ANNUAL REPORT 2021

The future of cancer therapy
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Introduction
Dear colleagues and friends,

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

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

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

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

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

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

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

Bertrand Tombal
EORTC President
ANNUAL REPORT

Introduction

Prof. B. Tombal

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

D. Lacombe
FOREWORD BY
DR DENIS LACOMBE,
EORTC CEO

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

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

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

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

The newly formed Cancer Medicines Forum represents a significant milestone in this journey. The EORTC and European Medicines Agency (EMA) have joined forces in the Forum to establish new routes for identifying evidence gaps and to develop more effective solutions to access cancer treatment.

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

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

Denis Lacombe
EORTC Chief Executive Officer
EORTC
IN A
NUTSHELL
Every year, 3.5 million people in the EU are diagnosed with cancer, and 1.3 million die from it. Over 40% of cancer cases are preventable. Without reversing current trends, it could become the leading cause of death in the EU.¹

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

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

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

The heart of our cancer-fighting network

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

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

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

In hand with patients, and acting as advocates

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

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

Research that changes practice and gives hope

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

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

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

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

01
KNOWLEDGE TRANSLATIONAL RESEARCH
Translational research to collect biological material for analysis that can deepen our knowledge and understanding of cancer biology and help guide patient treatments based on their own tumour report analysis.

02
EDUCATION
Education to support the next generation of cancer researchers and healthcare workers by sharing knowledge and best practices, offering guidance and enabling dialogue on a global scale.

03
HQ OF THE FUTURE ACCELERATING INNOVATION
Accelerating innovation to respond to rapid changes in healthcare with new pathways and mechanisms that increase survival and quality of life for patients.

04
INFRASTRUCTURE
Infrastructure to promote more efficient and comprehensive cancer research that delivers high quality multidimensional datasets through collaborations with partner organisations, institutions and hospitals.

05
THERAPEUTIC ACADEMIC TRIALS
Academic clinical research to shed light on the therapeutics agenda of cancer by optimising and ultimately changing standards of practice.
EORTC’s mission is to increase cancer patient survival and quality of life.

**OUR MISSION IN NUMBERS 2021**

**Network**
- 18 External collaborative groups
- 18 EORTC Groups and Task Forces
- 760 Institutions
- 3100+ Members

**Patients involved in studies**
- 205 K+ Patients in database
- 28,6 K Patients in follow-up

**Staff**
- 252 Staff members
- 37 Nationalities
- 25 Active fellowships

- 29% Male
- 71% Female
Studies

1 New studies activated for 2021

40 Open to patient entry studies

200 Study portfolio

Studies per EORTC Tumour & Cross-discipline Groups*

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

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

- **14.3%** Pre-development
- **13.3%** LT Follow-Up
- **5.3%** Activation
- **54.3%** Conduct

**Studies by funding type/category**

- **46.6%** Educational Grant
- **9.5%** Fully supported
- **43.9%** Academic

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

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**Groups**

- **Lymphoma Group**
- **Melanoma Group**
- **Quality of Life Group**
- **Genito Urinary Cancer Group**
- **Children’s Leukaemia Group**
- **Cancer in Elderly Task Force**
- **Cutaneous Lymphoma Tumour Group**
- **Leukaemia Tumour Group**
- **Endocrine Tumours Group**
- **Infectious Diseases Group**
REIMAGINING OUR BRUSSELS HQ

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

Listening to people, understanding their needs

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

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

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

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

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

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

Jean-Philippe Mulders, Head of HR
Co-created with employees – for balance, buy-in and success

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

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

Modernising for a hybrid model

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

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

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

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

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

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

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

Ensuring wellbeing
We’re continuously listening to our staff as all cope with current challenges, and offering ongoing support through our HR teams, ‘Trust Persons’ and psychological assistance.
RESPONDING TO A CHANGING LANDSCAPE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Winette van der Graaf

EORTC governance
Board members

WINETTE VAN DER GRAAF
PRESIDENT
Netherlands Cancer Institute - Van Leeuwenhoek
Amsterdam, Netherlands

BERTRAND TOMBAL
PAST PRESIDENT
Cliniques Universitaires Saint-Luc
Brussels, Belgium

ETIENNE BRAIN
SECRETARY GENERAL
Institut Curie – Hopital Rene Huguenin
Paris, France

ELIZABETH EISENHUER
CHAIR OF SCIENTIFIC AUDIT COMMITTEE
Queen’s University
Kingston, Canada

BENJAMIN BESSE
CHAIR OF SCIENTIFIC CHAIRS COUNCIL
Gustave Roussy Cancer Campus
Villejuif, France

MICHAEL WELLER
VICE-CHAIR OF SCIENTIFIC CHAIRS COUNCIL
Universitätsspital Zürich
Zurich, Switzerland

DIEGO DU MONCEAU
CHAIR OF THE EORTC CANCER RESEARCH FUND
Brussels, Belgium

GUY BENIADA
CHAIR OF THE EORTC AUDIT AND FINANCE COMMITTEE
Brussels, Belgium
Jean-Pierre Bizzari
BOARD MEMBER
Haverford, United States

Mieke Van Hemelrijck
BOARD MEMBER
Guy’s and St Thomas’ NHS - Guy’s Hospital
London, United Kingdom

Richard Schilsky
CHAIR OF PROTOCOL REVIEW COMMITTEE (EX-OFFICIO BOARD MEMBER)
University of Chicago
Chicago, United States

Denis Lacombe
EORTC CEO (EX-OFFICIO BOARD MEMBER)
EORTC Headquarters
Brussels, Belgium

Christian Brunet
EORTC CFO (EX-OFFICIO BOARD MEMBER)
EORTC Headquarters
Brussels, Belgium

Vassilis Golfinopoulos
EORTC DIRECTOR HQ, PERMANENT GUEST (EX-OFFICIO BOARD MEMBER)
EORTC Headquarters
Brussels, Belgium
Evolving our membership

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

Implementing change

The new policy has defined both the geographical area eligible for active membership and the not-for-profit nature of organisations where members conduct their professional activities. The EORTC geographical area comprises countries where EORTC is entitled to become a legal sponsor for clinical trials, including through collaboration contracts.

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

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

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

Growing Groups

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

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

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

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

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

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

**Top ten members disciplines**

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<tr>
<th>Discipline</th>
<th>Count</th>
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<tr>
<td>Medical Oncologist</td>
<td>35</td>
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<tr>
<td>Radiation Oncologist</td>
<td>25</td>
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<tr>
<td>Clinical Oncologist</td>
<td>20</td>
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<tr>
<td>Surgeon</td>
<td>15</td>
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<tr>
<td>Dermatologist</td>
<td>10</td>
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<tr>
<td>Pathologist</td>
<td>5</td>
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<tr>
<td>Haematologist</td>
<td>5</td>
</tr>
<tr>
<td>Basic Researcher</td>
<td>5</td>
</tr>
<tr>
<td>Radiologist</td>
<td>5</td>
</tr>
<tr>
<td>Neurologist</td>
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The EORTC network comprises institutions everywhere in the world.

Top ten members countries

- Italy (13%)
- Germany (12%)
- France (10%)
- Netherlands (11%)
- United Kingdom (11%)
- Belgium (11%)
- Spain (9%)
- Switzerland (5%)
- Austria (2%)
- Portugal (2%)

EORTC comprises 13 tumour and 5 cross-discipline groups:

- **BRAIN**
- **BREAST**
- **CUTANEOUS LYMPHOMA**
- **ENDOCRINE**
- **GASTRO INTESTINAL**
- **GENITO-URINARY**
- **GYNAECO-LOGICAL**
- **HEAD & NECK**
- **LEUKAEMIA**
- **LUNG**
- **LYMPHOMA**
- **MELANOMA**
- **SOFT TISSUE & BONE SARCOMA**
- **CANCER IN ELDERLY**
- **IMAGING**
- **PATHOBIOLOGY**
- **PHARMACOLOGY & MOLECULAR MECHANISMS**
- **QUALITY OF LIFE**
The EORTC network comprises institutions from around the world.

Institutions from outside Europe

- 2 Australia
- 3 Brazil
- 6 Canada
- 3 Egypt
- 2 India
- 9 Israel
- 5 Japan
- 1 Jordan
- 1 Qatar
- 1 Reunion
- 7 USA
EORTC is unique for conducting trials across multiple tumours with members stratified across Groups related to their tumour of interest. It’s why we attract leading clinical researchers across the globe, and how we conduct practice changing trials.

DENIS LACOMBE
EORTC CEO
OUR MISSION

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

- Published the second interim analyses of EORTC 26053-22054 on adjuvant and concurrent temozolomide for 1p/19q non-co-deleted anaplastic glioma. Adjuvant temozolomide chemotherapy, but not concurrent temozolomide chemotherapy, was associated with a survival benefit in patients with 1p/19q non-co-deleted anaplastic glioma. Clinical benefit was dependent on IDH1 and IDH2 mutational status.

- Presented interim results of the phase III EORTC-BTG-1709 trial on marizomib in combination with standard temozolomide-based radiochemotherapy versus standard temozolomide-based radiochemotherapy alone in patients with newly diagnosed glioblastoma. The addition of marizomib did not improve Overall Survival (OS) or Progression Free Survival (PFS) in patients with newly diagnosed glioblastoma.

- Published final results of the first randomised trial in recurrent grade 2/3 meningioma (EORTC-BTG-1320) including molecular and quality of life analyses. Trabectedin did not improve PFS and OS and was associated with higher toxicity than Local Standard of Care (LOC) treatment in patients with non-benign meningioma.

- Completed accrual of EORTC-BTG-1608 trial of TG02 with 21 elderly patients with Anaplastic Astrocytoma or Glioblastoma and 50 patients with Glioblastoma at first relapse. Also completed accrual of the intergroup ROAM trial with 67 patients out of 157 (42.7%) of patients enrolled at EORTC sites.

- Published several secondary analyses including molecular, radiomics, sarcopenia, quality of life analyses of EORTC BTG trials.
BREAST CANCER GROUP

OUR MISSION

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

- Launched the TREAT phase III trial to identify ER+HER2- early breast cancer patients at high risk of relapse via detection of ctDNA and to establish a new treatment strategy to prevent or delay the occurrence of distant metastasis. The trial will open for recruitment by end 2022 and will screen 1,960 patients.

- Launched NOBLE, a non-comparative phase II trial of neoadjuvant olaparib with or without durvalumab for patients with BRCA-associated triple negative breast cancer. The trial will open for recruitment in 2022 with a total of 144 patients to enroll.

- There are currently limited treatment options for patients with HR+ Early Breast Cancer who have discontinued adjuvant treatment with aromatase inhibitors (AIs) due to treatment-related toxicity. Launched the AMEERA-6 phase III study of Amcenestrant versus tamoxifen to treat these patients. Recruitment opens in 2022 to screen 4,670 participants and randomly assign 3,738 to the intervention.

- Launched the APPALACHES phase II trial to examine the role of Palbociclib in combination with endocrine therapy as adjuvant systemic treatment instead of chemotherapies regimen in older patients with early breast cancer. Accrual has proceeded swiftly to meet enrollment goals.

- Developed three dedicated working groups to identify new trial ideas for locoregional treatment, breast cancer in the elderly and new drugs. Also enhanced our collaboration with the Quality-of-Life Group in three studies.

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1 EORTC-2129-BCG
2 EORTC-1984-BCG
3 EORTC-2033-BCG
4 EORTC-1745-BCG-ETF
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.
Key Results

Closed recruitment for a phase II trial with the combined treatment of pertuzumab and trastuzumab (dual anti-HER2 treatment) and cyclophosphamide (chemotherapy) in older and frail patients with HER2-positive metastatic breast cancer. This trial showed that the above combination was an active treatment in older and frail patients with HER2-positive metastatic breast cancer.

Launched the APPALACHES phase II trial to examine the role of Palbociclib in combination with endocrine therapy as adjuvant systemic treatment instead of chemotherapies regimen in older patients with early breast cancer. Accrual has proceeded swiftly to meet enrollment goals.

References:
1. EORTC 75111-10114
2. EORTC-1745-ETF-BCG.
CUTANEOUS LYMPHOMA TUMOUR GROUP

OUR MISSION

Cutaneous lymphomas are rare cancers that require a widely distributed, multidisciplinary network to effectively study. This Group is focused on testing new agents in collaboration with industry and translational researchers. They regularly engage in prospective research for prognostic index development.
Advanced our collaboration with EuroFlow, a consortium of more than 20 diagnostic research groups in the fields of flow cytometric and molecular diagnostics. The aim is to better define and quantify blood involvement and develop an improved diagnostic test for mycosis fungoides. Together, we are conducting a survey on plaque definition in mycosis fungoides where at present there is no objective measure.

Studying ‘time to next treatment’ (TtNT ) in the PROCLIPI database of mycosis fungoides and Sézary syndrome to assess clinical benefit of different treatments. Most treatments only result in partial responses and frequently with short duration of response. TtNT provides a surrogacy for clinical benefit for patients by recording the length of time from start of one treatment to the need for a next one.

Hosted two Group meetings where we explored several new trial ideas and designs, as well as new strategies to obtain private-sector funding. The meeting in Marseille involved especially significant exchanges about pathophysiology, new targets, new treatments and quality of life with virtual presentations from as far as the US and Australia.

Launched 2 clinical trials sponsored by EORTC and supported by academic grants from the pharmaceutical industry:

- The REACH trial (EORTC 1754-CLTF) aims to determine the aetiology of chloroemethine gel-induced skin drug reactions in early-stage mycosis fungoides. The study has recently opened for recruitment.

- The MOGAT trial (EORTC 1820-CLTF) aims to assess the efficacy of mogamulizumab in combination with total skin electron beam (TSEB) therapy in patients with early-stage cutaneous T cell lymphoma. The study will open for recruitment in June 2022.
ENDOCRINE TUMOUR GROUP

OUR MISSION

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

- Launched a survey on the genotyping of thyroid cancer in Europe. A total of 86 practitioners from 18 European Union countries, Switzerland and Turkey responded. Most of them regularly require somatic molecular genotyping. Lack of reimbursement (46.7%), lack of established workflow (46.7%) and lack of access to targeted therapies (40%) were the main reasons not to perform somatic mutations screening.

- Launched a second survey with the Head and Neck Cancer Group on the management of anaplastic thyroid cancer (ATC) in Europe. A total of 94 institutions from 20 countries responded. The results showed that 30 centres evaluate ≥ 5 ATC pts/y with a global incidence >200 pts/y. 80.8% test BRAF. Most clinicians complained about the limitations in drug prescription and only 13.8% have clinical trials ongoing. The results clearly show that ATC still represents a huge unmet need.

- Presented both surveys at the ESMO meeting 2021. Hosted our Group biannual meetings virtually due to Covid-19. Thyroid cancer patients participated for the first time to share about their quality of life and clinical experiences.
OUR MISSION

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

• Several Task Forces of the Group were restructured to encourage greater activity and adapt to the virtual meeting environment:

  • The Hepatobiliary, Pancreatic cancer, and Neuroendocrine tumours (NETs) Task Force was split into Hepatobiliary and NETs Task Force on one side, and Pancreatic cancer Task Force on the other, allowing for more focussed discussion groups.

  • The Colorectal cancer and Anal & Rectal cancer Task Forces were merged in order to harmonise study proposal development.

• Out of 11 applicants to the 2021 call for applications, four Young and Early Career Investigators were selected for developing a research project with a grant from the GITCG.

• The publication reporting on early-onset colorectal cancer (Fontana E et al, JCO 2021) was selected for Rapid Communication in the Journal of Clinical Oncology.
OUR MISSION

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

• Effectively recruited participants for the TIGER study, the single most relevant ongoing study in testicular cancer. Without EORTC efforts, recruitment would be insufficient. The randomised trial targets relapsed germ cell cancer comparing standard TIP chemotherapy to high dose chemotherapy in collaboration with ALLIANCE.

• Achieved 75% recruitment in the PEACE1 phase III trial on the combination of Radium223 plus enzalutamide. Study to assess if the combination improves radiological progression-free survival compared to enzalutamide single agent in asymptomatic or mildly symptomatic castration resistant prostate cancer patients metastatic to bone.

• Published a practice-changing recommendation to mandate the use of bone protecting agents when administering the combination studied in the PEACE trial. This should help to decrease the fracture rate for patients.
EORTC has successfully conducted clinical trial research in ovarian, cervical, uterine and vulvar cancer for decades. Many of these trials were unique and changed clinical practice. Their aim is to discover clinically useful predictive factors for precision therapy and tailor clinical trials to them. The group also stimulates clinical trials in rare cancers within gynaecological oncology. The GCG Group’s strength is the initiation and coordination of multidisciplinary, internationally oriented, and practice-changing clinical trials in gynaecological oncology.
Key Results

- Presented results from the EORTC 1508 trial at ESMO. This trial included 122 patients with platinum-resistant ovarian cancer: 33 were randomised to bevacizumab (BEV), 11 to atezolizumab (ATE)+placebo (P), 13 to ATE +ASA; 32 to BEV+ATE+P and 33 to BEV+ATE and treated until progression or unacceptable toxicity. The addition of ASA to BEV+ATE did not improve efficacy. Preliminary results of ATE+ASA may warrant exploration. Relative to BEV, the addition of ATE and ATE+ASA resulted in similar PFS-6 but prolonged time to first subsequent therapy and merits exploration. Translational analyses are ongoing with a grant from Roche to identify biomarkers of clinical benefit.

- EORTC 55092 1 phase I/II trial on pazopanib and weekly carboplatin and paclitaxel in patients with platinum-refractory/resistant ovarian has been completed with final analysis expected in 2022. The primary objective was to assess progression-free survival rate at 1 year.

- EORTC 1212 2 (NiCCC) nintedanib trial was completed along with the final analysis. 93 ovarian and 9 endometrium patients were randomised. The main objectives were to assess the efficacy, safety and effect on quality of life of nintedanib compared to chemotherapy in women with relapsed clear cell carcinoma of the ovary or endometrium. The manuscript is in preparation.

- The EORTC 62113-55115 3 uterine sarcoma adjuvant trials has completed accrual. Follow-up is ongoing with 59 patients randomised. The primary objective is to assess progression-free survival (PFS) rate at four months after the last randomisation to cabozantinib or placebo. Data analysis and subsequent results are expected end 2022.

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

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

3 A randomized double-blind phase II study evaluating the role of maintenance therapy with cabozantinib in High Grade Uterine Sarcoma (HGCUS) after stabilization or response to doxorubicin +/- ifosfamide following surgery or in metastatic first line treatment.
The Group’s research aims to contribute to better patient management at various stages of head and neck cancer by promoting and validating new treatments and examining individual responses to therapies. Oropharynx, oral cavity, larynx, and hypopharynx cancers are focus areas along with locally advanced pharyngolaryngeal squamous cell carcinoma, pre-neoplastic lesions, salivary gland cancers, and recurrent and/or metastatic cancer.
Key Results

- Launched an artificial intelligence (AI) task force to explore the application of an AI surgery guided approach in a European grant. Also explored innovative ideas with novel concepts, including circulating tumour DNA (ctDNA) to guide adjuvant treatment.

- Contributed to the SPECTA Arcagen trial to analyse the genetic material of tumour samples from patients, including those with rare head and neck cancers. At the cut-off date, molecular alterations were found in the tumours of 629 patients of whom 421 were theoretically treatable by an existing therapy. Approved treatment in the right tumour type could be proposed in 58 cases.

- Two proposals were endorsed by the Board with one proposal under Protocol Review Committee (PRC) review and another ready for submission to authorities. Recruitment is ongoing in four clinical studies and two research projects.

- Collaborated with the Endocrine Tumour Group to develop synergies for strategy and protocol development.
IMAGING GROUP

OUR MISSION

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

- Hosted virtual plenary meetings featuring keynote lectures from world-renowned experts. The autumn theme focused on Fibroblast Activation Protein (FAP) theranostics with FAP inhibitors (FAPI), a rapidly emerging pan-tumoral target. The spring meeting was on European multi-site collaborations regarding imaging in glioma (GliMR consortium) and imaging standardisation in kidney disease (Parenchima project).

- Established new collaboration with PIN-TAD (Pharma Imaging Network for Therapeutics and Diagnostics), which is primarily North-America-based and focuses on imaging in oncological clinical trials.

- Continued strengthening of transversal research including with Disease Oriented Group (DOG) liaisons. The Oligometastatic Disease Subcommittee has made substantial progress with the Delphi consensus on imaging in Breast Cancer in collaboration with the Breast Cancer Group. The Quality Control Subcommittee together with the Gastro-Intestinal Group has collected the data for standardisation of imaging in colorectal cancer.

- Continued extensive educational activities - all virtual due to the pandemic - including at congresses for the two main European imaging societies. At European Association of Nuclear Medicine, we held a joint session on ‘Nuclear Medicine in Precision Oncology’. We held another joint session at European Congress of Radiology, entitled ‘Trials and tribulations: can imaging biomarkers tell the whole bony story?’
The Group focuses on improving outcomes for adult patients with acute leukaemia or related haematologic malignancies, such as myelodysplastic syndromes. Members operate clinical trials, including large standard-practice changing phase III studies. One of the hallmarks of the Group are strong translational research programmes, that for example optimise epigenetic therapy in acute myeloid leukaemia or myelodysplastic syndromes. The Group is also engaged in survivorship studies in collaboration with the Quality of Life Group, taking advantage of the large number of patients already included in past phase III clinical trials.
Key Results

- Completed the database lock for primary analysis of a large, potentially practice-changing phase III trial on the comparison of epigenetic therapy versus standard chemotherapy in first-line treatment of patients with acute myeloid leukaemia. The study is related to 53 sites across nine countries for a total of 600 patients.

- Active in the Survivorship Project to understand and improve long-term outcomes for acute myeloid leukaemia patients as part of the SPARTA trial. The trial is now closed for recruitment.

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

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

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

3 Healthcare Alliance for Resourceful Medicines Offensive against Neoplasms in Haematology (HARMONY) - RP-1655
LUNG CANCER GROUP

OUR MISSION

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

- Presented results at ESMO that showed nivolumab monotherapy demonstrates a manageable safety profile and objective activity (EORTC-ETOP NIVOTHYM¹). This is a phase II clinical trial for a rare and orphan thoracic disease in collaboration with the European Thoracic Oncology Platform (ETOP).

- Started recruitment of cohort two in NIVOTHYM² that could provide new treatment opportunities for rare and orphan diseases such as thymic epithelial tumors. The trial reported that immunotherapy is feasible in this population, however insufficient to meet the trial primary objective. The second cohort is currently ongoing to assess combination of nivolumab plus ipilimumab.

- Completed activation and now recruiting for a study in non-small cell lung cancer (ALKALINE) and developed a new study in small-cell lung cancer (PRIMALung). Submitted a total of 10 proposals to the Board with contributions from both senior Group members and young investigators.

- The interim analysis of the PEARLS trial showed that adjuvant pembrolizumab results in a statistically significant improvement in disease-free survival versus placebo in patients with stage IB-IIIA non-small cell lung cancer regardless of the PD-L1 expression. Results will be published in 2022 in the New England Journal of Medicine.

¹ Girard et al. LBA66 - Efficacy and safety of nivolumab for patients with pre-treated type B3 thymoma and thymic carcinoma: Results from the EORTC-ETOP NIVOTHYM phase II trial. ESMO 2021 (Annals of Oncology (2021) 32 (suppl_5): S1283-S1346. 10.1016/annonc/annonc741)
² EORTC-1525
LYMPHOMA GROUP

OUR MISSION

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

- Finalised inclusion of our phase II trial on response adapted treatment among patients with advanced Hodgkin lymphoma (COBRA trial)

- Successfully finalised the development of our collaborative trial among patients with early stage Hodgkin lymphoma (RA-DAR trial) with start of inclusion in 2022

- Finalised the quality assurance analysis of radiotherapy in our H10 trial among early stage Hodgkin lymphoma patients

- Recruited 2 PhD students exploring the impact of treatment and disease on Hodgkin lymphoma survivors’ social, professional, and private functioning

- 1 active study in 2021 (EORTC-1537)

- 67 patients recruited
MELANOMA GROUP

OUR MISSION

The Melanoma Group aims to improve the clinical care of patients suffering with cutaneous, mucosal or ocular melanoma, and to increase knowledge about melanoma acquisition and progression. Group sub-committees focus on topics including epidemiology, early-stage melanoma, surgery, pathology and systemic therapy (adjuvant and for advanced disease).
Continued collaboration with French pharmaceutical company Pierre Fabre on the Columbus-AD study (2139-MG) to evaluate whether the combination of encorafenib and binimetinib in the adjuvant setting can improve survival for participants with surgically resected stage IIB/C BRAF V600E/K-mutant cutaneous melanoma.

Completed accrual for EORTC 1208 Minitub to evaluate the outcome of patients with a T2-T3 primary melanoma and minimal sentinel node tumour burden, treated by CLND or nodal observation.

One especially promising proposal is ready for PRC review: phase III adjuvant study with Tebentafusp in HLA-A*0201 positive patients following definitive treatment of high-risk uveal melanoma.

Presented an update at ASCO on ‘Relapse Free Survival and Distant Metastasis Free Survival’ as well as first data on cross-over or re-treatment for adjuvant pembrolizumab for high-risk stage III melanoma after complete resection.

Deepened collaboration with the European Association of Dermato-Oncology (EADO) and European Melanoma.

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

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

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

- Received approval and began recruitment for phase I clinical trial evaluating the safety and tolerability of plasmid pHIL12 gene electrotransfer in basal cell carcinoma patients of the head and neck region. This method is expected to markedly improve therapy response with the trial representing a significant milestone.

- The impact of liquid biopsies in different phases of the disease, with special reference to solid tumours (breast cancer, biliary tract cancers, anaplastic thyroid carcinoma) were comprehensively evaluated and published.

- Received first omics-based results highlighting the molecular features of head and neck squamous cell carcinoma cells with radiation resistance.

- Co-operated with industry on studies including: single cell genomics to identify CNVs predicting ckd4/6 resistance, and the role and possible use of immunomodulatory mesenchymal stem cells in the treatment of COVID-19 disease financed by Slovenia’s research agency (ARRS) and industrial partner Educell, Ltd.

- Virtually hosted the International Conference on Cancer Metastasis with keynotes on the challenges of malignant disease progression. The conference aimed to build bridges between basic and clinical researchers with 300 participants from 30 countries. Many presentations highlighted the role of immunotherapy to improve treatment outcomes in metastatic cancer patients.
PHARMACOLOGY & MOLECULAR MECHANISMS GROUP

OUR MISSION

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

- Hosted our annual meeting virtually with nearly 100 participants and 19 world-class experts who covered research topics from individualised therapy and pharmacokinetics to clinically relevant tumour models. New topics were explored including microbiome and immuno-therapy, the role of extracellular vesicles in chemoresistance, and profiling of cancer-associated fibroblasts associated to prognosis.

- Members published 30 collaborative papers, which reflects our increasing exchange with other Groups including Gastrointestinal, Pathobiology, Lung Cancer and Brain Tumour Groups as well as the Pancreatic Cancer Task Force.

- Began collaboration with the multidisciplinary network, Stratagem COST Action, on ‘New diagnostic and therapeutic tools against multidrug resistant tumours’ with EORTC members from Groups in Italy, The Netherlands and Spain.

- Despite the pandemic, Group members welcomed several early-career investigators for collaborative translational projects to their laboratories and cancer centres including in France, Italy and Spain. Joint PhD projects are also ongoing with EORTC Groups in The Netherlands, Italy and Poland.
This Group aims to better understand the effects of cancer and its treatments on health-related quality of life for patients across diverse population groups and cultures. Members develop and refine related questionnaires for oncology clinical trials, other well-designed research studies and clinical practice. They also collaborate with other EORTC research groups to implement studies in clinical trials.
/// Key Results ///

- Published an update to our Module Development Guidelines, which have served as a vital reference tool since their first publication in 1993. The updated guidelines include: (i) alternative methods of identifying relevant quality of life issues, (ii) links to the newly developed EORTC QLG Item Library (iii) translation of modules, and (iv) changes to the methods used to develop validated modules.

- Developed an EORTC questionnaire to assess sexual health in cancer patients, an important but often neglected aspect of quality of life.

- Championed early career investigators to engage in quality of life research. In addition to offering two fellowships annually and awarding six visiting fellowships to other institutions in our Group network, we also provided grants to researchers to attend meetings. Several of our senior members mentor promising young researchers as well.

- Agreed during a strategy meeting to engage an expert to enhance Group communication internally and externally, ensuring our messages are clearly expressed in plain language for our diverse members.

- Led 2 trials in 2021, (EORTC-1617; EORTC-1514)
SOFT TISSUE AND BONE SARCOMA GROUP

OUR MISSION

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

- Opened our multi-disciplinary flagship trial, STRASS 2\(^1\) as well as the TOLERANCE\(^2\) trial - both of which are purely academic with EORTC as sponsor. STRASS 2 is a global trial examining the role of neo-adjuvant chemotherapy in high-risk retroperitoneal sarcoma and TOLERANCE is a phase III trial to optimise systemic treatment for sarcoma patients in the elderly.

- Seeking funding for an investigator-initiated multi-cohort trial to evaluate immunotherapy in soft tissue sarcoma with a translational endpoint. The study may be expanded to other tumour types.

- Hosted two Group meetings where we explored new strategies to fund academic trials and new approaches to engage commercial partners.

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\(^1\) EORTC 1809-STBSG
\(^2\) EORTC 1976-STBSG
SPOTLIGHT ON SPECTA

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

How SPECTA works

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

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

Activity in 2021

- SPECTA continued to actively enroll patients in the 3 downstream projects opened in 2019: IMMUCan, Arcagen and AYA.

- The RP-1920 Bioradon project was fully developed and started activation phase in October 2021. First patient in is expected Q2 2022.

- The RP-2148 MRD (Minimal Residual Disease) project was developed by the Scientific Council and discussed within each of the EORTC groups. Discussions with external partners are ongoing. The project will compare circulating tumour DNA (ctDNA) monitoring versus standard of care (clinical or imaging) detection of relapse. The goal is to understand better what role ctDNA might play in the relapse monitoring and how it should be used in future trials.

- The RP-2030 project is another SPECTA downstream project under development, focusing on understanding the risk of transformation and progression of Head and Neck cancers. Some funding options were identified via EU IMI grants.
Precision oncology in action

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

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

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

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

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

*Discover SPECTA’s new website: spectaplatform.org*

RADIATION ONCOLOGY & THE E2-RADIATE PLATFORM

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

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

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

Meeting project milestones

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

Twelve countries are currently contributing to recruitment with 47 sites activated out of the 50 planned for phase II. We plan to expand the number of sites participating with an additional 47 centres activated through 2023.

A new cohort: ReCare

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

ParticleCare, proton therapy for optimised radiotherapy

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

Introducing OligoRare

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

EORTC Ecosystem
Our partnerships

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

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

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

Patients in Groups and Committees

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

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

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

I can say that overall the IDMC meeting was a great experience. Although it was the first meeting for me, I was able to fully understand them. The materials received in advance were very useful. I felt welcomed by the other participants and I had the opportunity to interact with them on the topics under discussion, being able to ask for further details. They always asked for my opinion. Thanks for giving me this great opportunity.

IDMC participant
By the numbers

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

12 protocol synopses

5 patient information sheets/informed consents

1 patient diary

Webinars and courses for lay audience

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

Patient advocates from Sarcoma Patient EuroNet and Salivary Gland Cancer UK presented on the challenges patients face, such as finding and interpreting information about trials. EORTC’s President-elect, Winette van der Graaf, who is known for championing patients in research, also presented alongside clinical research physician, Jessica Menis. Together, they led an engaging discussion on the difficulties professionals face recruiting patients for trials and how the process can be improved.
Besides, EORTC HQ has already started with the preparation of the Patient Days. It is a two-day training course designed specifically for European patients, caregivers, and patient advocates. The main objective of this course is to help participants better understand the whole clinical trials process, learn insights of cancer translational and clinical research from the concept development to the release of results. Several interactive sessions enable patients to debate selected topics with experts from different fields, including researchers and experienced patient advocates.

### Engaging on web

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

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

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

EORTC supported the development of several European initiatives such as the Cancer Mission and the EU Beating Cancer Plan thanks to close interactions with key officials and experts but also participation to various public consultations.

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

Advocacy in action, a tour de force in 2021

Cancer Medicines Forum

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

The Forum fuses the power of the EORTC network with the European Medicines Agency (EMA) to advance treatment optimisation for approved cancer medicines. This includes by identifying and prioritising research questions as well as policy matters emerging from the academic community.

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

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

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

More about the Forum

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

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

HEALTH DATA

The European Health Data Space (EHDS) is a Commission priority to realise the potential of digital health to provide high-quality healthcare, reduce inequalities and promote access to health data for research and innovation including for
cancer. At the same time, the EHDS should ensure that all people have control over their personal data.

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

**CLINICAL TRIAL DESIGN**

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

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

**EU PROJECTS**

- Co-ordinating the EU IMI funded project, ‘IMMUcan - Integrated immunoprofiling of large adaptive cancer patient cohorts.’ The project explores the tumour microenvironment and how it evolves under the influence of cancer treatment with tumour samples from some 3,000 cancer patients combined with clinical data.

- Contributing to a multistakeholder project to solve the efficacy-efficiency gap entitled, ‘The HTx - Next Generation Health Technology Assessment.’ EORTC is leading the case study on proton therapy, collecting real-world data for comparative effectiveness analysis.

- Co-ordinating ‘SISAQOL-IMI Setting International Standards of Patient-Reported Outcomes and Quality of Life Endpoints in Cancer Clinical Trials’. Research involves a large group of stakeholders including academic, pharmaceutical, patients, regulatory agencies, HTA and scientific societies from around the world.

- Contributing to EURATOM project RadoNorm, ‘Towards effective radiation protection based on improved scientific evidence and social considerations.’ Using our SPECTA programme, we’re recruiting lung cancer patients to correlate the molecular phenotype to indoor radon exposure.

- Co-ordinating the IMI TRISTAN project, which involves validating clinical imaging biomarkers for drug safety assessments.
Q. When you meet a policymaker, what are they most interested in about cancer and the EORTC?

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

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

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

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

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

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

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

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

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

Stéphane Lejeune, Head of International Affairs & Policy
FELLOWSHIP PROGRAMME

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

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

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

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

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

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

Fellows in numbers

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

Origins of our fellows

EUROPE: Belgium, France, United Kingdom, Germany, Greece, Italy, The Netherlands, Romania & Switzerland
AFRICA: Cameroon, Ghana, Morocco, Nigeria & Zimbabwe
MIDDLE EAST: Saudi Arabia & Iran
ASIA: Japan
OCEANIA: Australia
LATIN AMERICA: Brazil
Testimonials from our Fellows

THOMAS MEYSKENS
ONCOLOGIST
Belgium

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

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

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

What’s been the most professionally rewarding for you?

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

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

LAILA AIT HASSOU
STATISTICIAN
Morocco

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

The Brussels HQ is an incredible environment with experts not just from Europe, but around the world like me from Morocco. In the iRECIST project, for example, our team of researchers are evaluating responses in immunotherapy clinical studies. And each of us brings to the project our unique experience from our countries as well as our specific academic expertise. We all have so many different educational and professional backgrounds, but that’s what makes our research better. I’ve never worked in an environment quite like this before.
WEBINAR HIGHLIGHTS FROM 2021

The pandemic has had its silver linings. Our webinars have never been so popular or well attended as people have embraced remote work and online learning. Not only is there no cost to webinar participation, network members enjoy their instant accessibility. Members can learn anywhere with an internet connection. Since webinars are recorded, network members also benefited from playbacks at their own convenience. Here are some of the webinar highlights from 2021.

Clinical Trials: The patient in academic studies

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

I have metastatic breast cancer: what is my future?

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

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

Prostate cancer is the second commonest cause of male cancer death with more than 450,000 new cases in Europe recorded each year. Currently, one in seven men in Europe will develop detectable prostate cancer before the age of 85. EORTC experts shared recommendations to lower risk and mortality as well as better manage the mental health burden.

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

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

39.4 M

32.3 M in Clinical cancer research

0.4 M in education/fellowships

0.9 M in development, communication & professional events

5.8 M in operating expenses

Net assets

74.7 M in 2021

73.2 M in 2020
AN INDEPENDENT FUND TO SUPPORT THE EORTC

A tradition of influence and impact

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

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

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

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

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

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

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

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

I would like to thank all ECRF Trustees, members of the Advisory Board, partners and funders for their continued trust and support in working together towards our mission of increasing the survival and the quality of life of cancer patients.
We know that Covid-19 has undermined cancer research around the world. As Honorary President I will endeavour to put my utmost in moving forward this organisation’s great work and scientific achievements not only in Europe but also in the developing world.

HRH Princess Dina Mired of Jordan
EORTC CANCER RESEARCH FUND HONORARY PRESIDENT
TOTAL RESTRICTED & UNRESTRICTED FUNDS RAISED IN 2021

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

€ 4.8M
RESTRICTED & UNRESTRICTED GRANTS

14
FELLOWSHIPS SPONSORED IN TOTAL

64
NUMBER OF ACADEMIC PROJECTS FUNDED (PARTIALLY & IN FULL2)

2
NEW FELLOWSHIPS SPONSORED IN 2021

1 Friends of EORTC & Fondation Française pour la Recherche et Traitement du Cancer (FFRTC) are registered charities in the UK and France, respectively
2 No industry involvement
Precision oncology is the future of cancer treatment and through the SPECTA platform the EORTC is leading the way in clinical research. With support from ECRF donors, SPECTA has provided hope through research to thousands of patients.

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

In 2021, SPECTA’s ever-growing cancer clinical research platform included 128 authorised research doctors in 17 countries. More than 1 330 patients have participated in three clinical research projects with over 1 200 individual result reports provided to patients with guidance for treatment.
CELEBRATING 10 YEARS WITH THE WBA

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

From family fun days to sports activities and ugly holiday sweater contests, for a decade employees across WBA have participated in all sorts of fundraising activities to benefit the SPECTA platform.

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

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

The AH leadership team and thousands of their employees across Europe wanted to continue supporting SPECTA’s life-saving advancements after the spin-off from WBA.

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

WELCOME TO THE RISING TIDE FOUNDATION

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

“Our Foundation was established to help improve quality of life for patients and win the fight against cancer”, explains Director, Wendelin Zellmayer. “We partnered with the EORTC to propel research to the next level and bring ground-breaking treatment options to the bedside of patients”.

Partnering with like-minded organisations is key to addressing unmet needs in clinical cancer research, especially in rare cancers and underrepresented populations. The Rising Tide Foundation is now an invaluable ally to the EORTC on the road to scientific discovery.
Two of the world’s foremost cancer-fighting foundations joined forces with EORTC in 2021 to support the OligoRARE trial. Together, Rising Tide and the Anticancer Fund are now powering research to improve survival in patients with oligometastatic rare cancer.

The partnership enables both organisations to support cancer treatments that are outside the scope of the pharmaceutical industry, a priority they share. “Cancer care is multidisciplinary, but clinical research in radiotherapy and surgery is badly underserved despite the benefits for patients”, explained Lydie Meheus, Managing Director of the Anticancer Fund. “We are delighted to join forces with the EORTC and Rising Tide Foundation to make this trial happen. This is the second time we’ve supported an EORTC trial and are sure this partnership will continue. Because together, we can do so much more”.

EORTC CEO, Denis Lacombe enthusiastically agreed. “International collaborations like this have the potential to enhance trials by addressing critical clinical questions and expedite treatments for underserved patient populations”.
OPENING THE GATEWAY TO CANCER RESEARCH

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

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

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

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

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

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

INVESTING IN THE NEXT GENERATION OF RESEARCHERS

Through the ECRF, organisations worldwide can support the outstanding fellows who spend three years at EORTC headquarters conducting practice-changing research. From the Belgium National Lottery to the Japan Clinical Oncology Group, generous donors have powered this programme since 1991. This year was no exception. Gifts and grants enabled the programme to support 14 fellows in 2021.

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

LOTERIE NATIONALE
WE NEED PARTNERS LIKE YOU

What is clinical research exactly?

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

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

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

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

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

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

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.
THANK YOU

The EORTC and ECRF are grateful to all our supporters including many private individuals whose generosity helps to ensure therapeutic progress for all cancer patients.
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
🌐 www.eortcresearchfund.org

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
2021 PUBLICATIONS
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Brain Tumour Group

**The Lancet Digital Health**


[https://doi.org/10.1016/S2589-7500(21)00205-3](https://doi.org/10.1016/S2589-7500(21)00205-3)


Brain Tumour Group

**Clinical Cancer Research**


[https://doi.org/10.1158/1078-0432.CCR-21-1987](https://doi.org/10.1158/1078-0432.CCR-21-1987)


Brain Tumour Group

**Neuro-Oncology**


[https://doi.org/10.1093/neuonc/noab231](https://doi.org/10.1093/neuonc/noab231)


Brain Tumour Group

**Cancers (Basel)**


[https://doi.org/10.3390/cancers13143451](https://doi.org/10.3390/cancers13143451)


Brain Tumour Group

**Neuro-Oncology**


[https://doi.org/10.1093/npab/npab013](https://doi.org/10.1093/npab/npab013)


Breast Cancer Group

**Clinical Cancer Research**


[https://doi.org/10.1158/1078-0432.CCR-21-0310](https://doi.org/10.1158/1078-0432.CCR-21-0310)

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<td>Children’s Leukemia</td>
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<td>Sociodemographic and medical determinants of quality of life in long-term childhood acute lymphoblastic leukaemia survivors enrolled in EORTC CLG studies. Cancers 2021. <a href="https://doi.org/10.3390/cancers14010152">https://doi.org/10.3390/cancers14010152</a></td>
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Head and Neck Cancer group  

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<td>Crossover and rechallenge with pembrolizumab in recurrent patients from the EORTC 1325-MG/Keynote-054 phase 3 trial, pembrolizumab versus placebo after complete resection of high-risk stage III melanoma. Eur J Cancer 2021.</td>
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Quality of Life Group

**Health Qual Life Outcomes**


**Quality of Life Research**


**European Journal of Cancer**

Psychometric validation of the European Organisation for Research and Treatment of Cancer–Quality of Life Questionnaire Sexual Health https://doi.org/10.1016/j.ejca.2021.06.003


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**Quality of Life Research**


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**Quality of Life**

**Group, Melanoma**


**Radiation Oncology**


**Radiation Oncology**


**Soft Tissue and Bone Sarcoma Group**


**European Journal of Cancer**


**European Journal of Cancer**

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<td>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.</td>
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<td>1828</td>
<td>Conduct</td>
<td>RP-1828 IMMUcan</td>
<td>Integrated IMMUnoprofiling of large adaptive cancer patients cohorts</td>
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<tr>
<td>10112</td>
<td>LT Follow-Up</td>
<td>EORTC-10112-BCG Apophity</td>
<td>A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus trastuzumab plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer.</td>
<td>Breast Cancer Group</td>
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<tr>
<td>10981</td>
<td>LT Follow-Up</td>
<td>EORTC-10981-22023-BCG-ROG AMAROS</td>
<td>After Mapping of the Axilla/Radiotherapy or Surgery</td>
<td>Breast Cancer Group</td>
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<td>1822</td>
<td>Conduct</td>
<td>RP-1822 OligoCare</td>
<td>A pragmatic observational basket study to evaluate radical radiotherapy for oligometastatic cancer patients</td>
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<tr>
<td>1202</td>
<td>Completed</td>
<td>EORTC-1202-STBSG</td>
<td>Phase II trial of cabazitaxel in metastatic or inoperable locally advanced dedifferentiated liposarcoma.</td>
<td>Soft Tissue and Bone Sarcoma Group</td>
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<tr>
<td>1759</td>
<td>Conduct</td>
<td>RP-1759 AYA/TYA</td>
<td>Investigations on adolescent and young adults cohort within 1553-SPECTA</td>
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<tr>
<td>90101</td>
<td>Conduct</td>
<td>EORTC-90101-NOCI 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 (=CREATE-)</td>
<td>Breast Cancer Group</td>
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<tr>
<td>75111</td>
<td>Conduct</td>
<td>EORTC-75111-10114-ETF-BCG</td>
<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>Breast Cancer Group</td>
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<tr>
<td>65091</td>
<td>Conduct</td>
<td>EORTC-65091-06093-IDG-LG</td>
<td>Empirical versus pre-emptive (diagnostic-driven) antifungal therapy of patients treated for haematological malignancies or receiving an allogeneic stem cell transplant. A therapeutic open label phase III strategy study of the EORTC Infectious Diseases and Leukaemia Groups</td>
<td>Infectious Diseases Group Leukaemia Group</td>
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<td>1219</td>
<td>LT Follow-Up</td>
<td>EORTC-1219-ROG-HNCG</td>
<td>A blind randomized multicenter study of accelerated fractionated chemo-radiotherapy with or without the hypoxic radiosensitizer nimorazole (Nimoral), using a 15 gene signature for hypoxia in the treatment of squamous cell carcinoma of the head and neck</td>
<td>Radiation Oncology Group Head &amp; Neck Cancer Group</td>
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<td>62113</td>
<td>Conduct</td>
<td>EORTC-62113-55115-STBSG-GCG HGUTS</td>
<td>A randomized double-blind phase II study evaluating the role of maintenance therapy with cabozantinib in High Grade Uterine Sarcoma (HGUTS) after stabilization or response to doxorubicin +/- ifosfamide following surgery or in metastatic first line treatment</td>
<td>Soft Tissue and Bone Sarcoma Group Gynaecological Cancer Group</td>
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<tr>
<td>58LAE</td>
<td>Conduct</td>
<td>EORTC-58LAE-CLG</td>
<td>Assessment of the long term outcome of childhood ALL patients enrolled in EORTC CLG trials between 1971 and 1998</td>
<td>Children’s Leukaemia Group</td>
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<td>Study ID</td>
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<td>58081</td>
<td>Conduct</td>
<td>EORTC-58081-CLG</td>
<td>Translational research - observational study for identification of new possible prognostic factors and future therapeutic targets in children with acute lymphoblastic leukaemia (ALL).</td>
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<tr>
<td>58051</td>
<td>Conduct</td>
<td>EORTC-58051-CLG</td>
<td>International collaborative treatment protocol for infants under one year with acute lymphoblastic or biphenotypic leukaemia</td>
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<td>55994</td>
<td>Conduct</td>
<td>EORTC-55994-GCG</td>
<td>Randomized phase III study of neoadjuvant chemotherapy followed by surgery vs. concomitant radiotherapy and chemotherapy in FIGO Ib2, Iia &gt; 4 cm or Iib cervical cancer.</td>
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<tr>
<td>55102</td>
<td>Conduct</td>
<td>EORTC-55102-GCG</td>
<td>A phase III Trial of postoperative chemotherapy or no further treatment for patients with stage I-II medium or high risk endometrial cancer.</td>
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<td>55092</td>
<td>Conduct</td>
<td>EORTC-55092-GCG</td>
<td>Phase IB-II, open label, multicentre feasibility study of Pazopanib in combination with Paclitaxel and Carboplatin in patients with platinum-refractory/resistant ovarian, fallopian tube or peritoneal carcinoma.</td>
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<tr>
<td>40091</td>
<td>Conduct</td>
<td>EORTC-40091-GITCG</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>
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<td>1335</td>
<td>LT Follow-Up</td>
<td>EORTC-1335-LCG-PBG</td>
<td>SPECTAlung: Screening Patients with thoracic tumors for Efficient Clinical Trial Access</td>
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<tr>
<td>40084</td>
<td>Conduct</td>
<td>EORTC-40084-22084-GITCG-ROG</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>
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<td>26053</td>
<td>Conduct</td>
<td>EORTC-26053-22054-BTG-ROG</td>
<td>Phase III trial on concurrent and adjuvant temozolomide chemotherapy in non-1p/19q deleted anaplastic glioma. The CATNON intergroup trial.</td>
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<td>Study Code</td>
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<td>22113</td>
<td>Conduct</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>Radiation Oncology Group, Lung Cancer Group</td>
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<tr>
<td>22085</td>
<td>Conduct</td>
<td>A randomized phase III study of radiation doses and fractionation schedules for ductal carcinoma in situ (DCIS) of the breast.</td>
<td>Radiation Oncology Group, Breast Cancer Group</td>
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<tr>
<td>1410</td>
<td>LT Follow-Up</td>
<td>INTELLIGENCE 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>
<td>Brain Tumour Group</td>
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<tr>
<td>22055</td>
<td>Conduct</td>
<td>Phase III study comparing post-operative conformal radiotherapy to no post-operative radiotherapy in patients with completely resected non-small cell lung cancer and mediastinal N2 involvement - LUNG-ART</td>
<td>Lung Cancer Group, Radiation Oncology Group</td>
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<tr>
<td>22051</td>
<td>Conduct</td>
<td>Selective Use of Postoperative Radiotherapy after mastectomy (SUPREMO)</td>
<td>Breast Cancer Group, Radiation Oncology Group</td>
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<tr>
<td>20971</td>
<td>Conduct</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>Lymphoma Group, Radiation Oncology Group</td>
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<tr>
<td>2033</td>
<td>Conduct</td>
<td>A randomized, multicenter, double-blind phase 3 study of SAR439859 for the treatment of patients with ER-positive, HER2-negative, node positive, early stage breast cancer who have discontinued adjuvant aromatase inhibitor therapy for any reason other than disease recurrence</td>
<td>Breast Cancer Group</td>
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<tr>
<td>20113</td>
<td>Conduct</td>
<td>Brentuximab vedotin associated with chemotherapy in untreated patients with stage I/II unfavourable Hodgkin’s lymphoma. A randomized phase II LYSA-FIL-EORTC Intergroup study</td>
<td>Lymphoma Group</td>
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<tr>
<td>1965</td>
<td>Conduct</td>
<td>De-escalation of adjuvant chemotherapy in HER2-positive, hormone receptor-negative, early breast cancer patients who achieved pathological complete response after neo-adjuvant chemotherapy and dual HER2-blockade.</td>
<td>Breast Cancer Group</td>
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<tr>
<td>1945</td>
<td>Conduct</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>
<td></td>
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<tr>
<td>Trial</td>
<td>Conduct</td>
<td>Description</td>
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<td>1940</td>
<td>Conduct</td>
<td>EORTC-1940-QLG QLG 002/2020</td>
<td>Development of an EORTC questionnaire for Children with Cancer (8-14 years) – Phase I. Quality of Life Group</td>
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<td>1841</td>
<td>Conduct</td>
<td>EORTC-1841-QLG-BCG QLG 002/2019</td>
<td>Adaption of the EORTC QLQ-Breast Cancer Module for male BC Phase I. Quality of Life Group Breast Cancer Group</td>
<td></td>
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<tr>
<td>1840</td>
<td>Conduct</td>
<td>EORTC-1840-QLG QLG 004/2019</td>
<td>Development of an EORTC questionnaire to assess health-related quality of life (HRQOL) in primary cutaneous T-cell and B-cell lymphomas. Quality of Life Group</td>
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<tr>
<td>1839</td>
<td>Conduct</td>
<td>EORTC-1839-QLG QLG 003/2019</td>
<td>Phase 1 to 3 of the update of the EORTC Quality of Life Gastric module QLQ-STO22. Quality of Life Group</td>
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<tr>
<td>1825</td>
<td>Conduct</td>
<td>EORTC-1825-LCG ALKALINE</td>
<td>Activity of Lorlatinib based on ALK resistance mutations on blood in ALK positive NSCLC patients previously treated with 2nd generation ALK inhibitor. Lung Cancer Group</td>
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<tr>
<td>1811</td>
<td>Conduct</td>
<td>EORTC-1811 E²-RADiatE</td>
<td>EORTC-ESTRO Radiotherapy Infrastructure for Europe.</td>
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<td>1809</td>
<td>Conduct</td>
<td>EORTC-1809-STBSG STRASS 2</td>
<td>A randomized phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patients with High Risk RetroPeritoneal Sarcoma (RPS). Soft Tissue and Bone Sarcoma Group</td>
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<tr>
<td>18081</td>
<td>Conduct</td>
<td>EORTC-18081-MG</td>
<td>Adjuvant peginterferon alpha-2b for 2 years vs Observation in patients with an ulcerated primary cutaneous melanoma with T(2-4)bN0M0: a randomized phase III trial of the EORTC. Melanoma Group</td>
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<tr>
<td>1754</td>
<td>Conduct</td>
<td>EORTC-1754-CLTF REACH</td>
<td>Study to determine the aetiology of skin drug reaction with chlormethine gel for treatment tailoring in early stage mycosis fungoides. Cutaneous Lymphoma Tumour Group</td>
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<tr>
<td>1751</td>
<td>Conduct</td>
<td>EORTC-1751-QLG-BTG QLG 007/2017</td>
<td>Revision of the EORTC QLQ-BN20 brain tumor module. Quality of Life Group Brain Tumour Group</td>
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<td>1749</td>
<td>Conduct</td>
<td>EORTC-1749-QLG-STBSG QLG 003/2018</td>
<td>Incorporating the patient voice in sarcoma research: How can we assess quality of life in this heterogeneous group of patients? Quality of Life Group Soft Tissue and Bone Sarcoma Group</td>
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<td>1748</td>
<td>Conduct</td>
<td>EORTC-1748-QLG-BCG-LYMG-GCG-GUCG QLG 005/2017</td>
<td>Phase 1-3 development of an EORTC module assessing fertility issues and patient care needs. Quality of Life Group Breast Cancer Group</td>
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<td>1747</td>
<td>Conduct</td>
<td>EORTC-1747-QLG QLG 001/2018</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>Quality of Life Group</td>
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<tr>
<td>1745</td>
<td>Conduct</td>
<td>EORTC-1745-ETF-BCG 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>Breast Cancer Group Cancer in Elderly Task Force</td>
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<tr>
<td>1740</td>
<td>Conduct</td>
<td>EORTC-1740-HNCG LA-OSCC</td>
<td>Randomized Phase II study of Cisplatin plus Radiotherapy versus Durvalumab plus Radiotherapy followed by Adjuvant Durvalumab versus Durvalumab plus Radiotherapy followed by Adjuvant Tremelimumab and Durvalumab in Intermediate Risk HPV-Positive Locoregionally Advanced Oropharyngeal Squamous Cell Cancer (LA-OSCC)</td>
<td>Head &amp; Neck Cancer Group</td>
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<td>1727</td>
<td>Conduct</td>
<td>EORTC-1727-QLG QLG 001/2019</td>
<td>Development and evaluation of an e-learning programme on EORTC Quality of Life measures in clinical practice</td>
<td>Quality of Life Group</td>
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<td>1726</td>
<td>Conduct</td>
<td>EORTC-1726-QLG QLG 005/2018</td>
<td>Evaluating the use of the E-PRO measures for improving inter-rater reliability of CTCAE ratings</td>
<td>Quality of Life Group</td>
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<td>1722</td>
<td>Conduct</td>
<td>EORTC-1722-QLG-BCG QLG 001/2017</td>
<td>Improving Health-Related Quality of Life in Metastatic Breast Cancer. Taking stock of achievements and delivering better measurement</td>
<td>Quality of Life Group Breast Cancer Group</td>
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<tr>
<td>1721</td>
<td>Conduct</td>
<td>EORTC-1721-QLG-BTG QLG 004/2018</td>
<td>Understanding long-term implications of brain tumor treatment on HRQOL and cognitive functioning: a European cross-sectional study</td>
<td>Quality of Life Group Brain Tumour Group</td>
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<tr>
<td>1709</td>
<td>Conduct</td>
<td>EORTC-1709-BTG MIRAGE</td>
<td>A phase III trial of marizomib in combination with standard temozolomide-based radio- chemotherapy versus standard temozolomide-based radiochemotherapy alone in patients with newly diagnosed glioblastoma - MIRAGE</td>
<td>Brain Tumour Group</td>
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<tr>
<td>1634</td>
<td>Activation</td>
<td>EORTC-1634-BTG PersoMed-I</td>
<td>Personalised Risk-Adapted Therapy in Post-Pubertal Patients with Newly-Diagnosed Medulloblastoma (PersoMed-I)</td>
<td>Brain Tumour Group</td>
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<tr>
<td>1707</td>
<td>Conduct</td>
<td>EORTC-1707-GITCG VESTIGE</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>Gastrointestinal Tract Cancer Group</td>
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<td>Title and Description</td>
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<td>1702</td>
<td>Conduct</td>
<td>EORTC-1702-LCG-ROG</td>
<td>Targeted therapy with or without dose intensified radiotherapy for oligo-progressive disease in oncogene-addicted lung tumours</td>
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<td>1652</td>
<td>Conduct</td>
<td>EORTC-1652-CLTG-PARCT</td>
<td>Phase II trial of atezolizumab (anti-PD-L1) in the treatment of stage Iib-IV mycosis fungoides/sezary syndrome patients relapsed/refractory after a previous systemic treatment</td>
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<td>1629</td>
<td>Conduct</td>
<td>EORTC-1629-HNCG-QLG-QLG 010/2016</td>
<td>Late Toxicity and Long-term Quality of Life in Head and Neck Cancer Survivors</td>
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<td>1623</td>
<td>Conduct</td>
<td>EORTC-1623-QLG-QLG 011/2016</td>
<td>Comparative evaluation of the computer-adaptive EORTC quality of life measures</td>
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<td>1622</td>
<td>Conduct</td>
<td>EORTC-1622-QLG-QLG 012/2016</td>
<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>1621</td>
<td>Conduct</td>
<td>EORTC-1621-QLG-LG-SPARTA</td>
<td>A Survivorship Project to understand and to improve long-term outcomes for acute myeloid leukaemia patients (SPARTA): The SPARTA Platform</td>
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<tr>
<td>1617</td>
<td>Conduct</td>
<td>EORTC-1617-QLG-BCG-ROG</td>
<td>Follow-up in early and locally advanced breast cancer patients: An EORTC QLG-BCG-ROG Protocol</td>
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<td>1613</td>
<td>Conduct</td>
<td>EORTC-1613-LCG-APPLE</td>
<td>APPLE trial: feasibility and activity of AZD9291 (osimertinib) treatment on positive plasma T790M in EGFR mutant NSCLC patients</td>
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<td>1612</td>
<td>Conduct</td>
<td>EORTC-1612-MG-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>
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<td>1608</td>
<td>Conduct</td>
<td>EORTC-1608-BTG-STEAM</td>
<td>Study of Tg02 in elderly newly diagnosed or adult relapsed patients with anaplastic astrocytoma or glioblastoma: A phase Ib study</td>
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<td>1607</td>
<td>Conduct</td>
<td>EORTC-1607-GITCG</td>
<td>Open-label first line, single-arm phase II study of CisGem combined with pembrolizumab in patients with advanced or metastatic biliary tract cancer</td>
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<td>ID</td>
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<td>Study Title</td>
<td>Description</td>
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<td>1604</td>
<td>Conduct</td>
<td>EORTC-1604 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>
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<tr>
<td>1750</td>
<td>Activation</td>
<td>EORTC-1750-QLG QLG 006/2017</td>
<td>Update of the EORTC QLQ-MY20 questionnaire for the assessment of quality of life in Multiple Myeloma patients. Phase I-III Study on behalf of the EORTC Quality of Life Group</td>
<td>Quality of Life Group</td>
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<tr>
<td>1559</td>
<td>Conduct</td>
<td>EORTC-1559-HNCG UPSTREAM</td>
<td>A pilot study of personalized biomarker-based treatment strategy or immunotherapy in patients with recurrent/metastatic squamous cell carcinoma of the head and neck (UPSTREAM)</td>
<td>Head &amp; Neck Cancer Group</td>
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<tr>
<td>1553</td>
<td>Conduct</td>
<td>EORTC-1553 SPECTA</td>
<td>SPECTA: Screening Cancer Patients for Efficient Clinical Trial Access</td>
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<tr>
<td>18071</td>
<td>LT Follow-Up</td>
<td>EORTC-18071-MG</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>Melanoma Group</td>
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<td>1545</td>
<td>Conduct</td>
<td>EORTC-1545-GUCG 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>Genito-Urinary Cancers Group</td>
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<tr>
<td>1537</td>
<td>Conduct</td>
<td>EORTC-1537-LYMG COBRA</td>
<td>Very early PET-response adapted targeted therapy for advanced Hodgkin lymphoma: a single-arm phase II study</td>
<td>Lymphoma Group</td>
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<tr>
<td>1532</td>
<td>Conduct</td>
<td>EORTC-1532-GUCG ODM-201</td>
<td>A phase 2 Randomized Open-Label Study of Oral ODM-201 vs. androgen deprivation therapy (ADT) with LHRH agonists or antagonist in Men with Hormone Naive Prostate Cancer</td>
<td>Genito-Urinary Cancers Group</td>
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<td>1820</td>
<td>Activation</td>
<td>EORTC-1820-CLTF MOGAT</td>
<td>Open-Label, phase II, Multi-Center, study of Anti-CCR4 Monoclonal Antibody (mogamulizumab) Plus TSEB in advanced Cutaneous T-Cell Lymphoma</td>
<td>Cutaneous Lymphoma Tumour Group</td>
</tr>
<tr>
<td>1525</td>
<td>Conduct</td>
<td>EORTC-1525-LCG NivoThym</td>
<td>Single-arm, multicenter, phase II study of immunotherapy in patients with type B3 thymoma and thymic carcinoma previously treated with chemotherapy.</td>
<td>Lung Cancer Group</td>
</tr>
<tr>
<td>1837</td>
<td>Activation</td>
<td>EORTC-1837-QLG QLG 2019/007</td>
<td>Development of an EORTC module for renal cancer patients: phase I-III</td>
<td>Quality of Life Group</td>
</tr>
</tbody>
</table>
### Clinical Trials

<table>
<thead>
<tr>
<th>Study Number</th>
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<tr>
<td>1523</td>
<td>Conduct</td>
<td>EORTC-1523-QLG QLG 007/2015</td>
<td>Adapt the existing EORTC QLQ-GINET2! Module to develop a specific module for use in patients with Pancreatic Neuroendocrine Tumour.</td>
<td>Quality of Life Group</td>
</tr>
<tr>
<td>1522</td>
<td>Conduct</td>
<td>EORTC-1522-QLG QLG 003/2015 + 01/2021</td>
<td>Development of an EORTC questionnaire for individuals at risk for a Hereditary Cancer Predisposition Syndrome: the EORTC QLQ-HCPSxx</td>
<td>Quality of Life Group</td>
</tr>
<tr>
<td>1518</td>
<td>Conduct</td>
<td>EORTC-1518-QLG QLG 006/2015</td>
<td>Confirming content validity of the EORTC QLQ-C30</td>
<td>Quality of Life Group</td>
</tr>
<tr>
<td>1842</td>
<td>Activation</td>
<td>EORTC-1842-QLG QLG 007/2020</td>
<td>Development of a questionnaire module for patients with metastatic malignant melanoma</td>
<td>Quality of Life Group</td>
</tr>
<tr>
<td>18961</td>
<td>LT Follow-Up</td>
<td>EORTC-18961-MG</td>
<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>Melanoma Group</td>
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<tr>
<td>1901</td>
<td>Activation</td>
<td>EORTC-1901-LCG PRIMALung</td>
<td>Prophylactic cerebral Irradiation or active magnetic resonance imaging surveillance in small-cell Lung cancer patients (PRIMALung study)</td>
<td>Lung Cancer Group</td>
</tr>
<tr>
<td>1912</td>
<td>Activation</td>
<td>EORTC-1912-GITCG PAMICC</td>
<td>Pamiparib and Low Dose Temozolomide In Patients with Platinum Sensitive Biliary Tract Cancer</td>
<td>Gastrointestinal Tract Cancer Group</td>
</tr>
<tr>
<td>1913</td>
<td>Development</td>
<td>EORTC-1913-LYMG RADAR</td>
<td>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</td>
<td>Lymphoma Group</td>
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<tr>
<td>1926</td>
<td>Activation</td>
<td>EORTC-1926-BTG RIGOLETTO</td>
<td>Romiplostim plus lomustine or lomustine alone at first progression of MGMT promoter-methylated glioblastoma: a randomized phase II open label multicenter study</td>
<td>Brain Tumour Group</td>
</tr>
<tr>
<td>1933</td>
<td>Development</td>
<td>EORTC-1933-ROG-GITCG NANOPANC</td>
<td>Multicenter randomised phase II study evaluating the feasibility and efficacy of the combination neoadjuvant FOLFIRINOX followed by SBR and nanoparticles vs. Neoadjuvant FOLFIRINOX in borderline resectable and locally advanced pancreatic cancer</td>
<td>Radiation Oncology Group, Gastrointestinal Tract Cancer Group</td>
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<td>Study Number</td>
<td>Type</td>
<td>Trial Code</td>
<td>Summary</td>
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<td>1514</td>
<td>Conduct</td>
<td>EORTC-1514-QLG-GCG</td>
<td>Follow-up in Gynecological Cancer Survivors: An EORTC QLG-GCG Survivorship Study</td>
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<td>1941</td>
<td>Activation</td>
<td>EORTC-1941-QLG QLG 006/2020</td>
<td>Establishing thresholds for clinical importance for disease-specific EORTC questionnaire modules</td>
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<tr>
<td>1942</td>
<td>Activation</td>
<td>EORTC-1942-QLG-GUCG QLG 003/2020</td>
<td>The need for validated Bladder Cancer Modules: Update and potential merging of the existing MIBC and the NMIBC modules – including an assessment focused on metastatic bladder cancer</td>
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<tr>
<td>1943</td>
<td>Development</td>
<td>EORTC-1943-QLG QLG 005/2020</td>
<td>The development of a new instrument with open-ended response options where patients can write and rate symptoms and problems not covered by the static EORTC instrument(s) they have completed</td>
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<tr>
<td>1513</td>
<td>Conduct</td>
<td>EORTC-1513-BCG 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>
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<tr>
<td>1508</td>
<td>Conduct</td>
<td>EORTC-1508-GCG</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>
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<tr>
<td>1502</td>
<td>Conduct</td>
<td>EORTC-1502-BCG 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>
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<td>1976</td>
<td>Activation</td>
<td>EORTC-1976-STBSG-QLG-ETF TOLERANCE</td>
<td>Health-related quality Of Life of Elderly patients with advanced soft tissue sarcoma undergoing doxorubicin alone or cyclophosphamide plus prednisolone treatment: TOLERANCE trial</td>
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<tr>
<td>1984</td>
<td>Development</td>
<td>EORTC-1984-BCG NOBLE</td>
<td>Olaparib and durvalumab as neoadjuvant therapy for patients with BRCA-associated triple negative breast cancer</td>
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<tr>
<td>20012</td>
<td>LT Follow-Up</td>
<td>EORTC-20012-LYMG BEACOPP</td>
<td>BEACOPP (4 cycles escalated + 4 cycles baseline) versus ABVD (8 cycles) in stage III &amp; IV Hodgkin’s Lymphoma</td>
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<tr>
<td><strong>20051</strong></td>
<td>LT Follow-Up</td>
<td><strong>EORTC-20051-LYMG</strong></td>
<td>The H10 EORTC/GELA/IIL randomized Inter-group trial on early FDG-PET scan guided treatment adaptation versus standard combined modality treatment in patients with supradiaphragmatic stage I/II Hodgkin’s lymphoma.</td>
<td>Lymphoma Group</td>
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<tr>
<td><strong>1420</strong></td>
<td>Conduct</td>
<td><strong>EORTC-1420-HNCG-ROG</strong></td>
<td>Phase III study assessing the “best of” radiotherapy compared to the “best of“ surgery (trans-oral surgery (TOS)) in patients with T1-T2, N0-N1 oropharyngeal, supraglottic carcinoma and with T1, N0 hypopharyngeal carcinoma.</td>
<td>Head &amp; Neck Cancer Group Radiation Oncology Group</td>
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<tr>
<td><strong>2013</strong></td>
<td>Development</td>
<td><strong>EORTC-2013-BTG</strong></td>
<td>Treatment and outcome of patients with primary brain tumours diagnosed according to cIMPACT-NOW recommendations and the 2021 WHO classification.</td>
<td>Brain Tumour Group</td>
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<tr>
<td><strong>2028</strong></td>
<td>Activation</td>
<td><strong>EORTC-2028-HNCG</strong></td>
<td>A Study to Evaluate the Efficacy of Neoadjuvant DaRT for Advanced Oral Cavity SCC.</td>
<td>Head &amp; Neck Cancer Group</td>
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<tr>
<td><strong>1419</strong></td>
<td>Conduct</td>
<td><strong>EORTC-1419-BTG</strong></td>
<td>Molecular genetic, host-derived and clinical determinants of long-term survival in glioblastoma.</td>
<td>Brain Tumour Group</td>
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<td><strong>2034</strong></td>
<td>Activation</td>
<td><strong>EORTC-2034-QLG</strong></td>
<td>Prospective Minimal Important Difference (MID) Project: Interpreting changes in EORTC QLQ-C30 scores by anchoring to patients’ rating of change.</td>
<td>Quality of Life Group</td>
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<tr>
<td><strong>2054</strong></td>
<td>Activation</td>
<td><strong>EORTC-2054-QLG</strong></td>
<td>A phase 1-2 study to identify which HRQoL issues need to be assessed for cancer patients on immune checkpoint inhibitors.</td>
<td>Quality of Life Group</td>
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<tr>
<td><strong>2056</strong></td>
<td>Development</td>
<td><strong>EORTC-2056-QLG</strong></td>
<td>Determination of utility weights for the QLU-C10D in further European and Asian countries and methodological investigation on the robustness of DCE results.</td>
<td>Quality of Life Group</td>
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<tr>
<td><strong>20881</strong></td>
<td>LT Follow-Up</td>
<td><strong>EORTC-20881-LYMG</strong></td>
<td>Phase III study on Hodgkin’s disease supradiaphragmatic clinical stages I and II.</td>
<td>Lymphoma Group</td>
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<td><strong>1417</strong></td>
<td>Conduct</td>
<td><strong>EORTC-1417-LCG</strong></td>
<td>A phase II study of etoposide and cis/carboplatin with or without pembrolizumab in untreated extensive small cell lung cancer.</td>
<td>Lung Cancer Group</td>
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<tr>
<td><strong>2139</strong></td>
<td>Activation</td>
<td><strong>EORTC-2139-MG</strong></td>
<td>Adjuvant encorafenib &amp; binimetinib vs. placebo in resected stage IIIB/C BRAF V600E/K mutated melanoma: a randomized triple-blind phase III study in collaboration with the EORTC Melanoma Group.</td>
<td>Melanoma Group</td>
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<td>22033</td>
<td>LT Follow-Up</td>
<td>EORTC-22033-26033-ROG-BTG</td>
<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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<tr>
<td>1416</td>
<td>Conduct</td>
<td>EORTC-1416-LCG 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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<tr>
<td>1414</td>
<td>Conduct</td>
<td>EORTC-1414-GUCG-ROG Pegasus</td>
<td>Phase IIIb randomized trial comparing irradiation plus long term adjuvant androgen deprivation with GnRH antagonist versus GnRH agonist plus flare protection in patients with very high risk localized or locally advanced prostate cancer: A joint study of the EORTC ROG and GUCG</td>
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<td>1409</td>
<td>Conduct</td>
<td>EORTC-1409-GITCG CLIMB</td>
<td>A prospective Colorectal Liver Metastasis Database with an Integrated Quality Assurance program</td>
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<td>1408</td>
<td>Conduct</td>
<td>EORTC-1408-BCG AURORA</td>
<td>Aiming to Understand the Molecular Aberrations in Metastatic Breast Cancer</td>
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<td>1407</td>
<td>Conduct</td>
<td>EORTC-1407-GUCG 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>
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<td>22922</td>
<td>LT Follow-Up</td>
<td>EORTC-22922-10925-ROG-BCG</td>
<td>Phase III randomized trial investigating the role of internal mammary and medial supraclavicular (IM-MS) lymph node chain irradiation in stage I-III breast cancer (Joint study of the EORTC Radiotherapy Cooperative Group and the EORTC Breast Cancer Cooperative Group EORTC 22922/10925)</td>
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<td>22991</td>
<td>LT Follow-Up</td>
<td>EORTC-22991-ROG</td>
<td>Three Dimensional Conformal Radiotherapy / Intensity Modulated Radiotherapy alone vs Three Dimensional Conformal Radiotherapy / Intensity Modulated Radiotherapy plus adjuvant hormonal therapy in localized T1b-c, T2a, NO, MG prostatic carcinoma: A Phase III Randomized Study</td>
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<td>24971</td>
<td>LT Follow-Up</td>
<td>EORTC-24971-HNCG</td>
<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>Head and Neck Cancer Group</td>
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<td>1403</td>
<td>Conduct</td>
<td>EORTC-1403-STBSG rEECur</td>
<td>International Randomised Controlled Trial of Chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma</td>
<td>Soft Tissue and Bone Sarcoma Group</td>
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<td>26071</td>
<td>LT Follow-Up</td>
<td>EORTC-26071-22072-BTG-ROG CENTRIC</td>
<td>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)</td>
<td>Brain Tumour Group Radiation Oncology Group</td>
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<tr>
<td>30073</td>
<td>Completed</td>
<td>EORTC-30073-GUCG SURTIME</td>
<td>Preoperative chemoradiotherapy and postoperative chemotherapy with capecitabine and oxaplatin vs capecitabine alone in locally advanced rectal cancer (PETACC-6).</td>
<td>Genito-Urinary Cancers Group</td>
</tr>
<tr>
<td>40054</td>
<td>LT Follow-Up</td>
<td>EORTC-40054-22062-GITCG-ROG PETACC-6</td>
<td>Preoperative chemoradiotherapy and postoperative chemotherapy with capecitabine and oxaplatin vs capecitabine alone in locally advanced rectal cancer (PETACC-6).</td>
<td>Gastrointestinal Tract Cancer Group</td>
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<tr>
<td>1402</td>
<td>Conduct</td>
<td>EORTC-1402-STBSG EE2012</td>
<td>International Randomised Controlled Trial for the Treatment of Newly Diagnosed Ewing’s Sarcoma Family of Tumours – Euro Ewing 2012</td>
<td>Soft Tissue and Bone Sarcoma Group</td>
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<tr>
<td>1333</td>
<td>Conduct</td>
<td>EORTC-1333-GUCG 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>Genito-Urinary Cancers Group</td>
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<tr>
<td>40CRC</td>
<td>LT Follow-Up</td>
<td>EORTC-40CRC-GITCG SPECTAcolor</td>
<td>Screening Platform of the EORTC for Clinical Trials in Advanced Colorectal cancer &quot;SPECTAcolor&quot;</td>
<td>Gastrointestinal Tract Cancer Group</td>
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<tr>
<td>1325</td>
<td>Conduct</td>
<td>EORTC-1325-MG</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>Melanoma Group</td>
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<td>1324</td>
<td>Conduct</td>
<td>EORTC-1324-BCG</td>
<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 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>
<td>Breast Cancer Group</td>
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<tr>
<td>55984</td>
<td>LT Follow-Up</td>
<td>EORTC-55984</td>
<td>A randomized trial of Adriamycin (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>Gynaecological Cancer Group</td>
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<tr>
<td>55991</td>
<td>LT Follow-Up</td>
<td>EORTC-55991-GCG</td>
<td>A randomized trial of adjuvant treatment with radiation plus chemotherapy versus radiation alone in high risk endometrial carcinoma.</td>
<td>Gynaecological Cancer Group</td>
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<tr>
<td>1321</td>
<td>Conduct</td>
<td>EORTC-1321-STBSG ALT-GIST</td>
<td>A randomised phase II trial of imatinib alternating with regorafenib compared to imatinib alone for the first line treatment of advanced gastrointestinal stromal tumour (GIST).</td>
<td>Soft Tissue and Bone Sarcoma Group</td>
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<tr>
<td>1320</td>
<td>Conduct</td>
<td>EORTC-1320-BTG</td>
<td>Trabectedin for recurrent grade II or III meningioma: a randomized phase II study of the EORTC Brain Tumor Group</td>
<td>Brain Tumour Group</td>
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<tr>
<td>1317</td>
<td>Conduct</td>
<td>EORTC-1317-STBSG CaboGist</td>
<td>Phase II study of cabozantinib in patients with metastatic gastrointestinal stromal tumor (GIST) who progressed during neoadjuvant, adjuvant or palliative therapy with imatinib and sunitinib</td>
<td>Soft Tissue and Bone Sarcoma Group</td>
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<tr>
<td>1308</td>
<td>Conduct</td>
<td>EORTC-1308-BTG-ROG ROAM</td>
<td>Radiation versus Observation following surgical resection of Atypical Meningioma: a randomised controlled trial (The ROAM trial) / EORTC 1308</td>
<td>Brain Tumour Group Radiation Oncology Group</td>
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<tr>
<td>58951</td>
<td>LT Follow-Up</td>
<td>EORTC-58951-CLG</td>
<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 Leukaemia and lymphoblastic non-Hodgkin lymphoma of childhood. A Randomised phase III study</td>
<td>Children’s Leukaemia Group</td>
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<tr>
<td>1301</td>
<td>Conduct</td>
<td>EORTC-1301-LG AML21</td>
<td>10-day decitabine versus conventional chemotherapy (“3+7”) followed by allografting in AML patients &gt;= 60 years: a randomized phase III study of the EORTC Leukaemia Group, CELG, GIMEMA and German MDS Study Group</td>
<td>Leukaemia Group</td>
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<td>62024</td>
<td>LT Follow-Up</td>
<td>EORTC-62024-STBSG 0 0</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>Soft Tissue and Bone Sarcoma Group</td>
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<tr>
<td>62092</td>
<td>LT Follow-Up</td>
<td>EORTC-62092-22092-STBSG-ROG 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>Soft Tissue and Bone Sarcoma Group Radiation Oncology Group</td>
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<tr>
<td>1221</td>
<td>Conduct</td>
<td>EORTC-1221-ETF 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>
<td>Cancer in Elderly Task Force</td>
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<tr>
<td>1212</td>
<td>Conduct</td>
<td>EORTC-1212-GCG 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 (NiCC)</td>
<td>Gynaecological Cancer Group</td>
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<tr>
<td>1209</td>
<td>Conduct</td>
<td>EORTC-1209-EnTG</td>
<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>
<td>Endocrine Tumour Group</td>
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<tr>
<td>1208</td>
<td>Conduct</td>
<td>EORTC-1208-MG 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>Melanoma Group</td>
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<tr>
<td>1206</td>
<td>Conduct</td>
<td>EORTC-1206-HNCG</td>
<td>A randomised phase II study to evaluate the efficacy and safety of Chemotherapy (CT) vs androgen deprivation therapy (ADT) in patients with recurrent and/or metastatic, androgen receptor (AR) expressing, salivary gland cancer (SGCs)</td>
<td>Head &amp; Neck Cancer Group</td>
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<tr>
<td>1205</td>
<td>Conduct</td>
<td>EORTC-1205-LCG</td>
<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>Lung Cancer Group</td>
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<td>1203</td>
<td>Conduct</td>
<td>EORTC-1203-GITCG INNOVATION</td>
<td>Integration of trastuzumab, with or without pertuzumab, into perioperative chemotherapy of HER-2 positive stomach cancer: the INNOVATION-TRIAL</td>
<td>Gastrointestinal Tract Cancer Group</td>
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<td>Study ID</td>
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<td>1201</td>
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<td>EORTC-1201-GUCG-ROG 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 patient with metastatic hormone-naïve prostate cancer. Genito-Urinary Cancers Group Radiation Oncology Group</td>
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<td>8114</td>
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<td>EORTC-08114-LCG GEM</td>
<td>Genetics of EGFR Mutation Study (GEM): a Translational Study of the EORTC Lung group Lung Cancer Group</td>
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<td>8111</td>
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<td>EORTC-08111-LCG ETOP5-12 (SPLENDOUR)</td>
<td>A randomised, open-label phase III trial evaluating the addition of denosumab to standard first-line anticancer treatment in advanced NSCLC Lung Cancer Group</td>
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* Active studies in 2021