Annual Report 2023

EORTC
European Organisation for Research and Treatment of Cancer

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MESSAGE FROM THE PRESIDENT

WINETTE VAN DER GRAAF

Dear colleagues and friends,

2023 marked the first real transition year from the COVID-19 years, gradually moving back to the normalisation of our activities. While we still feel the lingering effects of fewer studies being open to patient recruitment during the pandemic, the important number of new programmes and clinical trials in advanced preparation and in regulatory submission exemplifies the dynamism of our organisation.

As President of this organisation, I am immensely proud to witness the successful implementation of our new governance. Indeed, strategic priorities are starting to take shape around the Scientific Chairs Council, bringing together the leadership of EORTC disease-oriented groups and cross-cutting initiatives. This represents a unique opportunity to consolidate and further develop EORTC's role in international programmes addressing loco-regional treatments, while strengthening our efforts in multidisciplinary agendas, rare cancers and challenging patient populations. Additionally, we are working to enhance our infrastructures such as SPECTA and E^2-RADIatE, ensuring they are robust enough to support new types of clinical trials, such as Trials within Cohorts (TwiCs), and optimising patient access.

While maintaining its global leadership in areas such as Quality of Life research, EORTC is also building on its strategic role as an independent non-profit research organisation to positively influence cancer policies in Europe. In that respect, I would like once more to pay a special tribute to our network and headquarters forces for securing funding for three new trials

through the EU Cancer Mission Horizon programme.

Finally, EORTC's global reach continues to expand through active discussions with groups in the Middle East and Asia and the opening of a large phase III trial for retro-peritoneal sarcoma in the US under the US NCI /ECOG/ACRIN leadership.

These remarkable achievements and milestones showcase the organisation's unwavering dedication to its mission of improving survival and quality of life of cancer patients, and to its role as the place to meet for all stakeholders.

To conclude, I extend my sincere appreciation to the EORTC Board of Directors for their dedication, support and visionary leadership. Their ongoing efforts to engage patients in EORTC's activities and nurture the next generation of scientists through specific training programmes for Early Career Investigators are truly admirable.

Warm regards,

Professor Winette Van Der Graaf
EORTC President

CHIEF EXECUTIVE OFFICER

EORTC's wide expertise plays a crucial role in shaping cancer policies in Europe and beyond, ensuring that the patients' interests remain the top priority

FOREWORD BY THE CEO

DENIS LACOMBE

Dear EORTC Members, Partners, and Stakeholders,

It is with great pleasure and a sense of accomplishment that I am reaching out to you through our annual report. This represents a unique opportunity to express my gratitude to our esteemed members, the dedicated staff at EORTC headquarters and our valued partners who place their trust in EORTC and its important mission.

EORTC adapts consistently to changes and uncertainties, steadfast in its commitment to advancing oncology research and improving patient outcomes. This year, we've once again shown the resilience and collaborative spirit that defines our organisation. Together, we have navigated a complex landscape, adapting our strategies to the evolving needs of cancer research and healthcare. The first chapter of this report serves as a testament to our collective determination and the impact of our collaborative endeavours.

From re-enforcing our clinical trials agenda to implementing innovative clinical trial models, EORTC has continued building on its key assets, such as multidisciplinary collaboration and a focus on rare cancers, while enabling more efficient solutions to embrace the evolving regulatory landscape. EORTC's wide expertise plays a crucial role in shaping cancer policies in Europe and beyond, ensuring a balanced approach alongside commercial interests. Furthermore, thanks to the dedication of the EORTC headquarters, we have successfully transitioned to new regulations governing our activities.

As we delve into the chapters that follow, you will discover the diversity of our portfolio, spanning a spectrum of therapeutic areas and addressing the intricacies of cancer across different patient populations. Each trial, study, and project outlined in this report represents a step forward in our mission to improve the lives of cancer patients through innovative research and evidence-based medicine.

This annual report not only celebrates our recent milestones but also sets our sights ambitiously forward. The journey to conquer cancer is ongoing, and EORTC remains at the forefront, driving innovation, fostering collaboration, and making a lasting impact.

Thank you for your continued commitment to EORTC's mission, and I invite you to join our journey through the EORTC 2023 Annual Report.

Sincerely,

Doctor Denis Lacombe
Chief Executive Officer

WHAT IS EORTC?

The European Organisation for Research and Treatment of Cancer (EORTC) is Europe's leading multidisciplinary academic clinical research organisation, which unites clinical cancer research experts across the globe to define better treatments for cancer patients.

The work of the organisation spans across all cancers and types of treatments as well as national borders. Its core mission is to coordinate and conduct international translational and clinical research with a focus on phase 2 and 3 trials, independent from commercial interests. This aims to provide a comprehensive approach to therapeutic strategies, enhancing the standard of cancer treatment, and ultimately improving patients' survival rates and quality of life.

For more than 60 years, EORTC has offered a unique platform for doctors in Europe to get together and collectively agree on the crucial clinical questions to be answered, pushing the boundaries of treatment options in patients' best interest.

Today, EORTC's international and multidisciplinary network comprises over 3800 collaborators involved in cancer treatment and research in 1009 institutions across 58 countries.

EORTC headquarters, serving as a unique international clinical research infrastructure, is in Brussels, Belgium. The organisation coordinates and runs its various activities from this central hub.

EORTC'S FIVE PILLARS OF ACTIVITY

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

01

THERAPEUTIC ACADEMIC TRIALS

Shedding light on the therapeutics agenda of cancer, EORTC's academic clinical research optimises and changes standards of pratice, offering new hope for patients.

02

INFRASTRUCTURE

Building efficient and comprehensive cancer reserach infrastructure, EORTC collaborates very actively with partner organisations, institutions, and hospitals to deliver high-quality multidimensional datasets, advancing its understanding in cancer.

03

ACCELERATING

EORTC constantly responds to rapid changes in cancer healthcare with innovation. EORTC is a pioneer in exploring novel pathways and mechanisms, to constantly improve both patient survival and quality of life

04

EDUCATION

Empowering the next generation of cancer researchers and healthcare workers. EORTC shares knowledge, best practices, and fosters global dialogue to ensure a brighter future in cancer care. It educates more than 20 young clinical researchers every year coming from across the world.

05

TRANSLATIONAL RESEARCH

Unveiling the unknowns of cancer biology through translational research. EORTC collects biological material to deepen its understanding and guides personalised treatments based on patient's individual tumour analysis

EORTC SCIENTIFIC STRATEGY

Disclaimer: The EORTC Scientific Strategy is continuously evolving. Potential partners are welcome to approach EORTC with proposals, even if they fall outside the listed priorities. The suitability of proposed ideas can be evaluated on a case-by-case basis.

The EORTC Scientific Strategy drives the priorities for the research programmes the organisation wishes to focus on to fulfil its mission of improving the survival and quality of life of cancer patients.

The strategy is built on the organisation's assets of being a pan-European organisation with a global reach, addressing many different tumour types through multidisciplinary medical interventions and translational science.

The principles of the scientific strategy are defined by the leadership of EORTC`s disease-oriented groups (DOGs), and specific Scientific Councils such as the Radiation Oncology Scientific Council (ROSC) and the Older Adult Council (OAC). Their leaderships join forces within the Scientific Chairs' Council (SCC) who defines the overarching scientific strategy to be endorsed by the Board of Directors (the Board). The Board defines the operational and financial strategies that enable the realisation of the scientific strategy.

The EORTC Scientific Strategy is built on two complementary fundamentals:

- **Methodology:** The types of clinical research programmes EORTC conducts primarily
- **Oncology priorities:** The clinical situations where EORTC focuses its efforts on advancing the standards of care.

METHODOLOGY

- **Clinical trials:** The main activity of EORTC is to conduct prospective clinical trials addressing questions with the potential to change practice and/or develop new knowledge to further push forward the standards of care. Complementary to classic clinical trials, EORTC pays specific attention to large practice-changing trials such as pragmatic trials with broad access for patients across Europe. Clinical trials built on a registry such as Trials within Cohorts (TwiCs) are also of interest to EORTC. In another type of agenda, bringing together wide expertise across tumour types, EORTC wishes to maximise cross-cutting approaches such as basket and complex trials and relies on specific expertise in the domains of imaging and quality of life.

- **Prospective observational programmes:** EORTC's agenda also includes other types of clinical research projects such as registries, observational studies and cohorts. These should be linked to a clinical trial programme or an intention to perform a clinical trial. For instance, they can help to better understand the epidemiology of the disease, of its biology, or the patterns for standards of care for hypothesis generation. In that respect, EORTC coordinates two large infrastructures for access to cancer patients and their tumours (SPECTA) and addressing radiation oncology (E^2-RADIatE). EORTC embraces Real World Data using solid methodology to answer important clinical questions.

- **Research projects:** These are aimed at improving the conduct of clinical research such as quality of life (QoL) research including validation of endpoints and development of QoL instruments, RECIST to assess tumour response, or if they build on the extensive clinical trial database to generate hypotheses for drug-repurposing trials.

ONCOLOGY PRIORITIES

- **Loco-regional disease and Minimal Residual Disease (MRD):** Who can we still cure?

  Being a multidisciplinary organisation, EORTC stimulates clinical research addressing different therapeutic interventions alone or in combination, such as radiation oncology or surgical oncology, stimulating specific strategies in the neo-adjuvant and peri-operative settings. Beyond purely loco-regional disease, the study of minimal residual disease as well as oligo-metastatic patients have been scientific priorities of EORTC to act upon the disease before wide metastatic dissemination occurs.

- **Rare cancers:** Bringing innovation to unmet needs.

  Rare entities have always been a priority at EORTC who have conducted landmark studies in several rare oncology indications. EORTC has in recent years delivered important datasets and will continue making a difference to equal access for rare cancer patients to innovation with the highest methodological robustness.

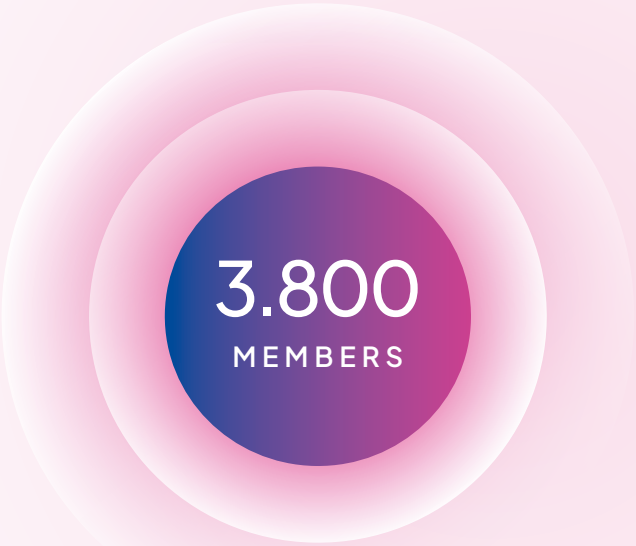
- **Treatment optimisation:** Where clinical relevance meets healthcare needs.Optimising treatment for dose, duration, optimal patient population, as well as organ preservation where quality of life and improving safety of therapeutic interventions are a major goal is paramount for cancer patients and society. EORTC stimulates pragmatic trials to address clinically relevant questions in the healthcare setting.

- **Specific patient populations** such as older adults, young adults, and adolescents, for equal access to clinical research programmes. Patient populations normally not included in regular drug development because quality of life, safety, endpoints and designs need to be specifically tailored are also a strategic priority for EORTC.

OUR MISSION IN NUMBERS

EORTC'S MISSION IS TO INCREASE CANCER PATIENTS' SURVIVAL AND QUALITY OF LIFE.

NETWORK



1009 Institutions

58 Countries

17 EORTC Groups

2 Councils

34 External collaborative groups

60 Peer reviewed papers

PATIENTS INVOLVED IN STUDIES

215.000+ Patients in database

22.700 Patients in follow-up

STAFF

30%
Male

70%
Female

250
Staff members

38
Nationalities

10
Active fellowships

STUDIES

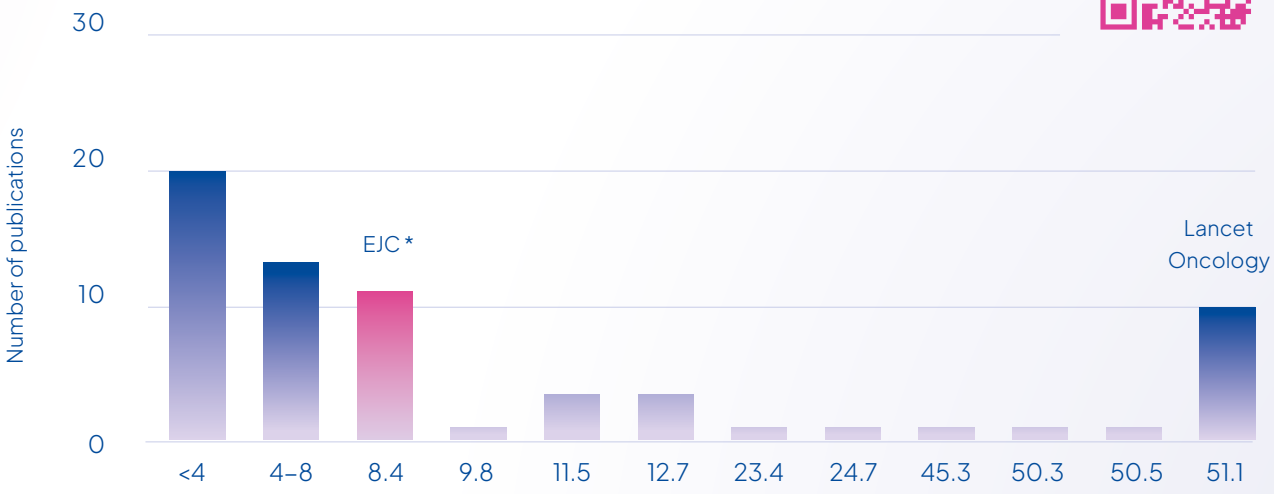
5
New studies activated in 2023

21
Open to patient entry studies

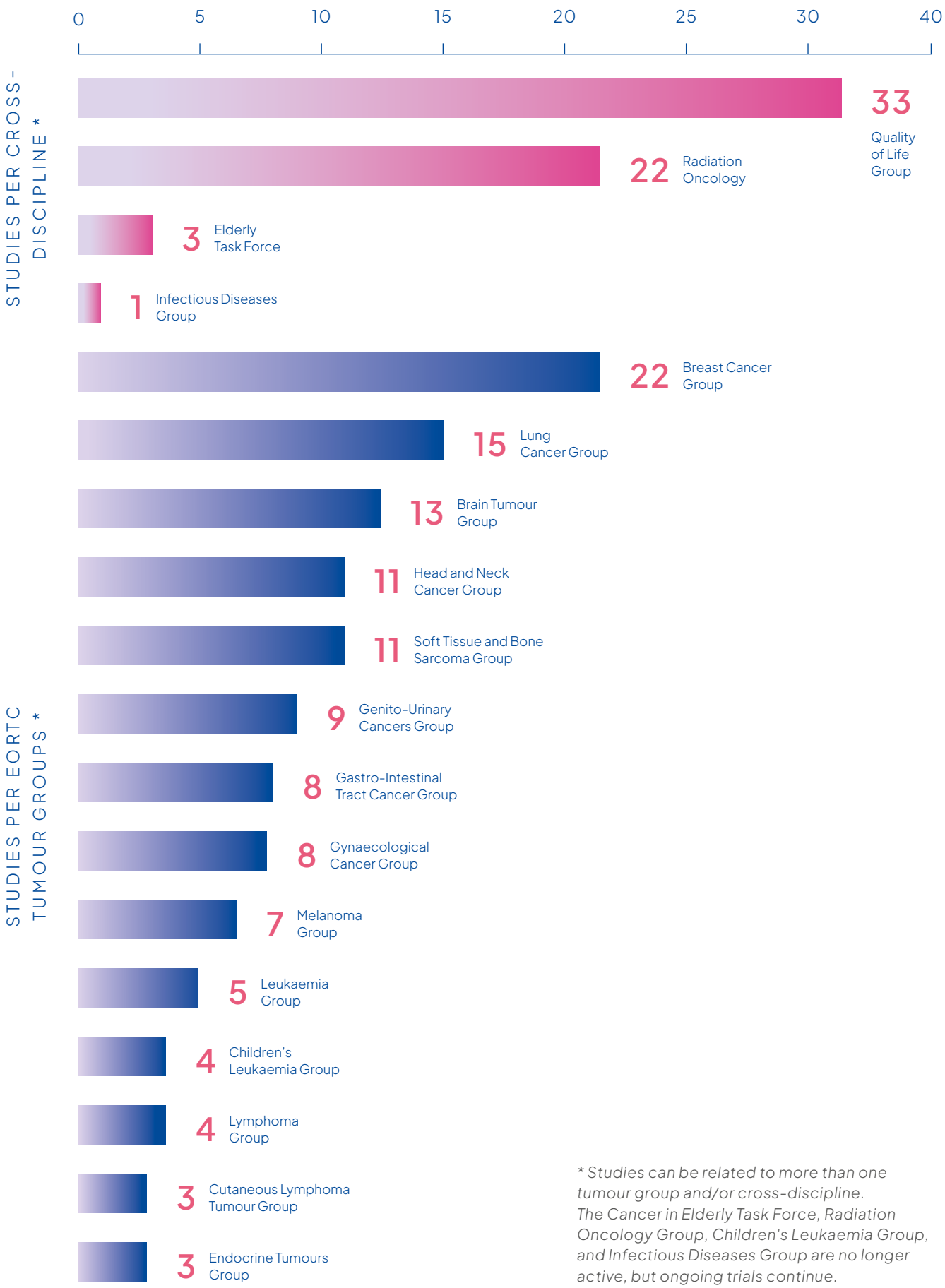
106
Active studies

PUBLICATIONS

VIEW ALL EORTC'S PUBLICATIONS:

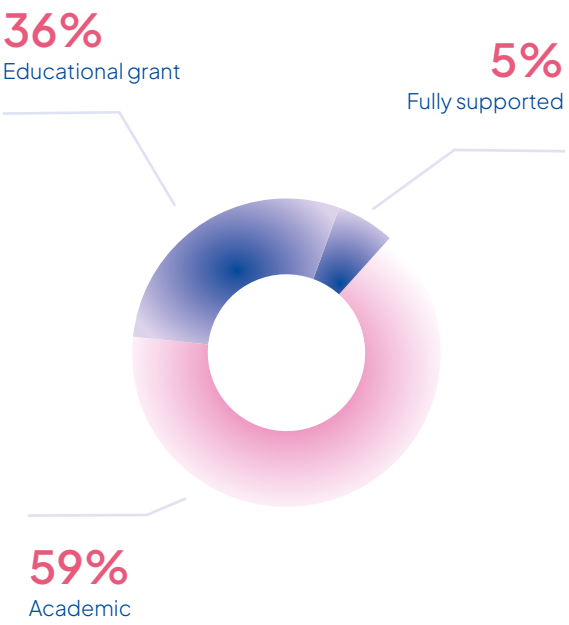


*European Journal of Cancer is the official journal of EORTC



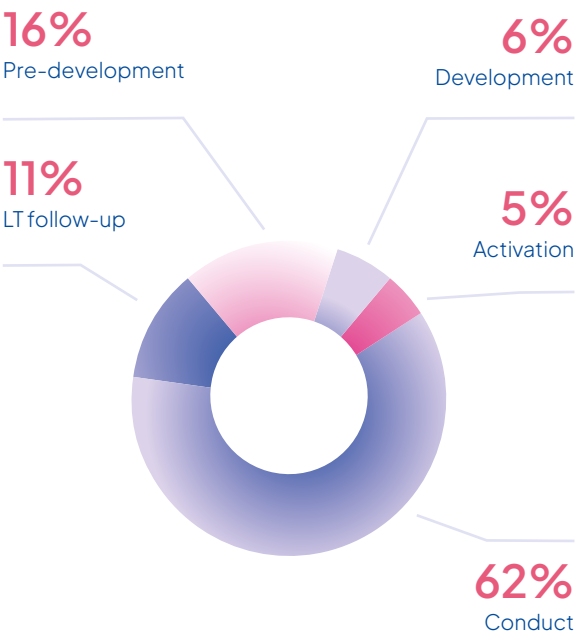
** Studies can be related to more than one tumour group and/or cross-discipline. The Cancer in Elderly Task Force, Radiation Oncology Group, Children's Leukaemia Group, and Infectious Diseases Group are no longer active, but ongoing trials continue.*

Studies by funding type/ category



- Academic: study sponsored by EORTC or another academic group which are self-funded, or funded by independent grants
- Educational Grant: investigator sponsored trials, funded by industry
- Fully supported: industry sponsored trials

Active studies by stage



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

Research Projects

EORTC's activities do not stop when a trial has reached its primary endpoint. A study may continue for long-term follow-up, or for the many ideas which are part of a project's afterlife.

These new post-study ideas may develop into "research projects," conducted either in-house or by external partners who receive anonymised data from us. This process extends the relevance and utility of the original trial data by an additional 10–15 years.

EORTC works on various research projects that constitute an important part of our path towards innovation and improved treatments for patients.

GOVERNANCE

EORTC's new governance, implemented in 2019, came to full maturity in 2023. This was a necessary step to achieve, as 2024 will see the three-yearly rotation of EORTC's group leaderships, as well as the EORTC Board and General Assembly, starting a new shift for the period 2024–2027.

The 2023 focus was on the EORTC Scientific Strategy. The Scientific Chairs Council (SCC) that oversees the EORTC Scientific Strategy and ensures the link between science, our network and the Board of Directors has further developed the EORTC Scinetific Strategy. Non-tumour-specific programmes such as our Minimal Residual Disease or Common Biological Target programmes are already in advanced discussions at the SCC and now about to be activated.

The SCC has also stimulated the set-up of specific think tanks, for instance addressing renal and bladder cancer giving rise to new trials concepts now in development. Similarly, an imaging think tank as well as one dedicated to endocrine tumours are being developed. In parallel, the Radiation Oncology Scientific Council (ROSC) drives the EORTC Scientific Strategy for radiation oncology, also acting across diseases in preparing an update of its strategy to be delivered at a gathering in early 2024. It supports international programmes for oligometastatic patients in partnership with ESTRO that would not otherwise be possible, exemplifying EORTC's commitment to multidisciplinarity. ROSC is also working on an innovative approach to build clinical trials on the backbone of the successful OligoCare registry, addressing oligometastatic patients, by implementing the principle of Trials within Cohorts (TwiCs). Similarly, clinical research to address the specificities of older adults will be reinforced with the setting up of an Older Adult Council (OAC). This will stimulate cross-cutting clinical research such as the development and validation of specific geriatric instruments, while also addressing specific questions such as competing risks in clinical trial assessments. The OAC will be instrumental in addressing

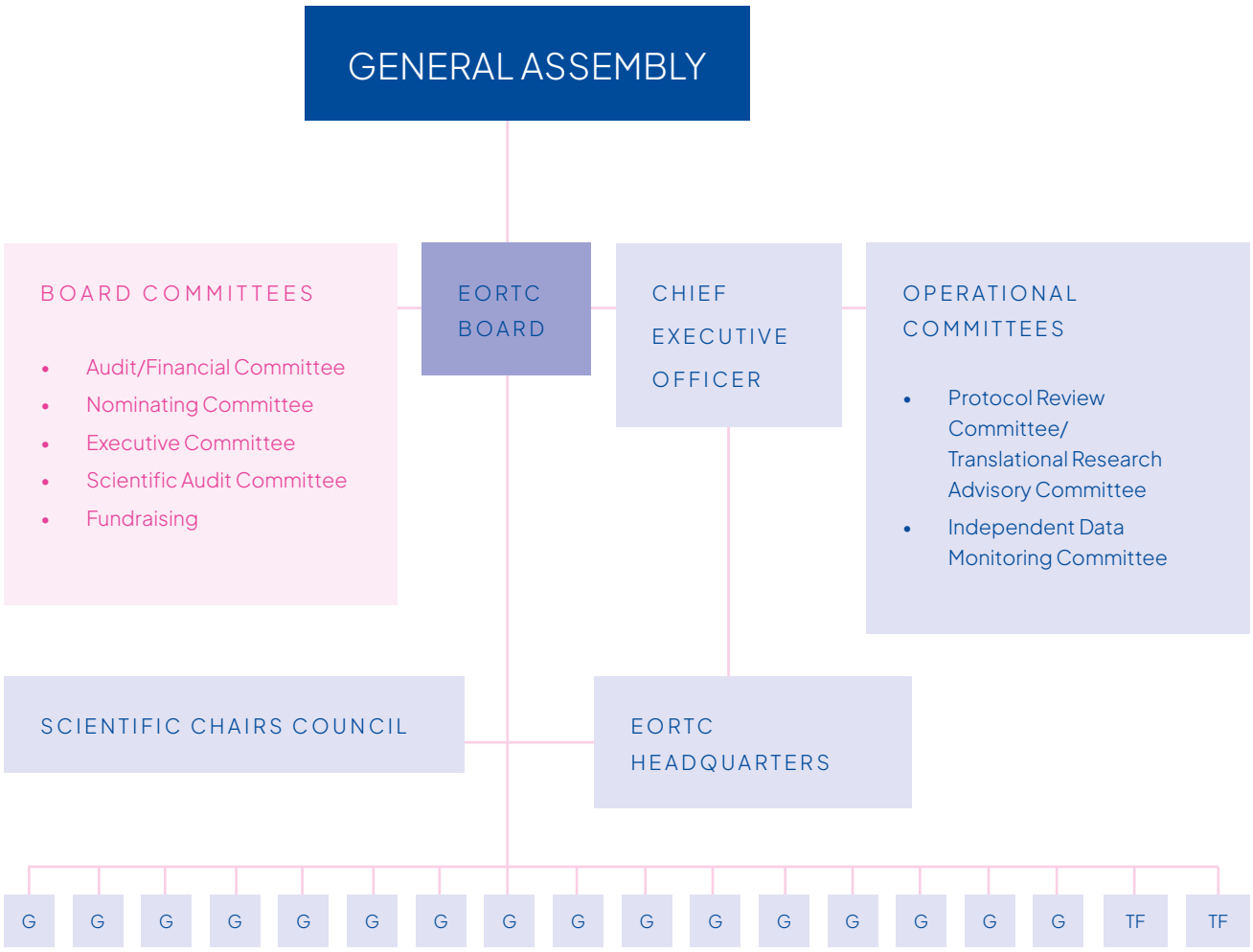
new strategies such as treatment adaptation based on fitness and frailty models.

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

Another important element of the governance in 2023 was the further deployment of the Audit and Financial Committee, which prompted the organisation to structure a prospective risk management strategy to ensure the sustainability and reputation of the organisation.

Taken all together, the different yet complementary parts of EORTC's governance have come to full maturity, thus ensuring the continuity of EORTC's scientific agenda.

Read more about this in the EORTC Scientific Strategy chapter at page 10.



G: Group **TF:** Task Force

Board members

BOARD OFFICERS

Winette van der Graaf

PRESIDENT

Netherlands Cancer Institute - Van Leeuwenhoek
Amsterdam, Netherlands

Bertrand Tombal

PAST PRESIDENT

Cliniques Universitaires Saint-Luc
Brussels, Belgium

Etienne Brain

SECRETARY GENERAL

Institut Curie – Hopital Rene Huguenin
Paris, France

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CHAIR OF SCIENTIFIC AUDIT COMMITTEE

Queen's University
Kingston, Canada

Benjamin Besse

CHAIR OF SCIENTIFIC CHAIRS COUNCIL

Gustave Roussy
Villejuif, France

Michael Weller

VICE-CHAIR OF SCIENTIFIC CHAIRS COUNCIL

Universitätsspital Zürich
Zurich, Switzerland

Diego du Monceau

CHAIR OF THE EORTC CANCER RESEARCH FUND

Brussels, Belgium

Guy Beniada

CHAIR OF THE EORTC AUDIT AND FINANCE COMMITTEE

Annecy, France

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BOARD MEMBER

Haverford, United States

Mieke Van Hemelrijck

BOARD MEMBER

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

EX-OFFICIO BOARD MEMBERS

Richard Schilsky

CHAIR OF PROTOCOL REVIEW COMMITTEE

University of Chicago
Chicago, United States

Denis Lacombe

EORTC CHIEF EXECUTIVE OFFICER

EORTC headquarters
Brussels, Belgium

Vassilis Golfinopoulos

EORTC DIRECTOR HEADQUARTERS

EORTC headquarters
Brussels, Belgium

Christian Brunet

EORTC CHIEF FINANCIAL OFFICER

EORTC headquarters
Brussels, Belgium

Petr Szturz

EARLY CAREER INVESTIGATOR (ECI)

Centre Hospitalier Universitaire Vaudois - Lausanne
Lausanne, Switzerland

HEADQUARTERS

2023 has been a year of continuity and strengthening of EORTC HQ, starting from a solid base. After years of expanding our workforce to handle the rising workload, we can now concentrate on maintaining stability and enhancing the quality of our work. We have dedicated considerable effort into applying the knowledge gained over recent years to adhere to new regulations, while leveraging the experience gained in our long history of clinical trial submissions.

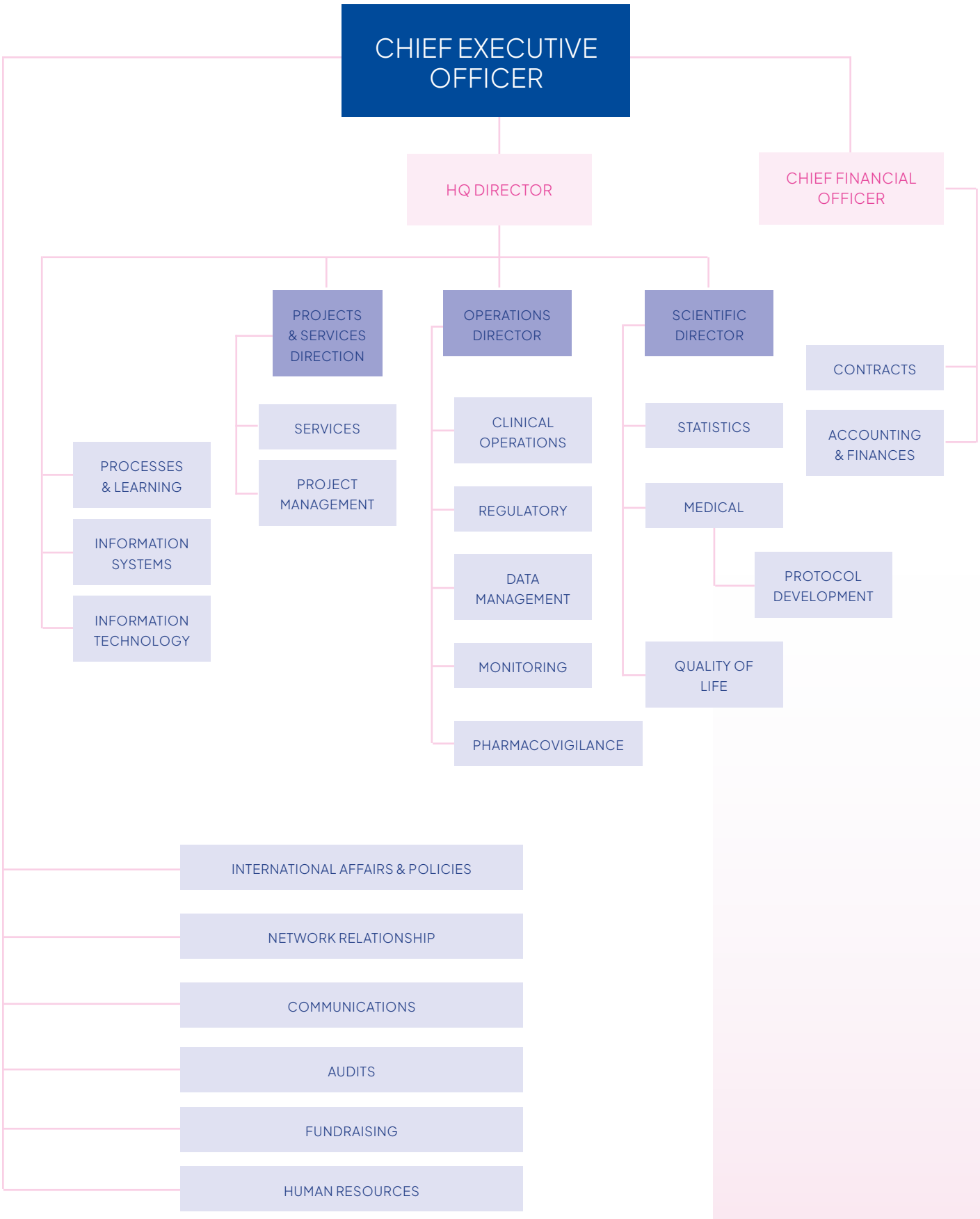
The EORTC HQ continues to be a dynamic blend of skilled scientists, operators, and colleagues representing 38 nationalities, which perfectly reflects the international nature of the organisation. Our headquarters provide excellent training in both theoretical knowledge and technical competence and our employees are encouraged to excel at teamwork and to collaborate with the entire EORTC community of investigators.

EORTC's organisational chart reflects the diverse range of functional expertise required to achieve our research objectives. We will continue to adjust gradually as needed, with no significant changes planned for the forthcoming year.

In 2023, EORTC published 60 peer-reviewed papers that were led by scientists at the central office. Furthermore, three EORTC fellows successfully defended their PhD theses last year. This significant output stresses the impactful role of EORTC HQ as a genuine research facility and remains a source of ongoing pride for the organisation. Whether the newly accredited scientists stay at EORTC HQ, join our community of investigators, or pursue their careers elsewhere, our training fosters ambassadors committed to independent scientific excellence and advancement of cancer therapy.

The important role of technology in supporting the work of our international network is firmly acknowledged, and this is why at EORTC we continue to invest in software. We also promote community building and in-person collaboration through diverse avenues. Our renovated offices are utilised effectively, providing excellent meeting facilities, and encouraging our community of collaborators to convene their working sessions and group meetings at the EORTC headquarters.

The EORTC Headquarters also plays a central role in the collaboration with other organisations, providing its infrastructure to facilitate research involving large consortia. A prominent example is SPECTA, a translational research effort that has already accumulated more than a decade of knowledge, development, and significant contribution to cancer research.


CHIEF EXECUTIVE OFFICER
HQ DIRECTOR
CHIEF FINANCIAL OFFICER
PROJECTS & SERVICES DIRECTION
OPERATIONS DIRECTOR
SCIENTIFIC DIRECTOR
CONTRACTS
ACCOUNTING & FINANCES
SERVICES
PROJECT MANAGEMENT
CLINICAL OPERATIONS
STATISTICS
PROCESSES & LEARNING
INFORMATION SYSTEMS
INFORMATION TECHNOLOGY
REGULATORY
MEDICAL
PROTOCOL DEVELOPMENT
DATA MANAGEMENT
MONITORING
QUALITY OF LIFE
PHARMACOVIGILANCE
INTERNATIONAL AFFAIRS & POLICIES
NETWORK RELATIONSHIP
COMMUNICATIONS
AUDITS
FUNDRAISING
HUMAN RESOURCES

INFRASTRUCTURE: SPECTA

Expanding precision oncology is both the present and the future of cancer treatment and, through the SPECTA platform, EORTC is leading the way in clinical research. This pan-European platform powers research that advances the molecular understanding of cancer so that clinicians can selectively target specific patient profiles, leading to 'best fit' treatments.

SPECTA EORTC

How SPECTA works

SPECTA integrates research with a unified protocol and patient-informed consent, along with a unique clinical database. Its centralised process ensures collection and storage of high quality annotated human biological material, leading to robust translational research.

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

- SPECTA's clinical research platform grew from 153 research doctors authorised to enrol patients in 2022 to 168 authorised research doctors from 126 institutions in 20 countries in 2023.
- Around 770 patients out of the 1,100 registered were enrolled in two recruiting projects, contributing to the more than 3,800 registered patients and 2,000 individual result reports delivered to investigators since SPECTA began.
- Establishment of an advisory committee comprising experts from diverse disease-oriented groups (DOGs). This committee actively disseminates platform knowledge, optimises sample utilisation, and serves as a critical Advisory Board, enriching scientific rigor and fostering excellence in our research endeavour.
- 13 poster presentations and one oral presentation at several congresses: AACR 2023, ESMO 2023, ESMO IO 2023, ELCC 2023. SPECTA was acknowledged in a case report publication[1].

[1] *Guedes H et al. (2023) Innovation and Precision Medicine Applied to a Medullary Thyroid Cancer: A Clinical Case. Cureus. https://doi.org/10.7759/cureus.40107*

Precision oncology in action

SPECTA offers huge potential to advance precision medicine in oncology. Here are five innovative projects that used the platform in 2023.

GET IN TOUCH

www.spectaplatform.org

specta@eortc.org

IN RECRUITMENT

BioRadon studies the molecular characterisation of non-small cell lung cancer and exposure to indoor radon in Europe, especially in non-smokers. Patient recruitment started in 2022, with 572 patients enrolled so far.

IMMUcan studies the interaction between tumours and the microenvironment, and the impact of therapeutic interventions. EORTC is the academic lead for this Innovative Medicines Initiative (IMI) funded project that aims to analyse tumour samples from 3 000 patients from five different tumour types. Samples from about 1700 patients were under analysis at the end of 2023.

IN ANALYSIS

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

AYA studies the molecular landscape of brain and sarcoma cancer in adolescents and young adults. It is a collaborative project with the German Research Center, DKFZ. Both cohorts were fully recruited in 2021. Results from the sarcoma cohort were published in 2022. Results from the brain cohort are expected to be published in 2024.

IN DEVELOPMENT

MRD will study whether the detection of minimal residual disease by ctDNA, after curative treatment of several types of cancer with a high recurrence rate, is predictive of recurrence. The first cohort is expected to be active in 2024.

FELLOWSHIPS

The EORTC Fellowship Programme encourages physicians, statisticians, scientists, and other experts from all over the world to spend up to three years working at EORTC headquarters in Brussels. This is a unique opportunity to grasp the fundamentals of clinical cancer research and to engage in all aspects of developing, activating, and advancing clinical cancer research projects.

Participants undergo training in clinical research methodology, benefiting from insights provided by international oncology specialists. Furthermore, we provide the opportunity to contribute to publications using data sourced from the extensive EORTC databases. The Fellowship programme serves as an excellent pathway to becoming an authority in the field of cancer research, while also facilitating the expansion of professional networks.

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

- EORTC Groups
- European Society for Paediatric Oncology (SIOPE)
- Kom op tegen Kanker
- Fonds Cancer (FOCA)
- Loterie Nationale / Nationale Loterij
- King Baudouin Foundation (KBF)

FELLOWS IN 2023

In total, 219 fellows from 47 nationalities have been sponsored since 1991

15 Fellows benefited from a research grant

4 New fellowships were awarded (1 medical physicist – 3 medical doctors)

4 Fellows worked on a PhD thesis

MORE THAN 20 YEARS OF IMPACTFUL COLLABORATION

Since 2001, EORTC and Kom op tegen Kanker have jointly supported the EORTC Radiotherapy Quality Assurance (RTQA) fellowship programme. The Emmanuel van der Schueren (EvdS) Fellowship has guided 15 young scientists towards the next steps of their careers, resulting in the publication of 59 papers authored by former fellows between 2001 and 2023. Survey results indicate the programme's profound influence on networking, career progression, and academic pursuits within the community of young radiation oncology researchers in Belgium and Europe. We extend our gratitude to Kom op tegen Kanker for their support and commitment to advancing radiation oncology in Europe.

//

The Emmanuel van der Schueren fellowship allowed me to become involved in radiation therapy quality assurance research and to have dedicated training in the methodology of clinical trials. This complemented my training as a radiation oncologist and opened me up to European opportunities. I am grateful for Kom op Tegen Kanker's continued support.

DANIEL PORTIK

RTQA FELLOW

EORTC MEMBERS

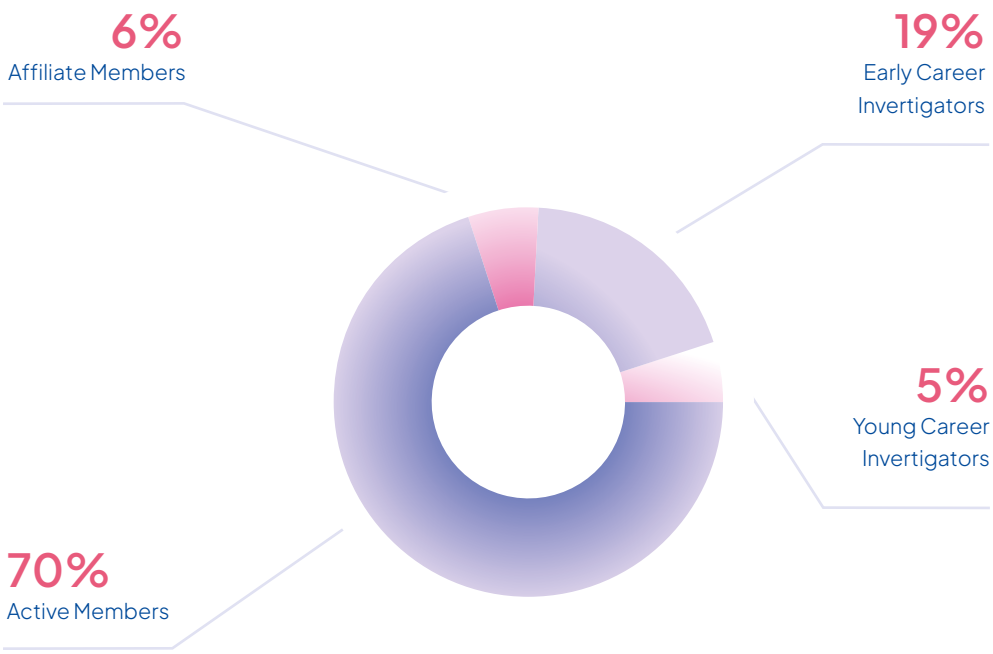
In 2023, our network reached over 3800 members in 58 countries representing 1009 institutions

Independent organisations such as EORTC play a vital role in coordinating and facilitating international collaborative cancer research and treatment efforts.

Through its membership structure, EORTC brings together experts from various fields, enabling the organisation to conduct large-scale clinical trials. This impactful network accelerates the rate of discovery, encourages the standardisation of practices, fosters innovation, and ultimately contributes to better outcomes for cancer patients.

EORTC's member network is structured into groups comprising scientists and clinicians, each focusing on specific areas of cancer research. At EORTC, there are two main types of individual memberships: active and affiliate. Early career investigators are also active members while young career investigators hold affiliate membership.

Membership types



- Active Members can actively engage in EORTC clinical trials, assume leadership roles and have voting rights. They are eligible for active membership only when operating within the EORTC's legal geographical area.
- Affiliate Members can participate to EORTC groups meetings, conferences, and training, but have no voting rights.
- Early Career Investigators are active members with less than ten years of professional experience since their board certification.
- Young Career Investigators are affiliate members in the process of obtaining full qualification in the oncology research area. They require the mentorship of an active member.

EORTC comprises 13 tumour and 3 cross-discipline groups*

BRAIN 668	BREAST 681	CUTANEOUS LYMPHOMA 204	ENDOCRINE 243
GASTRO-INTESTINAL 783	GENITO-URINARY 594	GYNAECOLOGICAL 394	HEAD & NECK 566
LEUKAEMIA 187	LUNG 690	LYMPHOMA 269	MELANOMA 495
SOFT TISSUE & BONE SARCOMA 45	PATHOBIOLOGY 308	PHARMACOLOGY & MOLECULAR MECHANISMS 378	IMAGING 385
QUALITY OF LIFE			

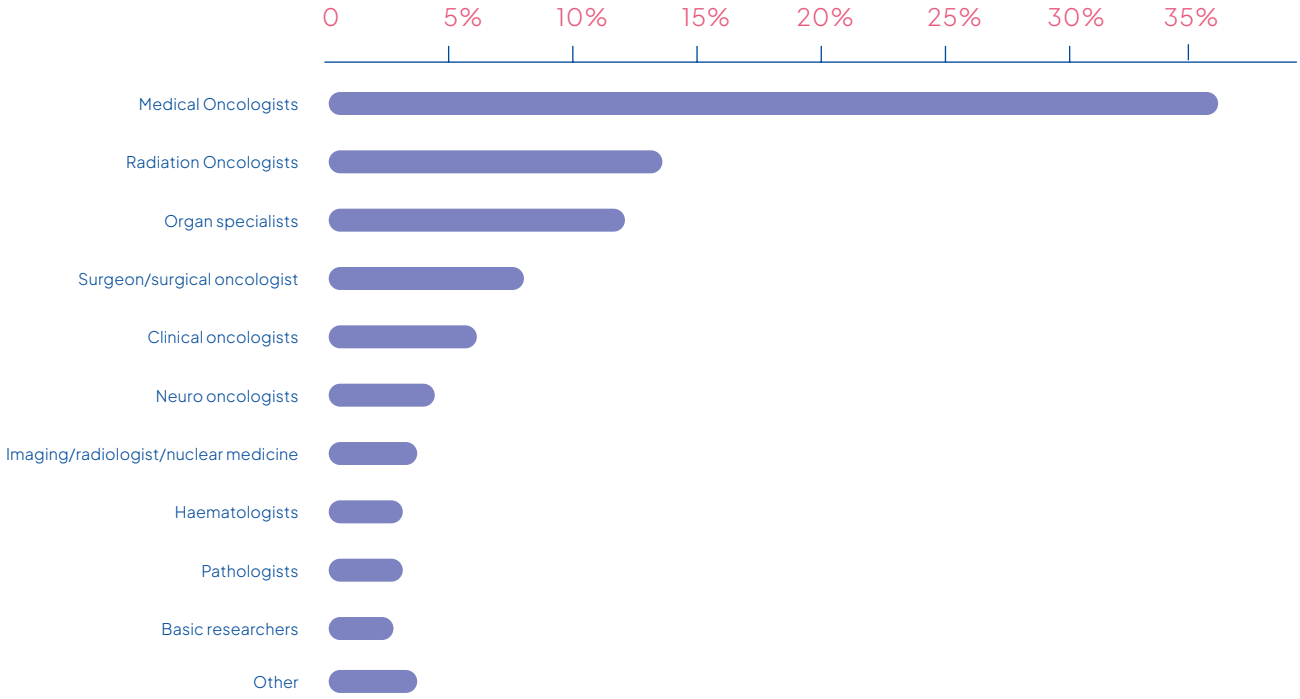
Tumour groups

Cross-discipline groups

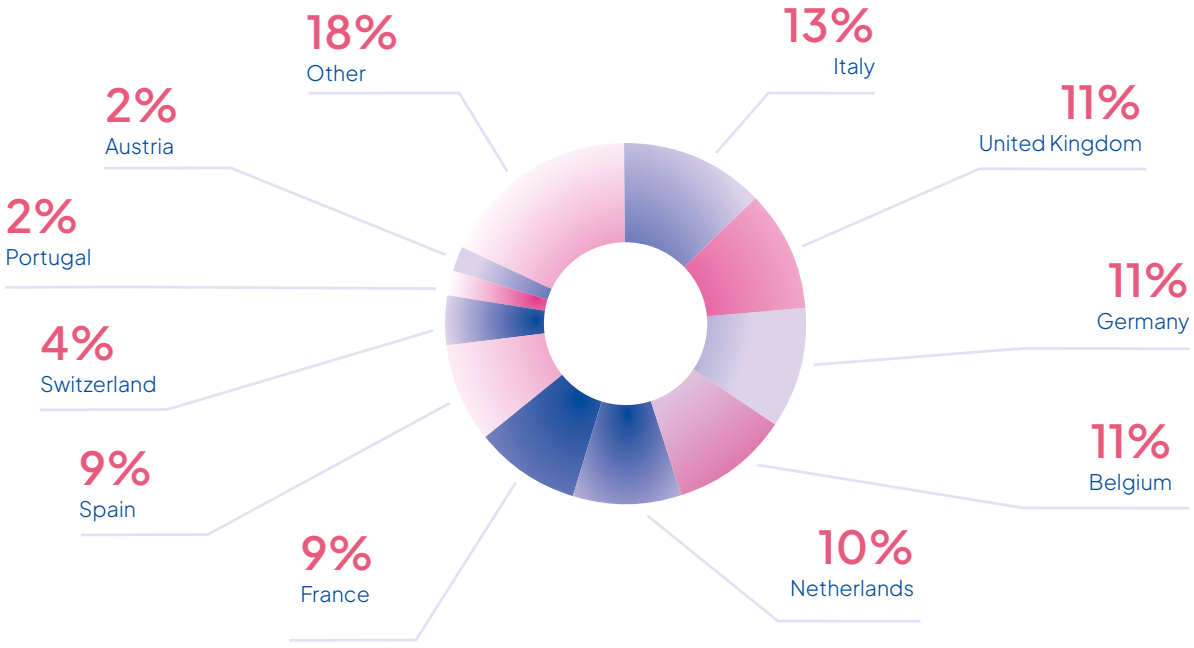
** The table represents the current EORTC disease-oriented groups and the number of members per each group. Individuals can belong to multiple groups.*

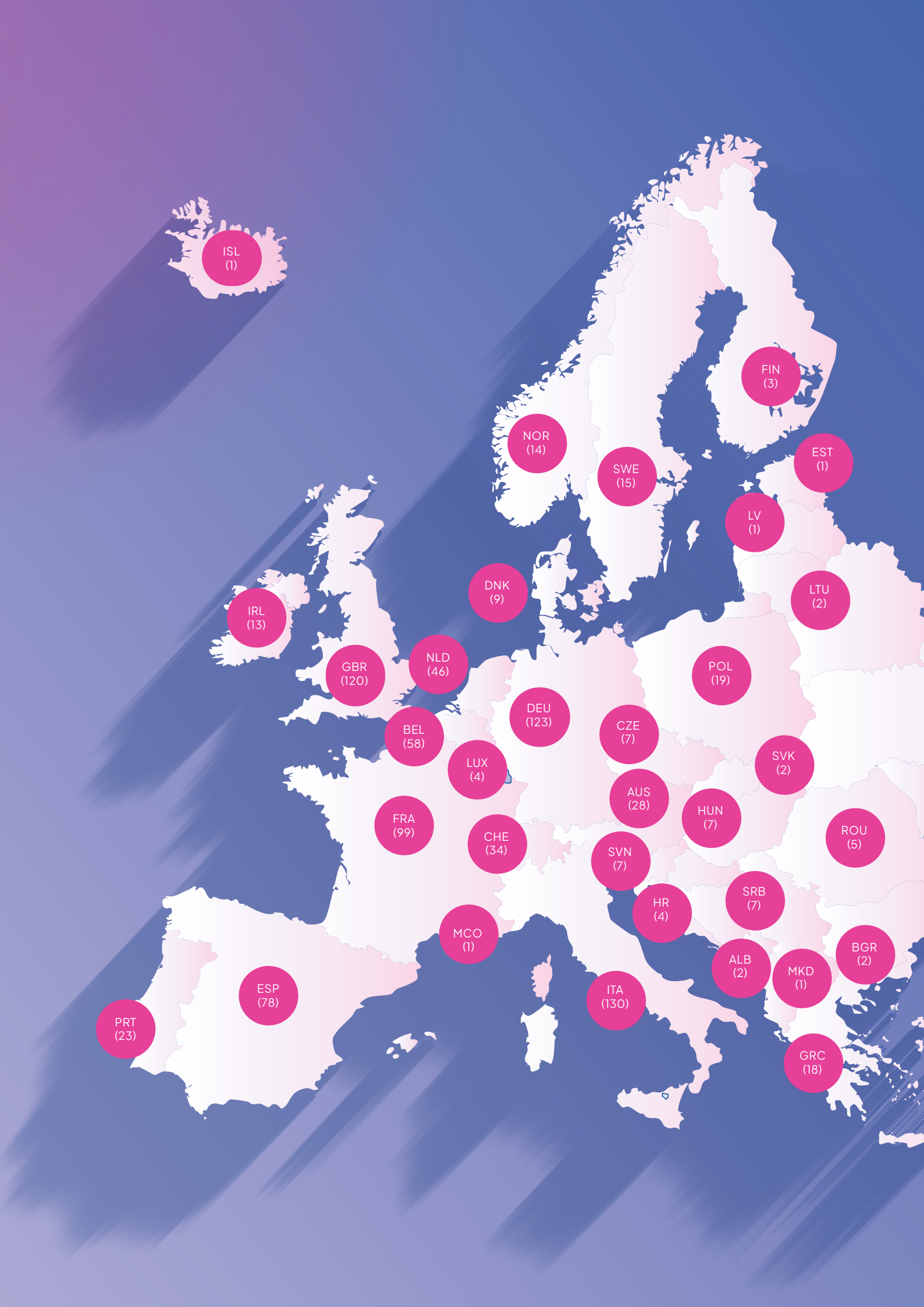
EORTC is a truly multidisciplinary organisation spanning over 30 different disciplines.

Top ten members disciplines



Top ten member's countries




ISL (1)
FIN (3)
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SWE (15)
EST (1)
LV (1)
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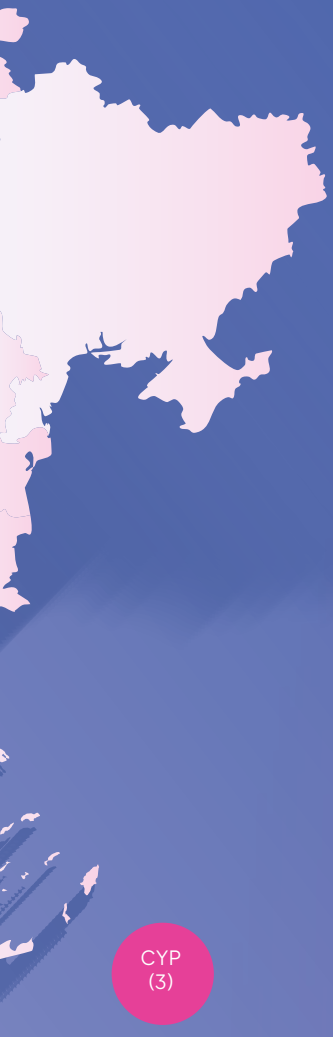
LTU (2)
IRL (13)
GBR (120)
NLD (46)
POL (19)
DEU (123)
BEL (58)
CZE (7)
SVK (2)
LUX (4)
AUS (28)
HUN (7)
FRA (99)
CHE (34)
ROU (5)
SVN (7)
SRB (7)
HR (4)
MCO (1)
BGR (2)
ALB (2)
MKD (1)
ESP (78)
ITA (130)
PRT (23)
GRC (18)

THE EORTC NETWORK COMPRISES INSTITUTIONS FROM AROUND THE WORLD



Affiliated institutions outside Europe

12	Asia
5	Australia
5	Brazil
43	Middle East
34	North America

YOUNG AND EARLY CAREER INVESTIGATORS

At EORTC, we prioritise the development of the new generation of researchers, and we are proud to provide them with ongoing support as they progress in their careers. The EORTC Young and Early Career Investigators (Y-ECIs) community, chaired by Dr Petr Szturz, offers its members outstanding career and research opportunities in both clinical and translational medicine.

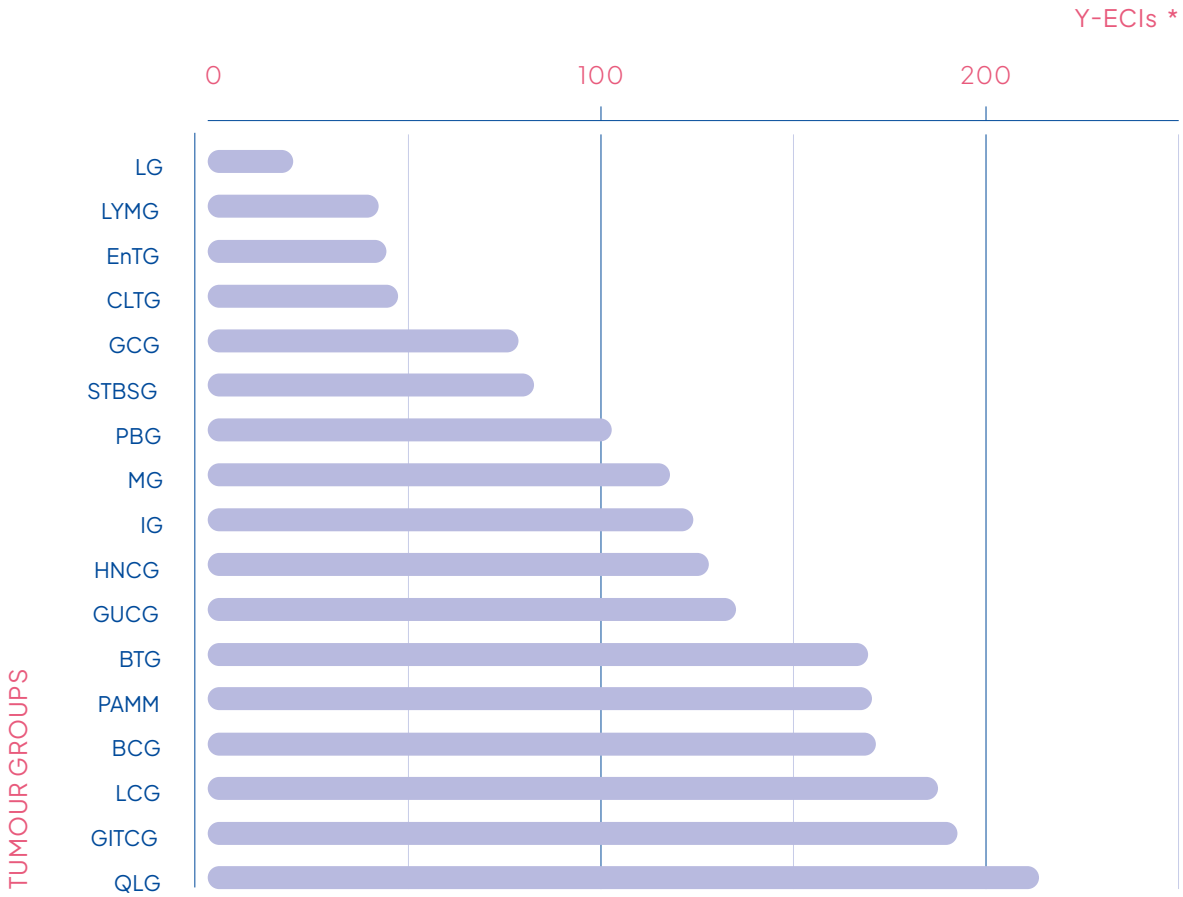
Young Investigators comprise physicians during their specialty training (i.e., before board certification) and other healthcare professionals pursuing MSc or PhD studies. Early Career Investigators are normally board-certified physicians within ten years of specialty qualification, as well as other healthcare professionals holding an MSc degree without subsequent PhD study or those with a PhD title acquired within the past ten years. The Young and Early Career Investigator status is automatically granted to all new members meeting the above-mentioned criteria.

Y-ECI CHAIR
PETR SZTURZ

CENTRE HOSPITALIER
UNIVERSITAIRE VAUDOIS

LAUSANNE, SWITZERLAND

Y-ECI members per each EORTC disease-oriented groups



Why become an Early Career Investigator?

Early Career Investigators who have completed their training are entitled to the same EORTC membership rights as senior colleagues, including voting and eligibility to become study coordinators. Moreover, some Early Career Investigators are already renowned researchers, advanced in their professional careers. It is thus important to stress that their "Early Career" designation does not diminish their scientific achievements. On the contrary, they not only hold full membership status but also additional benefits through the Young and Early Career Investigator community, which are not available to senior members.

What about Young Investigators?

Young Investigators also benefit from most of the advantages linked to the community, and although they are not full members with voting rights, their status is automatically changed to Early Career Investigators as soon as they reach one of the above-mentioned professional milestones

2023 HIGHLIGHTS

2023 has been a fruitful year for our community of Y-ECIs. We have achieved numerous milestones, including publications, abstracts (presented at the ESMO 2023 Congress), the launch of new mentorship programmes, and meetings with lively discussions. These achievements were marked by integration and networking among members.

Highlights of 2023 ECI Training Programme

The 2023 «EORTC mentoring and career development programme for ECIs» was a virtual training programme that was ongoing between September and December 2023. During seven sessions, the attendees had a unique opportunity to understand the EORTC structure, meet renowned experts from EORTC, academic institutions, and industry, professional coaches, and a journal editor to listen, learn, and discuss all the aspects that could bring success to their own ideas.

We received positive feedback from a follow-up survey. All attendees responded they would recommend the programme to a friend and rated the quality of the programme at 4.5/5 on average. One of the attendees wrote: "I appreciate the organisers and speakers for the valuable insights and guidance provided. The EORTC ECI Mentoring & Career Development Programme was a truly enriching experience. Thank you for contributing to my professional growth." We are already looking into developing another programme – stay tuned for more information.

2023 Motivation Survey

In December 2022, we launched a motivation survey for EORTC Y-ECIs in order to better understand their expectations. Until now, we have collected over 220 responses. More than 70% of the respondents would like to take an active role in the Y-ECI community. The majority of Y-ECIs want to be involved in supporting clinical trials, creating surveys and study proposals, and preparing scientific reviews. Some also mentioned wanting to become ambassadors on social media and work on webinars and newsletters.

What this programme brings me is the opportunity to get in close contact with other Y-ECIs throughout Europe. In 2023 we have started two projects on surveys about neoadjuvant treatment in sarcomas and genetic counselling, respectively, that will be ready to launch soon within EORTC STBSG colleagues.

GLORIA MARQUINA

STBSG Y-ECI CHAIR

The EORTC Quality of Life Group Y-ECI group is an amazing community of Y-ECIs motivated to learn about quality of life research, connect with each other, and contribute to improving quality of life for patients with cancer. Collaborating within the Y-ECI group has enabled us to grow our ECI community, build our knowledge in quality of life research, and create valuable opportunities for our members.

JENS LEHMANN

QOL Y-ECI CHAIR

Thanks to Prof. Tombal, I was involved as a co-coordinator in the EORTC-2238 De-Escalate study. This allowed me to take part in the various stages of the study's development: drafting the protocol, approval by the scientific committee, submission to the regulatory bodies and participation in the steering committee. This enabled me to develop a better understanding of how to set up a clinical study, so that I can hopefully develop one myself in a few years' time. It also gave me the chance to take part in various congresses to present the study and meet new people.

GRISAY GUILLAUME

GU Y-ECI SECRETARY AND CO-COORDINATOR OF AN INTERNATIONAL PHASE III TRIAL

EORTC ECOSYSTEM

EORTC positions itself at the forefront of the global clinical cancer research ecosystem. It links with multiple stakeholders to address the full scope of cancer treatment development and access within healthcare systems. EORTC shares advanced opinions on the conduct of multidisciplinary and international clinical trials as well as on how independent clinical research can inform the interests and the needs of involved stakeholders.

OUR POLICY ACTIONS

Advocacy to increase funding of pragmatic clinical trials

EORTC has established numerous dialogues with policymakers, emphasising the crucial role of sustained financial support for independent clinical research that fosters breakthroughs in oncology.

Making treatment optimisation a mandatory step for all new therapies at the European level was the priority of EORTC's public affairs activities in 2023. Our policy recommendations are expressed in the manifesto on treatment optimisation launched in 2019 with the support of key stakeholders. In 2023, we contributed to the revision of the EU pharmaceutical legislation governing access to new therapies in Europe. This was an opportunity to incorporate into the European legal landscape an obligation for drug manufacturers to contribute to independent treatment optimisation research. To help ensure a good reception for EORTC's legal proposal, we increased our interactions with MEPs, European Commission representatives, member states, and with representatives from insurers, payers, patients, and other stakeholder organisations.

As co-chair of the Cancer Medicines Forum (CMF) of the European Medicines Agency (EMA), EORTC remains committed to bridging the gap between efficacy and effectiveness in cancer treatments. Our goal is to develop new policy approaches for conducting studies that address medically relevant questions, such as dose, schedule, duration, combination, and patient populations, ultimately optimising therapeutic strategies based on clinically relevant endpoints for cancer patients. The objective of the CMF is to facilitate the uptake of academic work in regulatory decision-making.

Regulatory engagement

EORTC is committed to improving the European regulatory landscape to make Europe a research-friendly territory. EORTC experts are participating in several EU initiatives addressing the complex European regulatory framework and especially the interplay between the different regulations. Some examples are:

- The Accelerating Clinical Trials in Europe (ACT EU) initiative, aiming to transform how clinical trials are designed and run and to better integrate clinical research in the European health system.

- The COMBINE project, addressing clinical trial sponsors' challenges of compliance with the Clinical Trial Regulation, the In Vitro Diagnostic Regulation and the Medical Devices Regulation.

EORTC is following closely the ongoing trilogue around the draft European Health Data Space Regulation that aims to facilitate the use of clinical data for future research, amongst other goals. There are concerns about potential negative impacts on data holders but also about the overall feasibility of the new regulation.

Patient-centric policies

EORTC recognises the pivotal role that patients play in the entire spectrum of cancer research – from study design to treatment evaluation. In the past year, the organisation has intensified its efforts to incorporate patient perspectives into policy discussions. EORTC collaborated with patient advocacy groups and participated in forums dedicated to ensuring that policies reflect the needs and preferences of those directly affected by cancer. This patient-centric approach aims to enhance the relevance and impact of cancer research outcomes.

International collaborations and partnerships

In order to achieve visibility and to support EORTC's policy actions, EORTC staff contributed to many high profile multistakeholder events including:

- Meetings with the National Competent Authorities on Pricing and Reimbursement and Public Healthcare Payers (NCAPR) in March 2023 in Sweden, and June 2023 in Brussels.
- Meetings with EU DG Health in September 2023 and November 2023 in Brussels.
- Spanish EU Presidency multistakeholder meeting: Shaping a European Innovation System in September 2023 in Madrid.
- European Cancer Summit 2023 on 15–16 November 2023 in Brussels.
- World Cancer Series, Economist Events, on 20–21 September in Brussels.
- Meeting with the Belgian Federal Agency for Medicines and Health Products in December 2023 in Brussels.

Projects involving EORTC groups:

EORTC study 2227: Lomustine with or without re-irradiation for first progression of glioblastoma: a pragmatic randomised phase III study (LEGATO). This pragmatic trial assesses whether the addition of radiation treatment to lomustine chemotherapy has superior efficacy as compared to lomustine chemotherapy alone for treatment of patients with recurrent glioblastoma.

- EORTC study 1809: A pragmatic clinical study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patients with high-risk retroperitoneal sarcoma (STREXIT 2). To validate the added value of neoadjuvant chemotherapy before surgery using high-quality real-world data (STREXIT 2) collected in an observational cohort added under the umbrella of a classical phase III randomised clinical protocol (STRASS 2).

- EORTC study 2238: Intermittent androgen deprivation therapy in the era of androgen receptor pathway inhibitors; a phase III pragmatic randomised trial (DE-ESCALATE). This pragmatic trial evaluates whether intermittent androgen deprivation treatment in metastatic prostate cancer is not inferior to continuous treatment in terms of oncological benefit while minimising side effects and resource utilisation and improving patients' quality of life.
- Towards effective radiation protection based on scientific evidence and societal considerations for radon and NORM (RadoNorm). EORTC is contributing to the SPECTA 1920 BIORADON research project assessing the correlation between the molecular profiles of NSCLC patients and radon exposure.
- Integrated Immunoprofiling of large adaptive cancer patients' cohorts (1828 IMMUcan). This project will generate molecular and cellular profiling data of the tumour and its microenvironment and integrate them into longitudinal clinical data from up to 3000 cancer patients (head and neck, breast, lung, colorectal, renal).
- Setting International Standards in Analysing Patient-Reported Outcomes and Quality of Life Endpoints Data for Cancer Clinical Trials (1558 SISAQOL-IMI). This aims to establish international standards on how to analyse, interpret and report Patient-Reported Outcomes data gathered in cancer clinical trials.
- Quality of Life in Oncology: measuring what matters for cancer patients and survivors in Europe (2211 EUonQOL). The project aims to assess the quality of life and preferences of cancer patients and survivors in the 27 EU member states.

Projects involving only the HQ:

- Next Generation Health Technology Assessment to support patient-centred, societally oriented, real-time decision-making on access and reimbursement for health technologies throughout Europe (1847 HTx)
- Building a value-based healthcare research ecosystem for Adolescents and Young Adults with Cancer (2206 STRONG-AYA)
- Research Infrastructure services to support research addressing cancer (2141 canSERV)
- Imaging Biomarkers for Safer Drugs: Validation of Translational Imaging Methods in Drug Safety Assessment (1656 TRISTAN)
- Optimal treatment for patients with solid tumours in Europe through Artificial intelligence (OPTIMA)
- Prostate Cancer Diagnosis and TreatmeNt Enhancement through the Power of Big Data in EuRope (PIONNER)
- Strengthening research capacities of Comprehensive Cancer Infrastructures (2253 CCI4EU)
- European Joint Programme on Rare Diseases (EJP-RD)

PATIENT INVOLVEMENT

Nurturing relationships with patient partners for more meaningful research outcomes

Integrating patients' voices in EORTC's research

Although in 2023 the level of patient involvement varied from one study to another, patient perspectives helped shape EORTC's research processes, redefine research priorities and improve the quality of patient information sheets and informed consent. Patient reviews were highly appreciated by EORTC medical teams with contributions including reviews of 26 study documents:

- 2 research proposals
- 18 protocol synopses
- 1 protocol
- 5 patient information sheets/ informed consents

Total number of involved patients: 43

A research project dedicated to patient involvement

Nowadays, the growing importance of involving patients and caregivers when conducting oncology research is undeniable. At EORTC, we are not only committed to the development and conduct of high-quality research, but also to exploring new and meaningful ways of incorporating patients' voices in our studies.

One of the research projects, EORTC-QLG-RP-2126, was developed specifically to optimise partnerships with patients and caregivers. Today, we can see a collective effort of specialists with different expertise in the field of oncology and patient advocates who joined forces for two important purposes:

01 *To develop and establish a coherent framework for patient involvement at an organisational level and mechanisms for collaboration with the DOGs and with the Patient Panel of the EORTC HQ.*

02 *To develop specific guidelines for the involvement of patients in the design and coordination of module development studies conducted by the Quality of Life Group and clinical trials with health-related quality of life as an endpoint.*

Patient Panel meeting

The Patient Panel is composed of nine members who meet once a year to discuss matters related to patient involvement at EORTC. This year, to make this meeting more inclusive and diverse, we opened doors to other patient partners who are not necessarily members of the Patient Panel. This was intended to gain new perspectives on meaningful ways of involving patients and caregivers in EORTC cancer research and to learn from each other's experiences. During this gathering, 39 participants discussed many topics, some of which were particularly prominent and took centre stage:

01 *There was consensus on the definition of "partnership". When researchers conduct a study and patients help to develop it, it should be about partnering with professional colleagues – not "us" and "them". While doctors and researchers are better positioned to come up with great questions, patients are better equipped to value those questions and even the outcomes. Therefore, it is about coming together, exchanging and discussing ideas.*

02 *When study results are ready, it is important to make them understandable to the patients and community because some studies change practices that can save patients' lives. For this reason, when presenting study results, we need to make sure we involve patient partners at this stage. Their input can not only help improve the content but also make the dissemination of results truly meaningful.*

03

In order to involve patients in the design of the trial, they should first be educated. Patient education can be seen as a pathway to informed health decisions and result in improved health outcomes.

Renewed patient involvement webpage

This year, EORTC has also succeeded in the redevelopment of a webpage dedicated to patient involvement. Our main intention was to illustrate the relationship between patients-members of the EORTC Groups and the Patient Panel. Also, improved content and a more user-friendly design will allow patients to choose the type of activity they want to contribute to and the group they are interested in.

Since the launch of the new version of the website, 12 patients have expressed their interest in several EORTC Groups.

More information can be found here: www.eortc.org/patient-involvement/

EORTC Patient Days 2024

EORTC looks forward to the 7th edition of EORTC Patient Days. It will be the first virtual edition of this training course designed specifically for patients, caregivers, and patient advocates. More information at https://www.eortc.org/patientdays.

EVENTS

CLINICAL TRIAL STATISTICS FOR NON-STATISTICIANS

13–16 June
Brussels, Belgium

The EORTC course "Clinical Trial Statistics for Non-Statisticians", held in Brussels from June 13 to June 16, 2023, received enthusiastic participation from 77 attendees (comprising 61 participants and 16 speakers). Most participants were from Europe; however, we also had representation from as far away as the USA, Canada, and Australia.

This annual course aims to equip non-statisticians and statisticians new to clinical trials with essential statistical knowledge. Attendees gained insights into trial design, analysis, and scientific appraisal. The event's success underscores its role in fostering multidisciplinary collaboration and enhancing clinical research practices.

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I thought it was an excellent course. I found the workshops a really helpful way to use the knowledge learnt

2023 PARTICIPANT

Interested in future EORTC events?

www.eortc.org/events

MCCR

17–23 June
Sint-Michielsgestel, Netherlands

The 2023 Methods in Clinical Cancer Research Workshop (MCCR) was a week-long course designed to educate and train early career investigators in the best practices of clinical trial design. It provides access to experienced clinical investigators from diverse institutions with expertise across all areas of clinical research.

Once again, the Workshop met its learning objectives with fellows acquiring the principles of good study design. All 80 fellows completed and submitted their final protocol, and the implementation of this (when the fellows go back to their institutes) will be followed over five years. The assessment of the programme was once again outstanding, and the participants seemed to be a very appreciative group.

The Workshop's ability to draw participants and faculty from diverse multidisciplinary backgrounds continues. This broad representation ensures that young oncology investigators receive comprehensive education on best practices in clinical research. By equipping them with the latest methodologies and approaches, the Workshop empowers these future researchers to contribute significantly to the continued improvement of cancer patients' survival rates and overall quality of life. The collaborative environment fostered by the Workshop's community fuels innovation and drives progress in the field of oncology.

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Faculty were so generous in sharing their wisdom and knowledge to not only help with protocols but also with our future careers. Everyone was so kind, welcoming, and hard-working, which made for a great week of learning. So inspiring!

2023 PARTICIPANT

PINK OCTOBER WEBINAR

10 October
Online

On Tuesday 10 October 2023, we hosted our annual, free, one-hour Pink October Webinar in partnership with the Breast International Group (BIG). More than 200 people registered for the event. This year's theme, "Overcoming the challenges of funding academic breast cancer research," welcomed all interested individuals seeking insight into the financing and associated issues of breast cancer research. The distinguished speakers for this edition were:

- David Cameron, MD, PhD
- Theodora Goulioti, MD
- Vassilis Golfinopoulos, MD, PhD
- Ines Vaz Luis, MD, PhD

//

As we delve into the world of cancer research and funding challenges, it's essential to understand why research costs are so high. By understanding the cost drivers and the significant challenges we face, EORTC and BIG can pave the way for more effective strategies in funding and conducting academic breast cancer research.

VASSILIS GOLFINOPOULOS

MD, PHD EORTC HEADQUARTERS DIRECTOR

ECI PROGRAMME

September-December
Online

Career development of young professionals in oncology has been one of the priorities of EORTC, and we were delighted to host a new CME accredited Mentoring and Career Development Programme for Early Career Investigators which launched online in September 2023.

We offered 57 participants a unique opportunity to understand the EORTC structure, meet renowned experts from EORTC, academic institutions, industry, professional coaches, and a journal editor in seven separate live sessions. This programme will be developed further and repeated in 2024.

EORTC GROUPS

Brain Tumour Group

OUR MISSION

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

Matthias Preusser
CHAIR

Medical University of Vienna, Austria

Emilie Le Rhun
SECRETARY

University Hospital Zurich, Switzerland

Giuseppe Minniti
TREASURER

Policlinico Umberto I Rome, Italy

KEY RESULTS

- Long-term follow-up analysis of MIRAGE Trial 1 found that Marizomib did not improve PFS or OS and was associated with higher toxicity than standard of care treatment in patients with newly diagnosed glioblastoma.

- Final analysis of STEAM Trial 2 showed that a TG02 maximum tolerated dose could be identified for the two cohorts of elderly patients with newly diagnosed glioblastoma. TG02 did not show activity in patients with recurrent glioblastoma.

- Long-term follow-up analysis for EORTC 26951 and RTOG 9402 showed similar long-term survival even without tumour recurrence in a significant proportion of patients after first-line treatment with radiotherapy/PCV.

- Start of recruitment for the academic 1634 Personalised Risk-Adapted Therapy in Post-Pubertal Patients with Newly Diagnosed Medulloblastoma (PersoMed-I 3) study and finalisation of EORTC-2013 prospective and retrospective registry on rare primary brain tumours for activation.

- EU Horizon Europe funding granted to the pragmatic trial LEGATO on re-irradiation combined with lomustine vs. lomustine alone at first progression of glioblastoma.

  Active mentoring and career development of eight young neuro-oncologists.

- Published the results of several secondary analyses using clinical, molecular, pathology, radiomics, neurocognitive and quality of life data from our many previous clinical trials or existing collaborations.

Marjolein Geurts

YOUNG - EARLY CAREER INVESTIGATORS REPRESENTATIVE

Erasmus MC Cancer Institute, Rotterdam, Netherlands

629

Members

Breast Cancer Group

OUR MISSION

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

Michail Ignatiadis
CHAIR

Institut Jules Bordet
Brussels, Belgium

Frederieke van Duijnhoven
SECRETARY

The Netherlands Cancer Institute (NKI)
Amsterdam, Netherlands

Monica Arnedos
TREASURER

Institut Bergonié
Bordeaux, France

KEY RESULTS

- Completed accruals of the EORTC-1745–BCG-ETF APPALACHES phase II trial in October 2022. This trial aims to examine the role of Palbociclib in combination with endocrine therapy as adjuvant systemic treatment instead of chemotherapies regimen in older patients with early breast cancer. A safety Interim analysis was performed in 2023, and the primary endpoint analysis is planned in 2025.

- The EORTC-2129–BCG TREAT ctDNA phase III trial was opened for recruitment in December 2023 and will screen 1 960 patients to randomise 220. This trial aims to evaluate the role of elacestrant in decreasing distant relapses in ER+/HER2– patients with ctDNA relapse five years or more from the start of endocrine treatment.

- Co-developed the EORTC-2237–BCG-QLG pragmatic randomised controlled trial with the Quality of Life (QoL) Group to evaluate the improvement of QoL through supportive treatments for hormone therapy-related musculoskeletal symptoms in women with early breast cancer. The launch is planned for 2024.

- Development of the EORTC-2257–BCG OPTimal study to prospectively demonstrate that chemotherapies can be safely omitted in patients with an early stage of triple negative breast cancer and high TILs score determined at the time of diagnosis. Approved by the EORTC Protocol Review Committee (PRC) on 31st March 2023. Exploring more funding options is ongoing.

- Published the results of several secondary analyses using clinical, molecular, and quality of life data from clinical trials or existing collaborations.

- Developed the NELDERLY trial in which the effectiveness of neoadjuvant vs adjuvant systemic therapies in elderly patients is assessed. The proposal was submitted for EU-HORIZON funding and has been selected for phase 2 of the grant submission, for which the deadline is April 11th, 2024.

Ioannis Zerdes
Y-ECI REPRESENTATIVE

Karolinska University Hospital
Stockholm, Sweden

681
Members

Cutaneous Lymphoma Cancer Group

OUR MISSION

Cutaneous lymphomas are rare cancers that require a widely distributed, multidisciplinary network to effectively diagnose, treat and study. The EORTC Cutaneous Lymphoma Tumour Group (CLTG) focuses on testing new agents in collaboration with industry and translational researchers. They regularly engage in prospective research for prognostic index development.

Julia Scarisbrick
CHAIR

UHB-Queen Elizabeth Medical Centre
Birmingham, UK

Evangelia Papadavid
SECRETARY

Attikon University General Hospital
Athens, Greece

Emmanuella Guenova
TREASURER

Hospital Beaumont Du CHUV
Lausanne, Switzerland

KEY RESULTS

- Successful set-up and start of recruitment of the EORTC-1820– CLTG MOGAT, a phase II trial to assess the efficacy and safety of sequential treatment of the anti-CCR4 antibody mogalizumab and Total Skin Electron Beam Therapy for patients with early-stage mycosis fungoides.

- Continuation of the collaboration in EuroFlow, a consortium of more than 20 diagnostic research groups in the fields of flow cytometric and molecular diagnostics. The aim is to better define and quantify blood involvement and develop an improved diagnostic test for Sézary syndrome.

- Survey work on plaque definition in mycosis fungoides where there is currently no objective measure, was published in the Journal of the European Academy of Dermatology and Venereology[1], and further study is under preparation to better define clinicopathological and molecular features of plaques in mycosis fungoides.

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

- Translational research was conducted using paired blood and skin biopsies from patients in the EORTC-1652–CLTG PARCT trial to study how the tumour microenvironment responds to PD-L[1] blockade. Initial findings have been incorporated in the upcoming primary study manuscript, together with the key clinical results from the trial.

- In collaboration with EORTC Quality of Life (QoL) department, the development of a comprehensive quality of life (QoL) questionnaire for patients with cutaneous lymphoma for a more accurate assessment of the impact of QoL in patients with skin lymphomas.

- Hosted a group meeting in Leiden dedicated to new trial ideas and designs. Together with the meeting, an international congress on cutaneous lymphoma was organised and brought together more than 300 participants.

[1] *Quaglino P et al. (2023). Identifying unmet needs and challenges in the definition of a plaque in mycosis fungoides: An EORTC-CLTG/ISCL survey. Journal of the European Academy of Dermatology and Venereology.* ***https://doi.org/10.1111/jdv.18852***

Jan
Nicolay
Y-ECI REPRESENTATIVE

University Hospital Mannheim
Mannheim, Germany

204
Members

Endocrine Tumours Group

OUR MISSION

The EORTC Endocrine Tumours Group (EnTG) conducts comprehensive clinical and translational research on thyroid cancers (TCs), spanning from diagnosis to advanced cases. Involving surgeons, nuclear medicine physicians, biologists, quality of life experts, and others in its research group, it strives to connect scientific societies and collaborative groups across Europe, including the European Thyroid Association and EURACAN. This extends to the ITOG (International Thyroid Oncology Group), to bridge the therapeutic gap between European and American thyroid cancer patients.

Laura Locati
CHAIR

Istituti Clinici Scientifici Maugeri
Pavia, Italy

Christelle De La Fouchardière
SECRETARY

Institute Paoli-Calmettes
Marseille, France

Marek Dedecjus
TREASURER

Maria Sklodowska-Curie National Research Institute of Oncology (MSCNRIO)
Warsaw, Poland

KEY RESULTS

- Exploiting the trans disease-oriented groups collaboration with the QoL group, two clinical trials were granted in 2023:
  - EORTC-2234-EnTG-QLG: PhIT-TC: Pre-habilitation as an integrative part of primary treatment for thyroid carcinoma: effect on quality of life. This is a first-ever pre-habilitation study at EORTC, we expect to collect evidence in a new field of oncology where the evidence is currently very poor.
  - EORTC-2324-QLG-EnTG LoQoT: Long-term quality of life and late toxicity in thyroid cancer survivors. This study would address how thyroid cancer survivors experience their disease-specific QoL and what toxicities they suffer from with the employment of specific questionnaires such as EORTC QLQ-C30; EORTC QLQ- THY34; EORTC QLQ SURV100.

- Publishing a paper[1] on the current picture of anaplastic thyroid cancer patients' care and meetable needs. Anaplastic thyroid cancer (ATC) management still represents a huge unmet need in Europe. This emerged clearly from a survey that the Endocrine Task Force has launched with the Head & Neck Group, involving 94 Institutions from 20 countries (including UK, Egypt and Israel). No approved drugs are available for ATC and the access to molecular tests is limited in several European countries. BRAF was tested in about 81% of the cases, in 43% with a next generation sequencing test; clinical trials are available in 14% of the hospitals and 91% of physicians claim for clinical trials in ATC.

- Publishing a consensus[2] on the management and shared decision making (SDM) of low risk microcarcinoma based on the scientific evidence.

- Starting research on inequities in access to thyroid cancer care in Europe, in particular regarding a uniform definition of remission in patients with differentiated thyroid cancer.

[1] *Locati LD et al. (2023). Current picture of anaplastic thyroid cancer patients' care and meetable needs: A survey of 94 Institutions from the EORTC Endocrine and Head and Neck Cancer Groups. European Journal of Cancer.* ***https://doi.org/10.1016/j.ejca.2022.12.002***

[2] *Koot A et al. (2023). Position paper from the Endocrine Task Force of the European Organisation for Research and Treatment of Cancer (EORTC) on the management and shared decision making in patients with low-risk micro papillary thyroid carcinoma. European Journal of Cancer.* ***https://doi.org/10.1016/j.ejca.2022.11.005***

Elena Colombo
Y-ECI REPRESENTATIVE
Istituto Nazionale dei Tumori
Milan, Italy

Tiago Nunes da Silva
Y-ECI REPRESENTATIVE
Instituto Português de Oncologia de Lisboa Francisco Gentil (IPO), Lisbon, Portugal

204
Members

Gastro-Intestinal Tract Cancer Group

OUR MISSION

The EORTC Gastro-Intestinal Tract Cancer Group (GITCG) focuses on expanding knowledge of the genetic, epigenetic and immunologic backgrounds of gastrointestinal tumour disease. Clinical trials focus on preclinical to clinical interaction and integrating early drug development while ensuring that new aspects of tumour biology are investigated with appropriate technology.

Markus Moehler
CHAIR

University Medical Center
Mainz
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KEY RESULTS

- Results of the primary analysis and first results of the translational research of the EORTC-1707–GITCG VESTIGE study on adjuvant immunotherapy in patients with resected gastric cancer following preoperative chemotherapy were presented at the 2023 ESMO World Congress on Gastrointestinal Cancer congress. Final translational analysis is being completed and it is anticipated that the results will be presented at ESMO 2024 with concurrent publication in a high-impact journal.

- Results of the main analyses of the EORTC-1203–GITCG INNOVATION study on the use of two monoclonal antibodies with standard chemotherapy for HER-2 positive stomach cancer were presented at the 2023 ESMO World Congress on Gastrointestinal Cancer Congress and the 2023 ASCO congress (oral presentation and poster presentation, respectively).

- Results of the EORTC-1560–GITCG ILOC study on immunotherapy in combination with local tumour ablation in patients with colorectal cancer liver metastases were presented as a poster at the 2023 ASCO GI congress.

- The results of the EORTC-1409–GITCG/ESSO CLIMB study, which assessed postoperative complications in borderline resectable metastatic colorectal liver metastases, were published in the European Journal of Surgical Oncology[1]. The EORTC-1423–IG-GITCG EVIDENCE study on MRI apparent diffusion coefficient (ADC) as a biomarker of tumour response in patients with hepatic metastases from colorectal cancer was performed in collaboration with the EORTC Imaging Group and its results were published in Cancers[2].

- The Young and Early Career Investigators programme awards selected translational research projects with a grant. Five projects were selected in 2023. Two projects from the previous years were published in 2023:
  - A research project on survival outcomes in patients with liver metastases from gastric and esophago-gastric junction cancer in the European Journal of Cancer[3].
  - A research project on spatial characterisation of immune microenvironment from early onset metastatic colorectal cancer in Cancer Research[4].

- An in-depth article on early-onset GI cancer appeared in Cancer Discovery[5].

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Members

[1] *Collienne M et al. (2023). EORTC 1409 GITCG/ESSO 01 - A prospective colorectal liver metastasis database for borderline or initially unresectable diseases (CLIMB): Lessons learnt from real life. From paradigm to unmet need. European Journal of Surgical Oncology.* ***https://doi.org/10.1016/j.ejso.2023.107081***

[2] *Jackson A et al. (2023). MRI Apparent Diffusion Coefficient (ADC) as a Biomarker of Tumour Response: Imaging-Pathology Correlation in Patients with Hepatic Metastases from Colorectal Cancer (EORTC 1423). Cancers.* ***https://doi.org/10.3390/cancers15143580***

[3] *Kroese TE et al. (2023). Liver oligometastatic disease in synchronous metastatic gastric cancer patients: a nationwide population-based cohort study. European Journal of Cancer.* ***https://doi.org/10.1016/j.ejca.2022.11.011***

[4] *Thyagaraja Nagaraju et al. (2023). Abstract 6770: Spatial characterization of immune microenvironment from early onset metastatic colorectal cancer (EOmCRC) showed a dual prognostic role for IDO1 expression. Cancer Research.* ***https://doi.org/10.1158/1538-7445.AM2023-6770***

[5] *Ben-Aharon et al. (2023). Early-Onset Cancer in the Gastrointestinal Tract Is on the Rise—Evidence and Implications. Cancer Discovery.* ***https://doi.org/10.1158/2159-8290.CD-22-1038***

Genito -Urinary Cancers Group

OUR MISSION

The EORTC Genito-Urinary Cancers Group (GUCG) focuses on treating cancers of the urinary tract and male reproductive system. The group has conducted a think tank exercise to review its research agenda for bladder and kidney cancers, while further developing its agenda for other organs such as prostate cancer.

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KEY RESULTS

Prostate Cancer

- The EORTC Genito-Urinary Cancers Group has been conducting three studies in prostate cancer. The first one, EORTC-1414–GUCG-ROG Pegasus, addresses LHRH agonists versus antagonist degarelix in patients with high-risk prostate cancer treated with radiotherapy and two to three years of hormone therapy. The second one, EORTC-1333–GUCGPEACE III, compares enzalutamide vs. a combination of Ra223 and enzalutamide in asymptomatic or mildly symptomatic castration-resistant prostate cancer patients metastatic to bone. The third one, EORTC-1532–GUCG, addresses darolutamide monotherapy in prostate cancer patients.
- New studies are being developed building on this agenda. EORTC-2391–GUCG ESCALATE-RT is a phase III randomised study of darolutamide (or enzalutamide) with or without salvage metastasis-directed therapy in high-risk hormone-sensitive prostate cancer with rising PSA after local therapy.
- EORTC-2238–GUCG De-Escalate will revisit the concept of intermittent androgen deprivation therapy (ADT) in patients with a profound PSA response after six to 12 months of modern intensified ADT and one of the registered Androgen Receptor Pathway Inhibitors (ARPI).

Testicular Cancer

- The group has published an update of the IGCCCC consensus[1].
- The group is waiting for the results of the EORTC-1407–GUCG TIGER trial. Discussions are underway to plan the next trial.
- A think -tank was organised in 2023 at EORTC HQ, gathering experts in the field to discuss bladder and renal cell carcinoma. Several studies are emerging from this think tank.

Bladder cancer

- EORTC-2335– GUCG BRACE is an open-label, single-arm, multicentre phase II trial to revisit the role of radiotherapy in BCG-unresponsive NMIBC.
- EORT-2379 MINERVA will look at the benefit of a single instillation vs. observation of chemotherapy for preventing bladder recurrence after endoscopic surgery of upper tract urothelial carcinoma. Other projects in preparation will attempt to address muscle-invasive bladder cancer to better characterise the response to neoadjuvant treatment by incorporating advanced imaging and blood ctDNA, as well as proposing dose-de-escalation studies.

Renal cell carcinoma (RCC).

EORTC-2361–GUCG RENALUT is a phase II study that will test the radioligand 177Lu-PSMA-617, a drug recently approved for the treatment of prostate cancer in metastatic RCC progressing on a first line of IO/TKI agent.

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[1] *Lauritsen J et al. (2023). Outcomes of relapsed clinical stage I versus de novo metastatic testicular cancer patients: an analysis of the IGCCCG Update database. British Journal of Cancer.* ***https://doi.org/10.1038/s41416-023-02443-3***

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Members

Gynaecological Cancers Group

OUR MISSION

The EORTC Gynaecological Cancer Group (GCG) is dedicated to enhancing clinical practices in the field of ovarian, cervical, uterine, and vulvar cancer. Its focus includes identifying clinically relevant predictive factors for precision therapy, improving clinical outcomes and quality of life, and tailoring clinical trials to integrate these key elements. Additionally, we actively encourage and support clinical trials in rare cancers within gynaecological oncology. Our strength lies in spearheading and coordinating multidisciplinary, investigator-initiated, and practice-changing clinical trials in the field of gynaecological oncology.

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Judith Kroep
SECRETARY

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Leiden, Netherlands

Antonio Casado Herráez
TREASURER

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KEY RESULTS

- Published the results of the EORTC-55994–GCG study on neoadjuvant chemotherapy followed by surgery versus chemoradiation in stage IB2–IIB cervical cancer in the Journal of Clinical Oncology[1]. This publication is the crowning achievement of an academic multidisciplinary trial. More publications from this study on quality of life and translational research are expected in 2024.

- The group completed the recruitment of the EORTC-1514 -QLG-GCG study on the impact of clinical follow-up on gynaecological cancer survivors. This study is an intergroup collaboration with the EORTC Quality of Life group. Despite suspending recruitment due to the COVID-19 pandemic, it recruited 1,100 patients from 18 institutions, and the results are expected to be published in 2024.

- Next year will also see the results from the EORTC-1508 -GCG trial, previously presented and published at the 2021 ESMO congress. Including results from translational research analysis made possible with an award-winning grant from Roche to identify biomarkers of clinical benefit.

- A poster on progression-free survival as an acceptable surrogate endpoint for chemo-immunotherapy combinations in cervical carcinoma won the best poster award at ESMO-Immuno-Oncology 2023. This was an EORTC GCG Young Investigators study and is testament to the group's dedication to the mentoring and career development of its young investigators.

- The GCG remains involved in several international collaborations, such as the Gynaecological Cancer InterGroup (GCIG), to set the standard for international recommendations.

[1] *Kenter GG et al. (2023). Randomized Phase III Study Comparing Neoadjuvant Chemotherapy Followed by Surgery Versus Chemoradiation in Stage IB2–IIB Cervical Cancer: EORTC-55994. Journal of Clinical Oncology.* ***https://doi.org/10.1200/JCO.22.02852***

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Head & Neck Cancer Group

OUR MISSION

The EORTC Head & Neck Cancer Group's (HNCG) 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 areas of focus, along with pre-neoplastic lesions, salivary gland cancers, sinonasal cancer and recurrent and/or metastatic cancer.

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Silke Tribius
CHAIR-ELECT

Hermann-Holthusen-Institut für
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Christian Simon
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KEY RESULTS

- The EORTC-2120–HNCG RAVINA trial, focusing on radiotherapy plus xevinapant or placebo in older patients with locally advanced head and neck squamous cell carcinoma, was successfully initiated in November 2023, and the inclusion of the first patient in December 2023 marks a promising start to the study.

- The group proudly presented Cohort B1 results from the EORTC-1559–HNCG UPSTREAM trial at ASCO 2023, and Cohort I2 results were successfully shared at ESMO 2023. The trial was closed in 2023. This trial has paved the way to valuable insights and advances in understanding the molecular biology of this disease.

- The decision was made to prematurely close the EORTC-1740–HNCG trial, driven by the availability of new data. It was done ensuring sufficient patient inclusion to maintain statistical power and enhance the overall quality of the study.

- The EORTC-1420–HNCG-ROG Best Of study addressing radiotherapy or surgery in patients with T1–T2, N0–N1 oropharyngeal, supraglottic carcinoma and with T1, N0 hypopharyngeal carcinoma is about to complete recruitment. The EORTC-1206–HNCG trial final report investigating androgen deprivation therapy (ADT) in recurrent/metastatic salivary gland cancer trial has been issued.

- The group has promoted and encouraged Young and Early Career Investigators (Y-ECIs) to play a dynamic role in discussions and trial management. Y-ECIs are given opportunities as trial coordinators, principal investigators, and sub-investigators, with allocated resources for creating webinars, newsletters, and surveys.

- The group is engaged in close collaboration with several pharmaceutical companies to discuss their strategic plans and initiate meaningful collaborations. Regular meetings are held to foster the development of future projects.

- The group is highly involved in translational research through IMMUCan and SPECTA to better understand the head and neck tumour microenvironment. An abstract has been presented at the ESMO Immuno-Oncology Congress 2023 in Geneva, Switzerland. In addition, this year, we have published the translational research of the EORTC-90111 trial (window study with afatinib) in Clinical Cancer Research.

- The group is designing several new trials investigating new approaches as well as innovative technologies.

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566
Members

Imaging Group

OUR MISSION

The EORTC Imaging Group's (IG) multidisciplinary research and collaborative efforts advance scientific and clinical value across all imaging modalities. Continuous improvement of lesion detection and treatment response assessment, as well as the definition of optimal imaging tools in the wide variety of cancers and their different stages, are the main focus of the Group. Members promote the use of advanced techniques including translatable quantitative biomarkers, radiomic analyses and artificial intelligence to interrogate biologically driven questions. Specific interests involve the successful delivery of therapy and image-guided treatment, including theranostics. Members are radiologists, nuclear medicine physicians and scientists interested in medical imaging.

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VICE-CHAIR

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Brussels, Belgium

Lioe-Fee de Geus-Oe
SECRETARY

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KEY RESULTS

- In collaboration with the EORTC Breast Cancer Group, the Imaging Group elaborated and published a recommendation paper[1] dedicated to the management of the oligometastatic stage in breast cancer, based on a Delphi Method[2] approach initiated in 2021.

- In collaboration with the EORTC Head and Neck Group and Unicancer, we built, validated and published[3] an [18F]-FDG PET radiomic model to predict overall survival in patients with head and neck squamous cell carcinoma.

- The Group hosted plenary meetings featuring keynote lectures. At the autumn meeting, lectures were given on assessment of lesion response in metastatic prostate cancer, by world-renowned experts from the radiological (Prof. A. Padhani) and nuclear medicine fields (Prof. W. Fendler).

- The Group is active within the European Imaging Biomarkers Alliance (EIBALL) to update the Imaging Biomarkers inventory hosted on the European Society of Radiology website.

- The Steering Committee members have participated in many consensus panels and international meetings (EANM Focus 5[4], ECR[5], ESTRO[6], MCCR[7], ABC 7[8], EMUC[9], ESMIT[10], ESMO[11], and EAU23[12]), giving EORTC visibility and underscoring its strong links with major authoritative societies in oncology and medical imaging.

[1] *Pasquier D et al. (2023). Designing clinical trials based on modern imaging and metastasis-directed treatments in patients with oligometastatic breast cancer: a consensus recommendation from the EORTC Imaging and Breast Cancer Groups. The Lancet Oncology.* ***https://doi.org/10.1016/S1470-2045(23)00286-3***

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

[3] *Noortman WA et al. (2023). Development and External Validation of a PET Radiomic Model for Prognostication of Head and Neck Cancer. Cancers.* ***https://doi.org/10.3390/cancers15102681***

[4] *European Association of Nuclear medicine*

[5] *European Congress of Radiology*

[6] *The European Society for Radiotherapy and Oncology*

[7] *Workshop on Methods in Clinical Cancer Research*

[8] *Advanced Breast Cancer Consensus Conference*

[9] *European Multidisciplinary Congress on Urological Cancers*

[10] *European School of Multimodality Imaging & Therapy*

[11] *European Society for Medical Oncology*

[12] *European Association of Urology Annual Congress*

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385
Members

Leukaemia Group

OUR MISSION

The EORTC Leukaemia Group (LG) focuses on improving outcomes for adult patients with acute leukaemia or related haematologic malignancies, such as myelodysplastic syndromes or myeloproliferative disorders. Members undertake clinical trials, including large standard practice-changing phase III studies. One of its hallmarks is its strong translational research programme, that, for example, optimises epigenetic therapy and standardises minimal residual disease assessments in acute myeloid leukaemia or myelodysplastic syndromes to improve treatment stratification at diagnosis, treatment monitoring and optimisation. With the Quality of Life Group, members engage in survivorship studies that leverage the large number of patients already included in past phase III clinical trials.

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CHAIR ELECT

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Heiko Becker
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KEY RESULTS

- Completed the primary analysis and follow-up of the EORTC-1301–LG AML21 phase III trial on the comparison of 10–day decitabine versus standard "3+7" chemotherapy in first-line treatment of patients with acute myeloid leukaemia. Results were published in October 2023 in The Lancet Haematology[1]. Quality of life results are expected to be published in 2024.

- Translational projects embedded in this large phase III study are still ongoing. Among these, one project on the detection of minimal residual disease was presented at the Amercian Society of Hematology 2023 meeting, and the manuscript is under preparation.

- Results of a survivorship project to understand and improve long-term outcomes for acute myeloid leukaemia patients as part of the RP-1479–LG SPARTA trial, were presented at the ASH 2023 meeting and the manuscript is under preparation.

- Engaged in the HARMONY Innovative Medicines Initiative which gathers, integrates, and analyses patient-derived data from diverse sources as part of the Big Data for Better Outcomes programme.

[1] *Lübbert M et al. (2023). 10–day decitabine versus 3 + 7 chemotherapy followed by allografting in older patients with acute myeloid leukaemia: an open-label, randomised, controlled, phase 3 trial. The Lancet Haematology.* ***https://doi.org/10.1016/S2352-3026(23)00273-9***

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Members

Lung Cancer Group

OUR MISSION

The EORTC Lung Cancer Group (LGC) aims to challenge, redefine and develop standards of care in all stages of lung cancer from early stage to locally advanced and metastatic disease. This extends to rare thoracic cancers such as malignant pleural mesothelioma, thymic malignancies and large cell neuroendocrine cancers. There is a particular focus on the conduct of pragmatic trials and (de)intensification of treatments in the era of immunotherapy and the advent of circulating tumour DNA as predictive biomarkers. Projects are designed to integrate disciplines such as imaging, translational research and quality of life. The Group also promotes the engagement of Young and Early Career Investigators in its projects and clinical activities.

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KEY RESULTS

- During 2023, the LCG identified the need to develop a uniform definition of resectability in stage III Non-Small Cell Lung Cancer (NSCLC) within clinical trials. The initiative consisted of three parts:
  - a systematic literature review.
  - an international survey on current clinical practice.
  - a multidisciplinary discussion of stage III NSCLC clinical cases.

  Data emerging from these three initiatives were discussed with an international panel of experts before the 2023 European Lung Cancer Conference in Copenhagen and provided additional information on the perceptions of resectability. The final step involved a consensual definition of resectability in stage III NSCLC after extensive discussion and multiple rounds of a Delphi process within a group of experts from EORTC LCG and Imaging group, European Society of Thoracic Surgeons (ESTS), European Society for Radiotherapy and Oncology (ESTRO), European Thoracic Oncology Platform-International Breast Cancer Study Group (ETOP-IBCSG), European Respiratory Society (ERS), International Association for the Study of Lung Cancer (IASLC), European Society of Pathologists (ESP). Results were presented during the World Conference of Lung Cancer 2023, in Singapore.

- The EORTC-1702–LCG-ROG HALT trial investigating the value of targeted therapy with or without intensified radiotherapy for oligo-progressive disease in oncogene addicted NSCLC tumours reached its accrual and results will be published soon.

- An integrated phase II/III trial (EORTC-2029–LCG) aiming to assess whether consolidation immunotherapy provides a benefit after radical treatment of oligometastatic NSCLC disease has been developed (protocol finalised).

- A phase II trial (EORTC-2346–LCG) to evaluate the intracranial activity of a MET-targeting Antibody Drug Conjugates (ADC) in NSCLC patients with active brain metastasis has been initiated in collaboration with external partners (synopsis completed).

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Members

Lymphoma Group

OUR MISSION

The mission of the EORTC Lymphoma Group (LYMG) is to optimise the first-line treatment for Hodgkin lymphoma (HL) by introducing more effective and potentially less toxic treatment regimens. The group aims to enhance early response adapted treatment and incorporate new therapeutic agents into the treatment approach. Additionally, the lymphoma group focuses on conducting high translational research with a focus on treatment response biomarkers for the detection of minimal residual disease.

Wouter Plattel

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We also focus on studying the long-term outcomes of patients enrolled in previous EORTC LYMG HL trials using an extensive database that includes medical updates and patient-reported outcomes. Lastly, the group explores trial opportunities in rare non-Hodgkin lymphoma subtypes, particularly T-cell lymphoma and central nervous system (CNS) lymphoma, thus demonstrating their commitment to advancing knowledge and treatment options in these less common lymphoma subtypes.

KEY RESULTS

- Our group achieved a notable milestone with the successful enrolment of 150 patients into the EORTC-1537-LYMG COBRA trial. The database is locked, and an abstract will be available for the European Hematology Association (EHA) 2024 Congress.
- Study activation of the EORTC-1913-LYMG RADAR trial in Q1 2024. Although experiencing serious delays, this study is very relevant and one of the rare phase III trials in early-stage HL worldwide.
- The 10-year follow-up of the EORTC-20051-LYMG H10 trial was analysed, presented, and published[1] in 2023.
- Several high-quality articles on survivorship were published.

[1] *Federico M et al. (2023). Long-Term Follow-Up of the Response-Adapted Intergroup EORTC/LYSA/FIL H10 Trial for Localized Hodgkin Lymphoma. Journal of Clinical Oncology.* **https://doi.org/10.1200/JCO.23.01745**

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Members

Melanoma Group

OUR MISSION

The EORTC Melanoma Group (MG) aims to improve the clinical care and outcomes of patients suffering with cutaneous, mucosal or ocular melanoma, and to increase knowledge about melanoma acquisition, progression and treatment. Group sub-committees focus on two main topics: pathology and systemic therapy (adjuvant and for advanced disease). The Group is also very committed to supporting and promoting the Early Career Investigators/ Young Investigators Network (ECI/YIN).

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Mario Mandalá
SECRETARY

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Ghanem Ghanem
TREASURER

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KEY RESULTS

- Completed accrual and collection of data for the primary analysis of the EORTC-1612–MG trial EBIN. The aim of this trial is to evaluate whether a sequential approach with an induction period of 12 weeks with encorafenib + binimetinib followed by an immunotherapy combination of nivolumab + ipilimumab improves outcomes of patients as compared to an immunotherapy combination of nivolumab + ipilimumab alone as first line treatment in patients with BRAF V600 mutation–positive unresectable or metastatic melanoma.

- Setting up a collaboration with the pharmaceutical industry allowing the conduct of a phase III clinical trial of the highly promising immunotherapy tebentafusp as an adjuvant treatment in HLA-A*0201 positive patients following definitive treatment of high-risk uveal melanoma, an indication and setting of high unmet medical need.

- Finalised the data collection for the primary analysis of the EORTC-1208–MG MiniTub study, aiming to describe the outcomes of stage III patients with a minimal tumour burden who did not undergo a complete lymph nodes dissection, allowing the patients to avoid surgery-related comorbidities.

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495
Members

Pathobiology Group

OUR MISSION

The EORTC Pathobiology Group (PBG) supports high class research in the fields of basic and applied oncological research. The identification and validation of particular biomarkers is key for the PBG, representing the basis of the mission to investigate novel treatment strategies. During 2023, the group mainly focused on immuno-oncological questions. Additionally, the PBG actively contributes to clinical research based on a multitude of biomarkers.

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KEY RESULTS

- Various scientists from the PBG have built up a network of individuals interested in immuno-oncology and have thus contributed to the establishment of the EU funded COST action IMMUNO-model (CA21135). The group´s goal is to translate results from basic research into clinical applications. Thus, the PBG aims to be at the forefront of oncology-related research.

- PBG members are involved in infrastructure programmes such as the EU-funded programme Canserv. Within this framework, the PBG supports the initiative to generate a European Molecular Tumor Board Network (EMTBN).

- In the framework of the approach to establish an EMTBN, the field of diagnostics in Europe should profit and improve its quality significantly. To enable the access of patients to the latest scientific achievements is an ultimate goal of the PBG, with new findings of the group leading to individualised medicine.

- In order to find novel drugs and treatment strategies, the PBG investigates new model systems and uses state of the art technologies to support EORTC Disease-Oriented Groups (DOGs) when conducting clinical trials.

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Members

Pharmacology & Molecular Mechanisms Group

OUR MISSION

The EORTC Pharmacology & Molecular Mechanisms Group (PAMM) aims to stimulate preclinical and clinical research into anticancer drug effects and drug-related molecular pathology.

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Joseph Ciccolini
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Annette Larsen
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KEY RESULTS

- Published more than 40 collaborative studies, including scientific articles, PhD theses and conference abstracts, reflecting strong collaborations across PAMM as well as with members of the EORTC Gastro-Intestinal, Pathobiology, and Lung Cancer groups. A joint EORTC research project (EORTC-RP2146-GITCG) with the Pancreatic Cancer Task Force is ongoing thanks to a project proposed and led by an Early Career Investigator (ECI).

- Improved cooperation among multidisciplinary networks, including the Stratagem and Transpan COST Actions, playing a crucial role in progressing studies on novel therapeutic tools such as Antibody-drug conjugates (ADCs), and pinpointing biological markers for tumour resistance and translational medicine. This collaborative effort involves participants from research groups in the UK, the Netherlands, Spain, Italy, and France, also focusing on specific cancer patient populations such as the elderly and those with rare forms of cancer.

- First online EORTC-PAMM ECI Congress with 60 participants. Over two days, young researchers had the opportunity to present their projects to peers and experts, fostering discussions and networking. The primary goal was to support the ECI community by
  - exploring networking opportunities and collaboration for translational research within clinical trials, and PhD. and postdoctoral research projects;
  - sharing expertise and protocols within PAMM members labs; and
  - planning courses and writing collaborative articles / grant proposals.

- Short internships for ECIs from Marseille, Palermo, Milan, Pisa, Parma, Antwerp, Granada, and Gdansk on collaborative translational research projects, whilst also running joint PhD projects among groups in Amsterdam, Palermo, and Gdansk.

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Members

Quality of Life Group

OUR MISSION

The EORTC Quality of Life Group (QLG) aims to better understand the effects of cancer and its treatments on health-related quality of life (QoL) for patients across diverse populations and cultures. Members of the group develop and refine questionnaires for use in oncology clinical trials and other well-designed research studies as well as for clinical practice. They also collaborate with other EORTC disease-oriented groups to implement quality of life measurement in clinical trials.

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Olga Husson
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KEY RESULTS

- Three questionnaires – for Thyroid Cancer, Hodgkin's Lymphoma and Communication – have been validated, adding to the portfolio of 32 fully validated measures.
- A project to test the content validity of the EORTC Quality of Life Group Core Questionnaire (QLQ-C30) has been published, demonstrating content validity across a broad range of cancers and stages, and confirming that the measurement model remains valid for use in research today.
- With a plenary session at the QOL Group Meeting, a strategy for the use and dissemination of the EORTC Quality of Life Utility – Core 10 Dimensions (QLU-C10D) was launched, expanding the QLQ-C30 into health economics research with utility scoring. A manual for the use, administration, scoring and reporting of the QLU-C10D is available on the QoL website.
- In the context of EUonQOL, a project in which several QLG members are involved, a large systematic review (over 15,000 articles screened) of PROMs currently available for the assessment of the health-related quality of life of European cancer patients and survivors was finalised, with a report submitted to the EU in September 2023.
- The SISAQOL-IMI Consortium has produced more than 130 recommendation statements by the end of 2023. The process of refining and finalising the recommendation statements through an independent scientific advisory board review, beta-testing, and EMA qualification advice has started.
- A study analysing data from 21 EORTC trials including over 13,000 patients across nine cancer types has contributed to a diverse range of MIDs (minimally important differences), helping interpretation of QLQ-C30 change scores in clinical trials.

Jens
Lehmann
Y-ECI REPRESENTATIVE

Medical University of Innsbruck
Innsbruck, Austria

792
Members

Soft Tissue & Bone Sarcoma Group

OUR MISSION

The EORTC Soft Tissue & Bone Sarcoma Group (STBSG) conducts international clinical trials and other research projects to innovate multidisciplinary treatment strategies that can improve survival and quality of life for patients with sarcoma. Members collaborate closely and across borders, even outside Europe, to conduct the breakthrough research needed for this heterogeneous group of rare and ultra-rare cancers. They also engage with regulators and policymakers to help facilitate access to new treatments for all types of sarcoma cancer patients.

Bernd Kasper
CHAIR

Universitätsmedizin Mannheim (UMM)
Mannheim, Germany

Silvia Stacchiotti
SECRETARY

Istituto Nazionale dei Tumori
Milan, Italy

Jean-Yves Blay
TREASURER

Centre Léon Bérard
Lyon, France

KEY RESULTS

- Recruiting for multidisciplinary flagship EORTC-1809–STBSG STRASS 2 trial, a global trial with EORTC as the sponsor. STRASS 2 examines the role of neo-adjuvant chemotherapy in high-risk retroperitoneal sarcoma and is open in over 75 centres on five continents (Australia, Canada, Europe, Japan, United States).

- STRASS 2 received a European Horizon grant (Grant HORIZON-MISS-2022–CANCER-01) for the implementation of a prospective registry, STREXIT 2, collecting real world data of patients who were not entered into STRASS 2.

- Drafting a joint-paper with European Medicines Agency (EMA) representatives on how to develop new systemic treatments, particularly immunotherapies, in ultra-rare conditions with high unmet needs using alveolar soft-part sarcoma as an example.

- Organising a European Medicines Agency (EMA) and EORTC multi-stakeholder workshop on soft tissue and bone sarcomas with the aim to develop rare cancer medicines using ultra-rare soft tissue and bone sarcomas as examples and establish a framework for regular meetings between the adult sarcoma community and EMA. The workshop will take place in 2024.

Gloria
Marquina
Y-ECI REPRESENTATIVE

Hospital Universitario Clínico
San Carlos
Madrid, Spain

459
Members

EORTC COUNCILS

RADIATION ONCOLOGY SCIENTIFIC COUNCIL

The Radiation Oncology Scientific Council (ROSC), chaired by Piet Ost, is a think tank established in 2020. It functions as an advisory body representing the radiation oncology community, offering expertise to EORTC on matters related to radiation treatments. Its priority is to ensure that radiation oncology remains a pillar of EORTC's multidisciplinary research by empowering and reinforcing the role of radiation oncologists within EORTC disease-oriented groups.

PIET OST
CHAIR

Universitair Ziekenhuis
Gent, Belgium

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

- EORTC disease-oriented groups and EORTC headquarters
- European Society of Radiotherapy and Oncology (ESTRO)
- Experts in radiation therapy quality assurance (RTQA)
- Medical physicists and radiotherapy technologists

ROSC also supports a branch of Early Career Investigators (ECI) in radiation oncology, with 103 members, providing training and support to research initiatives.

Research in 2023

In 2023, ROSC played a pivotal role in advancing both the E²-RADIatE programme and OligoRare, a histology-independent trial focused on rare oligometastatic cancers.

ROSC members examined several trials where they helped to ensure data pooling across similar studies, prevent potential trial competition and implement quality assurance projects (e.g. EORTC-2227 LEGATO).

The Council's activities

The overall strategy is to develop EORTC's approach toward change in radiation therapy technology, techniques, and treatment approaches and how to incorporate innovative changes in trials.

- Guidance: recognise areas where the EORTC database and trial expertise could be used to propose technical guidelines, best practices, or methods applicable to radiation therapy.
- Innovation: identify new technology and novel techniques to incorporate in EORTC's trials or platform portfolios.
- Research recommendations: provide recommendations and feedback to concerned EORTC Groups regarding the use of radiation technology in trials so that multimodality treatments are promoted.
- Quality assurance: maintain current processes and help establish new ones for developing technology and techniques.
- Funding: identify possible financial partners to help run trials across Europe.
- Partnerships: develop and nurture links with other academic groups, commercial entities, and national, European and international agencies to generate high quality evidence.
- Membership: support and stimulate the activity of Early Career Investigators in radiation oncology.

E²-RADIATE

E²-RADIatE is the sole European platform embracing radiation oncology to deliver evidence for novel therapeutic options. It streamlines the collection and connection of clinical information with diagnostic imaging data, radiation imaging and treatment data, and health economic data. The platform also collects patient-reported outcomes to improve patient-centred care and quality of life.

The E²-RADIatE platform offers hope and possibilities for the future of cancer therapy. Radiotherapy is one of the mainstays of cancer treatment. About one in every two cancer patients need radiotherapy at least once during their disease. Improved technology and its proper use are critical to increase the cure rate and decrease the probability of radiation-induced toxicity. We are proud of the role of E²-RADIatE in helping to tackle health inequalities in cancer care.

Activity in 2023

In July 2023 the first patient was enrolled in ReCare, a cohort focusing on cancer patients who are treated with high-dose re-irradiation.

By the end of 2023, just under 2500 patients had been enrolled within the E²-RADIatE platform. This was made possible by the combined accrual efforts of OligoCare (2428 patients) and the newly open cohort study ReCare (66 patients), to which 60 and 11 centres had contributed in 2023, respectively.

The first results on patterns of care, acute toxicity and quality of life were presented at the annual ESTRO conference, and first publications published. Follow-up analysis will be presented at ESTRO in 2024 and subsequential publications are in preparation.

From the first 1600 patients, grade 3 or higher toxicity of Stereotactic Body Radiation Therapy (SBRT) was only 0.5% and quality of life was maintained within the first 6 months of SBRT. More than 90% of oligometastatic disease (OMD) patients are treated with multiple fractions of SBRT.

Trials-within-cohorts (TwiCs)

Given the steady enrolment of patients in the OligoCare cohort, EORTC is now leveraging the database to gain further insights on radiotherapy methods by answering research questions in a randomised form using a trials-within-cohorts (TwiCs) methodology. SPRINT, randomising patients between single and multi-fraction SBRT in OligoCare, will be the first TwiCs pan-European effort.

OLDER ADULT COUNCIL

The Older Adult Council (OAC), chaired by Lissandra Dal Lago and Paolo Bossi, is a think tank established in 2022 to stimulate cross-cutting questions in the field of cancer in the older population. The main role of the OAC is to lead EORTC disease-oriented groups to address important questions in a population of 70 years old and over.

LISSANDRA DAL LAGO
CHAIR

Hopital Delta,
Brussels, Belgium

PAOLO BOSSI
CHAIR

Humanitas University,
Milan, Italy

Members are composed of representatives from the EORTC disease-oriented groups who ensure that research questions related to this population, which is under-represented in clinical research, are given more attention.

The Council in action:

The council 's main objective is to assist within methodological aspects of clinical research in older patients with cancer, such as, but not limited to, the evaluation of frailty, quality of life, competitive causes of death, treatment toxicities and patient preferences. In 2023, OAC contributed to:

- Development of a trial optimising neoadjuvant treatment in breast cancers based on geriatric assessments and quality of life.
- Development of a research project investigating competing mortality risks based on data pooled across several EORTC trials.
- Development of a patient preference project across EORTC groups.
- Ongoing analyses of a research project in glioblastoma patients assessing the prognostic value of a geriatric screening tool (G8) for disease progression and survival.

FINANCIAL OVERVIEW

OUR INVESTMENTS

46,0 M (total)

34,8 M
in clinical cancer research

0,7 M
education/fellowships

3,1 M
in development, communication and professional events

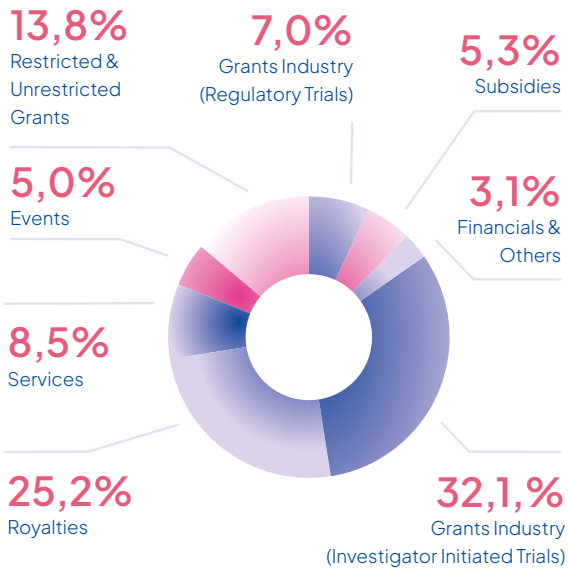
7,4 M
in operating expenses

NET ASSETS

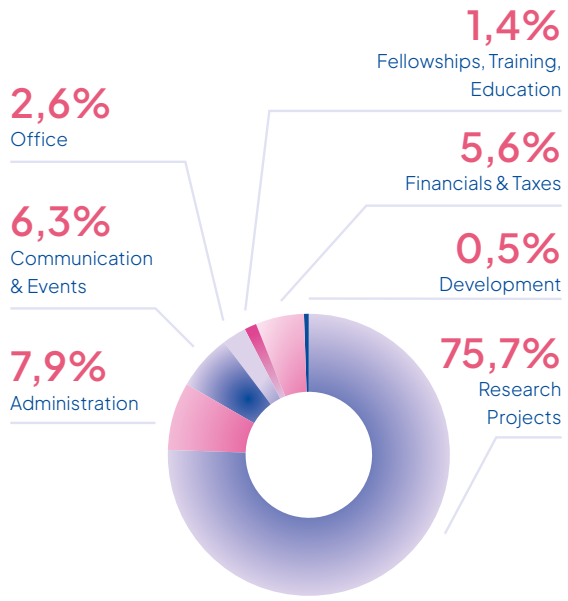
73,7 M
in 2023

67,6 M
in 2022

INCOME



EXPENDITURES



EORTC CANCER RESEARCH FUND

ECRF

AN INDEPENDENT FUND TO SUPPORT EORTC

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

HIGH-IMPACT, TRANSPARENT AND COST-EFFECTIVE

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

MESSAGE FROM OUR HONORARY PRESIDENT, HRH PRINCESS DINA MIRED OF JORDAN

HER ROYAL HIGHNESS IS A HUMANITARIAN, HEALTH ACTIVIST, AND LEADING GLOBAL ADVOCATE FOR CANCER CONTROL.

As a mother of a cancer survivor, assuming the role of the ECRF's Honorary President holds personal significance for me. Words cannot adequately convey the immense gratitude I hold for EORTC for the scientific breakthroughs and hope it has provided for my family and countless others globally in the battle for survival.

The transformative and multidisciplinary research arising from this remarkable organisation has solidified EORTC as an increasingly prominent global reference in cancer care and treatment.

The collaboration between EORTC and the King Hussein Cancer Center in Jordan stands as a testament to its commitment to global impact, and I eagerly anticipate further partnerships with research institutions worldwide.

Motivated by their dedication, I embrace this responsibility with pride and determination, pledging to exhaust every effort in supporting EORTC's life-saving mission that resonates universally.

MESSAGE FROM OUR CHAIRMAN, COUNT DIEGO DU MONCEAU DE BERGENDAL

The EORTC Cancer Research Fund was founded in 1976 by a group of European philanthropists. Its mission is to help raise funds for EORTC and to support its development in its fight against cancer. The Board of Trustees is committed to ensuring that all donations made to ECRF enhance and accelerate the pace of patient-centred clinical research. Its major objective remains to increase the life expectancy and quality of life of cancer patients. The ECRF Trustees are all people with the highest credentials who contribute their time and expertise to advance EORTC's mission. Some trustees are chosen to be part of the Audit and Finance Committee of the whole organisation where they advise and make recommendations in total independence.

On behalf of all the Trustees, I want to express my sincere gratitude to all the doctors, researchers, and staff who made 2023 such a tremendous success. And most importantly, I want to thank our donors. Your generosity ensures EORTC can continue delivering therapeutic progress that turns cancer patients into survivors. Donors truly power EORTC forward, helping to ensure no one gets left behind in the fight for survival. Donate now to give us the means to continue having such a great impact on practice-changing clinical trials.

OUR BOARD IN 2023

ECRF Board of Trustees

Mr Diego du Monceau, Chair	BE
Mrs Victoria Agnew	UK
Mrs Caroline Artis	UK
Mr Guy Beniada	FR
HE Evelyne Genta	UK
Mr Jean de Gunzburg	UK
Prof Duncan Jodrell	UK
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EORTC Audit and Finance Committee

Mr Guy Beniada, Chair	FR
Mrs Caroline Artis	UK
Mr Diego du Monceau	BE
Prof Bertrand Tombal	BE

TOTAL RESTRICTED AND UNRESTRICTED FUNDS RAISED IN 2023

Consolidated figures (EORTC, ECRF, Friends of EORTC, Foundation Francaise RTC[1])

€ 7.2 M

RESTRICTED & UNRESTRICTED FUNDS

18

FELLOWSHIPS SPONSORED IN TOTAL

99

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

4

NEW FELLOWSHIPS SPONSORED IN 2023

[1] *Friends of EORTC & Fonds Francais pour la Recherche et Traitement du Cancer (FFRTC) are registered charities in the UK and France respectively.*

[2] *No industry involvement.*

2023 HIGHLIGHTS

ALLIANCE HEALTHCARE'S CONTINUOUS SUPPORT OF THE SPECTA PLATFORM IN 2023

Visit of the Alliance Healthcare Netherlands team to the EORTC headquarters on 1 June 2023.

Cancer is complex, and although the clinical research community has made tremendous progress over the years in some cancers, there is still much we do not know about; for example, how some tumours develop. SPECTA is all about shedding light on the current uncertainties. Having answers to such questions means we can address them appropriately and effectively.

Alliance Healthcare, soon to be renamed Cencora, continued its support to the SPECTA platform in 2023 following the over ten-year tradition of support. The SPECTA platform allows for the rapid implementation of robust translational cancer research aimed at increasing our understanding of cancers to guide more targeted clinical research and treat patients effectively.

It provides the infrastructure upon which EORTC develops projects that ask the most important cancer clinical research questions effectively and efficiently, ultimately providing hope to thousands of patients devastated by cancer. At the same time, it helps clinicians guide patients' treatment based on their own tumour report analysis, diagnosed and confirmed by a group of leading international experts in the field of oncology.

Find out more about the SPECTA platform at page 22 of this report.

AUREUS ARS & SCIENTIA ASBL'S CRITICAL SUPPORT TO THE BIORADON PROJECT

The EORTC BioRadon project focuses on indoor radon as a risk factor for non-small cell lung cancer subtypes (NSCLC) in European patients, and thus addresses a critical scientific question that has yet to be answered.

EORTC is grateful to AUREUS ARS ET SCIENTIA ASBL for the generous contribution that helps power forward an important clinical cancer study that:

- Aims to clarify the under-investigated relationship between indoor radon exposure and NSCLC in European patients.
- Unlocks molecular insights that could lead to the identification of biomarkers that can help predict individual susceptibility to indoor radon-induced lung cancer. Such advancements hold promise in personalising preventive strategies and revolutionising cancer care.
- Enables translational research.
- Aligns with the European Cancer Prevention Code.

Aureus Ars et Scientia's renewed commitment in 2023 helps EORTC close the financial gap required to complete the BioRadon clinical cancer project and make a tangible and long-lasting impact on the lives of people affected by non-small cell lung cancer subtypes. By addressing the alarming association between indoor radon exposure and lung cancer, advancing clinical cancer research, and enabling future clinical research, Aureus Ars & Scientia is contributing significantly to reducing the burden of lung cancer and promoting cancer prevention efforts in Europe and beyond.

THE POWER OF PARTNERSHIPS: WALGREENS BOOTS ALLIANCE

For more than a decade, the strong partnership with the Walgreens Boots Alliance (WBA) has been instrumental to the work of EORTC. In 2023, WBA continued to support the E²-RADIatE platform, aimed at defining optimal radiation oncology treatments that can become the new standard of care for patients in clinical trials.

On 24 May 2023, a video explaining E²-RADIatE in simple terms was released to enhance communication and visibility. The purpose of this video, which includes a comprehensive interview between Prof Piet Ost and Una Kent, was to introduce both the WBA and EORTC audiences to the platform, emphasising its importance and the necessity of their support.

Find out more about E²-RADIatE at page 87 of this report.

EORTC'S INITIATIVES IN THE MIDDLE EAST: BUILDING COLLABORATIVE PARTNERSHIPS FOR CLINICAL CANCER RESEARCH

Following the establishment of the EORTC Middle East Coordinating Office (MECO) in Jordan in November 2022, HRH Princess Dina Mired, Honorary President of ECRF/EORTC, led a delegation to visit the Middle East region in January 2023. The delegation, comprising Count Diego du Monceau de Bergendal, Chairman of ECRF, Dr Denis Lacombe, CEO of EORTC, Mr Jean-Léopold Schuybroek, ECRF Trustee, and Mrs Carole Stephan, Engagement and Partnerships Specialist at EORTC, visited the Sultanate of Oman, the State of Qatar, and the United Arab Emirates. They met with government and foundations officials, academics, healthcare professionals, corporate executives, and other relevant stakeholders. The objectives were to introduce EORTC, its achievements and contributions to cancer treatment advancements, highlight the successful partnership between EORTC and the King Hussein Cancer Center in Jordan, serving

The EORTC delegation with the Undersecretary of the Department of Health in Abu Dhabi, United Arab Emirates, on 19 January 2023. From left to right: Dr Omniyat Al Hajeri, DOH Executive Director Community Health Sector, Dr Khulood Jamal Bin Rafeea, DOH Division Manager Drugs & Medical Products, Dr Rasheed Alhammadi, DOH Division Director Medical Research & Development, Mr Jean-Leopold Schuybroek, ECRF Trustee, Dr Denis Lacombe, EORTC CEO, HRH Princess Dina Mired, Honorary President EORTC/ECRF, HE Dr Jamal Alkaabi, DOH Undersecretary, Mrs Carole Stephan, EORTC Engagement and Partnerships Specialist, Dr Khalid Adnan Bataineh, Director, Office of the Lord Chamberlain HRH Prince Mired Raad Zeid Al-Hussein Royal Hashemite Court, Dr Rashed Alsuwaidi, DOH Executive Director Healthcare Workforce.

as the MECO, and assess the interest in collaborative efforts to bring clinical research in the Arab countries.

The visit underscored a strong desire for cooperation to facilitate clinical trials in the Arab countries. All the stakeholders agreed that the time is right to work together and bring EORTC research, education, and expertise programmes to the region and to start building solid long-term patient-centred clinical research partnerships.

On 18 September 2023, EORTC welcomed HE Mr Khalid Fahad Al-Hajri, Ambassador of the State of Qatar to the Kingdom of Belgium and the Grand Duchy of Luxembourg, Her Excellency Mrs Saja Majali, Ambassador of the Hashemite Kingdom of Jordan to Belgium, the European Union and NATO, HE Mrs Rua Issa Ashraf Alzadjali, Ambassador of the Sultanate of Oman to Belgium and the EU, Mrs Sandra Oweida, Deputy Chief of the Mission of the United Arab Emirates to the Kingdom of Belgium, Grand Duchy of Luxembourg, and the European Union, and Mr Ahmad Alzureikat, Second Secretary of the Embassy of the Hashemite Kingdom of Jordan to Belgium, the European Union and NATO, to its headquarters in Brussels.

The meeting aimed to brief them on EORTC's visit to the Middle East, and about the subsequent PECAN Initiative: Partnership with EORTC for Clinical Cancer Research Capacities in Arab Countries Networking, developed jointly by EORTC and the MECO. PECAN aims to enhance cancer patient care by bolstering clinical research capabilities across multiple centres in the Middle East, with the goal of formulating a regional long-term scientific strategy and fostering clinical research hypotheses that are relevant to patients in the region.

Diplomats from the Middle East region visit EORTC headquarters in Brussels on 18 September 2023. From left to right: Mr Ahmad Alzureikat, Second Secretary of the Embassy of the Hashemite Kingdom of Jordan to Belgium, the European Union and NATO, Mrs Sandra Oweida, Deputy Chief of the Mission of the United Arab Emirates to the Kingdom of Belgium, Grand Duchy of Luxembourg, and the European Union, HE Mrs Saja Majali, Ambassador of the Hashemite Kingdom of Jordan to Belgium, the European Union and NATO, Dr Denis Lacombe, EORTC CEO, HE Mrs Rua Issa Ashraf Alzadjali, Ambassador of the Sultanate of Oman to Belgium and the EU, HE Mr Khalid Fahad Al-Hajri, Ambassador of the State of Qatar to the Kingdom of Belgium and the Grand Duchy of Luxembourg, Mrs Carole Stephan, EORTC Engagement and Partnerships Specialist, Mr Christian Brunet, EORTC CFO.

WE NEED PARTNERS LIKE YOU

WHEN YOU PARTNER WITH EORTC, YOU SUPPORT PATIENT-CENTRED CLINICAL CANCER RESEARCH THAT IMPROVES PATIENT'S SURVIVAL AND QUALITY OF LIFE.

Scientists and doctors are constantly seeking to develop innovative, more effective and less toxic treatments to improve cancer patients' survival and quality of life through clinical research.

Clinical research involves carefully planned clinical trials conducted with the voluntary participation of patients. These trials follow strict scientific protocols and ethical guidelines, are closely monitored, and typically occur within hospital settings.

Some clinical trials evaluate new drugs, whilst others optimise different therapeutic approaches including surgery, radiation therapy and combinations of drugs already on the market. Their goal is to gather data on the potential benefits and risks of new drugs and treatments.

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.

Academic clinical cancer research refers to clinical research that is not funded by pharmaceutical or biotechnology companies for commercial purposes, but by non-profit clinical research organisations like EORTC.

THANK YOU

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

CONTACT US

WE MAKE IT EASY FOR BUSINESSES AND INDIVIDUALS TO SUPPORT OUR MISSION.

ecrf@eortc.org
+32 2 774 15 26
www.eortcresearchfund.org

TAKE THE FIRST STEP AND REACH OUT TO OUR TEAM TO START A CONVERSATION TODAY!

BE

EORTC ECRF

IBAN: BE79 0682 4292 7433 (EUR)

UK

Friends of EORTC

IBAN: GB30 COUT 1800 0201 8843 95 (GBP)

FR

Fondation Française RTC

IBAN: FR76 3000 4009 3200 0100 3025 923 (EUR)

Rest of Europe & USA

for EORTC Cancer Research fund

Transnational Giving Europe (TGE)

Myriad USA

CLINICAL TRIALS

Active clinical trials are studies that are currently being conducted or are in the long-term follow-up phase.

CODE	STAGE	NAME / TITLE	DESCRIPTION	GROUPS
08114	LT Follow-Up	**EORTC-08114-LCG** GEM	Genetics of EGFR Mutation Study (GEM): a Translational Study of the EORTC Lung group	Lung Cancer Group
10031	LT Follow-Up	**EORTC-10031-BCG** SOFT	A Phase III Trial Evaluating the Role of Ovarian Function Suppression and the Role of Exemestane as Adjuvant Therapies for Premenopausal Women with Endocrine Responsive Breast Cancer tamoxifen versus ovarian function suppression + tamoxifen versus ovarian function suppression + exemestane.	Breast Cancer Group
10041	LT Follow-Up	**EORTC-10041-BCG** MINDACT	MINDACT (Microarray In Node-negative and 1 to 3 positive lymph node Disease may Avoid Chemo Therapy): A prospective, randomized study comparing the 70-gene signature with the common clinicpathological criteria in selecting patients for adjuvant chemotherapy in breast cancer with 0 to 3 positive nodes"	Breast Cancer Group
10071	LT Follow-Up	**EORTC-10071-BCG** ALTTO	A randomised, multi-centre, open-label, phase III study of adjuvant lapatinib, trastuzumab, their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer	Breast Cancer Group
10085	Conduct	**EORTC-10085-BCG** Male BC	Clinical and biological characterization of Male Breast Cancer : an international retrospective EORTC, BIG and NABCG intergroup study (for the prospective part, please refer to 10085p)	Breast Cancer Group
10085p	LT Follow-Up	**EORTC-10085p-BCG** Prospective male BC	Clinical and biological characterization of Male Breast Cancer: an international EORTC, BIG, TBCRC and NABCG intergroup study.	Breast Cancer Group
10112	Conduct	**EORTC-10112-BCG** Aphinity	A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus trastuzumab plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer.	Breast Cancer Group

1201	Conduct	**EORTC-1201-GUCG-ROG** PEACE-1	A prospective randomised phase III study of androgen deprivation therapy (+/- docetaxel) with or without local radiotherapy with or without abiraterone acetate and prednisone in patient with metastatic hormone-naïve prostate cancer.	Genito-Urinary Cancers Group Radiation Oncology Group*
1203	Conduct	**EORTC-1203-GITCG** INNOVATION	INtegratioN of trastuzumab, with or without pertuzumab, into periOperatiVe chemotherApy of HER-2 posiTIve stOmach caNcer: the INNOVATION-TRIAL	Gastro-Intestinal Tract Cancer Group
1205	Conduct	**EORTC-1205-LCG**	EORTC randomized phase II study of pleurectomy/ decortication (P/D) preceded or followed by chemotherapy in patients with early stage malignant pleural mesothelioma	Lung Cancer Group
1206	Conduct	**EORTC-1206-HNCG**	A randomised phase II study to evaluate the efficacy and safety of Chemotherapy (CT) vs androgen deprivation therapy (ADT) in patients with recurrent and/or metastatic, androgen receptor (AR) expressing, salivary gland cancer (SGCs)	Head & Neck Cancer Group
1208	Conduct	**EORTC-1208-MG** MiniTub	Minitub: Prospective registry on Sentinel Node (SN) positive melanoma patients with minimal SN tumor burden who undergo Completion Lymph Node Dissections (CLND) or Nodal Observation.	Melanoma Group
1212	LT Follow-Up	**EORTC-1212-GCG** NiCCC	A Randomised Phase II Study of Nintedanib (BIBF 1120) compared to Chemotherapy in Patients with Recurrent Clear Cell Carcinoma of the Ovary or Endometrium (NiCCC)	Gynaecological Cancer Group
1219	Conduct	**EORTC-1219-ROG-HNCG**	A blind randomized multicenter study of accelerated fractionated chemo-radiotherapy with or without the hypoxic radiosensitizer nimorazole (Nimoral), using a 15 gene signature for hypoxia in the treatment of squamous cell carcinoma of the head and neck	Radiation Oncology Group* Head & Neck Cancer Group
1301	Conduct	**EORTC-1301-LG** AML21	10-day decitabine versus conventional chemotherapy ("3+7") followed by allografting in AML patients >= 60 years: a randomized phase III study of the EORTC Leukemia Group, CELG, GIMEMA and German MDS Study Group	Leukaemia Group
1308	Conduct	**EORTC-1308-BTG-ROG** ROAM	Radiation versus Observation following surgical resection of Atypical Meningioma: a randomised controlled trial (The ROAM trial) / EORTC 1308	Brain Tumour Group Radiation Oncology Group*
1317	Conduct	**EORTC-1317-STBSG** CaboGist	Phase II study of cabozantinib in patients with metastatic gastrointestinal stromal tumor (GIST) who progressed during neoadjuvant, adjuvant or palliative therapy with imatinib and sunitinib	Soft Tissue & Bone Sarcoma Group

1320	Conduct	**EORTC-1320-BTG**	Trabectedin for recurrent grade II or III meningioma: a randomized phase II study of the EORTC Brain Tumor Group	Brain Tumour Group
1321	Conduct	**EORTC-1321-STBSG** ALT-GIST	A randomised phase II trial of imatinib alternating with regorafenib compared to imatinib alone for the first line treatment of advanced gastrointestinal stromal tumour (GIST).	Soft Tissue & Bone Sarcoma Group
1324	Conduct	**EORTC-1324-BCG** Olympia	A randomised, double-blind, parallel group, placebo-controlled multi-centre Phase III study to assess the efficacy and safety of olaparib versus placebo as adjuvant treatment in patients with germline BRCA1/2 mutations and high risk HER2 negative primary breast cancer who have completed definitive local treatment and neoadjuvant or adjuvant chemotherapy	Breast Cancer Group
1325	Conduct	**EORTC-1325-MG**	Adjuvant immunotherapy with anti-PD-1 monoclonal antibody Pembrolizumab (MK-3475) versus placebo after complete resection of high-risk Stage III melanoma: A randomized, double- blind Phase 3 trial of the EORTC Melanoma Group	Melanoma Group
1333	Conduct	**EORTC-1333-GUCG** PEACE III	A Randomized multicenter phase III trial comparing enzalutamide vs. a combination of Ra223 and enzalutamide in asymptomatic or mildly symptomatic castration resistant prostate cancer patients metastatic to bone.	Genito-Urinary Cancers Group
1402	Conduct	**EORTC-1402-STBSG** EE2012	International Randomised Controlled Trial for the Treatment of Newly Diagnosed Ewing's Sarcoma Family of Tumours – Euro Ewing 2012	Soft Tissue & Bone Sarcoma Group
1403	Conduct	**EORTC-1403-STBSG** rEECur	International Randomised Controlled Trial of Chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma	Soft Tissue & Bone Sarcoma Group
1407	Conduct	**EORTC-1407-GUCG** TIGER	A Randomized phase III trial comparing conventional-dose chemotherapy using paclitaxel, ifosfamide, and cisplatin (TIP) with high dose chemotherapy using mobilizing paclitaxel plus ifosfamide followed by High-dose carboplatin and etoposide (TI-CE) as first salvage treatment in relapsed or refractory germ cell tumors	Genito-Urinary Cancers Group
1408	Conduct	**EORTC-1408-BCG** AURORA	Aiming to Understand the MOlecular Aberrations in Metastatic Breast Cancer	Breast Cancer Group
1414	Conduct	**EORTC-1414-GUCG-ROG** Pegasus	Phase IIIb randomized trial comparing irradiation plus long term adjuvant androgen deprivation with GnRH antagonist versus GnRH agonist plus flare protection in patients with very high risk localized or locally advanced prostate cancer. A joint study of the EORTC ROG and GUCG	Genito-Urinary Cancers Group Radiation Oncology Group*

1416	Conduct	**EORTC-1416-LCG** PEARLS	A randomized, phase 3 trial with anti-PD-1 monoclonal antibody pembrolizumab (MK-3475) versus placebo for patients with early stage NSCLC after resection and completion of standard adjuvant therapy	Lung Cancer Group
1417	Conduct	**EORTC-1417-LCG** REACTION	A phase II study of etoposide and cis/carboplatin with or without pembrolizumab in untreated extensive small cell lung cancer	Lung Cancer Group
1419	Conduct	**EORTC-1419-BTG** ETERNITY	Molecular genetic, host-derived and clinical determinants of long-term survival in glioblastoma	Brain Tumour Group
1420	LT Follow-Up	**EORTC-1420-HNCG-ROG** Best Of	Phase III study assessing the "best of" radiotherapy compared to the "best of" surgery (trans-oral surgery (TOS)) in patients with T1–T2, N0–N1 oropharyngeal, supraglottic carcinoma and with T1, N0 hypopharyngeal carcinoma	Head & Neck Cancer Group
1508	Conduct	**EORTC-1508-GCG**	A phase II study of the anti-PD-L1 antibody atezolizumab, bevacizumab and acetylsalicylic acid to investigate safety and efficacy of this combination in recurrent platinum-resistant ovarian, fallopian tube or primary peritoneal adenocarcinoma	Gynaecological Cancer Group
1513	Conduct	**EORTC-1513-BCG** PALLAS	PALbociclib CoLlaborative Adjuvant Study: A randomized phase III trial of palbociclib with adjuvant endocrine therapy versus endocrine therapy alone for hormone receptor positive (HR+)/ human epidermal growth factor receptor 2 (HER2)-negative early breast Cancer	Breast Cancer Group
1514	Conduct	**EORTC-1514-QLG-GCG**	Follow-up in Gynecological Cancer Survivors: An EORTC QLG-GCG Survivorship Study	Quality of Life Group Gynaecological Cancer Group
1525	Conduct	**EORTC-1525-LCG** NivoThym	Single-arm, multicenter, phase II study of immunotherapy in patients with type B3 thymoma and thymic carcinoma previously treated with chemotherapy.	Lung Cancer Group
1537	Conduct	**EORTC-1537-LYMG** COBRA	Very early PET-response adapted targeted therapy for advanced Hodgkin lymphoma: a single –arm phase II study	Lymphoma Group
1545	Conduct	**EORTC-1545-GUCG** EnzaRAD	Randomised phase 3 trial of Enzalutamide in Androgen Deprivation therapy with radiation therapy for high risk, clinically localised, prostate cancer.	Genito-Urinary Cancers Group
1553	Conduct	**EORTC-1553** SPECTA	SPECTA: Screening Cancer Patients for Efficient Clinical Trial Access	
1559	Conduct	**EORTC-1559-HNCG** UPSTREAM	A pilot study of personalized biomarker-based treatment strategy or immunotherapy in patients with recurrent/metastatic squamous cell carcinoma of the head and neck (UPSTREAM)	Head & Neck Cancer Group

1604	Conduct	**EORTC-1604** MOTRICOLOR 3	Phase II open-label study with the anti-PD-L1 Atezolizumab monoclonal antibody in combination with Bevacizumab in patients with advanced chemotherapy resistant colorectal cancer and MSI-like molecular signature	
1607	LT Follow-Up	**EORTC-1607-GITCG**	Open-label first line, single-arm phase II study of CisGem combined with pembrolizumab in patients with advanced or metastatic biliary tract cancer	Gastro-Intestinal Tract Cancer Group
1608	Conduct	**EORTC-1608-BTG** STEAM	Study of TG02 in Elderly Newly Diagnosed or Adult Relapsed Patients with Anaplastic Astrocytoma or Glioblastoma: A Phase Ib Study	Brain Tumour Group
1612	Conduct	**EORTC-1612-MG** EBIN	Combination of targeted therapy (Encorafenib and Binimetinib) followed by combination of immunotherapy (Ipilimumab and Nivolumab) vs immediate combination of immunotherapy in patients with unresectable or metastatic melanoma with BRAF V600 mutation: an EORTC phase II randomized study (EBIN)	Melanoma Group
1613	Conduct	**EORTC-1613-LCG** APPLE	APPLE trial:Feasibility and activity of AZD9291(osimertinib) treatment on Positive PLasma T790M in EGFR mutant NSCLC patients	Lung Cancer Group
1617	Conduct	**EORTC-1617-QLG-BCG-ROG**	Follow-up in Early and Locally Advanced Breast Cancer Patients: An EORTC QLG-BCG- ROG Protocol	Quality of Life Group Breast Cancer Group Radiation Oncology Group*
1621	Conduct	**EORTC-1621-QLG-LG** SPARTA (QLG 009/2016)	A Survivorship Project to understAnd and to impRove long-Term outcomes for Acute myeloid leukemia patients (SPARTA): The SPARTA Platform	Quality of Life Group Leukaemia Group
1622	Conduct	**EORTC-1622-QLG** QLG 012/2016	Comparison of the EORTC QLU-C10D with generic utility instruments and development of a comprehensive manual for its use	Quality of Life Group
1623	Conduct	**EORTC-1623-QLG** QLG 011/2016	Comparative evaluation of the computer-adaptive EORTC quality of life measures	Quality of Life Group
1629	Conduct	**EORTC-1629-HNCG-QLG** QLG 010/2016	Late Toxicity and Long-term Quality of Life in Head and Neck Cancer Survivors	Head & Neck Cancer Group Quality of Life Group
1634	Conduct	**EORTC-1634-BTG** PersoMed-I	Personalized Risk-Adapted Therapy in Post-Pubertal Patients with Newly-Diagnosed Medulloblastoma (PersoMed-I)	Brain Tumour Group
1652	Conduct	**EORTC-1652-CLTG** PARCT	Phase II trial of atezolizumab (anti-PD-L1) in the treatment of stage IIb-IV mycosis fungoides/sezary syndrome patients relapsed/refractory after a previous systemic treatment	Cutaneous Lymphoma Tumour Group

1702	LT Follow-Up	**EORTC-1702-LCG-ROG** HALT	Targeted therapy with or without dose intensified radiotherapy for oligo-progressive disease in oncogene-addicted lung tumours	Lung Cancer Group Radiation Oncology Group*
1709	Conduct	**EORTC-1709-BTG** MIRAGE	A phase III trial of marizomib in combination with standard temozolomide-based radiochemotherapy versus standard temozolomide-based radiochemotherapy alone in patients with newly diagnosed glioblastoma - MIRAGE	Brain Tumour Group
1721	Conduct	**EORTC-1721-QLG-BTG** QLG 004/2018	Understanding long-term implications of brain tumor treatment on HRQOL and cognitive functioning: a European cross-sectional study	Quality of Life Group Brain Tumour Group
1726	Conduct	**EORTC-1726-QLG** QLG 005/2018	Evaluating the use of the E-PRO measures for improving inter-rater reliability of CTCAE ratings	Quality of Life Group
1727	Conduct	**EORTC-1727-QLG** QLG 001/2019 + 009/2022	Development and evaluation of an e-learning programme on EORTC Quality of Life measures in clinical practice	Quality of Life Group
1740	Conduct	**EORTC-1740-HNCG** LA-OSCC	Randomized Phase II study of Cisplatin plus Radiotherapy versus Durvalumab plus Radiotherapy followed by Adjuvant Durvalumab versus Durvalumab plus Radiotherapy followed by Adjuvant Tremelimumab and Durvalumab in Intermediate Risk HPV-Positive Locoregionally Advanced Oropharyngeal Squamous Cell Cancer (LA-OSCC)	Head & Neck Cancer Group
1745	Conduct	**EORTC-1745-ETF-BCG** APPALACHES	A Phase II study of Adjuvant PALbociclib as an Alternative to CHemotherapy in Elderly patientS with high-risk ER+/HER2- early breast cancer (APPALACHES)	Cancer in Elderly Task Force* Breast Cancer Group
1747	LT Follow-Up	**EORTC-1747-QLG** QLG 001/2018	Determination of utility weights for the QLU-C10D in five countries inside and outside Europe and analysis of their variability across populations	Quality of Life Group
18071	Conduct	**EORTC-18071-MG**	Adjuvant immunotherapy with anti-CTLA-4 monoclonal antibody (ipilimumab) versus placebo after complete resection of high-risk Stage III melanoma : A randomized, double-blind Phase 3 trial of the EORTC Melanoma Group.	Melanoma Group
18081	Conduct	**EORTC-18081-MG**	Adjuvant peginterferon alpha-2b for 2 years vs Observation in patients with an ulcerated primary cutaneous melanoma with T(2–4) bN0M0: a randomized phase III trial of the EORTC Melanoma Group	Melanoma Group
1809	Conduct	**EORTC-1809-STBSG** STRASS 2	A randomized phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patients with High Risk RetroPeritoneal Sarcoma (RPS)	Soft Tissue & Bone Sarcoma Group

1811	Conduct	**EORTC-1811** E²-RADIatE	EORTC-ESTRO Radiotherapy Infrastructure for Europe	
1820	Conduct	**EORTC-1820-CLTG** MOGAT	Open-Label, phase II, Multi-Center, study of Anti-CCR4 Monoclonal Antibody (mogamulizumab) Plus TSEB in advanced Cutaneous T-Cell Lymphoma -	Cutaneous Lymphoma Tumour Group
1822	Conduct	**EORTC-1822** OligoCare	A pragmatic observational basket study to evaluate radical radiotherapy for oligometastatic cancer patients	
1825	Conduct	**EORTC-1825-LCG** ALKALINE	Activity of Lorlatinib based on ALK resistance mutations on blood in ALK positive NSCLC patients previously treated with 2nd generation ALK inhibitor	Lung Cancer Group
1828	Conduct	**RP-1828** IMMUcan	Integrated IMMUnoprofiling of large adaptive CANcer patients cohorts	
1843	Conduct	**RP-1843** Arcagen	Molecular characterization of rare cancer	
1901	Conduct	**EORTC-1901-LCG** PRIMALung	PRophylactic cerebral Irradiation or active MAgnetic resonance imaging surveillance in small-cell Lung cancer patients (PRIMALung study)	Lung Cancer Group
1920	Conduct	**RP-1920** Bioradon	Molecular characterization of NSCLC patients and exposure to indoor radon in Europe	
1941	Conduct	**EORTC-1941-QLG** QLG 006/2020	Establishing thresholds for clinical importance for disease-specific EORTC questionnaire modules	Quality of Life Group
1944	Conduct	**EORTC-1944-QLG-STBSG** 004/2020	Long-term survivorship challenges of advanced/metastatic GIST patients responding to Imatinib treatment: An observational study	Quality of Life Group Soft Tissue & Bone Sarcoma Group
1945	Conduct	**EORTC-1945** OligoRARE	Stereotactic body radiotherapy in addition to standard of care treatment in patients with oligometastatic rare cancers (OligoRARE): a randomized, phase 3, open-label trial.	
1965	LT Follow-Up	**EORTC-1965-BCG** DESCRESCENDO	De-escalation of adjuvant chemotherapy in HER2-positive, hormone receptor-negative, early breast cancer patients who achieved pathological complete response after neo-adjuvant chemotherapy and dual HER2-blockade.	Breast Cancer Group
20051	Conduct	**EORTC-20051-LYMG** H10	The H10 EORTC/GELA/IIL randomized Intergroup trial on early FDG-PET scan guided treatment adaptation versus standard combined modality treatment in patients with supradiaphragmatic stage I/II Hodgkin's lymphoma.	Lymphoma Group

2011	LT Follow-Up	**EORTC-2011** ReCare	Recare - A retrospective observational registry cohort on high-dose Re-irradiation within the E²-RADIatE Platform	
20113	Conduct	**EORTC-20113-LYMG** BREACH	Brentuximab vedotin associated with chemotherapy in untreated patients with stage I/II unfavourable Hodgkin's lymphoma. A randomized phase II LYSA-FIL-EORTC intergroup study	Lymphoma Group
2013	Conduct	**EORTC-2013-BTG** GLIORARE	Treatment and outcome of patients with primary brain tumours diagnosed according to cIMPACT-NOW recommendations and the 2021 WHO classification	Brain Tumour Group
2043	Conduct	**EORTC-2043-QLG** QLG 009/2021	Measurement strategies for assessment of health-related quality of life outcomes in cancer patients with progressive disease	Quality of Life Group
2056	Conduct	**EORTC-2056-QLG** QLG 007/2021	Determination of utility weights for the QLU-C10D in further European and Asian countries and methodological investigation on the robustness of DCE results.	Quality of Life Group
2066	Conduct	**EORTC-2066-QLG** QLG 010/2021	Investigating the equivalence of the EORTC QLQ-C30 and the QLQ-17.	Quality of Life Group
2120	Conduct	**EORTC-2120-HNCG** Ravina	Radiotherapy plus xevinapant or placebo in older patients with locally advanced head and neck squamous cell carcinoma: a randomized phase II study.	Head & Neck Cancer Group
2123	Conduct	**EORTC-2123-QLG** QLG 003/2022	Health-related Quality of Life measurement strategy for solid rare cancers	Quality of Life Group
2129	Conduct	**EORTC-2129-BCG** TREAT ctDNA	Elacestrant for treating ER+/HER2- breast cancer patients with ctDNA relapse (TREAT CtDNA Elacestrant).	Breast Cancer Group
2139	LT Follow-Up	**EORTC-2139-MG** COLUMBUS-AD	Adjuvant encorafenib & binimetinib vs. placebo in resected stage IIB/C BRAF V600E/K mutated melanoma: a randomized triple-blind phase III study in collaboration with the EORTC Melanoma Group	Melanoma Group
22033	Conduct	**EORTC-22033-26033-ROG-BTG**	Primary chemotherapy with temozolomide vs.radiotherapy in patients with low grade gliomas after stratification for genetic 1p loss : a phase III study	Radiation Oncology Group* Brain Tumour Group
22051	Conduct	**EORTC-22051-10052-BCG-ROG** SUPREMO	Selective Use of Postoperative Radiotherapy AftEr MastectOmy (SUPREMO)	Breast Cancer Group Radiation Oncology Group*
22055	Conduct	**EORTC-22055-08053-LCG-ROG** LUNG-ART	Phase III study comparing post-operative conformal radiotherapy to no post-operative radiotherapy in patients with completely resected non-small cell lung cancer and mediastinal N2 involvement - LUNG-ART	Lung Cancer Group Radiation Oncology Group*

22085	Conduct	**EORTC-22085-10083-ROG-BCG** DCIS	A randomized phase III study of radiation doses and fractionation schedules for ductal carcinoma in situ (DCIS) of the breast.	Radiation Oncology Group* Breast Cancer Group
22113	Conduct	**EORTC-22113-08113-ROG-LCG** LUNGTECH	LungTech Stereotactic Body Radiotherapy (SBRT) of inoperable centrally located NSCLC: A phase II study in preparation for a randomized phase III trial	Radiation Oncology Group* Lung Cancer Group
22114	LT Follow-Up	**EORTC-22114-40111-GITCG-ROG** TOP GEAR	Trial of preoperative therapy for gastric and esophagogastric junction adenocarcinoma. A randomized phase II/III trial of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer.	Gastro-Intestinal Tract Cancer Group Radiation Oncology Group*
22922	Conduct	**EORTC-22922-10925-ROG-BCG**	Phase III randomized trial investigating the role of internal mammary and medial supraclavicular (IM-MS) lymph node chain irradiation in stage I-III breast cancer (Joint study of the EORTC Radiotherapy Cooperative Group and the EORTC Breast Cancer Cooperative Group EORTC 22922/10925)	Radiation Oncology Group* Breast Cancer Group
26053	LT Follow-Up	**EORTC-26053-22054-BTG-ROG** CATNON	Phase III trial on concurrent and adjuvant temozolomide chemotherapy in non-1p/19q deleted anaplastic glioma. The CATNON intergroup trial.	"Brain Tumour Group Radiation Oncology Group*"
26071	Conduct	**EORTC-26071-22072-BTG-ROG** CENTRIC	Cilengitide in subjects with newly diagnosed glioblastoma and methylated MGMT promoter gene- a multicenter, open-label, controlled Phase III study, testing cilengitide in combination with standard treatment (temozolomide with concomitant radiation therapy, followed by temozolomide maintenance therapy) versus standard treatment alone (CENTRIC)	Brain Tumour Group Radiation Oncology Group*
55092	Conduct	**EORTC-55092-GCG**	Phase IB-II, open label, multicentre feasibility study of Pazopanib in combination with Paclitaxel and Carboplatin in patients with platinum-refractory/resistant ovarian, fallopian tube or peritoneal carcinoma.	Gynaecological Cancer Group
55102	Conduct	**EORTC-55102-GCG** ENGOT-EN2-DGCG	A phase III Trial of postoperative chemotherapy or no further treatment for patients with stage I-II medium or high risk endometrial cancer.	Gynaecological Cancer Group
55994	Conduct	**EORTC-55994-GCG**	Randomized phase III study of neoadjuvant chemotherapy followed by surgery vs. concomitant radiotherapy and chemotherapy in FIGO Ib2, IIa > 4 cm or IIb cervical cancer.	Gynaecological Cancer Group
58051	Conduct	**EORTC-58051-CLG** Interfant	International collaborative treatment protocol for infants under one year with acute lymphoblastic or biphenotypic leukemia	Children's Leukaemia Group*

58081	Conduct	**EORTC-58081-CLG**	Translational research - observational study for identification of new possible prognostic factors and future therapeutic targets in children with acute lymphoblastic leukaemia (ALL).	Children's Leukaemia Group*
58111	Conduct	**EORTC-58111-CLG** IntReALL SR 2010	International Study for Treatment of Standard Risk Childhood Relapsed ALL 2010. A randomized Phase III Study Conducted by the Resistant Disease Committee of the International BFM Study Group	Children's Leukaemia Group*
58LAE	LT Follow-Up	**EORTC-58LAE-CLG**	Assessment of the long term outcome of childhood ALL patients enrolled in EORTC CLG trials between 1971 and 1998	Children's Leukaemia Group*
62092	Conduct	**EORTC-62092-22092-STBSG-ROG** STRASS	A phase III randomized study of preoperative radiotherapy plus surgery versus surgery alone for patients with Retroperitoneal sarcomas (RPS) - STRASS	Soft Tissue & Bone Sarcoma Group Radiation Oncology Group*
62113	Conduct	**EORTC-62113-55115-STBSG-GCG** HGUtS	A randomized double-blind phase II study evaluating the role of maintenance therapy with cabozantinib in High Grade Uterine Sarcoma (HGUtS) after stabilization or response to doxorubicin +/- ifosfamide following surgery or in metastatic first line treatment	Soft Tissue & Bone Sarcoma Group Gynaecological Cancer Group
65091	LT Follow-Up	**EORTC-65091-06093-IDG-LG**	Empirical versus pre-emptive (diagnostic-driven) antifungal therapy of patients treated for haematological malignancies or receiving an allogeneic stem cell transplant. A therapeutic open label phase III strategy study of the EORTC Infectious Diseases and Leukemia Groups	Infectious Diseases Group* Lung Cancer Group
75111	Conduct	**EORTC-75111-10114-ETF-BCG**	Pertuzumab + trastuzumab (PH) versus PH plus metronomic chemotherapy (PHM) in the elderly HER2+ metastatic breast cancer population who may continue on T-DM1 alone following disease progression while on PH/PHM: an open-label multicentre randomized phase II selection trial of the EORTC Elderly Task Force and Breast Cancer Group	Cancer in Elderly Task Force* Breast Cancer Group
90101	Conduct	**EORTC-90101-NOCI** CREATE	Cross-tumoral Phase 2 clinical trial exploring crizotinib (PF-02341066) in patients with advanced tumors induced by causal alterations of ALK and/or MET ("CREATE")	

**The Cancer in Elderly Task Force, Radiation Oncology Group, Children's Leukaemia Group, and Infectious Diseases Group are no longer active, but ongoing trials continue.*

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