplinary guideline for melanoma Part 1: Diagnostics : Update 2022. <i>Eur J Cancer</i> 2022.  <a href="https://doi.org/10.1016/j.ejca.2022.03.008">https://doi.org/10.1016/j.ejca.2022.03.008</a></p>	<p><i>Garbe C, Amaral T, Peris K, Hauschild A, Arenberger P, Basset-Seguín N, Bast-holt L, Bataille V, Del Marmol V, Dreno B, Fargnoli MC, Forsea AM, Grob JJ, Hoeller C, Kaufmann R, Kellerners-Smeets N, Lallas A, Lebbe C, Lytvynenko B, Malveyh J, Moreno-Ramirez D, Nathan P, Pellacani G, Saiag P, Stratigos A, van Akkooi A, Vieira R, Zalaudek I, Lorigan P</i></p>
<p><b>Melanoma</b></p>	<p><b>European Journal of Cancer</b>            European consensus-based interdisciplinary guideline for melanoma. Part 2: Treatment - Update 2022. <i>Eur J Cancer</i> 2022.  <a href="https://doi.org/10.1016/j.ejca.2022.04.018">https://doi.org/10.1016/j.ejca.2022.04.018</a></p>	<p><i>Garbe C, Amaral T, Peris K, Hauschild A, Arenberger P, Basset-Seguín N, Bast-holt L, Bataille V, Del Marmol V, Dreno B, Fargnoli M, Forsea AM, Grob JJ, Hoeller C, Kaufmann R, Kellerners-Smeets N, Lallas A, Lebbe C, Lytvynenko B, Malveyh J, Moreno-Ramirez D, Nathan P, Pellacani G, Saiag P, Stratigos A, van Akkooi A, Vieira R, zalaudek I, Lorigan P.</i></p>

<b>Melanoma</b>	<p><b>European Journal of Cancer</b></p> <p>Diagnosis and treatment of Merkel cell carcinoma: European consensus-based interdisciplinary guideline – Update 2022. <i>Eur J Cancer</i> 2022.</p> <p><a href="https://doi.org/10.1016/j.ejca.2022.03.043">https://doi.org/10.1016/j.ejca.2022.03.043</a></p>	<p>Gauci ML, Aristei C, Becker J, Blom A, Bataille V, Dreno B, Del Marmol V, Forsea A, Fagnoli M, Grob JJ, Gomes F, Hauschild A, Hoeller C, Harwood C, Kelleners-Smeets N, Kaufmann R, Lallas A, Malvehy J, Moreno-Ramirez D, Peris K, Pellacani G, Saiag P, Stratigos A, Vieira R, Zalaudek I, van Akkooi A, Lorigan P, Garbe C, Lebbe C.</p>
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<b>Melanoma</b>	<p><b>Journal for ImmunoTherapy of Cancer</b></p> <p>Association of selected (immune-related) adverse events and outcome in two adjuvant phase III trials, Checkmate-238 and EORTC1325/KEYNOTE-054. <i>JITC</i> 2022.</p> <p><a href="https://doi.org/10.1136/jitc-2021-004272">https://doi.org/10.1136/jitc-2021-004272</a></p>	<p>Eggermont A, Kicinski M, Suciú S.</p>
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<b>Quality of Life</b>	<p><b>British Journal of Haematology</b></p> <p>International validation of the EORTC QLQ-CLL17 questionnaire for assessment of health-related quality of life for patients with chronic lymphocytic leukaemia. <i>Br J Haematol</i> 2022.</p> <p><a href="https://doi.org/10.1111/bjh.18072">https://doi.org/10.1111/bjh.18072</a></p>	<p>Oerlemans S, Efficace F, Kieffer J, Kyriakou C, Xochelli A, Levedahl K, Petranovic D, Cardoso Borges F, Bredart A, Shamieh O, Gziskevicius L, Lehmann J, Scholz C, Caocci G, Molica S, Stamatopoulos K, Panteliadou A, Papaioannou M, Alrjoob W, Baliakas P, Rosenquist R, Malak S, Miranda A, Cocks K, Van De Poll-Franse L.</p>

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<b>Quality of Life</b>	<b>European Journal of Cancer</b> Clustering of EORTC QLQ-C30 Health-related quality of life scales across several cancer types : validation study. <i>Eur J Cancer</i> 2022. <a href="https://doi.org/10.1016/j.ejca.2022.03.039">https://doi.org/10.1016/j.ejca.2022.03.039</a>	<i>Machingura A, Taye M, Musoro J, Ringash J, Pe M, Coens C, Martinelli F, Tu D, Basch E, Brandberg Y, Groenvold M, Eggermont A, Cardoso F, Van Meerbeeck J, van der Graaf W, Taphoorn M, Reijneveld J, Soffiatti R, Sloan J, Velikova G, Flechtner HH, Bottomley A</i>
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<b>Radiation Oncology</b>	<b>Radiotherapy and Oncology</b> The association of internal mammary and medial supraclavicular lymph node radiation technique with clinical outcomes: results from the EORTC 22922/10925 randomised trial. <i>Radiother Oncol</i> 2022. <a href="https://doi.org/10.1016/j.radonc.2022.05.006">https://doi.org/10.1016/j.radonc.2022.05.006</a>	<i>Kaidar-Person O, Fortpied C, Hol S, Weltens C, Kirkove C, Budach V, Peignaux-Casasnovas K, Van der Leij F, Vonk E, Valli M, Weidner N, Guckenberger M, Koiter E, Fourquet A, Bartelink H, Struikmans H, Poortmans P.</i>
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Neural Networks for Survival Prediction in Medicine Using Prognostic Factors: A Review and Critical Appraisal. *Computation Mat Met Med* 2022.

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# Clinical trials



CODE	STAGE	NAME / TITLE	DESCRIPTION	PRIMARY GROUP / SECONDARY GROUP
<b>1920</b>	Conduct	<b>RP-1920</b> Bioradon	Molecular characterization of NSCLC patients and exposure to indoor radon in Europe	Lung Cancer Group
<b>1843</b>	Conduct	<b>RP-1843</b> Arcagen	Molecular characterization of rare cancer	
<b>10031</b>	LT Follow-Up	<b>EORTC-10031-BCG</b> 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
<b>10041</b>	LT Follow-Up	<b>EORTC-10041-BCG</b> 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
<b>10071</b>	LT Follow-Up	<b>EORTC-10071-BCG</b> 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
<b>10085</b>	LT Follow-Up	<b>EORTC-10085-BCG</b> 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
<b>1828</b>	Conduct	<b>RP-1828</b> IMMUcan	Integrated IMMUnoprofiling of large adaptive CANcer patients cohorts	
<b>1822</b>	Conduct	<b>RP-1822</b> OligoCare	A pragmatic observational basket study to evaluate radical radiotherapy for oligometastatic cancer patients	
<b>90101</b>	Conduct	<b>EORTC-90101-NOCI</b> 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")	

<b>75111</b>	LT Follow-Up	<b>EORTC-75111-10114-ETF-BCG</b>	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
<b>65091</b>	Conduct	<b>EORTC-65091-06093-IDG-LG</b>	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 Leukemia Groups	Infectious Diseases Group Leukaemia Group
<b>62113</b>	Conduct	<b>EORTC-62113-55115-STBSG-GCG</b> 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
<b>58LAE</b>	Conduct	<b>EORTC-58LAE-CLG</b>	Assessment of the long term outcome of childhood ALL patients enrolled in EORTC CLG trials between 1971 and 1998	Children's Leukaemia Group
<b>58111</b>	Conduct	<b>EORTC-58111-CLG</b> 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
<b>58081</b>	Conduct	<b>EORTC-58081-CLG</b>	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
<b>58051</b>	Conduct	<b>EORTC-58051-CLG</b> Interfant	International collaborative treatment protocol for infants under one year with acute lymphoblastic or biphenotypic leukemia	Children's Leukaemia Group
<b>55994</b>	Conduct	<b>EORTC-55994-GCG</b>	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
<b>55102</b>	Conduct	<b>EORTC-55102-GCG</b> ENGT-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

<b>55092</b>	Conduct	<b>EORTC-55092-GCG</b>	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
<b>40091</b>	Conduct	<b>EORTC-40091-GITCG</b> 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
<b>1335</b>	LT Follow-Up	<b>EORTC-1335-LCG-PBG</b> SPECTALung	SPECTALung: Screening Patients with thoracic tumors for Efficient Clinical Trial Access	Lung Cancer Group Pathobiology Group
<b>40084</b>	Conduct	<b>EORTC-40084-22084-GITCG-ROG</b>	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
<b>26053</b>	Conduct	<b>EORTC-26053-22054-BTG-ROG</b> 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
<b>22114</b>	Conduct	<b>EORTC-22114-40111-GITCG-ROG</b> 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
<b>22113</b>	Conduct	<b>EORTC-22113-08113-ROG-LCG</b> 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
<b>22085</b>	Conduct	<b>EORTC-22085-10083-ROG-BCG</b> 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
<b>22055</b>	Conduct	<b>EORTC-22055-08053-LCG-ROG</b> 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



<b>22051</b>	Conduct	<b>EORTC-22051-10052-BCG-ROG</b> SUPREMO	Selective Use of Postoperative Radiotherapy After Mastectomy (SUPREMO)	Breast Cancer Group Radiation Oncology Group
<b>2033</b>	Conduct	<b>EORTC-2033-BCG</b> 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
<b>20113</b>	Conduct	<b>EORTC-20113-LYMG</b> 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
<b>1965</b>	Conduct	<b>EORTC-1965-BCG</b> 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
<b>1945</b>	Conduct	<b>EORTC-1945</b> 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.	
<b>1944</b>	Conduct	<b>EORTC-1944-QLG-STBSG</b> 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
<b>1940</b>	Conduct	<b>EORTC-1940-QLG</b> QLG 002/2020	Development of an EORTC questionnaire for Children with Cancer (8-14 years) – Phase I	Quality of Life Group
<b>1841</b>	Conduct	<b>EORTC-1841-QLG-BCG</b> QLG 002/2019	Adaption of the EORTC QLQ-Breast Cancer Module for male BC Phase I	Quality of Life Group Breast Cancer Group
<b>1840</b>	Conduct	<b>EORTC-1840-QLG</b> 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
<b>1839</b>	Conduct	<b>EORTC-1839-QLG</b> QLG 003/2019	Phase 1 to 3 of the update of the EORTC Quality of Life Gastric module QLQ-STO22	Quality of Life Group
<b>1825</b>	Conduct	<b>EORTC-1825-LCG</b> 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

<b>1811</b>	Conduct	<b>EORTC-1811</b> E <sup>2</sup> -RADlatE	EORTC-ESTRO Radiotherapy Infrastructure for Europe	
<b>1809</b>	Conduct	<b>EORTC-1809-STBSG</b> 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
<b>18081</b>	Conduct	<b>EORTC-18081-MG</b>	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
<b>1754</b>	Conduct	<b>EORTC-1754-CLTF</b> REACH	Study to determine the aetiology of skin drug reaction with chlormethine gel for treatment tailoring in early stage mycosis fungoides	Cutaneous Lymphoma Tumor Group
<b>1751</b>	Conduct	<b>EORTC-1751-QLG-BTG</b> QLG 007/2017	Revision of the EORTC QLQ-BN20 brain tumor module	Quality of Life Group Brain Tumour Group
<b>1749</b>	Conduct	<b>EORTC-1749-QLG-STBSG</b> 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
<b>1748</b>	Conduct	<b>EORTC-1748-QLG-BCG-LYMG-GCG-GUCG</b> 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
<b>1747</b>	Conduct	<b>EORTC-1747-QLG</b> 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
<b>1745</b>	Conduct	<b>EORTC-1745-ETF-BCG</b> 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
<b>1740</b>	Conduct	<b>EORTC-1740-HNCG</b> 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
<b>1727</b>	Conduct	<b>EORTC-1727-QLG</b> QLG 001/2019	Development and evaluation of an e-learning programme on EORTC Quality of Life measures in clinical practice	Quality of Life Group

<b>1726</b>	Conduct	<b>EORTC-1726-QLG</b> QLG 005/2018	Evaluating the use of the E-PRO measures for improving inter-rater reliability of CTCAE ratings	Quality of Life Group
<b>1722</b>	Conduct	<b>EORTC-1722-QLG-BCG</b> 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
<b>1721</b>	Conduct	<b>EORTC-1721-QLG-BTG</b> 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
<b>1634</b>	Conduct	<b>EORTC-1634-BTG</b> PersoMed-I	Personalized Risk-Adapted Therapy in Post-Pubertal Patients with Newly-Diagnosed Medulloblastoma (PersoMed-I)	Brain Tumour Group
<b>1707</b>	Conduct	<b>EORTC-1707-GITCG</b> 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
<b>1702</b>	Conduct	<b>EORTC-1702-LCG-ROG</b> HALT	Targeted therapy with or without dose intensified radiotherapy for oligo-progressive disease in oncogene-addicted lung tumours	Lung Cancer Group Radiation Oncology Group
<b>1652</b>	Conduct	<b>EORTC-1652-CLTG</b> 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 Tumor Group
<b>1629</b>	Conduct	<b>EORTC-1629-HNCG-QLG</b> 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
<b>1623</b>	Conduct	<b>EORTC-1623-QLG</b> QLG 011/2016	Comparative evaluation of the computer-adaptive EORTC quality of life measures	Quality of Life Group
<b>1622</b>	Conduct	<b>EORTC-1622-QLG</b> 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
<b>1621</b>	Conduct	<b>EORTC-1621-QLG-LG</b> SPARTA	A Survivorship Project to understand and to improve long-term outcomes for Acute myeloid leukemia patients (SPARTA): The SPARTA Platform	Quality of Life Group Leukaemia Group

<b>1617</b>	Conduct	<b>EORTC-1617-QLG-BCG-ROG</b>	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
<b>1613</b>	Conduct	<b>EORTC-1613-LCG</b> APPLE	APPLE trial: Feasibility and activity of AZD9291(osimertinib) treatment on Positive PLasma T790M in EGFR mutant NSCLC patients	Lung Cancer Group
<b>1612</b>	Conduct	<b>EORTC-1612-MG</b> 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
<b>1608</b>	Conduct	<b>EORTC-1608-BTG</b> STEAM	Study of TG02 in Elderly Newly Diagnosed or Adult Relapsed Patients with Anaplastic Astrocytoma or Glioblastoma: A Phase Ib Study	Brain Tumour Group
<b>1607</b>	Conduct	<b>EORTC-1607-GITCG</b>	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
<b>1604</b>	Conduct	<b>EORTC-1604</b> 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	
<b>1750</b>	Activation	<b>EORTC-1750-QLG</b> 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
<b>1559</b>	Conduct	<b>EORTC-1559-HNCG</b> 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
<b>1553</b>	Conduct	<b>EORTC-1553</b> SPECTA	SPECTA: Screening Cancer Patients for Efficient Clinical Trial Access	

<b>18071</b>	LT Follow-Up	<b>EORTC-18071-MG</b>	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
<b>1545</b>	Conduct	<b>EORTC-1545-GUCG</b> 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
<b>1537</b>	Conduct	<b>EORTC-1537-LYMG</b> COBRA	Very early PET-response adapted targeted therapy for advanced Hodgkin lymphoma: a single –arm phase II study	Lymphoma Group
<b>1532</b>	Conduct	<b>EORTC-1532-GUCG</b> 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
<b>1820</b>	Activation	<b>EORTC-1820-CLTF</b> MOGAT	Open-Label, phase II, Multi-Center, study of Anti-CCR4 Monoclonal Antibody (mogamulizumab) Plus TSEB in advanced Cutaneous T-Cell Lymphoma -	Cutaneous Lymphoma Tumor Group
<b>1525</b>	Conduct	<b>EORTC-1525-LCG</b> 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
<b>1837</b>	Activation	<b>EORTC-1837-QLG</b> QLG 2019/007	Development of an EORTC module for renal cancer patients: phase I-III	Quality of Life Group
<b>1522</b>	Conduct	<b>EORTC-1522-QLG</b> 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
<b>1518</b>	Conduct	<b>EORTC-1518-QLG</b> QLG 006/2015	Confirming content validity of the EORTC QLQ-C30	Quality of Life Group
<b>1842</b>	Activation	<b>EORTC-1842-QLG</b> QLG 007/2020	Development of a questionnaire module for patients with metastatic malignant melanoma	Quality of Life Group
<b>1901</b>	Conduct	<b>EORTC-1901-LCG</b> PRIMALung	PRophylactic cerebral Irradiation or active MAgnetic resonance imaging surveillance in small-cell Lung cancer patients (PRIMALung study)	Lung Cancer Group

<b>1913</b>	Activation	<b>EORTC-1913-LYMG</b> 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
<b>1514</b>	Conduct	<b>EORTC-1514-QLG-GCG</b>	Follow-up in Gynecological Cancer Survivors: An EORTC QLG-GCG Survivorship Study	Quality of Life Group Gynecological Cancer Group
<b>1941</b>	Activation	<b>EORTC-1941-QLG</b> QLG 006/2020	Establishing thresholds for clinical importance for disease-specific EORTC questionnaire modules	Quality of Life Group
<b>1942</b>	Activation	<b>EORTC-1942-QLG-GUCG</b> 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
<b>1943</b>	Development	<b>EORTC-1943-QLG</b> 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
<b>1513</b>	Conduct	<b>EORTC-1513-BCG</b> 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
<b>1508</b>	Conduct	<b>EORTC-1508-GCG</b>	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
<b>1502</b>	Conduct	<b>EORTC-1502-BCG</b> 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
<b>1976</b>	Conduct	<b>EORTC-1976-STBSG-QLG-ETF</b> 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



<b>1984</b>	Activation	<b>EORTC-1984-BCG</b> NOBLE	Olaparib and durvalumab as neoadjuvant therapy for patients with BRCA-associated triple negative breast cancer	Breast Cancer Group
<b>20051</b>	LT Follow-Up	<b>EORTC-20051-LYMG</b> H10	The H10 EORTC/GELA/IIL randomized Intergroup 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
<b>1420</b>	Conduct	<b>EORTC-1420-HNCG-ROG</b> 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
<b>2013</b>	Activation	<b>EORTC-2013-BTG</b>	Treatment and outcome of patients with primary brain tumours diagnosed according to cIMPACT-NOW recommendations and the 2021 WHO classification	Brain Tumour Group
<b>1419</b>	Conduct	<b>EORTC-1419-BTG</b> ETERNITY	Molecular genetic, host-derived and clinical determinants of long-term survival in glioblastoma	Brain Tumour Group
<b>2034</b>	Activation	<b>EORTC-2034-QLG</b> 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
<b>2054</b>	Activation	<b>EORTC-2054-QLG</b> 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
<b>2056</b>	Development	<b>EORTC-2056-QLG</b> 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
<b>1417</b>	Conduct	<b>EORTC-1417-LCG</b> REACTION	A phase II study of etoposide and cis/carboplatin with or without pembrolizumab in untreated extensive small cell lung cancer	Lung Cancer Group
<b>2139</b>	Conduct	<b>EORTC-2139-MG</b> 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
<b>22033</b>	LT Follow-Up	<b>EORTC-22033-26033-ROG-BTG</b>	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

<b>1416</b>	Conduct	<b>EORTC-1416-LCG</b> 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
<b>1414</b>	Conduct	<b>EORTC-1414-GUCG-ROG</b> 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
<b>1409</b>	Conduct	<b>EORTC-1409-GITCG</b> CLIMB	A prospective Colorectal Liver Metastasis DataBase with an Integrated Quality Assurance program	Gastrointestinal Tract Cancer Group
<b>1408</b>	Conduct	<b>EORTC-1408-BCG</b> AURORA	Aiming to Understand the MOlecular Aberrations in Metastatic Breast Cancer	Breast Cancer Group
<b>1407</b>	Conduct	<b>EORTC-1407-GUCG</b> 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
<b>22922</b>	LT Follow-Up	<b>EORTC-22922-10925-ROG-BCG</b>	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)	Radiation Oncology Group Breast Cancer Group
<b>1403</b>	Conduct	<b>EORTC-1403-STBSG</b> rEECur	International Randomised Controlled Trial of Chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma	Soft Tissue and Bone Sarcoma Group
<b>26071</b>	LT Follow-Up	<b>EORTC-26071-22072-BTG-ROG</b> 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
<b>1402</b>	Conduct	<b>EORTC-1402-STBSG</b> 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

<b>1333</b>	Conduct	<b>EORTC-1333-GUCG</b> 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
<b>1325</b>	Conduct	<b>EORTC-1325-MG</b>	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
<b>1324</b>	Conduct	<b>EORTC-1324-BCG</b> 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
<b>1321</b>	Conduct	<b>EORTC-1321-STBSG</b> 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 AG1013GIST)	Soft Tissue and Bone Sarcoma Group
<b>1317</b>	Conduct	<b>EORTC-1317-STBSG</b> 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
<b>1308</b>	Conduct	<b>EORTC-1308-BTG-ROG</b> 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
<b>1301</b>	Conduct	<b>EORTC-1301-LG</b> 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 Leukemia Group, CELG, GIMEMA and German MDS Study Group	Leukaemia Group
<b>62092</b>	LT Follow-Up	<b>EORTC-62092-22092-STBSG-ROG</b> 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

<b>1221</b>	LT Follow-Up	<b>EORTC-1221-ETF</b> 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
<b>1212</b>	Conduct	<b>EORTC-1212-GCG</b> 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
<b>1208</b>	Conduct	<b>EORTC-1208-MG</b> 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
<b>1206</b>	Conduct	<b>EORTC-1206-HNCG</b>	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
<b>1205</b>	Conduct	<b>EORTC-1205-LCG</b>	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
<b>1203</b>	Conduct	<b>EORTC-1203-GITCG</b> INNOVATION	INtegratiON of trastuzumab, with or without pertuzumab, into periOperatiVe chemotherApy of HER-2 posiTIve stOmach caNcer: the INNOVATION-TRIAL	Gastrointestinal Tract Cancer Group
<b>1201</b>	Conduct	<b>EORTC-1201-GUCG-ROG</b> 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
<b>10085p</b>	Conduct	<b>EORTC-10085p-BCG</b> Prospective male BC	Clinical and biological characterization of Male Breast Cancer: an international EORTC, BIG, TBCRC and NABCG intergroup study.	Breast Cancer Group
<b>8114</b>	Conduct	<b>EORTC-08114-LCG</b> GEM	Genetics of EGFR Mutation Study (GEM): a Translational Study of the EORTC Lung group	Lung Cancer Group
<b>8111</b>	Conduct	<b>EORTC-08111-LCG</b> ETOP5-12 (SPLENDOUR)	A randomised, open-label phase III trial evaluating the addition of denosumab to standard first-line anticancer treatment in advanced NSCLC	Lung Cancer Group

<b>10112</b>	LT Follow-Up	<b>EORTC-10112-BCG</b> 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
<b>1208</b>	Conduct	<b>EORTC-1208-MG</b> 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
<b>1522</b>	Conduct	<b>EORTC-1522-QLG</b> 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
<b>2029</b>	Development	<b>EORTC-2029-LCG</b> ICARS	Immunotherapy Conso After Radical treatment of Synchronous Oligo-metastatic NSCLC	Lung Cancer Group
<b>2120</b>	Development	<b>EORTC-2120-HNCG</b> Ravina	Radiotherapy plus xevinapant or placebo in older patients with locally advanced head and neck squamous cell carcinoma: a randomized phase II study.	Head & Neck Cancer Group
<b>2129</b>	Activation	<b>EORTC-2129-BCG</b> TREAT ctDNA	Elacestrant for treating ER+/HER2-breast cancer patients with ctDNA relapse (TREAT CtDNA Elacestrant).	Breast Cancer Group
<b>2011</b>	Activation	<b>RP-2011</b> ReCare	Recare - A retrospective observational registry cohort on high-dose Re-irradiation within the E2-Radiate Platform	
<b>2014</b>	Pre-Development	<b>EORTC-2014-HNCG</b> PROLONG-trial	Pembrolizumab and Radiotherapy for Oligometastatic Head and Neck cancer. PROLONG-trial	Head & Neck Cancer Group
<b>2022</b>	Pre-Development	<b>EORTC-2022-MG</b> ATOM	Tebenta-fusp (IMCgp100) versus observation in HLA-A*0201 positive patients with high-risk non-metastatic uveal melanoma: a randomized Phase III study (EORTC-UK-US).	Melanoma Group
<b>2043</b>	Pre-Development	<b>EORTC-2043-QLG</b> QLG 009/2021	Measurement strategies for assessment of health-related quality of life outcomes in cancer patients with progressive disease	Quality of Life Group
<b>2050</b>	Pre-Development	<b>EORTC-2050-QLG</b> QLG 003/2021	Update of the EORTC-PAN26 questionnaire for the assessment of health-related quality of life (HRQoL) in a patients with pancreatic adenocarcinoma.	Quality of Life Group

<b>2051</b>	Pre-Development	<b>EORTC-2051-QLG</b> QLG 002/2022	The development and validation of a patient reported outcome measure of quality of life inpatients undergoing pelvic exenteration: Phase I	Quality of Life Group
<b>2053</b>	Pre-Development	<b>EORTC-2053-QLG</b> QLG 005/2021	Development of a Module to Assess the Patients' Financial burden related to Cancer Treatment -"Financial Toxicity"-Phase I+II.	Quality of Life Group
<b>2066</b>	Pre-Development	<b>EORTC-2066-QLG</b> QLG 010/2021	Investigating the equivalence of the EORTC QLQ-C30 and the QLQ-17.	Quality of Life Group
<b>2123</b>	Pre-Development	<b>EORTC-2123-QLG</b> QLG 003/2022	Health-related Quality of Life measurement strategy for solid rare cancers	Quality of Life Group
<b>2125</b>	Pre-Development	<b>EORTC-2125-QLG</b> PERTINENT	Patient recruitment for EORTC QLG studies through patient charities and support groups using social media : potential risks and guidelines.	Quality of Life Group
<b>2132</b>	Pre-Development	<b>EORTC-2132-QLG</b> QLG 014/2021	Developing an extension to the CR29 for rectal patients having organ preserving treatment:PhaseI	Quality of Life Group
<b>2134</b>	Pre-Development	<b>EORTC-2134-QLG</b> QLG 001/2022	Young survivors of cancer: Phase I study to determine the item sets for child, adolescent and young adult cancer survivors.	Quality of Life Group
<b>2135</b>	Pre-Development	<b>EORTC-2135-QLG</b> QLG 006/2022	Health-related Quality of Life Assessment in metastatic or locoregional recurrent anal cancer.	Quality of Life Group
<b>2148</b>	Pre-Development	<b>EORTC-2148 MRD</b> SPECTA-MRD	Minimal Residual Disease Assessment	
<b>2201</b>	Pre-Development	<b>EORTC-2201-GITCG</b> BEMA Periop Gastric	Trial for the peri-operative treatment of resectable gastroesophageal cancer using chemotherapy plus beemarituzumab +/- PD-1 inhibitor therapy'	Gastrointestinal Tract Cancer Group
<b>2204</b>	Pre-Development	<b>EORTC-2204-GITCG</b> DETECTIVE	ctDNA selected adjuvant therapy for resected colorectal liver metastases. Intergroup led by Canadian Cancer Trials Group (CCTG).	Gastrointestinal Tract Cancer Group
<b>2217</b>	Pre-Development	<b>EORTC-2217-LCG</b> SARONO	A phase II trial of SAR408701 in ONcOgenic addicted advanced NSCLC (SARONO).	Lung Cancer Group
<b>2227</b>	Pre-Development	<b>EORTC-2227-BTG</b> LEGATO	Lomustine with and without reirradiation for first progression of glioblastoma: a randomized phase II study.	Brain Tumour Group



<b>2228</b>	Pre-Development	<b>EORTC-2228-LCG</b> DELIBRIS	Trastuzumab Deruxtecan (T-DXd) in HER2 mutant Non-Small Cell Lung cancer (NSCLC) with brain metastases (DELIBRIS)	Lung Cancer Group
<b>2231</b>	Pre-Development	<b>EORTC-2231-HNCG</b> PROTIS	"PROTIS: A phase III trial of proton beam therapy versus intensity-modulated radiotherapy for the treatment of sinonasal malignancy".	Head & Neck Cancer Group
<b>2233</b>	Pre-Development	<b>EORTC-2233-GCG</b> ASPACC	"Phase II trial of an Alternating Schedule of PALbociclib and weekly paclitaxel for pretreated metastatic or recurrent Cervical Cancer after PD-1/PD-L1 inhibitor therapy (ASPACC Trial)".	Gynaecological Cancer Group
<b>2234</b>	Pre-Development	<b>EORTC-2234-EnTG-QoL</b> PhIT-TC	Prehabilitation as integrative part of primary treatment for thyroid carcinoma: effect on quality of life	Endocrine Tumors Group Quality of Life Group
<b>2236</b>	Pre-Development	<b>EORTC-2236-HNCG</b> SupCare	Simultaneous care in recurrent and/or metastatic Head and Neck cancer: a Pragmatic trial	Head & Neck Cancer Group Quality of Life Group
<b>2237</b>	Pre-Development	<b>EORTC-2237-BCG-QLG</b>	Improvement of quality of life through supportive treatments for hormone therapy-related symptoms in women with early breast cancer - a pragmatic Randomized Controlled Trial.	Breast Cancer Group Quality of Life Group
<b>2250</b>	Pre-Development	<b>QLG-2250</b> MSCC	Phase I study to develop a health-related quality of life module for patients with malignant spinal cord compression (MSCC)	





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