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INTRODUCTION
FOREWORD BY DR DENIS LACOMBE, EORTC DIRECTOR GENERAL

Covid-19 made 2020 an especially challenging year for the EORTC, but it also showcased our organisation’s remarkable resilience in the face of adversity.

In relatively short time, we managed to transform our entire organisation to a remote and virtual workforce still able to carry out research operations. Although we had to suspend patient recruitment into trials early in the pandemic, our network innovated and found Covid-safe ways to restart that improve patient survival and quality of life. In 2020, we published 72 papers in leading cancer journals showcasing the tremendous scientific output of our community.

Ultimately, we could not proceed as planned in Barcelona with our annual conference. But we successfully pivoted to a series of digital events that actually engaged three times more people than average with a total of 6,500 delegates from more than 100 countries.

Beyond the pandemic, conducting independent, multidisciplinary clinical research remains challenging in Europe. The reasons are numerous, linked to changing regulatory frameworks, costs of drugs and bureaucracy. EORTC lobbied the EU institutions at all levels extensively in 2020 to alert policymakers to these challenges. Through collaboration, we can ensure that clinically relevant questions can work to optimise treatments and define therapeutic strategies free of commercial interest.

Whilst we celebrated the launch of the EU’s Beating Cancer Plan, we made sure to highlight the absence of treatment optimisation that is vital to innovation in oncology. We are continuing our efforts with policymakers to rectify this in the Plan. The role of EORTC is being acknowledged as it now appears in the Porto Resolution by the EU Portugal presidency, as a solution for clinical research infrastructure in Europe.

In 2020, EORTC embarked on producing a new governance structure to ensure it remains sustainable in the future. As you will read, the ongoing reforms are strengthening our scientific and organisational strategies whilst deepening our network connections. The new governance structure will be fully implemented in 2022.

All the adaptations we made this year would not have been possible without the dedication and commitment of the EORTC network, committees, board and staff. Their efforts have ensured that we continue with our mission to improve the survival and quality of life of patients.

“...We managed to transform our entire organisation to a remote and virtual workforce still able to carry out research operations.”

Denis Lacombe
EORTC Director General
MESSAGE FROM
PROF BERTRAND TOMBAL,
EORTC PRESIDENT

Dear colleagues and friends,

No doubt 2020 has been one of the most challenging times for the EORTC in our 60-year history. Our private and professional lives have been profoundly disrupted by the massive influx of Covid-19 patients. A universal and deleterious consequence has been the postponing of standard care for many severe acute and chronic diseases. The long-term impact of the pandemic on cancer patients remains to be seen.

After a few weeks in the pandemic, we were expecting the worst for clinical trials, understanding that for many reasons these could have been seen as an additional burden in a dramatic sanitary situation.

We must say that today we are proud and admiring of the resourceful adaptation of the organisation in recruiting and managing patients on our trials. Many strategies have been put in place, including the implementation of telemedicine to connect the physicians with their patients remotely. EORTC HQ have been monitoring the impact of the pandemic on patient recruitment throughout the year and we saw a dip in April but the level of recruitment resumed by June.

EORTC’s study pipeline is robust with six new studies opened in 2020, 45 ongoing studies, 59 in protocol development and eight in regulatory activation. Currently the EORTC portfolio encompasses 208 studies at various levels of development. In 2020, we had 2,614 patients enrolled in clinical trials with a further 3,111 patients screened for potential trials.

We showed that the EORTC remains a truly multidisciplinary organisation, attracting over 2,800 different cancer specialists including organ specialists interested in clinical research. We worked with 750 institutions across 48 countries in 2020, bringing therapeutic solutions to patients across the globe. We also attracted many young investigators, the next generation of principal researchers who will shape EORTC’s future.

As president of this organisation, I am proud of the work that the board and management have accomplished this year to adapt EORTC to the changing landscape in clinical research. Our new governance structure will bring the network closer together, ensuring that we ask the right research questions and develop effective clinical trials that change practice and bring better outcomes to patients.

As we head out of the pandemic and further into the 21st century, it is clear that EORTC has an integral place in clinical cancer research. Our global presence attracts many leading investigators, clinical groups and organisations. The results of the network’s research challenges the status quo in healthcare with the best in evidence-based science and data.

EORTC has shown its colours as a robust organisation in 2020, continuously adapting and progressing to improve the lives of cancer patients.

"Our new governance structure will bring the network closer together."
Since patients with cancer are more susceptible to Covid-19 than the general population, EORTC clinical trials have been significantly impacted during the pandemic.

Beginning in 2019, we observed that many sites suspended recruitment as seen in the graph. While some sites decreased their monthly accrual, others stopped altogether. Once sites began gradually recruiting patients again in 2020, the recruitment rate stabilised. Note that the small drops between February and August 2020 are due to the end of recruitment of phase III trials and are unlikely due to the pandemic.

Sites also took measures to limit patient visits to hospital and to concentrate resources on treating those patients affected by the pandemic. Measures included organising drug shipment to patients’ homes, when feasible, and cancelling monitoring visits to the hospital or proposing virtual visits.

Activities supported by logistics companies were largely unaffected. As a rule, drug shipment to the hospitals continued and only a minority of sites reported blocked or delayed biological sample collection and shipment.
Impact on EORTC headquarters

Following guidance from the Belgian government, all EORTC HQ staff have been working remotely since mid-March 2020. Our IT team put in place infrastructure to provide adequate support for remote working.

The transformation to remote work led to an increase in internal communication, documentation, and reporting to assess the impact of the pandemic on patient recruitment, treatment and visit schedules as well as on data collection, investigational medicinal product and human biological material management.

HQ has continuously monitored daily reports from the European Medicines Agency and 28 countries regarding the evolving guidelines for management of clinical trials during and after the pandemic, advising study teams accordingly.

Safety reporting from sites was not affected and the number of serious adverse events was stable as well. HQ collected additional Covid-19 data in the clinical study database of ongoing and new trials. Guidance related to vaccination was prepared and sites were encouraged to report Covid-19 vaccinations as concomitant medication as well as any potentially related adverse events from vaccination.

All on-site monitoring visits from mid-March 2020 were cancelled and most could not be rescheduled. Clinical research assistants were able to perform remote monitoring with site staff, and provide continuous support, including tracking of investigational medicinal products in stock at the sites and timely resupply. On-site monitoring activities gradually re-started from June 2020 in Belgium, including remote monitoring for high-priority visits. Other countries gradually followed starting in July based on authorisation from sites and governments.

To cope with the Covid-19 workload, new initial site submissions were put on hold and then deprioritised until the workload allowed for resumption. Work continued, however, on initial submissions and amendments that started prior to the pandemic.

Not all clinical trial activities were significantly impacted beyond the move to remote working. Since data return from sites was not affected, data cleaning activities continued. Similarly, statisticians maintained their regular activity with the addition of Covid-19 monitoring.

We will assess the full impact of the pandemic on EORTC HQ when more detailed information on the final gap in recruitment and the final number of protocol amendments is available. At the time of writing this report, site reopening for recruitment has started and accrual is back at expected levels.

Beyond clinical studies, we realised some significant silver-linings from the pandemic as an organisation. In general, a majority of Groups also saw higher turnout during virtual events than conventional in-person meetings. Young researchers especially enjoyed the increased access to experts with all the free, virtual meetings.

There were certainly concerns amongst patients, relatives and healthcare providers in the early phase of the pandemic, potentially resulting in less willingness to participate in clinical trials and visit large academic centres involved in the Covid-19 response.

Prof. Michael Weller
Chair of the EORTC Brain Tumour Group
The children of the EORTC staff participated in a drawing contest in April 2020 to show their support to the healthcare workers.
Covid-19 severely impacted elderly populations and led to a temporary stop in clinical research. Once Covid adaptations were made, however, we succeeded in resuming activities including hosting a virtual autumn meeting with especially high attendance.

Prof. Antonella Brunello
Chair of the EORTC Cancer in Elderly Task Force
EORTC IN A NUTSHELL

Despite the advancements in clinical research over the past decades, cancer remains the second leading cause of death globally. It is responsible for about 10 million deaths per year and one in six deaths globally.¹

In 2020, breast cancer became the most common in terms of new cases, compared to lung cancer in 2019.² Yet, cancer continues to impact men overall at a higher rate. One in eight men and one in 10 women are likely to develop cancer during their lifetimes.³ Most other tumour types bear similar challenges and some such as rare tumours are in great need for further therapeutic progress. Even if successfully treated, long-term survival and care remains a significant challenge. In addition, multidisciplinary treatment of cancer needs continued optimisation.

This is the stark reality that fuels our purpose and inspires our mission to prolong survival and improve quality of life of cancer patients. It is why we work so relentlessly to ensure that cancer remains an urgent priority on the global public health agenda. As the largest cancer fighting clinical research organisation in Europe, we are uniquely positioned to lead and deliver practice-changing results.

Uniquely positioned to lead

EORTC serves as a crucial independent and multi-tumour hub in the clinical research world with unique global research infrastructure. This is the added value we offer to international and European communities of clinical researchers.

Our work spans across tumour types, disciplines and national borders. We specialise in pan-European and international clinical and translational research that would be impossible on a national scale.

Our synergistic network of institutions offers a transnational platform with unmatched quality and efficiency, and research capabilities for rare cancers and long-term follow-up. We deliver robust data sets and are committed to generating solid medical evidence.

In today’s complex regulatory environment, our experts ensure EORTC activities meet the strictest quality and reliability requirements.

With EORTC, patients are active participants in clinical research. We seek their perspective in research questions and use their insights to better balance academic knowledge with understanding by the general public.

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¹ World Health Organization – Cancer Key facts 2020 (Cancer (who.int))
² World Health Organization – Cancer Key facts 2020 (Cancer (who.int))
³ World Cancer Report 2020 (www.iarc.who.int/)

Prof. Gunnar Folprecht
with a patient
Universitätsklinikum Carl Gustav Carus
Member of the EORTC Gastrointestinal Tract Cancer Group
Delivering practice changing results

Since 1962, EORTC has entered over 205,000 patients in practice-changing clinical trials across tumour types, notably for brain, breast, prostate, melanoma, head and neck and soft tissue sarcoma. In 2020, 45 studies were open to patient entry, bringing science and knowledge to patients for therapeutic improvement.

Working with 139 collaborative groups worldwide, EORTC demonstrates its capacity to bring investigators together to drive innovation in cancer care. We play a key role in multidisciplinary, international translational and clinical research, taking basic science from the lab bench to the patient’s bedside.

Five pillars of activity

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

1. 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.

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

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

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

5. 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.
EORTC's mission is to increase cancer patient survival and quality of life.

**Network**
- 2805 Collaborators (members)
- 750 Institutions
- 139 Collaborative groups
- 18 EORTC groups & task forces
- 48 Countries

**Patients involved in studies**
- >205,000 Patients in database
- 27,000 Patients in follow-up

EORTC in a nutshell

**Conferences & Trainings**
- 6500+ Delegates
- 100+ Countries

**Publications**
- 72 Peer reviewed papers* (incl. EORTC papers)

**Staff**
- 238 Staff Members
- 32 Nationalities
- 3 Fellowships awarded in 2020

- 51% Staff with PhDs
- 15% Staff with MA in science

* Scientific medical journals
Studies

- **New studies activated for 2020**: 6
- **Open to patient entry studies**: 45
- **Study portfolio (+-)***: 208

**Ongoing Studies by phase**

- **Conduct**: 50.25%
- **Activation**: 8.87%
- **Pre-Development**: 12.32%
- **Development**: 10.34%
- **Long-term follow-up**: 18.23%

**Legend**

- **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.

**Legend**

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

**Studies per EORTC Tumour & Cross-discipline Groups** **

- **EORTC Breast Cancer Group**: 26
- **EORTC Radiation Oncology Group**: 25
- **EORTC Lung Cancer Group**: 20
- **EORTC Brain Tumour Group**: 16
- **EORTC Gastrointestinal Tract Cancer Group**: 16
- **EORTC Soft Tissue and Bone Sarcoma Group**: 14
- **EORTC Head and Neck Cancer Group**: 13
- **EORTC Genito-Urinary Cancers Group**: 8
- **EORTC Gynaecological Cancer Group**: 8
- **EORTC Melanoma Group**: 8
- **EORTC Lymphoma Group**: 7
- **EORTC Germ-cell Tumours Group**: 5
- **EORTC Children’s Leukemia Group**: 5
- **EORTC Quality of Life Group**: 5
- **EORTC Leukemia Group**: 4
- **EORTC Cancer in Elderly Task Force**: 3
- **EORTC Endocrine Tumours Group**: 3
- **EORTC Cutaneous Lymphoma Task Force**: 3
- **EORTC Endocrine Tumours Group**: 1
- **EORTC Imaging Group**: 1
- **EORTC Infectious Diseases Group**: 1

**Studies per funding type/categor**

- **Academic**: 12.32%
- **Educational Grant**: 47.27%
- **Fully supported**: 10.3%

**Notes**

* All studies with the following status: Pre-development, Open to Patient Entry, Closed to Patient Entry, Long-term follow-up ongoing, Development and Regulatory in process.

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

In order to keep EORTC sustainable for the future, EORTC reviewed its governance structure. This follows a number of discussions with internal and external stakeholders to understand how EORTC is functioning and the perception it has amongst the cancer community. We found that there was a lack of cohesion between the scientific and organisational strategies, there was disconnect between the EORTC network and board and with changing landscape in clinical research, the organisation was not adapting quickly enough. Following this diagnosis, EORTC set about changing the governance structure.

EORTC governance

GA: General Assembly; AC/FC: Audit/Financial Cttee; NC: Nominating Cttee; ExCo: Executive Cttee; SAC: Scientific Audit Cttee; CEO: Chief Executive Officer; PRC/TRAC: Protocol Review Cttee/Translational Research Advisory Cttee; IDMC: Independent Data Monitoring Cttee; G: Group; TF: Task Force
Our reforms in 2020 focused on placing the scientific strategy and EORTC’s mission at the core of EORTC governance. Leaders of groups and task forces now form a newly created Scientific Chair Council (SCC).

This council oversees the scientific strategy and ensures the link between the science, the EORTC network and board. The Scientific Chair Council role will be to establish and propose the scientific strategy to the Board, monitor the strategy, feasibility and performance of EORTC’s portfolio in line with the strategy. Members strengthen cohesion between Groups towards common EORTC goals. They also ensure multi-disciplinary expertise and optimise EORTC capabilities across different groups and task forces. Members develop EORTC’s scientific strategy and propose it to the Board. The Chair of the SCC is a voting Board member.

The Protocol Review Committee (PRC) becomes a standing committee which evaluates incoming studies in light of the principles of the scientific strategy as developed by the Scientific Chair Council and its prioritisation criteria.

The EORTC Director General has been re-named to Chief Executive Officer (CEO). His role is to oversee all EORTC’s operational and daily activities. The CEO acts as the guardian to ensure that the projects and scientific agenda deliver high-quality outcomes according to expected deliverables and timelines. The CEO reports to the Board, serving also as a non-voting Board member.

Please visit the EORTC website to have more information about our governance’s roles and responsibilities. Our committees can be found on the governance’s page of the website.

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

Our objective is to find the best solution for patients from both an efficacy and quality-of-life perspective. We conduct activities through tumour and modality-oriented research groups.

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

In 2020, EORTC embarked on an ambitious membership renewal programme to ensure that all member information is accurate. The results showed that EORTC had over 2800 direct members in 2020 from 750 institutions. Members came from 48 countries around the world, with the top 10 from Europe.

Percentage of EORTC members per country in Europe:

- United Kingdom: 12%
- Germany: 12%
- Belgium: 11%
- Netherlands: 11%
- Italy: 11%
- Spain: 9%
- France: 10%
- Switzerland: 5%
- Austria: 2%
- Portugal: 2%
EORTC comprises 13 tumour and 5 cross-discipline groups:

- Brain
- Breast
- Cutaneous lymphoma
- Endocrine
- Gastro intestinal
- Genito-urinary
- Gynecological
- Head & Neck
- Leukemia
- Lung
- Lymphoma
- Melanoma
- Soft Tissue & Bones
- Cancer in elderly
- Imaging
- Pathobiology
- Pharmacology & molecular mechanisms
- Quality of life

EORTC is a truly multidisciplinary organisation spanning over 30 different disciplines. In 2020, organ specialists grew to comprise 15% of our membership.

**Percentage of members per discipline (most frequent ones):**

- 34% Clinical Oncologist
- 14% Radiation Oncologist
- 8% Surgeon/Surgical Oncologist
- 3% Pathologist
- 3% Haematologist
- 3% Hematologist
- 3% Basic Researcher
- 2% Psychologist
- 2% Radiologist
- 2% Radiologist
- 2% Radiologist
- 2% Radiologist
- 2% Radiologist
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- 2% Radiologist
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- 2% Radiologist
EORTC network comprises institutions everywhere in the world.

Institutions from outside Europe

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Group virtual meetings

Each EORTC Group meets twice a year to discuss ongoing research and new project ideas. These gatherings are a key opportunity to exchange knowledge and insights whilst identifying solutions to challenges, old and new.

Over 2,000 members engaged in Group meetings in 2020 that were largely virtual due to the pandemic. The virtual accessibility made attendance significantly higher than in 2019. Typically meetings are held in rotating locations, but the popularity of virtual engagement may result in more hybrid meetings in the future.
EORTC is unique for conducting trials across multiple tumours with members stratified across Groups related to their tumour of interest. It’s why we attract leading clinical researchers across the globe, and how we conduct practice changing trials.

Denis Lacombe
EORTC Director General
Mission

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

Top results 2020

- Final results of the INTELLANCE 2 trial (EORTC 1410) indicated limited efficacy of the EGFR-targeted antibody drug conjugate, Deputux-M, in combination with temozolomide in EGFR-amplified recurrent glioblastoma.
- Analysis of our clinical trial database indicated that metformin is unlikely to prolong survival of patients with newly diagnosed glioblastoma.
- Secondary analyses of EORTC 26101 defined MRI patterns associated with outcomes in bevacizumab-treated recurrent glioblastoma patients.
- Members received the award for excellence in adult clinical research by the Society of Neuro-Oncology for the abstract entitled, “IDH1/2 wildtype anaplastic gliomas of the EORTC randomised phase III intergroup CATNON trial: overall survival related to treatment, MGMT status and molecular features of glioblastoma.”

Members

Michael Weller
Chair
Universitätsspital Zürich, Switzerland

Jaap Reijneveld
Secretary
Amsterdam University Medical Centre, The Netherlands

Frédéric Dhermain
Treasurer
Institut Gustave Roussy, France

12 Ongoing trials
514 Members

J. C. M. S. Tesileanu, working with M. van den Bent and P. French and their team in Rotterdam.
**BREAST CANCER GROUP**

**Mission**

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

**Top results 2020**

- Launched working groups to develop clinical studies in elderly populations, locoregional treatment and new drug development.
- Focused on treatment of oligometastatic breast cancer with Imaging Group on a consensus document and support of the TAORMINA clinical trial that is under Board review.
- Published results from the MINDACT study in peer-reviewed journals and presented at major conferences, including ASCO, EBCC and SABCS. The major finding related to the update of primary results with 8.7 years median follow-up. It confirmed the utility of low-risk 70-gene signature for withholding adjuvant chemotherapy in the presence of high clinical risk.
- Appointed Prof Nadia Harbeck from the University of Munich as conference chair of the 12th European Breast Cancer Conference (EBCC). Attracting 2 439 delegates from over 80 countries in 2020, the conference is the only truly multidisciplinary conference in Europe for the breast cancer community.
- Organised three lectures at the EBCC to offer young investigators practical advice to fund and publish research and learn about statistical principles in clinical research.

**Etienne Brain**
Chair  
Institut Curie - Hopital Rene Huguenin, France

**Frederieke van Duijnhoven**
Secretary  
The Netherlands Cancer Institute-Antoni Van Leeuwenhoekziekenhuis, The Netherlands

**Michail Ignatiadis**
Treasurer  
Institut Jules Bordet, Belgium

**Kim Aalders**
Young Investigator Representative  
Ziekenhuis Gelderse Vallei, The Netherlands

1. Published two manuscripts, including one on the results of chemotherapy randomisation and another on step-wise procedure and comprehensive analysis of the MINDACT microarray dataset.
2. Conference presentations also included research projects on subgroups of patients with lobular breast cancer and the use of systemic therapy in the MINDACT population.
CANCER IN ELDERLY TASK FORCE

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 underrepresented in cancer clinical trials, producing evidence-based recommendations in everyday clinical practice remains difficult. The Group conducts elderly-specific clinical research to meet these two challenges.

Antonella Brunello
Chair
Istituto Oncologico Veneto IRCCS, Italy

Lissandra Dal Lago
Secretary & Young Investigator Representative
Institut Jules Bordet, Belgium

Andrea Luciani
Treasurer
Ospedale San Paolo, Italy

Top results 2020

- Continued with APPALACHES, a phase II study of Adjuvant Palbociclib as an alternative to chemotherapy in elderly patients with high-risk ER+/HER2- early breast cancer in conjunction with the Breast Cancer Group.

- Results from quality-of-life trial 75111 showed an increase in progression-free survival by seven months with the addition of metronomic oral cyclophosphamide to trastuzumab plus pertuzumab in older and frail patients with HER2-positive metastatic breast cancer.

- Began discussions with the Soft Tissue and Bone Sarcoma Group and Quality of Life Group for a trial in older cancer patients with advanced sarcoma comparing standard doxorubicin versus metronomic cyclophosphamide. Now planning a 1976 intergroup trial, including several items for geriatric assessment.

Members

3
Ongoing trials

225
Members
CUTANEOUS LYMPHOMA TASK FORCE

Mission

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

Top results 2020

- Launched new trials including PROMPT study of extracorporeal photopheresis, MOGAT study with mogamulizumab combination with TSE and REACH study with chlorhexidine gel.
- Collaborated with more EORTC Groups and the International Rare Cancers Institute (IRCI) following the successful grant to develop a cutaneous T-cell lymphoma questionnaire for health-related quality of life. Recruitment has begun together with the Quality of Life Group including for a central review of PET scans with the Imaging Group.
- Published a paper on the fundamental role of specialists in Dermatology–Venereology on the diagnosis and management of different types of skin cancer in collaboration with the European Association of DermatoOncology, European Academy of Dermatology and Venereology, International Dermoscopy Society, European Dermatology Forum and the European Board of Dermato-Venereology.

Members

- Julia Scarisbrick
  Chair
  University Hospitals Birmingham NHS Foundation Trust (UHB) - Queen Elizabeth Medical Centre, United Kingdom

- Antonio Cozzo
  Secretary
  Kantonsspital St Gallen, Switzerland

- Evangelina Papadavid
  Treasurer
  Athens University - Attikon University General, Greece

- Emmanuella Guenova
  Young Investigator Representative
  Lausanne University Hospital (CHUV), Switzerland

Ongoing trials 3
Members 165
ENDOCRINE TUMOUR GROUP

Mission

The newly formed Endocrine Group is especially 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.

Johannes Smit  
Chair  
Radboud University Medical Center Nijmegen, The Netherlands

Laura Locati  
Secretary  
Fondazione IRCCS Istituto Nazionale dei Tumouri, Italy

Sophie Leboulleux  
Treasurer  
Institut Gustave Roussy, France

Top results 2020

- Received EORTC approval for trial 1953, predicting tumour progression through molecular profiling in low-risk papillary thyroid cancer during active surveillance, in collaboration with the Head and Neck Cancer Group.
- Presented abstracts from EORTC trial 1559 at two international congresses. The first at ASCO on Nintedanib (BIBF1120) after first line therapy in progressive radioactive iodine refractory differentiated thyroid cancer. The full paper was submitted to EJC. The second at ESMO on Nintedanib (BIBF1120) after first line therapy in progressive medullary thyroid cancer.
- Organised the first European thyroid cancer workshop in November 2020 to improve collaboration and co-ordination with other European groups involved in patient management of endocrine cancer.
- Launched a European survey on thyroid cancer genotyping to investigate if molecular analyses are the standard of care for patients in European countries. The results may impact access to tailored agents.
- Collaborated with EURACAN on STARTER (Starting an Adult Rare Tumour European Registry) to build a prospective European register of rare thyroid cancers such as radio iodine refractory differentiate thyroid cancers, medullary thyroid cancer and anaplastic thyroid cancer.

1. “Nintedanib (BIBF1120) after first line therapy in progressive radioactive iodine refractory differentiated thyroid cancer: a multicenter EORTC prospective randomized double-blind phase II study (EORTC protocol 1209-EnTF)” by Sophie Leboulleux et al. was accepted as poster presentation at ASCO and submitted for publication as a full paper in EJC.
2. “Nintedanib (BIBF1120) after first line therapy in progressive medullary thyroid cancer: a multicenter EORTC prospective randomized double-blind phase II study (NCT01788982)” was accepted as an E-poster at ESMO.
3. Workshop partners included the European Thyroid Association (ETA), European Society of Endocrinology (ESE), European Reference Network (ENDO-ERN) and European Reference Network for Rare Adult Solid Cancers (EURACAN).
GASTROINTESTINAL TRACT CANCER GROUP

Mission

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

Florian Lordick
Chair
University Cancer Center Leipzig, Germany

Elizabeth Smyth
Secretary
Cambridge University Hospital NHS - Addenbrookes Hospital, United Kingdom

Theo Ruers
Treasurer
The Netherlands Cancer Institute-Antoni Van Leeuwenhoekziekenhuis, The Netherlands

Elisa Fontana
Early Career Investigator leader
Sarah Cannon Research Institute, United Kingdom

Top results 2020

- With 569 active members across 28 countries, the Group continues to hold a prominent place in the EORTC network. During the membership renewal process, many investigators confirmed their interest in the Group.
- Hosted a webinar to explore collaboration with biotechnology and diagnostics companies where Philips, Almac Diagnostics and Oncohost presented their portfolios followed by Q&As.
- Hosted a webinar to explore collaboration with pharmaceutical partners where E. Lilly, Novartis and Sanofi Genzyme presented their respective drug pipelines.
- Dr. Elisa Fontana became Group Secretary and Prof. Manfred Lutz was appointed Treasurer.
Mission

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

Top results 2020

- Joined and actively enrolling for IMMUcan¹, a more than € 30 million funded biomarker project involving various types of cancer using the SPECTA platform, involving 400 treatment-naïve metastatic renal cell carcinomas (RCC).

- Co-operated with the Medical Research Council on SORCE², a randomised controlled trial investigating the role of Sorafenib as adjuvant therapy in RCC. Results published at JCO.

- Actively recruiting and expanding collaboration to Brazil with LACOG for PEACE III³, a randomised 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.

- Contributing to a project to assess differences in the exposure to Sunitinib in the immediate and deferred cytoreductive nephrectomy (CN) arms of the randomised controlled trial, SURTIME.⁴

- Completed a research project with two manuscripts accepted for publication in JCO related to survival and new prognosticators in metastatic seminoma and predicting outcomes in men with metastatic non-seminomatous germ cell tumours.⁵

¹. Integrated IMMUnoprofiling of large-adaptive CANcer patient cohorts.
². A phase III randomised double-blind study comparing Sorafenib with placebo in patients with resected primary renal cell carcinoma at high or intermediate risk of relapse (EORTC 30072).
³. A randomised multi-centre 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 (EORTC 1333).
⁵. Update of the International Germ Cell Cancer Classification Groups (IGCCCG) Analysis (RP 1538).
GYNECOLOGICAL CANCER GROUP

Mission

EORTC has successfully conducted clinical research in ovarian, cervical, uterine and vulvar cancer for decades. Many of these trials were unique and changed clinical practice. Today, the Group is focused on molecular approaches to attain truly multidisciplinary patient management. Their aim is to discover clinically useful predictive factors to identify subgroups of patients based on genomic patterns and activated pathways, and tailor clinical trials to them. The Group also stimulates clinical trials in rare cancers and underserved populations within gynaecology oncology.

Top results 2020

- Finalised accrual of the 1508 trial, 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.
- Published review and meta-analysis of progression-free survival as a surrogate end point of overall survival in first-line treatment of ovarian cancer.1
- Published results of a randomised double-blind phase II study to evaluate the role of maintenance therapy with cabozantinib in high-grade uterine sarcoma after stabilisation or response to doxorubicin ± ifosamide following surgery or in metastatic first line treatment.2
- Collaborated with Quality of Life Group on a questionnaire related to ovarian cancer.3
- Became a top recruiter for EORTC 1514, an EORTC QLG-GCG survivorship study that is a follow-up for gynecological cancer survivors.

1. JAMA Netw Open. 2020 Jan 3;3(1):e1918939. doi: (Published January 3, 2020)
HEAD & NECK CANCER GROUP

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, hypopharynx cancers are focus areas along with locally advanced pharyngolaryngeal squamous cell carcinoma, pre-neoplastic lesions, salivary gland cancers, and recurrent and/or metastatic cancer.

Christian Simon
Chair
Centre Hospitalier Universitaire Vaudois, Switzerland

Sjoukje Oosting
Secretary
University Medical Center Groningen, The Netherlands

Guy Andry
Treasurer
Institut Jules Bordet, Belgium

Paolo Bossi
Young Investigator Representative
Università Di Brescia - Azienda Ospedaliera Spedali Civili di Brescia, Italy

Top results 2020

- Submitted numerous proposals, six of which the Board has endorsed. One research project has since been approved and another is still in review.
- Produced innovative ideas with novel concepts, including a study with alpha emitting particles and SPECT-CT guided radiotherapy of the neck.
- Launched a newsletter for young head and neck oncologists.

Members
437

Ongoing trials
9
Mission

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

Top results 2020

- Rapidly investigated the impact of Covid-19 on clinical trials, resulting in fast-track publication in one of the leading European Imaging journals.¹
- Hosted themed plenary meetings featuring keynote lectures from world-renowned experts. The autumn theme revolved around concerns about MRI contrast agent safety and toxicity. The spring theme was on novel applications and theranostics opportunities for prostate cancer and imaging of the immune system.
- Continued strengthening of transversal research through Group representatives and Disease Oriented Group liaisons. The success of the oligometastatic subcommittee on prostate cancer inspired strong collaboration with the Breast Cancer Group and the Gastrointestinal Tract Cancer Group.
- Collaborated with the RECIST Group (Response Evaluation Criteria in Solid Tumours) to evaluate the uptake of iRECIST² criteria since the publication of iRECIST guidelines. The RECIST Working Group and the Hyper-Progression Task Force are also collecting images from patients under immunotherapy.
- Presented on how artificial intelligence applied to imaging can support clinical trials at a ‘Movember’ webinar by Prof. Luc Bidaut. The event was especially well attended.

² The iRECIST approach allows responses not typically observed in traditional systemic treatment to be identified and better documented. The guideline describes a standard approach to solid tumour measurement and definitions for objective change in tumour size which can be used in immunotherapy clinical trials.
LEUKEMIA GROUP

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 their hallmarks are strong translational research programmes, that for example optimise epigenetic therapy in acute myeloid leukemia or myelodysplastic syndrome. The Group is also engaged in survivorship studies in collaboration with the Quality of Life Group, taking advantage of the large number of patients already included in past phase III clinical trials.

Michael Lübbert
Chair
Universitätsklinikum Freiburg, Germany

Heiko Becker
Secretary
Universitätsklinikum Freiburg, Germany

Laimonas Griskevicius
Treasurer
Vilnius University Hospital Santariskiu Santaros Clinics Klinikos, Lithuania

Top results 2020

- Completion and follow-up of a large, hopefully practice-changing phase III trial on the comparison of epigenetic therapy versus standard chemotherapy in first-line treatment of patients with acute myeloid leukemia.1

- Active in the Survivorship Project to understand and improve long-term outcomes for acute myeloid leukemia patients as part of the SPARTA trial.2

- Engaged in HARMONY, the Healthcare Alliance for Resourceful Medicines Offensive against Neoplasms in Hematology.3 The project gathers, integrates and analyses anonymous patient data from diverse sources as part of the Big Data for Better Outcomes programme.

1. 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. EORTC-1301-LG.
2. The Survivorship Project to understand and improve Long Term outcomes for Acute myeloid leukemia patients (SPARTA) - RP-1479.
3. Healthcare Alliance for Resourceful Medicines Offensive against Neoplasms in Hematology (HARMONY) - RP-1655

160 Members
1 Ongoing trial
LUNG CANCER GROUP

Mission

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

Top results 2020

- Completed recruitment of two lung studies (1613 APPLE and 1525 Nivothym cohort 1) and launched a new study, Alkaline 1825.
- Received a one-year funding extension for a statistician fellowship to analyse the MAGRIT database, contributing to a future adjuvant trial and supporting more publications.
- Despite Covid-19, actively recruited patients to studies and endorsed five new study proposals.
- Members now include over 50 early career investigators under 40 years of age who actively participate as study co-ordinators in clinical studies, lead surveys to guide future study strategies and organise regular webinars.

Benjamin Besse
Chair
Institut Gustave Roussy, France
As of December 2020: Anne-Marie Dingemans
Erasmus MC, The Netherlands

Anne-Marie Dingemans
Secretary
Erasmus MC, The Netherlands
As of December 2020: Remon Masip Jordi
HM Delfos Hospital-CIOCC, Spain

Thierry Berghmans
Treasurer
Institut Jules Bordet, Belgium

Matteo Giaj Levra
Early Career Investigator leader
Centre Hospitalo-Universitaire de Grenoble, France

Jessica Menis
Early Career Investigator leader
Istituto Oncologico Veneto Padova, Italy

Members
487
Ongoing trials
11
Mission

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

Top results 2020

- Above expected inclusion in phase II EORTC 1537-COBRA trial\(^1\) on advanced stage Hodgkin lymphoma despite Covid-19.
- Finalised the protocol for the new phase III RADAR trial\(^2\) in early favourable Hodgkin lymphoma (RADAR trial) in collaboration with University College London.
- Developed a new study protocol for elderly Hodgkin lymphoma patients.
- Released final results of a long-lasting trial on low-dose total body irradiation in low-grade stage I and II non-Hodgkin lymphoma.
- Welcomed new investigators from Ireland and Poland who have become active Group members.

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\(^1\) 1537 COBRA trial investigates very early PET response adapted treatment with BrAVD and BrECADD in patients with advanced Hodgkin lymphoma

\(^2\) 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
MELANOMA GROUP

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).

Alexander van Akkooi
Chair
The Netherlands Cancer Institute - Antoni Van Leeuwenhoekziekenhuis, The Netherlands

Paul Lorigan
Secretary
The University of Manchester and The Christie NHS Foundation Trust, United Kingdom

Ghanem Ghanem
Treasurer
Institut Jules Bordet, Belgium

Bastian Schilling
Young Investigator Representative
University Clinic Wurzburg, Germany

Sara Valpione
Young Investigator Representative
The University of Manchester and The Christie NHS Foundation Trust, United Kingdom

Top results 2020

- Presented and published updated follow-up data confirming the relapse-free survival benefit of adjuvant pembrolizumab for high-risk stage III melanoma after complete surgical resection.
- Presented the first distant-metastasis-free survival data for adjuvant pembrolizumab for high-risk stage III melanoma after complete surgical resection, demonstrating a similar consistent effect on reducing distant metastases, not just loco-regional recurrences.
- Despite being unable to complete the predefined accrual, results still showed that adjuvant pegylated interferon is an effective adjuvant treatment in stage IIB/C ulcerated primary melanomas compared to observation. This is especially valuable for developing countries without access to or reimbursement for newer melanoma treatments.
- Developed a nomogram together with European Association of Dermato-Oncology (EADO) to help predict outcome of sentinel node positive melanoma patients to allow optimal selection for adjuvant therapy.
- Added SOX10 to the EORTC pathology protocol as an immunohistochemical staining to assess sentinel node metastases in melanoma.

Members
369

Ongoing trials
6
**PATHO BIOLOGY GROUP**

**Mission**

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

**Paul Span**  
Chair  
Radboud University Medical Center Nijmegen, The Netherlands  
*As of September 2020: Ira Skvortsova*  
Innsbruck Universitätsklinik, Austria

**Ira Skvortsova**  
Secretary  
Innsbruck Universitätsklinik, Austria  
*As of September 2020: Leticia Oliveira-Ferrer*  
UKE - University Cancer Center, Germany

**Maurizio Callari**  
Treasurer  
Cruk Cambridge Institute, United Kingdom

**Gert Van den Eynden**  
Young Investigator Representative  
GasthuisZusters Antwerpen - SintAugustinus, Belgium

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**Top results 2020**

- First results were received on the role of APOBEC3B in breast cancer therapy resistance, funded by the Dutch Cancer Society.
- Launched EUROSTAR to study reversal of endocrine resistance in metastatic breast cancer.
- Released outcome of liquid biopsy studies in distinct tumour types: breast cancer (ctDNA in DCIS, circulating microRNA in HER2+ breast cancers, CTC and ctDNA in cholangiocarcinomas).
- Received first omics-based results highlighting the molecular features of breast carcinoma cells with enhanced metastatic potential.
- Co-operated with industry on novel therapeutic approaches in projects for head and neck, colorectal and ovarian cancers. Initiated a partnership with GeneTools LLC, headquartered in the US state of Oregon, to test antisense morpholinos that target oncofetal genes.
- Prof. Tamara Lah Turnšek received a life-time achievement in science award (“Zois award”) in Slovenia. Mariela Vasileva-Slaveva received a Think Pink Europe Innovation Award for a project on the digital diaries of breast cancer patients.
- Ira Skvortsova became Editor-in-Chief of the new journal, “Advances in Cancer Biology – Metastasis” (Elsevier), which will consider manuscripts on basic and translational cancer research.

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1. The project studies a new drug (SC101) from the company Scandion which can revert endocrine resistance. In this project we try to understand the mechanism of action, we try to find biomarkers for patient selection to the compound and the project involves a clinical feasibility study in metastatic cancer patients.
PHARMACOLOGY & MOLECULAR MECHANISMS (PAMM)

Mission

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

Top results 2020

- Hosted annual meeting with 38 speakers and 124 participants in 9 sessions on immunotherapy, individualised therapy, DNA repair, novel therapeutics, tumour models and medicinal chemistry. Meeting included a special focus on bench-to-bedside studies.
- Began collaborating on projects with Disease Oriented Groups for lung, head and neck, and endocrine cancers as well as the Pathobiology Group.

Eric Raymond
Chair
Groupe Hospitalier Paris Saint-Joseph, France

Elisa Giovannetti
Secretary
Vrije Universiteit University Medical Center, The Netherlands

Annette Larsen
Treasurer
Université Pierre et Marie Curie, Hôpital Saint-Antoine, France

Publications collaborative papers: 44
Members: 127
QUALITY OF LIFE GROUP

Mission

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

Anne-Sophie Darlington
Chair
School of Health Sciences, University of Southampton, United Kingdom

Karin Kuljanic
Secretary
Klinicki Bolnicki Centar Rijeka, Croatia

Susanne Singer
Treasurer
Johannes Gutenberg Universitätsklinikum - Mainz University Medical Center, Germany

As of Autumn 2020
Mieke Van Hemelrijck
School of Cancer and Pharmaceutical Sciences, King’s College London, United Kingdom

Top results 2020

- Led the co-ordination and development of an Innovative Medicines Initiative (IMI)-funded project to develop international consensus recommendations for the design, analysis and interpretation of PRO data in cancer clinical trials.¹
- Developed 66 language versions of a telephone script for QLQ-C30 that became a valuable solution for many users during the pandemic, enabling them to collect QOL data when patients were confined at home. Developed preliminary scripts as well for 19 modules that involve over 250 translations.
- Recruited patients for two prospective clinical trials to assess physical and or psychosocial problems after primary treatment using cross-sectional survey in gynaecologic cancer (EORTC-1514-GCG)² and breast cancer (EORTC-1617-BTG)³.
- Received further funding for the TOLERANCE trial from Fonds Cancer (FOCA) and currently under consideration by the Rising Tide Foundation to complete its funding. It is a purely academic clinical trial to reduce treatment burden in elderly sarcoma patients using the QLQ-C30.

1. The project consortium involves the Setting International Standards in Analysing Patient-Reported Outcomes and Quality of Life Endpoints Data (SSISAQOL) initiative
2. Follow-up in Gynecological Cancer Survivors: An EORTC QLG-GCG Survivorsch Study
SOFT TISSUE AND BONE SARCOMA GROUP

Mission

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

Hans Gelderblom
Chair
Leiden University Medical Centre
The Netherlands

Winan van Houdt
Secretary
The Netherlands Cancer Institute-Antoni Van Leeuwenhoekziekenhuis
The Netherlands

Ian Judson
Treasurer
The Institute of Cancer Research
United Kingdom

As of November 2020:
Jean-Yves Blay
Centre Léon Bérard
France

Top results 2020

- Published in Lancet Oncology and presented at ASCO on the STRASS trial, the first ever completed randomised controlled trial in retroperitoneal sarcoma. This study evaluated the role of neo-adjuvant radiotherapy for retroperitoneal sarcoma.¹

- Launched the successor, STRASS 2 to evaluate on a global scale the role of neo-adjuvant chemotherapy for retroperitoneal sarcoma.

- Published the CaboGIST trial, an important study evaluating cabozantinib as a treatment option for patients with gastrointestinal stromal tumours.

- Developed several trial designs for immunotherapy strategies for sarcoma by young oncologists, hopefully leading to fully-funded and EORTC-led immunotherapy trials.

- Approval of and funding for the first soft tissue and bone trial with QOL as the primary endpoint called TOLERANCE, a trial evaluating different chemotherapy regimens for elderly patients.

Precision oncology is the future of cancer treatment and through the SPECTA platform, EORTC is helping to lead the way. The pan-European platform allows for the rapid implementation of new clinical trials and robust translational cancer research.

The molecular tumour boards emerging from SPECTA enable clinicians to make far more informed clinical decisions based on the genomic ‘best fit’ profile of patients.

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

In 2020, three downstream SPECTA projects were actively enrolling patients and a new project was initiated. With the 4 current downstream projects, global SPECTA enrollment is expected to reach approximately 6,800 patients.

### AYA
**Molecular landscape of brain and sarcoma cancer in adolescents and young adults.**
This is a collaborative project with the German Research Center DKFZ. The sarcoma cohort has fully recruited and closed.

### IMMUcan
**Gaining knowledge of the interaction between the tumor and its microenvironment and the impact of therapeutic interventions**
EORTC is the academic lead for this IMI funded project.

### Arcagen
**Understanding the genomic of rare cancers.**
This is a collaborative project with the European Reference on Rare Adult Solid Cancer (EURACAN). The Gastrointestinal and endocrine cohorts have been fully recruited and closed.

First publication in 2020 and poster at the ENA 2020 scientific meeting.

### BioRadon
**Molecular characterisation of NSCLC (non-small cell lung cancer) and exposure to indoor radon in Europe.**
Radon is the leading cause of lung cancer in non-smokers, but the carcinogenesis mechanism in order to prevent future cases, remains unknown.

SPECTA platform

Celebrating an important milestone in cancer clinical research & personalised medicine

SPECTA is a unique way to share at international level the results of cancer molecular screening. It’s a model for drug development of rare actionable alteration and for identifying eligible patients in different countries. It’s a new paradigm for clinical research.

Prof Nicolas Penel
SPECTA's Principal Investigator

2019

First patient enrolled in a SPECTA downstream project (April)

2018

EORTC & WBA launch SPECTA infrastructure for all cancer types including rare cancers

2020

1080+ patients
102 research doctors
17 countries
625+ individual result reports to patients
The E²-RADIatE platform gathers ‘real-world’ data on patients treated with radiation oncology in Europe. The platform represents a unique collaboration between the EORTC and the European Society for Radiotherapy and Oncology (ESTRO) to build collective knowledge on how treatments impact patient survival and quality of life.

2020 Highlights

It was a year to remember in more ways than one. We finished activating the 22 sites in our five ‘starting’ countries from our first wave of regulatory submissions. The second phase of 43 sites (including six new countries) is ongoing. We were happy to welcome the first site in Slovenia, and soon in Austria, Czech Republic, Germany, Poland, Portugal, Spain and the United Kingdom.

Despite Covid-19 restrictions, 441 patients were enrolled in the OligoCare cohort by the end of 2020. There was a slowdown in March (only 16 patients enrolled), but numbers quickly recovered with an average of 36 patients/month until December. Enrollment has consistently exceeded expectations.

In 2021, we are finishing the second phase and further extending the number of sites as part of a third wave. We are also exploring a collaboration with Australian and Canadian centres as well as opening a new cohort on re-irradiation.

The excellent recruitment into the OligoCare cohort indicates the strong commitment of the Radiation Oncology community to contribute to a better understanding of oligometastatic disease in general and of factors influencing outcome of oligometastatic cancer patients treated with radical radiotherapy.

The E²-RADIatE platform is a unique joint initiative of the EORTC and the ESTRO, combining the efforts of a major cancer research organization with those of a large group of dedicated radiation oncology professionals. The structured collection of radiotherapy-specific real-world data will complement the evidence generated in clinical trials and shed additional light on the outcome of the treatments we deliver.
We partner with organisations that share our mission to improve survival and quality of life for patients with cancer. Partners lend their expertise with clearly defined responsibilities in our structure, whilst adhering to EORTC’s principles of independence and quality.

EORTC has established an agreement with Cancer Drug Development Forum (CDDF) to partner on the strategy for conferences and meetings.

EORTC advocates for our mission and public affairs agenda with EU policymakers at the European Medicines Agency (EMA) as an official network organisation.

EORTC continues its longstanding partnership with Walgreens Boots Alliance to support our translational research infrastructure, SPECTA.

2020 marked the beginning of EORTC’s collaboration with the Anticancer Fund to support academic clinical trials.

* EORTC is a member of those federations.
EORTC held a two-day training course in February for European patients and patient representatives. Its aim is to help participants understand cancer biology, and learn about cancer biology, personalised cancer treatment and care, regulatory aspects of clinical research, drug development, real-world data, and patient involvement in the design and implementation of clinical trials. Interactive sessions enabled participants to debate on the topics with researchers and experienced patient advocates.

“Before Patient Days, I didn’t know where studies come from, how they’re carried out or how protocols are created. Now that I understand and know the people behind the research, I trust that they’re doing their best to improve quality of life. I feel like we’re headed in the right direction.”

The programme was developed in close collaboration with the EORTC patient panel and is based on topics suggested by participants from previous editions. Post-surveys showed that respondents regarded Patient Days positively, both in terms of its programme and organisation. Afterwards, 12 participants applied to join EORTC’s Group of Patient Experts.
Since our goal is to enhance patient involvement in different facets of cancer clinical research, we are currently considering appointing a patient representative as a member of the Independent Data Monitoring Committee (IDMC). A survey to select the most suitable candidates for this role has been developed in collaboration with the IDMC chair and its members.

Patient involvement in the IDMC

Patient involvement in Groups

The changes to EORTC governance underway imply involvement of patient representatives in the Group steering committees.

Some numbers

- 105 Patient reviewers
- 9 Panel members
- 1 face-to-face meeting
- 2 virtual meetings
- 5 patient information sheets/informed consents
- 7 study concept reviews received in 2020

EORTC PATIENT PANEL

Speakers at Patient Days

Roger Wilson and Janette Rawlinson are patient advocates who bring their lived experience to the patient panel. At Patient Days, they spoke about patient needs in research and the relevance of endpoints. They shared their cases and moderated several sessions.

New members

Five new members joined the patient panel in 2020, bringing the total number to nine. Tom Haswell, who was a member of the British Thoracic Oncology Group Steering Committee and an influential professional lung cancer advocate, sadly passed away in November.

Roger Wilson
Panel chairman, Sarcoma Patients EuroNet (SPAEN)
UK

Kathy Oliver
International Brain Tumour Alliance (IBTA)
UK

Janette Rawlinson
NCRI lung subgroup, British Thoracic Oncology Group (BTOG), European Lung Foundation (ELF)
UK

Patricia Fairbrother
Independent Cancer Patients' Voice (ICPV)
UK

Rafal Nagiecki
Independent patient advocate
Poland

Eva Maria Strömsholm
Gynaecological Cancer Patients
Finland

Margaret Grayson
Northern Ireland Cancer Research Consumer Forum
UK

Lesley Goodburn
Pancreatic Cancer UK, NCRI Upper GI Executive Group, NCRI Pancreatic Cancer workstream
UK

Winette van der Graaf
The Netherlands Cancer Institute
The Netherlands
Patient involvement guidance

Guidance is in development to support EORTC Disease-Oriented Groups to actively involve patients and patient organisations in a systematic, consistent and sustainable way. It will offer practical advice with an overview of the key elements and challenges involved. The Guidance is part of a toolkit, including some templates and relevant presentations. It is being developed by the EORTC International Policies and Affairs unit in consultation with experienced patient panel members. The Guidance will be finalised after receiving input from the Disease-Oriented Groups.

Clinical trial brochure

The patient panel thoroughly reviewed the EORTC clinical trial brochure to improve its layout, design and coherence. Their contributions will help make the content more understandable and relatable for patients and their family members.

Group survey

Patient panel’s Chair co-developed a survey with EORTC HQ to identify the limits and opportunities for patient involvement in Groups. The results of the survey should contribute to pragmatic solutions tailored to the needs of each Group and will be included in the forthcoming Patient Involvement Guidance.

Risk assessment of patient data

In 2020 we had an unique opportunity to benefit from patient contributions not only in research but also to data protection related matters. When developing a standard operation procedure on the Data Protection Impact Assessment, we asked the patient panel to review different scenarios involving the processing of patient data in clinical research and to evaluate the related risks.

During this exercise, we noticed that patients actually upgraded the risk levels that researchers had defined. This suggests that they may be more vigilant to data inaccuracy and unauthorised access to their data than researchers. It also revealed that the spectrum of patient contributions is quite broad and should not be limited to clinical studies.
Treatment optimisation

Making treatment optimisation a mandatory step in treatment access was the central theme of our policy actions in 2020. EORTC shares the widespread concern that approved expensive new drugs may not provide substantial added benefit to patients.

Advocacy began in the European Parliament in 2019 with the launch of the manifesto for treatment optimisation co-ordinated by EORTC. The manifesto includes specific policy recommendations to produce cost savings that can enhance access to innovative treatments across Europe, including:

- Complimenting regulatory clinical trials to identify and qualify new agents with independent clinical research on the optimal use of drugs, including on the duration, dosage and combination with other therapies.
- Funding for optimisation studies that collect real-world data in a controlled clinical environment to help close the so-called efficacy-effectiveness gap.
- Making continuity from drug registration into healthcare research mandatory.
- Many stakeholders have joined in supporting the manifesto, such as Members of the European Parliament, patient organisations, scientific societies, biotechnology and pharmaceutical industry representatives. Although we have seen greater mentions of treatment optimisation in EU institutional communication, there remains no concrete action to date.

To drive action forward in 2020, we focused on awareness-raising with influential stakeholders, meeting with MEPs including: Véronique Trillet-Lenoir, Petra De Sutter, Peter Liese and Frédérique Ries. We are continuing cross talks with the European Medicine Agency and Health Technology Assessment bodies such EUnetHTA and IQWIG. We are also now in contact with payers including the BeNeLuxA Member States Initiative.

Since this policy challenge is not limited to oncology, we are in talks with the BioMed Alliance to form an umbrella group with other disease areas such as respiratory disease. We started discussions as well with the pharmaceutical and medical device working group of the Organisation for Economic Co-operation and Development (OECD).

We also advocated for treatment optimisation during official consultations on the EU’s Pharmaceutical Strategy for Europe, adopted on 25 November 2020.

Europe’s Beating Cancer Plan

The EORTC was actively engaged in consultations in 2020 on Europe’s Beating Cancer Plan. Presented in February 2020, the Plan is the EU’s response to growing challenges and developments in cancer control.

Our advocacy focused on promoting patient-centric independent clinical research in oncology and ensuring sufficient public funding to make academic research including treatment optimisation a reality in Europe.
General Data Protection Regulation (GDPR)

Since coming into force in 2018, the European General Data Protection Regulation (GDPR) has been causing significant concern amongst the scientific community for its impact on the collection and use of data in clinical research. In 2020, the EORTC raised concerns with policymakers regarding:

- **Diverging national implementation** and the uncertainty regarding the correct compliance with its provisions.
- **Perceived barriers** for longer storage and reuse of collected data as well as sharing of data with other researchers.
- **GDPR’s interplay** with other European legislation applicable to health research, such as the Clinical Trials Regulation, In Vitro Diagnostic Medical Devices Regulation and Medical Devices Regulation.
- **Complexities** due to the application of Member State legislation on other matters, such as biobanks, registries and genetic testing.

EU-funded projects in 2020

Despite the pandemic, **2020 was a busy year for EU-funded projects. EORTC carried on the coordination of “Integrated Immunoprofiling of large adaptive Cancer patient cohorts” (IMMUcan). The project aims to understand the tumour micro-environment and how it evolves under the influence of cancer treatment using tumour samples from some 3,000 cancer patients combined with clinical data. The fully integrated project pipeline is now operational.**

Access to patient material has been a significant challenge, exacerbated by Covid-19 restrictions. We are looking for additional clinical sites and research groups to participate outside EORTC.

EORTC is participating in a true multi-stakeholder project to bridge the efficacy-effectiveness gap: Next Generation Health Technology Assessment (HTx). In collaboration with the European Proton Therapy Network, we are conducting a case study using real-world data to validate the benefit of proton therapy in Head and Neck cancer. HTx is also an opportunity to investigate how research organisations like EORTC can support health technology assessments. This is in line with EORTC’s policy actions around treatment optimisation.

Finally, **we signed a grant agreement with the EU Innovative Medicines Initiative for “Setting International Standards of Patient-Reported Outcomes and Quality of Life Endpoints in Cancer Clinical Trials” (SISAQOL-IMI). Co-ordinated by EORTC, SISAQOL-IMI will establish guidance on how to use patient-reported outcomes in cancer clinical trials. Started in January 2021, the project involves a large group of stakeholders including academic institutions, industry, patient groups, regulatory agencies, HTA and scientific societies from around the world.**
In 1991, we established the EORTC Fellowship Programme to encourage physicians, statisticians and scientists from around the world to engage in European clinical cancer research.

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

Fellows are exposed to a range of training to reinforce and expand their knowledge of clinical research. It is also a chance to use EORTC’s rich databases to work on practice-changing publications.

Whilst we are grateful to all our supporters worldwide, we are especially appreciative of the contributions from Belgian-based organisations. This includes Kom Op tegen Kanker for their support to the Emmanuel van der Schueren fellowship, and the European Society for Paediatric Oncology (SIOPE) and Fonds Cancer (FOCA) for their continued support of the medical doctors’ fellowship.

**Fellowship achievements**
- 199 fellows sponsored
- 41 nationalities welcomed

**Fellows in 2020**
- 23 fellowships ongoing
- 3 fellowships were awarded this year (2 statisticians and 1 medical doctor)

**Welcomed the world to EORTC headquarters**
- **EUROPE:** Belgium, France, United Kingdom, Germany, Greece, Italy & The Netherlands
- **AFRICA:** Cameroon, Ghana, Morocco, Nigeria & Zimbabwe
- **MIDDLE EAST:** Saudi Arabia & Iran
- **ASIA:** Japan
- **OCEANIA:** Australia
- **LATIN AMERICA:** Brazil
Testimonials

EORTC Fellowships aren’t about solo research. They’re an opportunity to join a community of researchers inspired by a shared mission. Group success is considered an EORTC success. People are open to new ideas and give you a platform to learn and grow in projects that align with your interests - no matter your educational background.

In one project, I collaborated with world-class artificial intelligence experts to apply the technology to diagnostic and prognostic models. It’s an exciting area with tremendous untapped potential in radiation oncology. Another project involves developing and validating a predictive model for radiotherapy-induced side effects. Both projects are contributing to important advancements in patient survival and quality of life.

Marjan Sharabiani (Iran) joined the EORTC in December 2018 as a medical physics fellow. She holds a MSc in physics.

I joined EORTC in 2018 right after graduation because I believed a fellowship in biostatistics was the right next step for my career. Three years later, I couldn’t be happier with my choice. EORTC has given me the opportunity to work on - and even lead - important projects with international collaborative groups alongside extremely competent senior colleagues.

Nicolas Sauvé (France) joined the EORTC in April 2018. He holds the equivalent of a MSc degree and is specialised in biostatistics.

I’m focused on Radiotherapy Quality Assurance (RTQA) in recently closed clinical trials in my Emmanuel van der Schueren fellowship. Since 1982, RTQA has been an essential component of EORTC radiotherapy clinical trials. It ensures that radiation therapy is safe and follows trial protocols. It also helps to improve toxicity profiles and disease control as well as radiotherapy standards.

Najlaa Alyamani (Saudi Arabia) joined the EORTC in May 2020. She holds a medical degree from King Saud University.
The pandemic challenged us to convert the physical meetings that EORTC is world renowned for into virtual ones that could still deliver impact and allow for meaningful engagement. Our team rose to this challenge with impressive skill, welcoming over **6,500 delegates in 2020 from more than 100 countries** to virtual conferences and Group meetings. This is a threefold increase from our average.

Post-event surveys revealed that the majority of delegates still prefer physical meetings as they miss networking with peers. Since we believe that a virtual component to meetings is here to stay, expect more hybrid events in the future.
12th European Breast Cancer Conference (EBCC 12) 2-3 October 2020

The European Breast Cancer Conference (EBCC) provides a unique multidisciplinary setting for all professionals with a common interest in breast cancer to discuss, debate, inform and educate themselves about this evolving disease. As the largest conference of its kind outside the US, the EBCC brings together diverse stakeholders from clinicians and scientists to patient representatives from around the world.

Hosted virtually in 2020, we welcomed an impressive 2,439 delegates from over 80 countries to the 12th edition of the conference. Delegates explored tangible advances made in prevention, diagnosis, treatment and survivorship driven by multidisciplinary research. They also discussed the impact of Covid-19 on clinical studies and how researchers can prepare for and respond to pandemics and other crises in future.

**TOP 10 countries**

- **14%** The Netherlands
- **7%** Italy
- **5%** China
- **5%** Spain
- **5%** Switzerland
- **5%** Argentina
- **5%** United Kingdom
- **4%** Belgium
- **4%** Germany
- **3%** USA

**Disciplines**

- **25%** Surgical Oncologist / General Surgeon
- **15%** Medical Oncologist
- **12%** Oncologist
- **6%** Radiotherapist / Radiation Oncologist
- **5%** Gynaecologist
- **5%** Patient Advocate / Representative
- **3%** Medical Scientist
- **3%** Industry - Scientist
- **5%** Media (Broadcast / Print / Online)
- **6%** Student

**Institutions**

- **49%** Hospital
- **13%** University Hospital
- **3%** Cancer Research Centre
- **7%** Cancer Centre
- **7%** Other
- **12%** Industry
- **3%** Non-Profit Organisation
- **4%** University
- **3%** Cancer Research Centre
Innovation and Biomarkers in Cancer Drug Development 2020
23 October 2020

The Innovation and Biomarkers in Cancer Drug Development (IBCD) conference explores the constantly evolving scientific, methodological and regulatory environment for drug and biomarker development. It is organised by EORTC, NCI, EMA, and AACR with the involvement of FDA and PMDA.

In 2020, more than 400 delegates from 52 countries came together for the virtual conference. Delegates explored topics including comparative effectiveness in research and the translation of findings from clinical trials to daily practice. Panel discussions also covered emerging regulatory routes to approve new anti-cancer agents based on biomarkers. Presentations demonstrated the relevance and feasibility of innovative clinical trial designs.

Methods in Clinical Cancer Research Workshop: virtual version postponed to November 2021

The annual Methods in Clinical Cancer Research Workshop is a week-long course to educate and train early-career investigators in the best practices of clinical trial design and provide access to experienced clinical investigators from different institutions with expertise across all areas of clinical research. The workshop is organized by the EORTC, ESMO and AACR and has provided training to over 1 600 investigators from all over the world since its inception in 1999.

In 2020, we received 132 applications from 30 countries, of which 42 investigators were selected from 12 countries. The workshop attracted multidisciplinary participants across 18 tumour types. It was decided not to hold a weeklong course instead one virtual session per protocol development group was organised. Faculty members provided advice and recommendations to investigators in eight protocol development groups. Despite the virtual format, the workshop still enabled the peer-to-peer and mentoring relationships that are core to the experience.

Applications will open in May 2021 for the next edition planned for November in Sint Michielsgestel in The Netherlands.

32nd EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics 24-25 October 2020

The symposium is a drug development and translational research meeting focusing on preclinical and phase I studies. Hosted by the EORTC together with the National Cancer Institute (NCI) and the American Association for Cancer Research (AACR), it enables and facilitates in-depth scientific discussions on the latest developments in targets and drugs.

In this 32nd edition, we virtually welcomed 3 778 academics, scientists, industry representatives and other experts from diverse disciplines. Delegates explored the latest innovations in drug development, target selection and the impact of new discoveries in molecular biology.

Attracting multidisciplinary investigators

4 Radiation Oncology
1 Pharmacy
2 Pediatric Oncology
1 Digestive Oncology
4 Clinical Oncology
1 Hematology Oncology
28 Medical Oncology
Representing 18 tumour types

1. Breast Cancer
2. Colorectal cancer
3. Pancreatic Cancer
4. Head and Neck Cancer
6. Solid Tumours

World Cancer Day
4 February

The global cancer community commemorates World Cancer Day on February 4 each year with the slogan "I Am and I Will". EORTC has long supported the campaign, calling everyone, collectively and individually, to commit to strengthen actions to reduce the impact of cancer.

In support of the campaign in 2020, we published a series of videos featuring members and staff highlighting the vital role of clinical research in the global fight against cancer. The videos generated an impressive 1,500 views on social media.

Visit our social channels with #IamAndIwill to watch the videos.

Breast Cancer Awareness Month
October

Breast Cancer Awareness Month plays a vital role in increasing attention and support for the awareness, early detection, treatment and palliative care of the disease. Typically, we would host a series of events at our HQ, but due to the pandemic we co-hosted a webinar with the Breast International Group (BIG).

The webinar focused on the growing importance of treatment de-escalation to improve patient quality of life by avoiding unnecessary overtreatment. It was open to the general public – not just the scientific community – and engaged nearly 170 participants from around the world.

Movember
November

Movember is an annual campaign that challenges men to grow moustaches during the month of November to raise awareness about major health issues facing men: prostate cancer, testicular cancer and men’s suicide. Proceeds from the month-wide fundraiser go towards innovative research and projects that benefit men’s health around the world.

In 2020, EORTC staff sported their moustaches whilst working from home to support the cause. Despite confinement, staff raised nearly 1,300 € from the EORTC community for the Movember Foundation. We also organised two well-attended webinars: one on prostate cancer and quality of life and another on the future of genito-urinary cancers in clinical research.
Total revenue in the 2020 fiscal year:
Consolidated figures
(EORTC, ECRF, FRIENDS OF EORTC, FFRTC)

We raised
€ 41.7M
for clinical cancer research
€ 2.7M
for operating expenses

We invested
€ 34.8 M
in clinical cancer research
€ 0.6 M
in education/fellowships
€ 0.9 M
in development, communication & professional events
€ 4.8 M
in operating expenses (taxes, administration, HQ)

Net assets
€ 73.2 M
in 2020
€ 69.5 M
in 2019
Due to Covid-19, our planned fundraising events had to be cancelled, postponed or where possible, moved to an online format.

With the invaluable support of our existing partners, we were able to continue supporting EORTC’s important clinical research and welcome new partners that share our values and mission in driving change for unmet scientific needs for the benefit of cancer patients across the world.

The need to deliver high-quality and impactful clinical research for the benefit of cancer patients remains the same if not more urgent today. With experts predicting a rise in cancer cases in future, we need to power forward with research that can alleviate this burden for the millions of people at-risk worldwide.

ECRF Trustees

- Victoria Agnew, UK
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The EORTC Cancer Research Fund (ECRF) is an independent non-profit association founded in 1976 under the honorary presidency of the late Prince Philip, Duke of Edinburgh. ECRF’s mission is to promote, encourage and support research on the treatment of cancer under the auspices of the EORTC.

Over the past 44 years, the ECRF has raised millions of euros to fund EORTC trials and projects to develop new treatments and care that have increased survival and quality of life for cancer patients.

The grants and donations that power our work come from a diverse range of supporters, from institutions and foundations to the private sector and generous individuals across Europe and around the world.

Our 2020 Board
TOTAL RESTRICTED & UNRESTRICTED FUNDS RAISED IN 2020

Consolidated figures (EORTC, ECRF, Friends of EORTC, Fondation Francaise RTC1)

€4.9M

RESTRICTED & UNRESTRICTED
GRANTS

66
NUMBER OF ACADEMIC
PROJECTS FUNDED
(PARTIALLY & IN FULL) ²

23
FELLOWSHIPS
SPONSORED IN TOTAL

3
NEW FELLOWSHIPS
SPONSORED IN 2020

2020 HIGHLIGHTS

PARTNERSHIP

Precision oncology is the future of cancer treatment and with the Walgreens Boots Alliance (WBA), we have made exciting leaps forward through the SPECTA platform. SPECTA is the leading infrastructure for translational clinical research for all tumour types including rare cancers.

WBA has worked in partnership with EORTC since 2011 to help fight cancer. I’m very proud of the achievements we’ve made together with SPECTA and the impact of this collaboration on the ability of future generations to survive this awful disease.

Richard Ellis
Vice President of Corporate Social Responsibility, Walgreens Boots Alliance

With SPECTA, the knowledge gained from addressing a patient’s molecular biology can now be extended to more cancers, enabling us to develop better treatments across tumors. WBA’s support has catalysed these breakthroughs.

Dr. Denis Lacombe
EORTC Director General.
Despite the pandemic, WBA employees in 2020 continued to demonstrate their commitment to advance EORTC’s mission for adolescent and adult cancer patients.

**In numbers**

- **1080+** Patients
- **17** countries
- **102** Investigators
- **625+** individual result reports to patients
In April 2020 the Anticancer Fund and EORTC announced a new partnership in support of the EORTC 1809 STRASS II trial in high-risk retroperitoneal sarcoma, an aggressive and rare cancer affecting the soft tissues of the body.

‘Securing research funding for areas with limited interest from the profit-driven cancer industry is essential to complement progress’, explained Lydie Meheus, managing director of the Anticancer Fund. ‘By partnering with the EORTC, we have the leading organisation in clinical research in Europe that works together with industry but also tries to address other patient-centred needs in a non-profit way. Initiatives like this need encouragement’.

Belgian entrepreneur Filip Balcaen, a major donor to the Anticancer Fund, agrees. ‘I’m convinced that organisations should join forces to achieve major breakthroughs in the fight against cancer’, he explained.

‘We’re very pleased to partner with a like-minded organisation like the Anticancer Fund to address such an important question for patients with high-risk retroperitoneal sarcoma’, said Dr. Denis Lacombe, Director General of the EORTC. ‘This marks the beginning of a successful partnership to tackle patient-centred questions where there is no industry involvement’. The total study cost amounts to approximatively €2.9M, of which €1.4M is already secured, the Anticancer Fund’s financial contribution amounts to €700,000.

The EORTC deals with large volumes of patient data. Even though this data is anonymised and complies with the strictest data protection standards, no organisation can be fully immune to cybersecurity threats today.

Significant investments must be made to protect and defend IT infrastructure. Thanks to the generous support of cybersecurity firm Advantio, EORTC’s infrastructure is now even more resilient and secure. The firm began donating their services in 2020 to enhance our security posture. We are grateful for their continued defence of our mission.

‘It’s our great privilege to provide our cybersecurity services to protect your cancer-fighting mission’

Marco Borza
CEO, Advantio
INVESTING IN THE EDUCATION OF THE NEXT GENERATION OF ONCOLOGY PROFESSIONALS

Since 1991, the ECRF has supported the EORTC’s Fellowship programme which enables physicians, statisticians and scientists from around the world to engage in world-class research for up to three years at EORTC headquarters in Brussels.

In 2020, the number of fellowships at the EORTC reached a total of 18 fellows. The programme benefits from the longstanding support of organisations including: Fonds Cancer (FOCA), European Society for Paediatric Oncology, Fondation Contre le Cancer, University of Leiden, Japan Clinical Oncology Group and the Belgian National Lottery.

The ECRF-BAEF partnership provides scholarships that enable American scientific students to spend a year at the EORTC in Brussels.

WE NEED PARTNERS LIKE YOU

What is clinical research exactly?

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

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

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

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

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

The EORTC is uniquely positioned to deliver on this mission as the strongest cancer fighting organisation in Europe. We operate on a scale that would be impossible at a national level with a record of achievement dating back to 1962.

No tumour is too rare to tackle at the 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 help to power our progress forward and welcome you to join us on this journey. Together, we can increase patient survival and quality of life.

Contact us

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!

✉️ ecrf@eortc.org
📞 +32 2 774 15 26

New website

www.eortcresearchfund.org/

Help support practice changing cancer clinical research

Belgium

EORTC ECRF
IBAN: BE79 0682 4292 7433 (EUR)

UK

Friends of EORTC
IBAN: GB30 COUT 1800 0201 8843 65 (GBP)

France

Foundation 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
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<td>Head &amp; Neck Cancers</td>
<td>Generalizability Assessment of Head and Neck Cancer NCTP Models Based on the TRIPOD Criteria</td>
<td>Sharabian M, Clementel E, Andratschke N, Hurkmans C</td>
<td>Radiotherapy and Oncology</td>
<td><a href="https://doi.org/10.1016/j.radonc.2020.03.012">https://doi.org/10.1016/j.radonc.2020.03.012</a></td>
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<td>Melanoma</td>
<td>”SOX10 is as specific as S100 protein in detecting metastases of melanoma in lymph nodes and is recommended for sentinel lymph node assessment”</td>
<td>Zuemerka-Ciechikiewicz A, Bossio F, Teterycz P, Antoranza D, Delouga F, Koljenovic S, van de Wiel BA, Blokkx W, van Kempen LC, Rutkowski P, Christopher van Akkooi A, Cook M, Massi D, EORTC Melanoma Group</td>
<td>European Journal of Cancer</td>
<td><a href="https://doi.org/10.1016/j.ejca.2020.06.037">https://doi.org/10.1016/j.ejca.2020.06.037</a></td>
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<td>Quality of Life</td>
<td>EORTC QLQ-C100 value sets for Austria, Italy, and Poland</td>
<td>Gamper EM, King T, Norman R, Efficace F, Cottone F, Holzner B, Kemmler G.</td>
<td>Quality of Life Research</td>
<td><a href="https://doi.org/10.1007/">https://doi.org/10.1007/</a> s11523-020-05236-4</td>
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<td>SPECTA: Screening Cancer Patients for Efficient Clinical Trial Access</td>
<td>Recruiting</td>
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<td>55984</td>
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<td>A randomized trial of Adryamicin (A) Cisplatin (P) chemotherapy versus Paclitaxel (T) Adriamycin (A) and Cisplatin (P) in patients with metastatic/relapsed or locally advanced inoperable endometrial cancer.</td>
<td>LT-FU ongoing</td>
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<td>Radiation versus Observation following surgical resection of Atypical Meningioma: a randomised controlled trial (The ROAM trial) / EORTC 1308</td>
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<td>Trabectedin for recurrent grade II or III meningioma: a randomized phase II study of the EORTC Brain Tumor Group</td>
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<td>INTELLANCE 2</td>
<td>INTELLANCE 2: ABT 414 alone or ABT 414 plus temozolomide versus lomustine or temozolomide for recurrent glioblastoma: a randomized phase II study of the EORTC Brain Tumor Group</td>
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<td>Pediatric Sub 1410-BTG</td>
<td>Evaluation of ABT-414 in Children with High Grade Gliomas (Main study: ABT-414 alone or ABT-414 plus temozolomide versus lomustine for recurrent glioblastoma: a randomized phase II study of the EORTC Brain Tumor Group)</td>
<td>Closed to Patient Entry EORTC Brain Tumor Group</td>
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<td>ETERNITY</td>
<td>Molecular genetic, host-derived and clinical determinants of long-term survival in glioblastoma</td>
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<td>STEAM</td>
<td>Study of TG02 in Elderly Newly Diagnosed or Adult Relapsed Patients with Anaplastic Astrocytoma or Glioblastoma: A Phase IIb Study</td>
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<td>PersoMed-I</td>
<td>Personalized Risk-Adapted Therapy in Post-Pubertal Patients with Newly-Diagnosed Medulloblastoma (PersoMed-I)</td>
<td>Regulatory in Process EORTC Brain Tumor Group</td>
<td>EORTC Brain Tumor Group, Cooperative Trials Group for Neuro-Oncology, German Neuro-Oncology Working Group</td>
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<td>ALTTO</td>
<td>A randomized, multi-centre...</td>
<td>LT-FU ongoing</td>
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<td>10085</td>
<td>Male BC</td>
<td>Clinical and biological...</td>
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<td>10085p</td>
<td>Prospective male BC</td>
<td>Clinical and biological...</td>
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**Number**

- 1635
- 1709
- 26053
- 26071
- 26081
- 10031

**Alias**

- I-WOT
- MIRAGE
- CATNON
- CENTRIC
- CODEL
- SOFT

**Title**

- IDH mutated 1p/19q intact lower grade glioma following resection: Wait or Treat?
- A phase III trial of marizomib in combination with standard temozolomide-based radiochemotherapy versus standard temozolomide-based radiochemotherapy alone in patients with newly diagnosed glioblastoma - MIRAGE
- Phase III trial on concurrent and adjuvant temozolomide chemotherapy in non-1p/19q deleted anaplastic glioma. The CATNON intergroup trial.
- 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)
- Phase III Intergroup Study of Radiotherapy with Concomitant and Adjuvant Temozolomide versus Radiotherapy with Adjuvant PCV Chemotherapy in Patients with 1p/19q Co-deleted Anaplastic Glioma or Low Grade Glioma
- 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.

**Status**

- Recruiting
- Closed to Patient Entry
- LT-FU ongoing
- LT-FU ongoing
- LT-FU ongoing
- LT-FU ongoing

**Secondary Groups**

- EORTC Brain Tumor Group
- EORTC Brain Tumor Group,Canadian Cancer Trials Group
- EORTC Brain Tumor Group,Canadian Cancer Trials Group
- EORTC Brain Tumor Group,EORTC Radiation Oncology Group
- EORTC Brain Tumor Group,Cooperative Trials Group for Neuro-Oncology,Alliance
- EORTC Breast Cancer Group
- EORTC Breast Cancer Group
- EORTC Breast Cancer Group,International Breast Cancer Study Group, Oncology Site Management Organization
- EORTC Breast Cancer Group
- EORTC Breast Cancer Group, Italian Breast Cancer Group
- EORTC Breast Cancer Group,Italian Breast Cancer Study Group, Oncology Site Management Organization
- EORTC Breast Cancer Group

**Other Information**

- TBCRC and NABCG intergroup study.
- Retrospective characterization of Male Breast Cancer: an international retrospective characterization of Male Breast Cancer - 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
- 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”
- Clinical and biological characterization of Male Breast Cancer: an international retrospective EORTC, BIG and NABC intergroup study (for the prospective part, please refer to 10085p)
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<tr>
<td>10112</td>
<td>Aphinity</td>
<td>A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer.</td>
<td>LT-FU ongoing</td>
<td>EORTC Breast Cancer Group</td>
<td>EORTC Breast International Group</td>
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<td>10853</td>
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<td>Phase III trial of radiation therapy vs no treatment for patients with in situ ductal carcinoma of the breast (Jointly with the EORTC Radiotherapy Cooperative Group)</td>
<td>LT-FU ongoing</td>
<td>EORTC Breast Cancer Group</td>
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<td>10981</td>
<td>AMAROS</td>
<td>After Mapping of the Axilla: Radiotherapy Or Surgery</td>
<td>LT-FU ongoing</td>
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<td>1307</td>
<td>BRAVO</td>
<td>A phase III, randomized, open label, multicenter, controlled trial of niraparib versus physician’s choice in previously-treated, HER2 negative, germline BRCA mutation-positive breast cancer patients.</td>
<td>Closed to Patient Entry</td>
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<td>1348</td>
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<td>A randomised, double-blind, parallel group, placebo-controlled multi-centre Phase III study to assess the efficacy and safety of olaparib versus placebo as an 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</td>
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<td>LORD</td>
<td>Management of low grade ductal carcinoma in situ (low-grade DCIS): a randomized, multicenter, non-inferiority trial, between standard therapy approach versus active surveillance</td>
<td>Recruiting</td>
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<td>1408</td>
<td>AURORA</td>
<td>Aiming to Understand the MOlecular Aberrations in Metastatic Breast Cancer</td>
<td>Recruiting</td>
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<td>1502</td>
<td>PYTHIA</td>
<td>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</td>
<td>Closed to Patient Entry</td>
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<td>1513</td>
<td>PALLAS</td>
<td>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</td>
<td>Closed to Patient Entry</td>
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<td>22051</td>
<td>SUPREMO</td>
<td>Selective Use of Postoperative Radiotherapy AFEr MastectOmy (SUPREMO)</td>
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<td>EORTC Radiation Oncology Group 22, Scottish Cancer Trials Breast Group</td>
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<td>nursing home project</td>
<td>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</td>
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<td>EORTC Cancer in Elderly Task Force</td>
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<td>1745</td>
<td>APPALACHES</td>
<td>A Phase II study of Adjuvant PALbociclib as an Alternative to Chemotherapy in Elderly patients with high-risk ER+/HER2- early breast cancer (APPALACHES)</td>
<td>Recruiting</td>
<td>EORTC Cancer in Elderly Task Force</td>
<td>Children's Leukemia Group</td>
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<td>7511</td>
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<td>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</td>
<td>LT-FU ongoing</td>
<td>EORTC Cancer in Elderly Task Force</td>
<td>Children's Leukemia Group</td>
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<td>58051</td>
<td>IntReALL SR 2010</td>
<td>A randomized Phase III Study Conducted by the Resistant Disease Study Group, International Breast Cancer Study Group, Gropp, Oncologico Italiano Ricerca Clinica, German Adjuvant Breast Cancer Group, Grupo espanol de estudio, tratamiento y otras estrategias experimentales en tumores solidos, Unicancer Oncogeriatrics Group</td>
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<td>Translational research - observational study for identification of new possible prognostic factors and future therapeutic targets in children with acute lymphoblastic leukemia (ALL)</td>
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<td>EORTC Children's Leukemia Group</td>
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<td>58111</td>
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<td>International Study for Treatment of Standard Risk Childhood Relapsed ALL 2010. A randomized Phase III Study Conducted by the Resistance Disease Committee of the International BFM Study Group</td>
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<td>58921</td>
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<td>Randomized phase III study comparing IDA versus MTZ in induction and intensification treatment of AML or MDS in children</td>
<td>LT-FU ongoing</td>
<td>EORTC Children's Leukemia Group</td>
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<tr>
<td>58951</td>
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<td>The value of 1) Dexamethasone vs prednisolone during induction 2) of prolonged versus conventional duration of L-Asparaginase therapy during consolidation and late intensification, in acute lymphoblastic leukemia and lymphoblastic non-Hodgkin lymphoma of childhood. A Randomised phase III study.</td>
<td>LT-FU ongoing</td>
<td>EORTC Children's Leukemia Group</td>
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<td>581AE</td>
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<td>Assessment of the long term outcome of childhood ALL patients enrolled in EORTC CLG trials between 1971 and 1998</td>
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<td>1754</td>
<td>REACH</td>
<td>Study to determine the aetiology of chlorhime gel induced skin drug reaction in early stage mycosis fungoides cutaneous T cell lymphoma (MF-CTCL)</td>
<td>Regulatory in Process</td>
<td>EORTC Cutaneous Lymphoma Task Force</td>
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<td>1652</td>
<td>PARCT</td>
<td>Phase II trial of atezolizumab (anti-PD-L1) in the treatment of stage IIB-IV mycosis fungoides/sezyary syndrome patients relapsed/refractory after a previous systemic treatment</td>
<td>Closed to Patient Entry</td>
<td>EORTC Cutaneous Lymphoma Task Force</td>
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<td>1209</td>
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<td>A phase II study exploring the safety and efficacy of nintedanib (BIBF1120) as second line therapy for patients with either differentiated or medullary thyroid cancer progressing after first line therapy.</td>
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<td>EORTC Endocrine Tumors Group</td>
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<td>1534</td>
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<td>Protocol SAKK 41/13 Adjuvant aspirin treatment in PIK3CA mutated colon cancer patients. A randomized, double-blind, placebo-controlled, phase III trial</td>
<td>Closed to Patient Entry</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>Gastrointestinal Tract Cancer Group</td>
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<td>1203</td>
<td>INNOVATION</td>
<td>Integration Of trastuzumab, with or without pertuzumab, into periOperative chemotherapy of HER-2 posiTive stOMach canCer: the INNOVATION-TRIAL</td>
<td>Recruiting</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>Gastrointestinal Tract Cancer Group</td>
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<td>1409</td>
<td>CLIMB</td>
<td>A prospective Colorectal Liver Metastasis Database with an Integrated Quality Assurance program</td>
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<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>Gastrointestinal Tract Cancer Group, European Society of Surgical Oncology</td>
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<td>1527</td>
<td>DREAM</td>
<td>DREAM: Diffusion-Weighted Magnetic Resonance Imaging Assessment of Liver Metastasis to Improve Surgical Planning</td>
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<td>1560</td>
<td>ILOC</td>
<td>Phase II of immunotherapy plus local tumour ablation (RFA or stereotactic radiotherapy) in patients with colorectal cancer liver metastases</td>
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<td>1607</td>
<td>VESTIGE</td>
<td>Open-label, first-in-human, single-arm phase II study of Cabometyx combined with pembrolizumab in patients with advanced or metastatic biliary tract cancer</td>
<td>Recruiting</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
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<td>1707</td>
<td>CRUCIAL</td>
<td>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)</td>
<td>Recruiting</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
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<td>22114</td>
<td>TOP GEAR</td>
<td>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.</td>
<td>Recruiting</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>EORTC Gastrointestinal Tract Cancer Group, EORTC Radiation Oncology Group</td>
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<tr>
<td>40091</td>
<td>BOS 2</td>
<td>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</td>
<td>Closed to Patient Entry</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
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<tr>
<td>40101</td>
<td>POWER</td>
<td>An open-label, randomized phase III trial of cisplatin and 5-fluorouracil with or without panitumumab for patients with nonresectable, advanced or metastatic esophageal squamous cell cancer (ESCC)</td>
<td>Closed to Patient Entry</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
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<tr>
<td>40091</td>
<td>SPECTAcolor</td>
<td>Screening Platform of the EORTC for Clinical Trials in Advanced Colorectal cancer “SPECTAcolor”</td>
<td>Closed to Patient Entry</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
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<tr>
<td>1201</td>
<td>PEACE-1</td>
<td>A prospective randomised phase III study of androgen deprivation therapy +/- docetaxel) with or without local radiotherapy with or without abiraterone acetate and prednisone in patients with metastatic hormone-naive prostate cancer.</td>
<td>Closed to Patient Entry</td>
<td>EORTC Genito-Urinary Cancers Group</td>
<td>UNICANCER, EORTC Genito-Urinary Cancers Group, EORTC Radiation Oncology Group, Groupe d’Etude des Tumeurs Uro-Genitales</td>
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<tr>
<td>1333</td>
<td>PEACE III</td>
<td>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.</td>
<td>Recruiting</td>
<td>EORTC Genito-Urinary Cancers Group</td>
<td>EORTC Genito-Urinary Cancers Group, Grupo Espanol para el Tratamiento de Tumores Digestivos, Arbeitsgemeinschaft Internistische Onkologie, Arbeitsgemeinschaft Medikamentöse Tumortherapie</td>
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<tr>
<td>1407</td>
<td>TIGER</td>
<td>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</td>
<td>Recruiting</td>
<td>EORTC Genito-Urinary Cancers Group</td>
<td>UNICANCER, EORTC Genito-Urinary Cancers Group, EORTC Radiation Oncology Group, Grupo Latino Americano de Investigaciones Clinicas en Oncologia / Latin American Cooperative Oncology Group</td>
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<tr>
<td>40054</td>
<td>PETACC-6</td>
<td>Preoperative chemoradiotherapy and postoperative chemotherapy with capetibamine and oxaplatin vs. capecitabine alone in locally advanced rectal cancer (PETACC-6)</td>
<td>Ongoing</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>EORTC Gastrointestinal Tract Cancer Group, EORTC Radiation Oncology Group, Federation Francophone de Cancerologie Digestive, Australasian Gastro-Intestinal Trials Group, Trans-Tasman Radiation Oncology Group Inc.</td>
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<td>40084</td>
<td>PETACC-6</td>
<td>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)</td>
<td>Recruiting</td>
<td>EORTC Gastrointestinal Tract Cancer Group</td>
<td>EORTC Gastrointestinal Tract Cancer Group, EORTC Radiation Oncology Group, Federation Francophone de Cancerologie Digestive, Australasian Gastro-Intestinal Trials Group, Arbeitsgemeinschaft Internistische Onkologie, Belgien Group of Digestive Oncology</td>
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<td>EORTC Genito-Urinary Cancers Group</td>
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<td>Recruiting</td>
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<td>1532</td>
<td>ODM-201</td>
<td>A phase 2 Randomized Open-Label Study of Oral ODM-201 vs. androgen deprivation therapy (ADT) with LHRR agonists or antagonist in Men with Hormone Naïve Prostate Cancer</td>
<td>Recruiting</td>
<td>EORTC Genito-Urinary Cancers Group</td>
<td>EORTC Genito-Urinary Cancers Group, Cancer Trials Ireland, ICORG, The Australian and New Zealand Urogenital and Prostate Cancer Trials Group</td>
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<td>1545</td>
<td>EnzaRAD</td>
<td>Randomised phase 3 trial of Enzalutamide in Androgen Deprivation therapy with radiation therapy for high risk, clinically localised, prostate cancer.</td>
<td>Closed to Patient Entry</td>
<td>EORTC Genito-Urinary Cancers Group</td>
<td>EORTC Genito-Urinary Cancers Group, Cancer Trials Ireland, ICORG, The Australian and New Zealand Urogenital and Prostate Cancer Trials Group</td>
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<td>30073</td>
<td>SURTIME</td>
<td>Randomized Phase III trial comparing cisplatin plus radiotherapy versus radiotherapy alone for Human papillomavirus (HPV)-positive oropharyngeal cancer</td>
<td>LT-FU ongoing</td>
<td>EORTC Genito-Urinary Cancers Group</td>
<td>EORTC Genito-Urinary Cancers Group, National Cancer Research Institute - Renal Cancer Group, Canadian Urologic Oncology Group</td>
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<td>1212</td>
<td>NICCC</td>
<td>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)</td>
<td>Closed to Patient Entry</td>
<td>EORTC Gynecological Cancer Group</td>
<td>Scottish Gynaecological Cancer Trials Group, EORTC Gynecological Cancer Group</td>
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<td>1508</td>
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<td>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</td>
<td>Closed to Patient Entry</td>
<td>EORTC Gynecological Cancer Group</td>
<td>EORTC Gynecological Cancer Group</td>
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<tr>
<td>55992</td>
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<td>Randomized phase III study of pemtuzumab plus docetaxel chemotherapy followed by surgery versus concomitant radiotherapy and chemotherapy in FIGO Ib2, Iia &gt; 4 cm or Iib cervical cancer.</td>
<td>Closed to Patient Entry</td>
<td>EORTC Gynecological Cancer Group</td>
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<tr>
<td>55994</td>
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<td>Randomized phase III study of neoadjuvant chemotherapy followed by surgery versus concomitant radiotherapy and chemotherapy in FIGO Ib2, Iia &gt; 4 cm or Iib cervical cancer.</td>
<td>Closed to Patient Entry</td>
<td>EORTC Gynecological Cancer Group</td>
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### Table 2: Ongoing Trials

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<th>Number</th>
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<tr>
<td>1701</td>
<td>PATHOS</td>
<td>Phase III 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</td>
<td>Recruiting</td>
<td>EORTC Head and Neck Cancer Group</td>
<td>EORTC Head and Neck Cancer Group</td>
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<tr>
<td>1206</td>
<td></td>
<td>A randomised phase II study to evaluate the efficacy and safety of Chemotherapy (CT) vs androgen deprivation therapy (ADT) with recurrent and/or metastatic, androgen receptor (AR) expressing, salivary gland cancer (SGCs)</td>
<td>Recruiting</td>
<td>EORTC Head and Neck Cancer Group</td>
<td>EORTC Head and Neck Cancer Group, Schweizerisches Arbeitsgemeinschaft Klin. Krebsforschung, Groupe d’Oncologie et Radiothérapie Tête et Cou, National Cancer Research Institute - Head &amp; Neck Cancer Group, Interdisziplinäre AG Kopf-Hals-Tumoren</td>
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<tr>
<td>1420</td>
<td>Best Of</td>
<td>A pilot study of personalized biomarker-based treatment strategy or immunotherapy to patients with recurrent and/or metastatic, androgen receptor (AR) expressing, salivary gland cancer (SGCs)</td>
<td>Recruiting</td>
<td>EORTC Head and Neck Cancer Group</td>
<td>EORTC Head and Neck Cancer Group, National Cancer Research Institute - Head &amp; Neck Cancer Group</td>
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<tr>
<td>1559</td>
<td>UPSTREAM</td>
<td>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</td>
<td>Recruiting</td>
<td>EORTC Head and Neck Cancer Group, Canadian Cancer Trials Group</td>
<td>EORTC Head and Neck Cancer Group</td>
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<tr>
<td>1629</td>
<td></td>
<td>Late Toxicity and Long-term Quality of Life in Head and Neck Cancer Survivors</td>
<td>Recruiting</td>
<td>EORTC Head and Neck Cancer Group</td>
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<tr>
<td>1740</td>
<td>LA-OSCC</td>
<td>Randomized Phase III 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)</td>
<td>Recruiting</td>
<td>EORTC Head and Neck Cancer Group</td>
<td>EORTC Head and Neck Cancer Group, Canadian Cancer Trials Group</td>
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<tr>
<td>24971</td>
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<td>A randomized phase III multicenter trial of neoadjuvant docetaxel (Taxotere) plus cisplatin plus 5-fluorouracil versus neoadjuvant cisplatin plus 5-fluorouracil in patients with locally advanced inoperable squamous cell carcinoma of the head and neck</td>
<td>LT-FU ongoing</td>
<td>EORTC Head and Neck Cancer Group</td>
<td>EORTC Head and Neck Cancer Group</td>
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<td>Number</td>
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<td>AML21</td>
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<td>EORTC Leukemia Group</td>
<td>EORTC Lung Cancer Group,Gruppo Italiano Malattie Ematologiche dell'Adulto</td>
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<tr>
<td>ETOPS-12 (SPLENDOUR)</td>
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<td>A randomised, open-label phase III trial evaluating the addition of denosumab to standard first-line anticancer treatment in advanced NSCLC</td>
<td>Closed to Patient Entry</td>
<td>EORTC Lung Cancer Group,European Thoracic Oncology Platform</td>
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<tr>
<td>1</td>
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<td>10-day decitabine versus conventional chemotherapy (&quot;3+7&quot;) followed by allografting in AML patients &gt;= 60 years: a randomized phase III study of the EORTC Leukemia Group, CELG, GIMEMA and German MDS Study Group</td>
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<td>08111</td>
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<td>Nintedanib as maintenance treatment of malignant pleural mesothelioma (NEMO): a double-blind randomized phase II study of the EORTC Lung Cancer Group</td>
<td>Recruiting</td>
<td>EORTC Lung Cancer Group</td>
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<tr>
<td>08114</td>
<td>GEM</td>
<td>Genetics of EGFR Mutation Study (GEM): a Translational Study of the EORTC Lung Group</td>
<td>Closed to Patient Entry</td>
<td>EORTC Lung Cancer Group,National Cancer Research Institute - Lung Cancer Group</td>
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<tr>
<td>1205</td>
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<td>EORTC randomized phase II study of pleurectomy/decortication (P/D) preceded or followed by chemotherapy in patients with early stage malignant pleural mesothelioma</td>
<td>Recruiting</td>
<td>EORTC Lung Cancer Group</td>
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<tr>
<td>1335</td>
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<td>SPECTAlung: Screening Patients with thoracic tumors for Efficient Clinical Trial Access</td>
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<tr>
<td>1416</td>
<td>PEARLS</td>
<td>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</td>
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<td>EORTC Lung Cancer Group,European Thoracic Oncology Platform</td>
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<tr>
<td>1417</td>
<td>REACTION</td>
<td>A phase II study of etoposide and cis/carboplatin with or without pembrolizumab in untreated extensive small cell lung cancer</td>
<td>Closed to Patient Entry</td>
<td>EORTC Lung Cancer Group</td>
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<tr>
<td>1613</td>
<td>APPLE</td>
<td>Apple trial: Feasibility and activity of AZD9291 (osimertinib) treatment on Positive Plasma T790M in EGFR mutant NSCLC patients</td>
<td>Closed to Patient Entry</td>
<td>EORTC Lung Cancer Group</td>
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<tr>
<td>1702</td>
<td>HALT</td>
<td>Targeted therapy with or without dose intensified radiotherapy for oligo-progressive disease in oncogene-addicted lung tumours</td>
<td>Recruiting</td>
<td>EORTC Lung Cancer Group,EORTC Radiation Oncology Group,National Cancer Research Institute - Lung Cancer Group</td>
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<tr>
<td>1825</td>
<td>ALKALINE trial</td>
<td>Activity of Lorlatinib based on ALK resistance mutations on blood in ALK positive NSCLC patients previously treated with 2nd generation ALK inhibitor</td>
<td>Recruiting</td>
<td>EORTC Lung Cancer Group,EORTC Lung Cancer Group,EORTC Lung Cancer Group</td>
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<tr>
<td>20012</td>
<td>BEACOPP</td>
<td>The H10 EORTC/GELA/I11, 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.</td>
<td>LT-FU ongoing</td>
<td>EORTC Lymphoma Group,EORTC Lymphoma Group,EORTC Lymphoma Group</td>
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<td>20051</td>
<td>H10</td>
<td>BREACH</td>
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<tr>
<td>20881</td>
<td>H7</td>
<td>Phase III study on Hodgkin's disease supradiaphragmatic clinical stages I and II</td>
<td>LT-FU ongoing</td>
<td>EORTC Lymphoma Group,EORTC Lymphoma Group,EORTC Lymphoma Group</td>
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**Note:**
- **EORTC** stands for European Organization for Research and Treatment of Cancer.
- **Lung Cancer Group** refers to specific initiatives within the EORTC focused on lung cancer research.
- **Radiation Oncology Group** and **Leukemia Group** are also part of the EORTC, focusing on radiation therapy and leukemia, respectively.
- **Diseases Group** and **Infectious Diseases Group** are additional initiatives under the broader EORTC umbrella.

**Abbreviations:**
- **NSCLC**: Non-Small Cell Lung Cancer
- **PET**: Positron Emission Tomography
- **FDG**: Fluorodeoxyglucose
- **H10**: Intergroup trial
- **BEACOPP**: Brentuximab vedotin associated with chemotherapy in untreated patients with stage I/II unfavourable Hodgkin's lymphoma.
- **LYSA-FIL-EORTC**: A disease-oriented French intergroup trial.
## Table of Clinical Trials

<table>
<thead>
<tr>
<th>Number</th>
<th>Alias</th>
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<th>Status</th>
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<th>Secondary Groups</th>
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<tbody>
<tr>
<td>20884</td>
<td>H3-4</td>
<td>Prospective randomized controlled trial of adjuvant involved field radiotherapy after MOPP/ABV hybrid chemotherapy in advanced Hodgkin disease. H34 Trial</td>
<td>LT-FU ongoing</td>
<td>EORTC Lymphoma Group, Pierre et Marie Curie Group</td>
<td>EORTC Lymphoma Group</td>
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<tr>
<td>20931</td>
<td>H8</td>
<td>Protocol H8 for a prospective controlled trial in stage-I-II supradiaphragmatic Hodgkin’s disease. Evaluation of treatment efficacy (long term) toxicity in three different prognostic subgroups. H8 Trial</td>
<td>LT-FU ongoing</td>
<td>EORTC Lymphoma Group</td>
<td>EORTC Lymphoma Group</td>
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<tr>
<td>20971</td>
<td></td>
<td>A Phase III randomized study on low-dose total body irradiation and involved field radiotherapy in patients with localized, stages I and II, low grade non-Hodgkin’s lymphoma</td>
<td>Closed to Patient Entry</td>
<td>EORTC Lymphoma Group, EORTC Radiation Oncology Group</td>
<td>EORTC Lymphoma Group</td>
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<tr>
<td>20982</td>
<td>H9</td>
<td>Prospective controlled trial in clinical stages I-II supradiaphragmatic Hodgkin’s Disease. Evaluation of treatment efficacy, (long term) toxicity and Quality of Life in two different prognostic subgroups.</td>
<td>LT-FU ongoing</td>
<td>EORTC Lymphoma Group</td>
<td>EORTC Lymphoma Group</td>
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<tr>
<td>18071</td>
<td></td>
<td>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.</td>
<td>LT-FU ongoing</td>
<td>EORTC Melanoma Group</td>
<td>EORTC Melanoma Group</td>
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<tr>
<td>1208</td>
<td>MiniTub</td>
<td>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.</td>
<td>Recruiting</td>
<td>EORTC Melanoma Group</td>
<td>EORTC Melanoma Group</td>
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<tr>
<td>1325</td>
<td></td>
<td>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</td>
<td>Closed to Patient Entry</td>
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<tr>
<td>1612</td>
<td>EBIN</td>
<td>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)</td>
<td>Recruiting</td>
<td>EORTC Melanoma Group</td>
<td>EORTC Melanoma Group</td>
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<tr>
<td>18081</td>
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<td>Adjuvant peginterferon alpha-2b for 2 years vs Observation in patients with an ulcerated primary cutaneous melanoma with T1-2bN0M0: a randomized phase III trial of the EORTC Melanoma Group</td>
<td>LT-FU ongoing</td>
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<tr>
<td>18961</td>
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<td>Adjuvant ganglioside GM2-KLH/QS-21 Vaccination Post-operative adjuvant ganglioside GM2-KLH/QS-21 vaccination treatment vs observation after resection of primary cutaneous melanoma (AJCC stage II, T3-T4N0M0), a 2-arm multicenter randomized phase III trial</td>
<td>LT-FU ongoing</td>
<td>EORTC Melanoma Group</td>
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<tr>
<td>90101</td>
<td>CREATE</td>
<td>Cross-tumoral Phase 2 clinical trial exploring crizotinib (PF-02341066) in patients with advanced tumors induced by causal alterations of ALK and/or MET (&quot;CREATE&quot;)</td>
<td>Closed to Patient Entry</td>
<td>EORTC Network of Core Institutions</td>
<td>EORTC Network of Core Institutions, EORTC Head and Neck Cancer Group</td>
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<tr>
<td>90111</td>
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<td>Neoadjuvant afatinib based treatment strategies followed by surgery in squamous cell carcinoma of the head and neck: an EORTC NOCI-HNCG window study</td>
<td>LT-FU ongoing</td>
<td>EORTC Network of Core Institutions</td>
<td>EORTC Network of Core Institutions, EORTC Head and Neck Cancer Group</td>
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<td>1620</td>
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<td>Assessment of the Quality of Life of childhood acute lymphoblastic leukemia patients enrolled in EORTC Children Leukemia Group trials between 1971 and 1998</td>
<td>Closed to Patient Entry</td>
<td>EORTC Quality of Life Group</td>
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<tr>
<td>1622</td>
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<td>Comparison of the EORTC QLU-C10D with generic utility instruments and development of a comprehensive manual for its use</td>
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<td>EORTC Quality of Life Group</td>
<td>EORTC Quality of Life Group</td>
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<td>1629</td>
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<td>Late Toxicity and Long-term Quality of Life in Head and Neck Cancer Survivors</td>
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<td>Understanding long-term implications of brain tumor treatment on HRQOL and cognitive functioning: a European cross-sectional study</td>
<td>Regulatory in Process</td>
<td>EORTC Quality of Life Group</td>
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### Table 1: Project List

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<tr>
<td>1726</td>
<td>Evaluating the use of the EORTC PRO measures for improving inter-rater reliability of CTCAE ratings (CTCAE)</td>
<td>Recruiting</td>
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<tr>
<td>1727</td>
<td>Development and evaluation of an e-learning programme on EORTC Quality of Life measures in clinical practice</td>
<td>Closed to Patient Entry</td>
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<td>1747</td>
<td>Determination of utility weights for the QLU-C10D in five countries inside and outside Europe and analysis of their variability across populations</td>
<td>Ongoing, but not in recruitment as this is N/A for this project</td>
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<tr>
<td>1749</td>
<td>Incorporating the patient voice in sarcoma research: How can we assess quality of life in this heterogeneous group of patients?</td>
<td>Recruiting</td>
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<td>EORTC Soft Tissue and Bone Sarcoma Group</td>
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<td>1837</td>
<td>Development of an EORTC module for renal cancer patients: phase I-III</td>
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<td>1840</td>
<td>Cutaneous T-cell and B-cell lymphomas</td>
<td>Recruiting</td>
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<tr>
<td>1841</td>
<td>Adaptation of the EORTC QLQ-Breast Cancer Module for male BC Phase I</td>
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<td>EORTC Breast Cancer Group</td>
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<tr>
<td>1514</td>
<td>Follow-up in Gynecological Cancer Survivors: An EORTC QLG-GCG Surviorship Study</td>
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<td>EORTC Quality of Life Group</td>
<td>EORTC Gynecological Cancer Group,EORTC Quality of Life Group</td>
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<td>1518</td>
<td>Confirming content validity of the EORTC QLQ-C30</td>
<td>Closed to Patient Entry</td>
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<tr>
<td>1522</td>
<td>Development of an EORTC questionnaire for individuals at risk for a Hereditary Cancer Predisposition Syndrome: the EORTC QLG-HCP5x</td>
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<td>EORTC Quality of Life Group</td>
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<td>1523</td>
<td>Adapt the existing EORTC QLQ-GINET21 Module to develop a specific module for use in patients with Pancreatic Neuroendocrine Tumour.</td>
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<td>EORTC Quality of Life Group</td>
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<td>1617</td>
<td>Follow-up in Early and Locality Advanced Breast Cancer Patients: An EORTC QLG-BGC - ROG Protocol</td>
<td>Recruiting</td>
<td>EORTC Quality of Life Group</td>
<td>EORTC Breast Cancer Group,EORTC Quality of Life Group,EORTC Radiation Oncology Group</td>
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<td>1621</td>
<td>A Survivorship Project to understand and to improve long-term outcomes for Acute myeloid leukaemia patients (SPARTA): The SPARTA Platform</td>
<td>Recruiting</td>
<td>EORTC Quality of Life Group</td>
<td>EORTC Leukemia Group,EORTC Quality of Life Group,Gruppo Italiano Malattie Ematologiche dell'Adulino</td>
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<td>1623</td>
<td>Comparative evaluation of the computer-adaptive EORTC quality of life measures</td>
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<td>EORTC Quality of Life Group</td>
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<td>An international field study for the reliability and validity of the EORTC Sexual Health Questionnaire (EORTC SHQ-C22) for assessing sexual health in cancer patients</td>
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<td>Improving Health-Related Quality of Life in Metastatic Breast Cancer. Taking stock of achievements and delivering better measurement</td>
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<td>EORTC Breast Cancer Group,EORTC Quality of Life Group,EORTC Genito-Urinary Cancers Group,EORTC Gynecological Cancer Group,EORTC Lymphoma Group,EORTC Quality of Life Group,European Society for Gynecological Oncology</td>
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<td>1748</td>
<td>Phase 1-3 development of an EORTC module assessing fertility issues and patient care needs</td>
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<td>1751</td>
<td>Revision of the EORTC QLQ-BN20 brain tumor module</td>
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<td>EORTC Brain Tumor Group,EORTC Quality of Life Group,EORTC Genito-Urinary Cancers Group,EORTC Gynecological Cancer Group,EORTC Lymphoma Group,EORTC Quality of Life Group,European Society for Gynecological Oncology</td>
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<td>1752</td>
<td>An International Field Study to test the Reliability and Validity of the EORTC Anal Cancer Module (the EORTC QLG-ANL27) and the EORTC QLQ-C30 for assessing Health Related Quality of Life in patients with Anal Cancer</td>
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<td>An international Phase 4 field study to analyse the psychometric properties of the updated module on assessing quality of life of patients with breast cancer</td>
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<td>1621</td>
<td>An international field study for the reliability and validity of the EORTC cancer cachexia module (the EORTC QLG-CAX24) and the EORTC QLQ-C30 for assessing quality of life in cancer patients with cachexia</td>
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<tr>
<td>1219</td>
<td></td>
<td>A blind randomized multicenter study of accelerated fractionated chemo-</td>
<td>LT-FU ongoing</td>
<td>EORTC Radiation Oncology Group</td>
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<tr>
<td>1945</td>
<td>OligoRARE</td>
<td>Stereotactic body radiotherapy in addition to standard of care treatment in patients with oligometastatic rare cancers (OligoRARE); a randomized, phase 3, open-label trial.</td>
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<td>EORTC Radiation Oncology Group</td>
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<td>22033</td>
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<td>Primary chemotherapy with temozolomide vs. radiotherapy in patients with low grade gliomas after stratification for genetic 1p loss: a phase III study</td>
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<td>EORTC Radiation Oncology Group</td>
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<tr>
<td>22042</td>
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<td>Adjuvant postoperative high-dose radiotherapy for atypical and malignant meningioma: a Phase II and observation study</td>
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<td>EORTC Radiation Oncology Group</td>
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<tr>
<td>22085</td>
<td>DCIS</td>
<td>A randomized phase III study of radiation doses and fractionation schedules for ductal carcinoma in situ (DCIS) of the breast.</td>
<td>Closed to Patient Entry</td>
<td>EORTC Radiation Oncology Group</td>
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<td>22113</td>
<td>LUNGTECH</td>
<td>LungTech Stereotactic Body Radiotherapy (SBRT) of inoperable centrally located NSCLC: A phase II study in preparation for a randomized phase III trial</td>
<td>Closed to Patient Entry</td>
<td>EORTC Radiation Oncology Group</td>
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<td>22922</td>
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<td>Phase III randomized trial investigating the role of internal mammary and medial supracervical (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)</td>
<td>LT-FU ongoing</td>
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<td>22991</td>
<td>N/A</td>
<td>A phase II multicenter study comparing the efficacy of the oral angiogenesis inhibitor nintedanib with the intravenous cytotoxic compound ifosfamide for treatment of patients with advanced metastatic soft tissue sarcoma after failure of systemic non-oxazaphosphorine-based first line chemotherapy for inoperable disease &quot;ANAITA&quot;</td>
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<td>EORTC Soft Tissue and Bone Sarcoma Group</td>
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<td>1506</td>
<td>ANITA</td>
<td>Reduced dose-density of denosumab for maintenance therapy of unresectable giant cell tumor of bone: a multicenter phase II study &quot;REDUCE&quot;</td>
<td>Closed to Patient Entry</td>
<td>EORTC Soft Tissue and Bone Sarcoma Group</td>
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<td>1762</td>
<td>REDUCE</td>
<td>A randomized phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patients with High Risk RetroPeritoneal Sarcoma (STRASS 2)</td>
<td>Recruiting</td>
<td>EORTC Soft Tissue and Bone Sarcoma Group</td>
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<td>1809</td>
<td>STRASS 2</td>
<td>Phase III randomised, intergroup, international trial assessing the clinical activity of STI-571 at two dose levels in patients with unresectable or metastatic gastrointestinal stromal tumours (GIST) expressing the KIT receptor tyrosine kinase (CD117)</td>
<td>LT-FU ongoing</td>
<td>EORTC Soft Tissue and Bone Sarcoma Group</td>
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<td>62005</td>
<td>N/A</td>
<td>Intermediate and high risk localized, completely resected, gastrointestinal stromal tumors (GIST) expressing KIT receptor : a controlled randomized trial on adjuvant imatinib mesylate (Glivec) versus no further therapy after complete surgery.</td>
<td>LT-FU ongoing</td>
<td>EORTC Soft Tissue and Bone Sarcoma Group</td>
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<td>62092</td>
<td>STRASS</td>
<td>A phase III randomized study of preoperative radiotherapy plus surgery versus surgery alone for patients with Retroperitoneal sarcomas (RPS) - STRASS</td>
<td>Closed to Patient Entry</td>
<td>EORTC Soft Tissue and Bone Sarcoma Group</td>
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<td>621113</td>
<td>N/A</td>
<td>A randomized double-blind phase II study evaluating the role of maintenance therapy with cabozantinib in High Grade Uterine Sarcoma (HGUS) after stabilization or response to doxorubicin +/- ifosfamide following surgery or in metastatic first line treatment</td>
<td>Recruiting</td>
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<td>EORTC-ESTRO Radiotherapy Infrastructure for Europe</td>
<td>Recruiting</td>
<td>European Society for Radiotherapy and Oncology</td>
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<td>1604</td>
<td>MOTRICOLOR 3</td>
<td>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</td>
<td>Recruiting</td>
<td>Vall D’Hebron</td>
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<td>1656</td>
<td>IMI-2-TRISTAN</td>
<td>Translational Imaging Methods in Drug Safety Assessment</td>
<td>Ongoing</td>
<td>Research project</td>
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<td>2039</td>
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<td>Central Review and correlation of PET scans and lymph node histology in CTCL</td>
<td>In review</td>
<td>Research project</td>
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