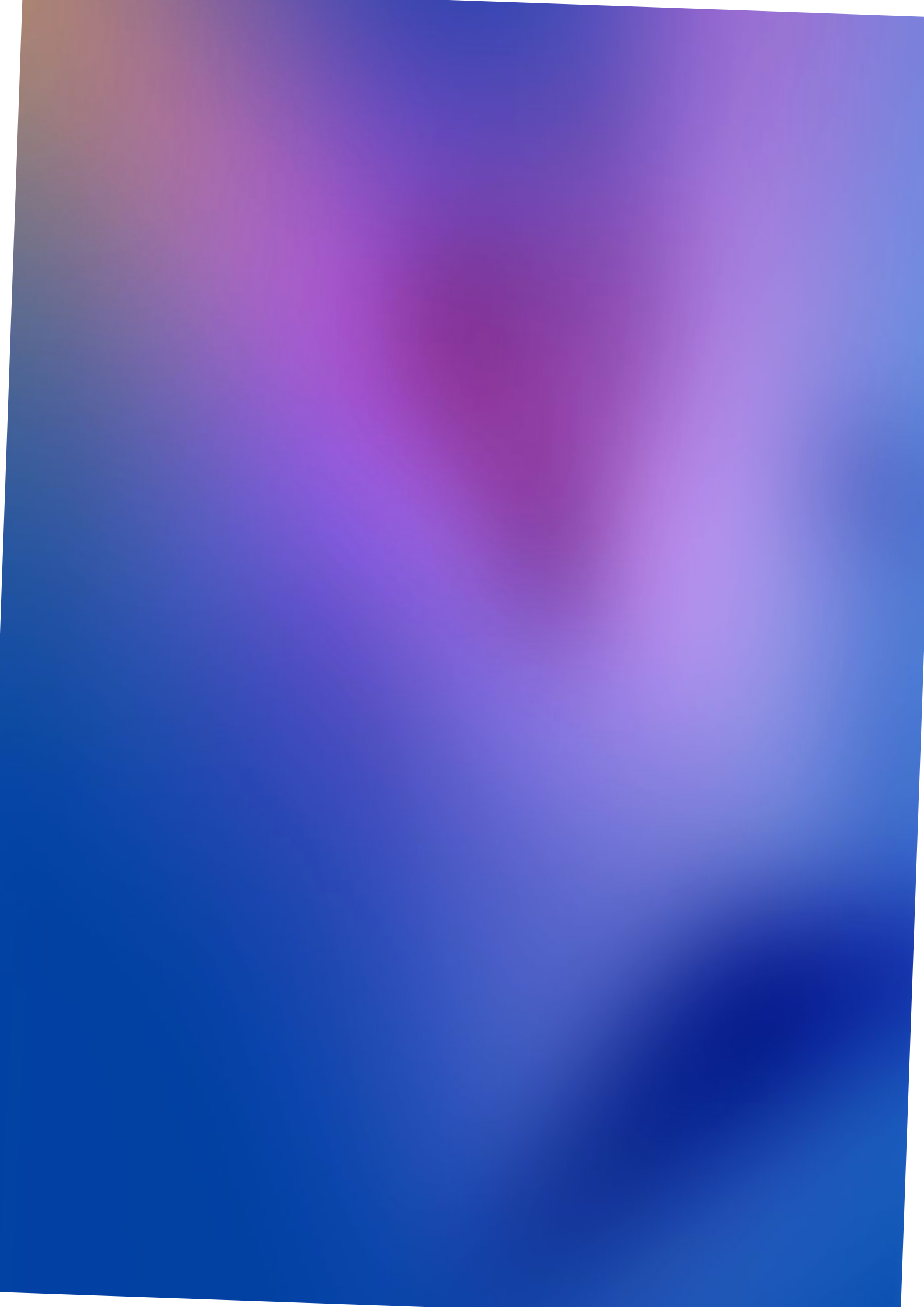
Annual report

Driving progress in cancer treatment, together

2024

EORTC
European Organisation for Research and Treatment of Cancer



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Progress happens when vision meets collaboration

MESSAGE FROM EORTC PRESIDENT, PROF WINETTE VAN DER GRAAF

2024 marked a new chapter for EORTC, with fresh leadership, renewed vision, and global collaborations driving meaningful change in cancer research and patient care.

Dear Colleagues and Friends,

*2024 was a year of **fresh energy and renewed vision for EORTC**. The induction of a new Board of Directors, alongside the rotation of leadership within EORTC groups, brought an infusion of new ideas and perspectives. **New members have joined key committees**, generously contributing their time and expertise to strengthen and shape our unique community.*

*Our new governance model has also been successfully implemented in the past few years and the collaborative efforts of the Scientific Chairs Council, together with the leadership of EORTC's disease-oriented groups and cross-cutting initiatives, are now playing **a vital role in shaping our strategic and scientific priorities**.*

*The recent introduction of new task forces will help us better address high-priority oncological challenges, whether focused on a new class of agents or specific patient populations. These **task forces offer valuable opportunities to strengthen and further expand EORTC's contribution to international programmes**. I encourage you to pay particular attention to the Scientific Strategy section of this report on page 14.*

*While promoting all these changes, EORTC remains at the forefront of shaping clinical practice. **The substantial number of new EORTC clinical trials in advanced preparation and regulatory submission reflects the dedication of our members and reaffirms the value our organisation brings to the field.** Given the scale of our clinical trials portfolio, it is essential to plan early and allocate resources towards high-impact studies with the potential to change practice. For example, in 2024 we achieved a key milestone with the EORTC trial on prostate cancer, assessing Ra223 and enzalutamide, which has now joined our growing list of practice-changing clinical trials.*

*EORTC is aware of its strategic role as an independent non-profit clinical research organisation to positively influence cancer policies in Europe. In this regard, I would like to **highlight the productive collaborations with the European Medicines Agency (EMA)**, specifically in the field of treatment optimisation, quality of life research, and ultra-rare cancers.*

The organisation also engages in active discussions with other clinical trial groups around the world through the co-organisation of events and courses, by supporting research fellowships, and by conducting clinical trials. For example, the EORTC-led phase III trial for retroperitoneal sarcoma STRASS 2 started recruitment in the US under the leadership of US NCI/ECOG/ ACRIN. Additionally, EORTC contributed to the Australian-led TOP GEAR trial on gastric and gastroesophageal junction adenocarcinoma, which was presented at the 2024 ESMO Congress.

*These remarkable achievements and milestones highlight the organisation's unwavering commitment to its **mission of improving both the survival and quality of life of cancer patients**, as well as its role as the central meeting point for all stakeholders involved in clinical cancer research.*

*Meaningful progress is only possible through **exceptional teamwork**. I therefore extend my sincere gratitude to the EORTC headquarters leadership and to the Board of Directors for their collaborative spirit, dedication, support and visionary leadership. Their efforts to involve patients in EORTC's activities and foster the next generation of scientists through fellowships and specific training programmes for Early Career Investigators are truly inspiring. It's an honour and a great pleasure to work with you all.*

Warm regards,

Professor Winette van der Graaf
EORTC President

Independent clinical research is vital to transforming care

FOREWORD BY DR DENIS LACOMBE, CHIEF EXECUTIVE OFFICER

The 2024 EORTC Annual Report highlights a year of scientific progress, regulatory advocacy, and steadfast commitment to independent cancer research. EORTC continues to lead clinical research, overcoming challenges to improve patient outcomes across Europe and beyond.

Dear EORTC Members, Partners, and Stakeholders,

*I am delighted to present **the 2024 EORTC Annual Report** and hope you find its content both insightful and enriching. This report not only highlights our achievements over the past year but also outlines our vision for the future, reinforcing our commitment to advancing clinical cancer research.*

*With a diverse portfolio spanning multiple therapeutic areas and addressing the complex challenges of cancer across different patient populations, **we continue to push forward our mission** to improve the lives of cancer patients worldwide.*

While cancer research constantly evolves, we remain committed to navigating regulations in clinical trials, medical devices, and diagnostics.

*A key concern is the increasing challenges independent organisations like EORTC face in conducting the clinical trials that drive meaningful change. Regulatory constraints in Europe threaten to undermine **vital research that has the potential to transform clinical practice, save lives, and improve the quality of life for cancer patients** globally. Nevertheless, EORTC remains steadfast, leveraging its multifaceted expertise to navigate these challenges and seamlessly continue its agenda.*

*Through our strengthened scientific strategy and the establishment of dedicated task forces, **we continue to advocate for independent clinical research**. Our active engagement with regulatory bodies, including the EMA, the EU Commission, and Parliament, ensures that EORTC's voice is heard, reinforcing the critical role we play in shaping the future of cancer research in Europe and beyond.*

*Thanks to the dedication of our multidisciplinary team of experts at our headquarters and the strong leadership of our HQ directors, **we continually develop innovative solutions to drive forward our clinical trial agenda** smoothly and efficiently.*

*As I conclude, I would like to extend my sincere gratitude to our esteemed members, the dedicated EORTC Headquarters team, and our valued partners who place their trust in our mission. Your unwavering support drives us forward, and **together, we will continue making a lasting impact on cancer research**.*

Sincerely,

Dr Denis Lacombe
EORTC Chief Executive Officer

What is EORTC?

The European Organisation for Research and Treatment of Cancer (EORTC) is Europe's leading multidisciplinary academic clinical cancer research organisation, uniting experts from across the globe.

Its work spans all cancer types and treatment approaches, crossing national borders to improve survival and quality of life for patients.

EORTC's core mission is to design and run international clinical trials, particularly phase II and III studies, independent of commercial interests. These studies aim to optimise standards of care, define better treatment strategies, and generate robust evidence to inform clinical practice. Translational research is also central, helping to personalise treatment through a deeper understanding of tumour biology.

Another key strength lies in EORTC's capacity to build efficient and comprehensive cancer research infrastructures. These systems enable the delivery of high-quality datasets through close collaboration with partner organisations, institutions, and hospitals.

In addition to clinical trials, EORTC undertakes research projects that extend the life and impact of its studies. These often arise after a trial concludes, exploring new scientific questions through long-term follow-up or secondary analyses.

Conducted in-house or with external partners using anonymised data, such projects can generate valuable insights for over a decade beyond the original study.

Finally, EORTC is committed to training the next generation of cancer researchers and healthcare professionals through dedicated educational programmes and knowledge-sharing initiatives.

Delivering practice-changing results

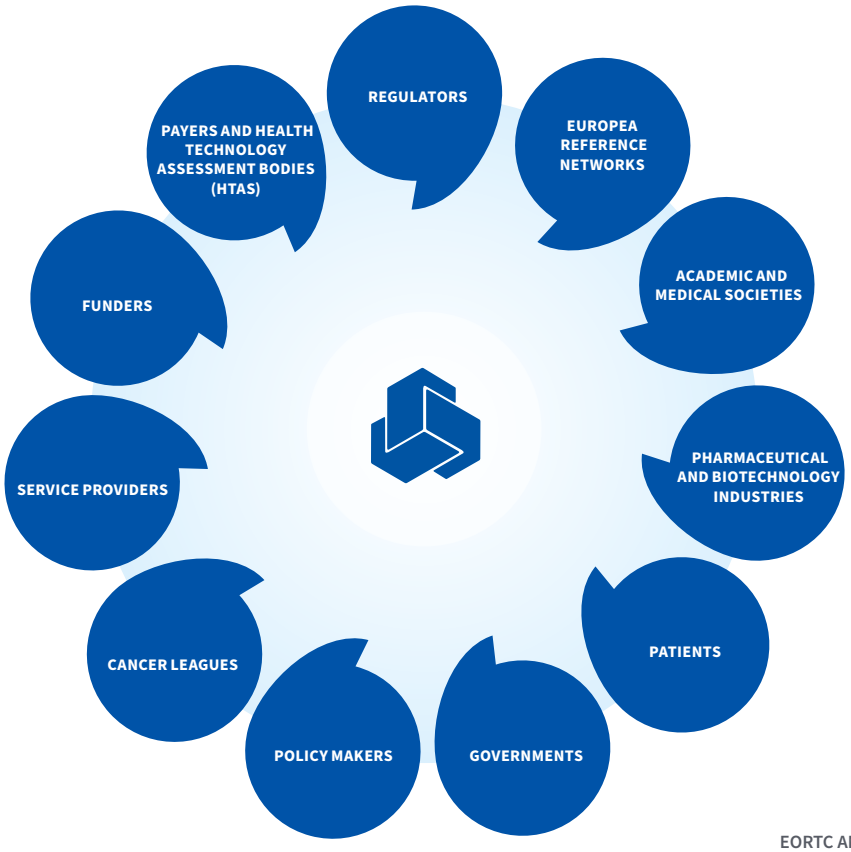
Since 1962, EORTC has enrolled around 220,000 patients in clinical trials across tumour types. Many of these trials have dramatically improved patient care, with their findings now used globally to save and extend lives.

As opposed to drug development oriented to marketing authorisation, EORTC's trials prioritise patient well-being and clinical relevance. This means we investigate ways to optimise existing treatments, reduce side effects, and improve quality of life, hence focused on daily public health questions of high relevance for patients, doctors and society.

This approach directly benefits patients and their families with access to advanced, less burdensome care, while also providing evidence-based data that enables healthcare systems to make informed, cost-effective decisions, ultimately bridging scientific discovery with efficient and sustainable healthcare practices.

EORTC ECOSYSTEM

EORTC positions itself at the forefront of the global clinical cancer research ecosystem, engaging with a wide range of stakeholders to address the full spectrum of cancer treatment development and access within healthcare systems. The organisation contributes expert insight into the conduct of multidisciplinary and international clinical trials and advocates for the role of independent academic research in aligning with the interests and needs of all stakeholders involved.



Our mission in numbers

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

STUDIES

Around
140
Active studies

4
New studies activated

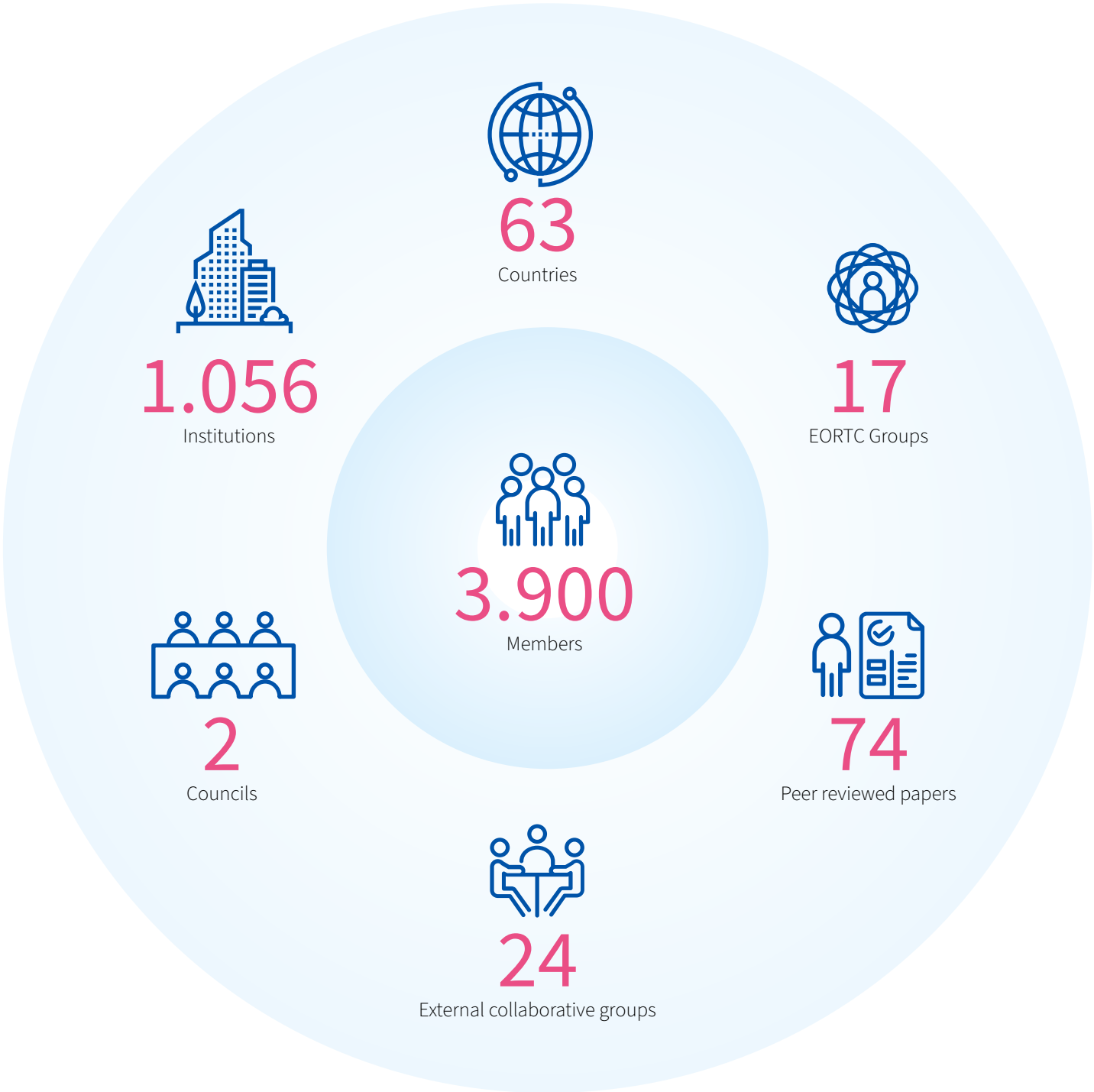
20
Studies open to patient entry

PATIENTS

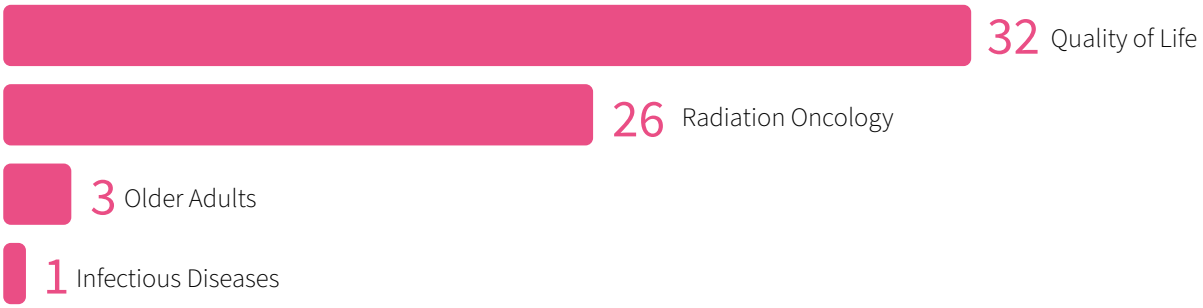
219.200
Patients in database

22.500
Patients in follow-up

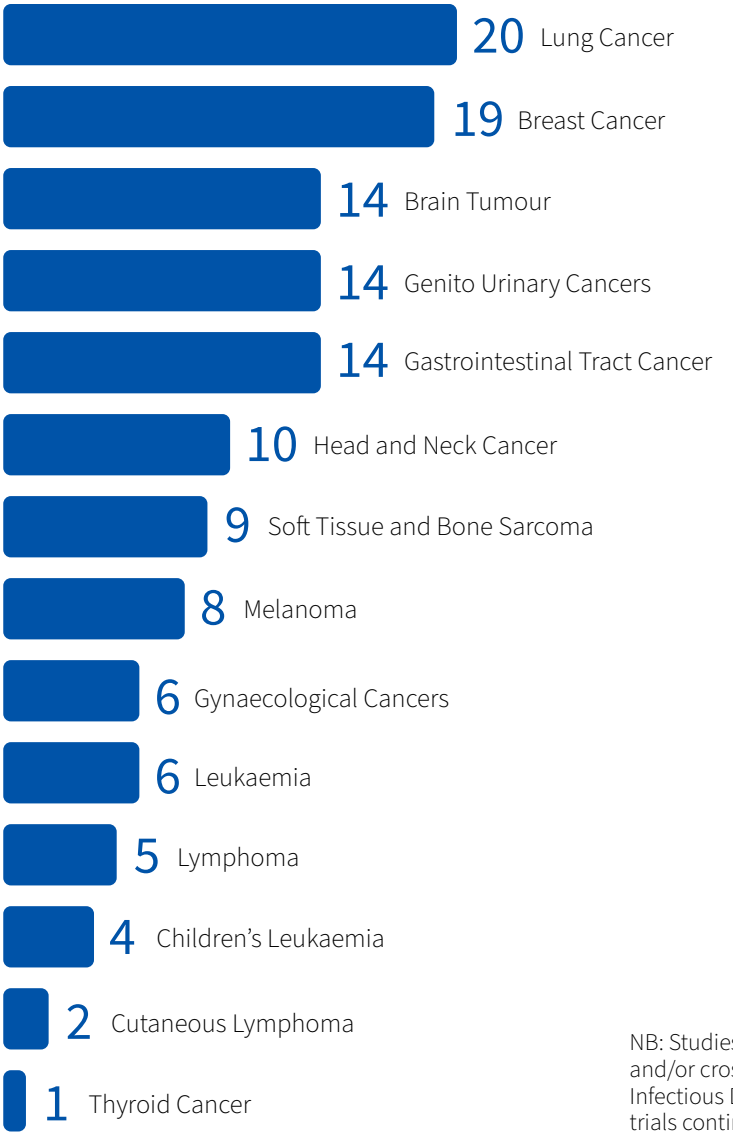
OUR NETWORK


63
Countries
1.056
Institutions
17
EORTC Groups
3.900
Members
2
Councils
74
Peer reviewed papers
24
External collaborative groups

STUDIES PER **CROSS-DISCIPLINE**

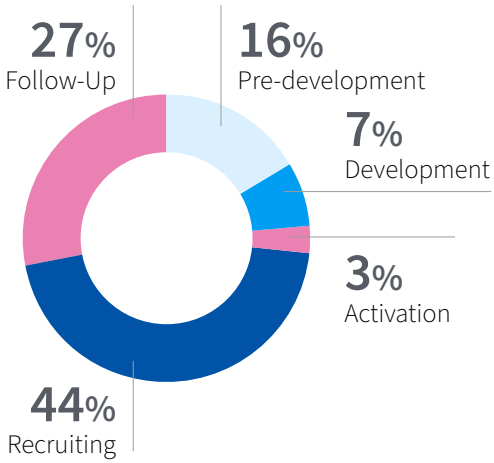


STUDIES PER **EORTC TUMOUR GROUPS**



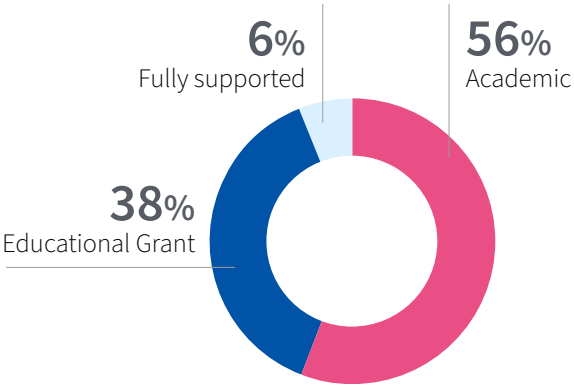
NB: Studies can be related to more than one tumour group and/or cross-discipline. The Children Leukaemia Group and Infectious Diseases Group are no longer active, but ongoing trials continue.

STUDIES BY **STAGE**



- **Pre-development:** from concept endorsement to outline PRC approval and project clearance.
- **Development:** full protocol is developed up to Protocol V1 release and upstream contract signing.
- **Activation:** period from protocol release to the activation of the first site, including regulatory submissions and approval by authorities.
- **Recruiting:** from the activation of the first site and readiness for recruitment until the last patient is recruited or the study is closed to recruitment.
- **Follow-up:** from the enrolment of the last patient in, to the issuance of the final report and analysis.

STUDIES BY **FUNDING TYPE/CATEGORY**



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

RESEARCH PROJECTS

157
Active research projects

25
New research projects approved

10
Research projects completed

1
Discontinued research project

Scientific Strategy

EORTC's scientific strategy defines the research priorities that guide the organisation in fulfilling its mission of improving the survival and quality of life of cancer patients.

EORTC's scientific strategy is firmly grounded in its strengths as a multidisciplinary, international clinical cancer research infrastructure.

Encompassing a broad spectrum of tumour types and patient populations, EORTC strives to ensure that no one is left behind, irrespective of age, cancer rarity, or geographic location. Our trials are designed to be conducted in all countries where our active members operate.

EORTC's overarching scientific strategy addresses the evolving challenges of oncology across tumour types, while also embracing the growing role of data sciences and technological innovations.

SCIENTIFIC CHAIRS COUNCIL

EORTC's scientific direction is shaped through the Scientific Chairs Council (SCC), composed of the leadership of its 17 disease-oriented and cross-discipline groups, alongside its two scientific councils focused on radiation oncology and older adults. The SCC serves as a unique forum, bringing together diverse disciplines to collectively address major, shared scientific questions.

EORTC's scientific strategy is revised regularly in response to scientific advancements, with a formal structural update every three to five years.

KEY PILLARS OF THE EORTC SCIENTIFIC STRATEGY

Clinical & scientific priorities

EORTC focuses on clinical contexts where its unique strengths can bring the greatest benefit. These include multidisciplinary loco-regional treatments, rare cancers, quality of life and patient-reported outcome research, specific patient populations, as well as translational research approaches.

Technology-oriented priorities

EORTC operates dedicated platforms for translational research, imaging and radiation oncology. These are continuously evolving to remain aligned with the latest scientific and technological advancements.

Data science priorities

EORTC's strategy is adapting to serve new forms of clinical research, including cohort-based clinical trials, trials within cohorts (TwiCs), complex trials, and pragmatic trials. Exploring the role of artificial Intelligence and decentralised clinical trials represents another key area for future development.

Methodological priorities

Practice-changing clinical research is central to the scientific agenda of EORTC. Methodological rigour and external validity are foundational principles of the EORTC research agenda. EORTC is pioneering new trials methodologies, particularly pragmatic trials to support treatment optimisation and generate evidence applicable to real-world settings.

EORTC TASK FORCES

The Scientific Chairs Council aims to prioritise strong and cross-cutting research topics that foster collaboration across the different groups and councils. To support this objective, dedicated Task Forces have been established for selected cross-cutting priorities, offering an ideal place for diverse expertise to come together, encouraging scientific exchange and enhancing the efficiency of research efforts.

ANTIBODY DRUG CONJUGATE

Chair
Michail Ignatiadis

Key objectives
The primary aim of this Task Force is to develop clinical and translational research projects focused on the efficacy and/or toxicity of Antibody-Drug Conjugates (ADCs) across various tumour types. Given the broad application of these therapies, the work naturally involves multiple disease-oriented groups within EORTC.

MOLECULAR RESIDUAL DISEASE

Chair
Benjamin Besse

Key objectives
This Task Force seeks to advance the understanding and clinical application of Molecular Residual Disease (MRD) assessment in trials. It aims to personalise treatment strategies by identifying the optimal timing and duration of therapy based on MRD status, and to explore escalation and de-escalation approaches guided by MRD with the goal of improving patient outcomes.

OLDER ADULT

Chairs
Lissandra Dal Lago & Paolo Bossi

Key objectives
The main objective of this Task Force is to support the Older Adults Council (OAC) in shaping its research agenda and activities by involving the EORTC disease-oriented groups. Its focus includes implementing geriatric assessments in clinical trials with a tangible impact on patient care and promoting relevant translational research projects. It also works to advance clinical research and educational initiatives, while fostering partnerships with external stakeholders, including the International Society of Geriatric Oncology (SIOG), the European Medicines Agency (EMA), industry, and policymakers.

RARE CANCERS

Chair
Winette van der Graaf

Key objectives
This Task Force addresses the unique challenges faced by patients with rare cancers, particularly limited access to trials, innovative drugs, and effective treatments. Its goals are to strengthen multidisciplinary collaboration and integrated research, develop novel methodologies and policies for more efficient trial designs and treatment access, and expand patient access to clinical trials and emerging therapies.

RADIOLIGAND THERAPY

Chairs
Matthias Preusser & Christophe Deroose

Key objectives
The aim of this Task Force is to advance the evidence base for radioligand therapy in oncology. Priorities include launching clinical trials to support the integration of radioligands into standard care, fostering multidisciplinary collaboration with disease groups and nuclear medicine specialists, enhancing patient access to RLT trials and therapies, clarifying the unique characteristics and requirements of these trials, strengthening cross-disciplinary research, and developing more efficient methodologies and policy frameworks to facilitate access and delivery.

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.

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. EORTC's overarching scientific strategy addresses the evolving challenges of oncology across tumour types, while also embracing the growing role of data sciences and technological innovations.

KEY RESULTS

- SPECTA's clinical research platform includes **173 authorised research doctors** from **129 institutions** in **20 countries** in 2024.
- Around 493 patients out of the 664 registered were enrolled in two recruiting projects in 2024, contributing to the more than **4,500 registered patients** and **2,180 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, and serves as a critical Advisory Board, enriching scientific rigor and fostering excellence in our research endeavour.
- One article[1] was published in *Precision Oncology* about two sub-domains of the Arcagen prospective cohort. Two posters were presented about the IMMUcan project at the EMBO and ESMO Congresses in 2024, as well as one oral presentation at the Oxford Global Biomarkers Congress 2024 and one abstract presented at ESSB in Berlin.

1 - Tagliamento M et al. (2024). EORTC-SPECTA Arcagen study, comprehensive genomic profiling and treatment adaptation of rare thoracic cancers. ***Precision Oncology***. https://doi.org/10.1038/s41698-024-00518-9

GET IN TOUCH
www.spectaplatform.org
specta@eortc.org

PRECISION ONCOLOGY IN ACTION

SPECTA offers huge potential to advance precision medicine in oncology. Here are five innovative projects that used the platform in 2024.

IN ACTIVATION

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 (Head & Neck) is expected to be active in April 2025.

IN RECRUITMENT

BioRadon studies the molecular characterisation of Non-Small Cell Lung Cancer (NSCLC) and exposure to indoor radon in Europe, especially in non-smokers. Patient recruitment started in 2022, with 896 patients enrolled so far.

IN ANALYSIS

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.
As of 30 October 2024, the project has successfully completed the prospective recruitment for the EORTC SPECTA IMMUcan cohort with 1,472 patients enrolled.
Thanks to external collaborations, the total number of patients analysed in IMMUcan will reach about 2,700, all of whom will undergo comprehensive molecular and cellular profiling. Analysis will be completed by end of August 2025.
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.

ANALYSED

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 2025.

IN DEVELOPMENT

STARBURST-1 is an extensive translational research programme that aims to develop an effective clinical multimodal signature that can predict response to treatment in patients who received standard-of-care neoadjuvant therapy (NAT) and are scheduled for a cystectomy. MRIs and samples (tissue, blood, urine) will be collected before and after NAT for analyses.
SONAR is an observational study for assessing treatment and outcome of patients with stage III NSCLC. The main objective is to collect high-quality prospective data of all patients diagnosed with stage III NSCLC to characterise disease profiles of interest within this patient population and to further support cancer research.

Governance

EORTC has a structured governance framework designed **to effectively oversee** its scientific, operational, and financial activities.

The General Assembly (GA) serves as the supreme governing body of EORTC, bringing together representatives from all member groups. It convenes annually to review and approve major decisions, including the election of Board members and amendments to the organisation's statutes.

The Board is responsible for the strategic direction and overall management of EORTC. It ensures that the organisation's mission and objectives are met, overseeing both scientific and administrative functions.
Several specialised committees support the Board by focusing on specific areas. The Audit and Financial Committee (AC/FC) assists the Board in financial management, including budgeting and financial reporting processes, and oversees the hiring and supervision of auditors. The Nominating Committee (NC) advises the Board on appointments for key positions such as the President, CEO, and CFO, ensuring transparent and rigorous selection procedures. The Executive Committee (ExCo) handles urgent matters requiring immediate attention between Board meetings, with participants selected based on the issues at hand. The Scientific Audit Committee (SAC) provides independent advice on EORTC's activities, scientific output, and strategic priorities, evaluating the effectiveness of research programmes and suggesting improvements.
The Scientific Chairs Council (SCC), established in 2020, drives EORTC's scientific strategy and sets associated priorities. It serves as a forum for the leadership of EORTC Groups and Task Forces to collaboratively address major oncological challenges across tumour types.
Finally, EORTC's Headquarters play a central role in coordinating and supporting large-scale pan-European cancer clinical and translational research, managing databases, and controlling access to biological material and data collected during trials.

MEET THE NEW EORTC BOARD

The year 2024 signalled the beginning of a new governing mandate, following EORTC's General Assembly held on 28 June 2024. We wish to thank Guy Beniada for his involvement as Chair of the EORTC Audit and Finance Committee, and Richard Schilsky, former Chair of the Protocol Review Committee.

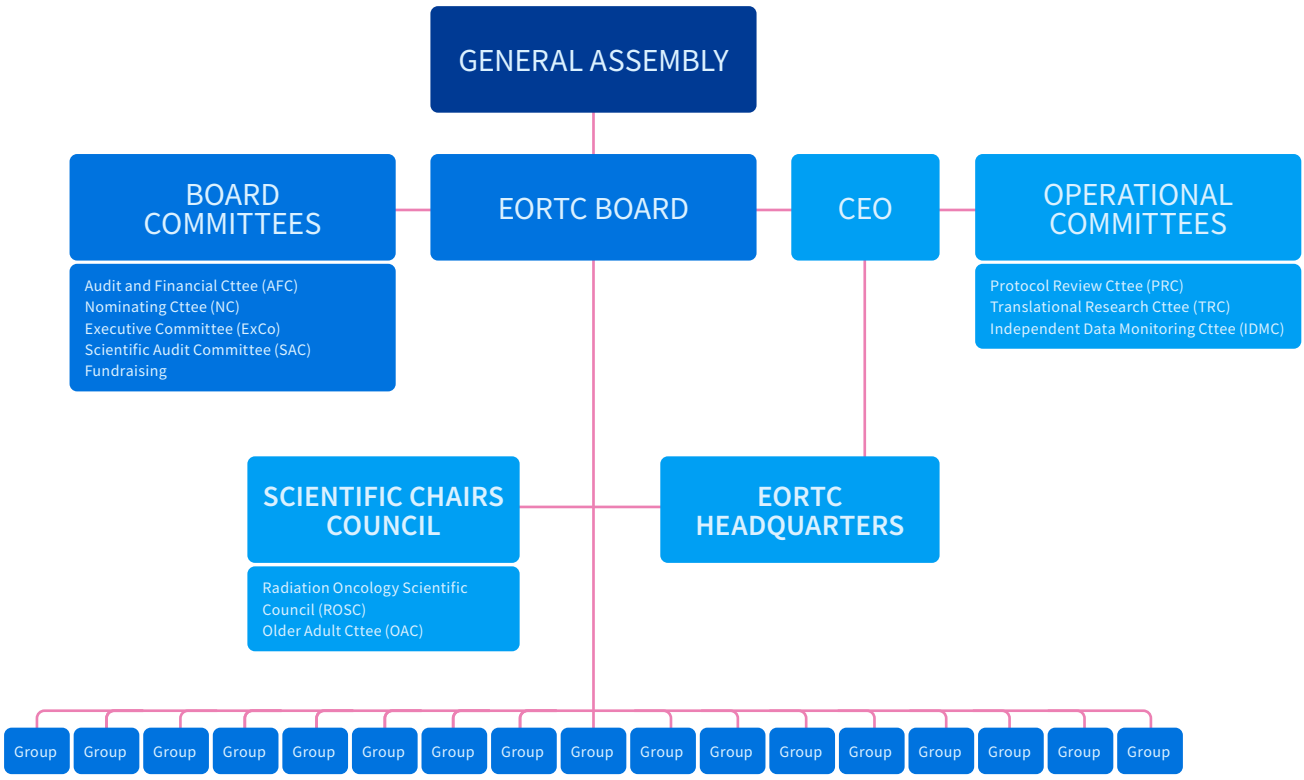
New Board members

- **Mrs Caroline Artis**, Chair of the Audit & Finance Committee
- **Dr Roberto Salgado**, Board member
- **Professor Martin van den Bent**, Chair of the Protocol Review Committee
- **Dr Jens Lehmann**, Early Career Investigator

Additionally, Dr Etienne Brain and Dr Mieke Van Hemelrijck were re-elected for a second term, and Dr Jean-Pierre Bizzari will now serve as Special Advisor. The rest of the board members were renewed in their current roles.
The current President, Professor W. van der Graaf, will remain in position until June 2026, as approved by the General Assembly, ensuring continuity during the recent changes in the EORTC's governance structure.

From left to right: Roberto Salgado, Vassilis Golfinopoulos, Ruth Plummer, Diego du Monceau, Benjamin Besse, Jens Lehmann, Elizabeth Eisenhauer, Winette van der Graaf, Etienne Brain, Mieke Van Hemelrijck, Caroline Artis, Denis Lacombe, Michael Weller, and Christian Brunet.

EORTC GOVERNANCE



BOARD OFFICERS

Winette van der Graaf
President
The Netherlands Cancer Institute-Antoni Van Leeuwenhoek
Amsterdam, Netherlands

Bertrand Tombal
Past president
Cliniques Universitaires Saint-Luc
Brussels, Belgium

Etienne Brain
Secretary General
Institut Curie – Hopital Réné Huguenin
Paris, France

CHAIRS OF EORTC COMMITTEES/COUNCIL

Elizabeth Eisenhauer
Chair of Scientific Audit Committee (SAC)
Queen's University
Kingston, Canada

Benjamin Besse
Chair of Scientific Chairs Council (SCC)
Gustave Roussy
Villejuif, France

Michael Weller
Vice-Chair of Scientific Chairs Council (SCC)
Universitätsspital Zürich
Zürich, Switzerland

Diego du Monceau
Chair of the EORTC Cancer Research Fund (ECRF)
Brussels, Belgium

Caroline Artis
Chair of the EORTC Audit & Finance Committee (AFC)
London, United Kingdom

BOARD MEMBERS

Roberto Salgado
Board member
GasthuisZusters Antwerpen
Wilrijk, Belgium

Mieke Van Hemelrijck
Board member
Guy's and St Thomas' NHS - Guy's Hospital
London, United Kingdom

EX-OFFICIO BOARD MEMBERS

Jean-Pierre Bizzari
Special Advisor
Haverford, United States

Martin J. van den Bent
Protocol Review Committee Chair (PRC)
Erasmus MC
Rotterdam, Netherlands

Denis Lacombe
EORTC Chief Executive Officer (CEO)
EORTC Headquarters
Brussels, Belgium

Vassilis Golfinopoulos
EORTC Director Headquarters (HQ)
EORTC Headquarters
Brussels, Belgium

Christian Brunet
EORTC Chief Financial Officer (CFO)
EORTC Headquarters
Brussels, Belgium

Jens Lehmann
Early Career Investigator (ECI)
Landeskrankenhaus Innsbruck
Innsbruck, Austria

Petr Szturz
Early Career Investigator (ECI)
Centre Hospitalier Universitaire Vaudois (CHUV)
Lausanne, Switzerland

Welcome to our Headquarters

The EORTC Headquarters play a crucial role in supporting the organisation's mission. Thanks to a dedicated team of experts, it acts as a clinical trials unit allowing us **to perform robust clinical trials fully in-house.**

This lies at the heart of our work, and we invest significant effort in maintaining our competence and expertise, while continually striving for efficiency and providing an exceptional experience for our network and research partners.

We are constantly evolving, driven by technological advancements, process improvements, the recruitment of talented individuals, and ongoing training. However, knowledge at EORTC does not remain confined within our walls. We take our responsibility to share it seriously, offering educational courses on topics such as statistics, patient advocacy, and clinical trial design. A notable example is our co-organisation, alongside ESMO and AACR, of the MCCR Workshop. This is a week-long course aimed at educating and training early-career investigators. Our vibrant Fellowship Programme further reflects our commitment to educate the next generation of researchers, offering young physicians, statisticians, and social scientists the opportunity to spend one to three years working at EORTC.

In addition to supporting external researchers, many of our staff members conduct their own research, with a strong focus on clinical research methodology, particularly in the areas of statistics and quality of life. Some of the most influential methodological initiatives in oncology have benefited from the expertise of our scientists. Notable examples include RECIST, SISAQOL IMI, and the ESMO Magnitude of Clinical Benefit Scale (MCBS).

At EORTC, we envision a world where high-quality evidence drives progress, whether it originates from our own research or from others. Openness is a core value. Many of our team members serve as reviewers or advisors to external grant committees and regulatory bodies. We also actively participate in regulatory workshops and multi-stakeholder meetings, grounded in the belief that collaboration and shared knowledge are essential to advancing the field of oncology.

A HUB FOR COLLABORATION AND INNOVATION

10
Active Fellowships

38
Nationalities

250
Staff members

30%
Male

70%
Female

50%
Female Directors

From left to right: Stephane Lejeune, Rachel Galot, Denis Lacombe, Frank Vandenbroucke, Mieke Van Hemelrijck, Vassilis Golfinopoulos, Anouk Waeytens, Jean-Marie Vlassembrouck.

The EORTC Headquarters in Brussels is home to **250 staff members** representing **38 nationalities** and a diverse range of backgrounds and specialisations. It is also a place where we warmly welcome our members for engaging discussions in one of our 16 meeting rooms, most of which are fully equipped for hybrid and virtual meetings.

Our largest space, the Tagnon Meeting Room, can accommodate up to 80 people and hosts a variety of key events. These include internal workshops, end-of-fellowship presentations, Scientific Chairs Council (SCC) meetings, board meetings, and visits from distinguished guests.

One such occasion took place on 21 November 2024, when we had the honour of welcoming **Frank Vandenbroucke**, Belgian Minister of Social Affairs and Public Health. His visit provided a valuable opportunity to share and discuss the latest developments in cancer research and treatment.

"Cancer research is a global challenge that requires a united effort. By working together, all stakeholders can accelerate access to efficient treatments and improve the quality of life for patients worldwide."

Minister Vandenbroucke

"EORTC is a place of acceptance, balance and excellence! I feel proud to be part of such a dedicated group working towards revolutionising cancer treatment."

Ana Teresa Mota, Clinical Data Manager

TOWARDS A GREENER WORKPLACE

Over the past four years, our HR department has implemented a range of initiatives to reduce energy consumption and enhance the overall work environment.

As a result of these efforts, EORTC HQ has significantly improved its energy efficiency, sustainability, safety, and security. The complete renovation of the 4th and 5th floors, which commenced in April 2021, has led to a strong energy performance rating (PEB B+). These upgrades have created a more modern and comfortable workspace with a clean, open plan design that is conducive to better collaboration and interactions.

Our HQ team is committed to the continuous improvement of our facilities and actively explores new projects to further enhance workplace comfort and energy performance.

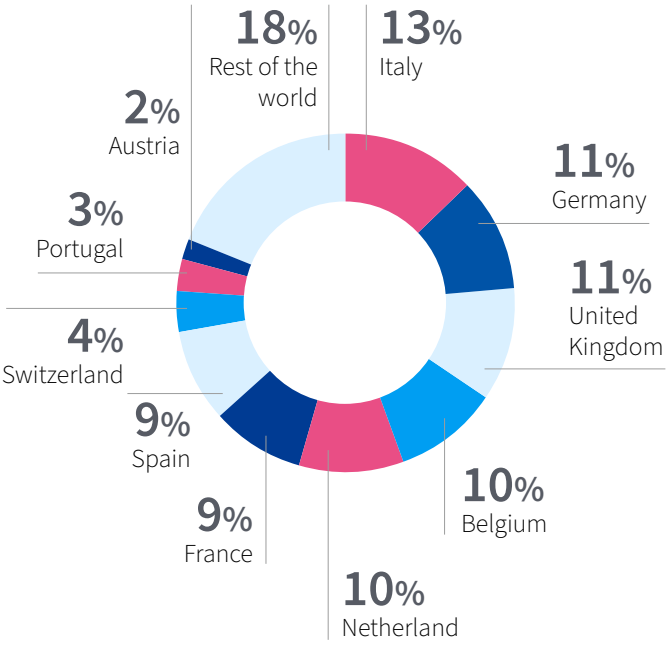
EORTC members

In 2024, our network included approximatively **3900 members** in **63 countries** representing **1056 institutions**.

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

Through its free 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.

TOP MEMBERS **COUNTRIES**



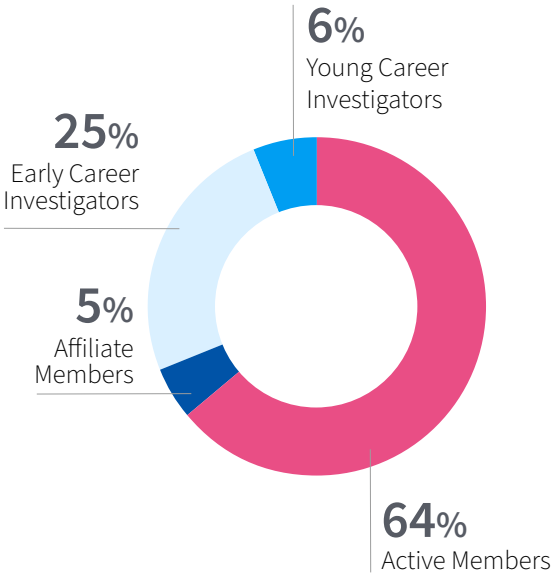
MEMBERSHIP **TYPES**

Active Members can actively engage in EORTC clinical trials, assume leadership roles and have voting rights. This membership type is restricted to healthcare professionals in the oncology field operating within EORTC's legal geographical area.

Affiliate Members can participate in 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.



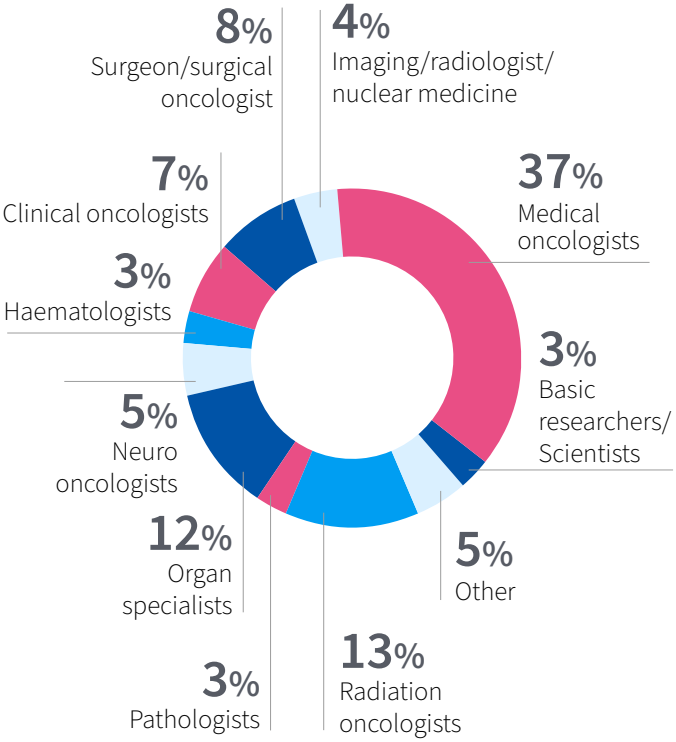
EORTC COMPRISES **13 TUMOUR AND 4 CROSS-DISCIPLINE GROUPS**

The table represents the current EORTC disease-oriented groups and the number of members per group. Note that individuals can belong to multiple groups.

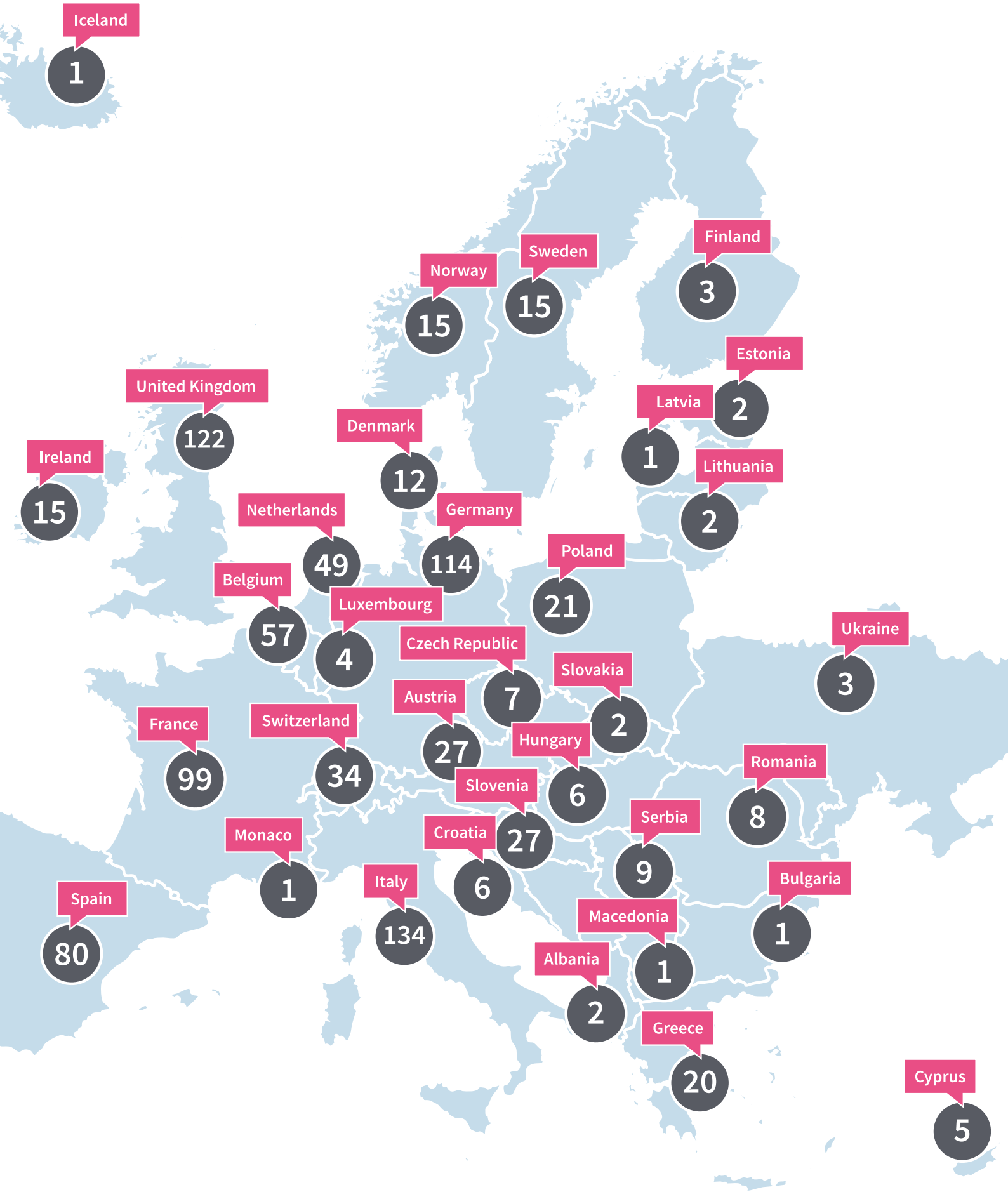
TUMOUR GROUPS	M.
Gastro-Intestinal Tract Cancer Group (GITCG)	787
Brain Tumour Group (BTG)	721
Lung Cancer Group (LCG)	721
Breast Cancer Group (BCG)	710
Genito-Urinary Cancers Group (GUCG)	621
Head & Neck Cancer Group (HNCG)	586
Melanoma Group (MG)	509
Soft Tissue & Bone Sarcoma Group (STBSG)	476
Gynaecological Cancer Group (GCG)	401
Lymphoma Group (LYMG)	277
Thyroid Cancer Group (TCG)	243
Cutaneous Lymphoma Tumour Group (CLTG)	203
Leukaemia Group (LG)	182

CROSS DISCIPLINE GROUPS	M.
Quality of Life Group (QLG)	975
Pharmacology & Molecular Mechanisms Group (PAMM)	472
Imaging Group (IG)	399
Pathobiology Group (PBG)	341

TOP MEMBERS **DISCIPLINES**



EORTC'S NETWORK INCLUDES INSTITUTIONS FROM **ACROSS THE GLOBE**


Iceland
1
Norway
15
Sweden
15
Finland
3
Estonia
2
Latvia
1
Lithuania
2
United Kingdom
122
Ireland
15
Denmark
12
Netherlands
49
Germany
114
Poland
21
Belgium
57
Luxembourg
4
Czech Republic
7
Slovakia
2
Ukraine
3
Austria
27
Hungary
6
France
99
Switzerland
34
Slovenia
6
Romania
8
Monaco
1
Croatia
6
Serbia
9
Italy
134
Bulgaria
1
Spain
80
Macedonia
1
Albania
2
Greece
20
Cyprus
5

Young and Early Career Investigators

Petr Szturz
Lausanne University Hospital (CHUV)
Lausanne, Switzerland

Jens Lehmann
Medical University of Innsbruck
Innsbruck, Austria

At EORTC, we prioritise the development of the next generation of researchers and are committed to providing them with ongoing support as they advance in their careers. The EORTC Young and Early Career Investigators (Y-ECIs) community, chaired by Dr Petr Szturz and, since June 2024, also by Dr Jens Lehmann, offers its members outstanding career and research opportunities in both clinical and translational medicine.

Y-ECI MEMBERSHIP AND COMMUNITY

Young Investigators (YIs) include physicians in specialty training (i.e. before board certification) and other healthcare professionals or researchers pursuing MSc or PhD studies. Early Career Investigators (ECIs) are typically board-certified physicians with ten years of specialty qualification, as well as other healthcare professionals holding an MSc degree (without subsequent PhD) 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. The Y-ECI community represents a significant proportion of EORTC members. As of 2024, 1133 EORTC members were registered as Y-ECIs.

Each EORTC group, whether disease-oriented or cross-disciplinary, has a dedicated Y-ECI community. These communities serve as a point of contact for Y-ECIs, coordinating group-specific activities. Depending on the group's structure, leadership roles such as Y-ECI Chair, Vice-Chair, Co-Chair, and/or Secretary have been established to facilitate engagement and to serve as a link to the groups' steering committees. Additionally, through Y-ECI representation at the Board, they provide a connection to the EORTC Board of Directors. The primary activity facilitated by the Y-ECI Chairs is the development and conduct of clinical trials, enabling Y-ECIs to participate as principal investigators or sub-investigators. Moreover, ECIs may also act as international study co-coordinators. Further activities vary by group and may include Y-ECI-led research projects (e.g., systematic reviews, surveys), educational initiatives (e.g. webinars), and mentorship or career development programs tailored to specific specialties.

"The Y-ECI community at EORTC brings people together, fostering a network of researchers who collaborate on various projects and support each other in learning and growing in their careers." Jens Lehmann

Y-ECIS PER EACH EORTC DISEASE-ORIENTED AND CROSS-DISCIPLINE GROUP

Note that individuals can belong to multiple groups.

Y-ECIS	GROUPS
362	Quality of Life
250	Lung
236	Pharmacology & Molecular Mechanisms
228	Gastrointestinal
222	Brain
196	Breast
170	Head and Neck
168	Genito Urinary
160	Pathobiology
157	Imaging
143	Melanoma
119	Soft Tissue and Bone Sarcoma
102	Gyneacological
69	Thyroid
63	Cutaneous Lymphoma
63	Lymphoma
36	Leukaemia

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.community, which are not available to senior members.

2024 HIGHLIGHTS

Building on the success of the 2023 CME-accredited virtual mentoring and career development programme for early career investigators (ECIs), EORTC launched preparations for the 2025 hybrid ECI programme: Advancing ideas into clinical research, reaffirming its commitment to supporting the next generation of clinical researchers. Throughout 2024, extensive efforts were made to ensure a robust and engaging programme, scheduled between May and November 2025.

ADVANCING IDEAS INTO CLINICAL RESEARCH: THE EORTC 2025 HYBRID PROGRAMME FOR ECIS

A Call for Participation was issued in November 2024, attracting more than 150 applications from the EORTC Early Career community, and after a rigorous selection process from the Steering Committee, 40 top-ranking candidates were selected to participate in this unique training experience.

The 2025 ECI Programme introduces a hybrid learning format, featuring both in-person and virtual sessions. It is designed to foster research proposal development, with a particular emphasis on the newly established EORTC Task Forces: Minimal Residual Disease, Antibody Drug Conjugates, Radioligand Therapy, Older Adults, and Rare Cancers. Participants will work in groups, refining their research ideas under the supervision of experienced EORTC investigators and external experts. Beyond scientific training, the Programme will offer professional development opportunities, including networking with academic and industry leaders, a presentation on the publication process by a journal representative, and leadership coaching by McKinsey. This holistic approach ensures that ECIs are well-equipped to translate innovative ideas into impactful clinical research within the EORTC framework.

The Steering Committee overseeing the Programme includes

- **Petr Szturz** (Chair of the Steering Committee, EORTC Board Member, Y-ECI Representative of the Head and Neck Cancer Group)
- **Jens Lehmann** (Y-ECI Representative of the Quality of Life Group, EORTC Board Member)
- **Ioannis Zerdes** (Y-ECI Representative of the Breast Cancer Group)
- **Christine Olungu** (Network Relationship Officer)
- **Denis Lacombe** (EORTC Board Member, Chief Executive Officer)

With a dynamic and comprehensive approach, the 2025 ECI Programme continues to strengthen EORTC's role in shaping the future of clinical cancer research in Europe.

TESTIMONIALS

Ioannis Zerdes
ECI Chair of the BCG
Karolinska University Hospital
Stockholm, Sweden

"Being a Young and Early Career Investigator at EORTC is a great advantage for anyone in clinical and translational cancer research, as it offers the opportunity to interact with colleagues and professionals from different countries, share ideas, and work together to address key questions in oncology, helping to shape the future of cancer research and therapy."

Antonella Cammarota
Y-ECI Co-Chair of the GITCG
Humanitas Research Hospital
Milan, Italy

"You get to work on specific research projects, including clinical trials, alongside top experts, and you can even discuss and develop your own projects within the EORTC groups. This gives you the opportunity to receive mentorship from multiple people with highly diverse backgrounds, as well as more career development opportunities. This was extremely helpful during my training as a medical oncologist."

EORTC Groups and Councils

EORTC brings together its members through 17 disease-oriented and cross-disciplinary groups, uniting oncologists, scientists, researchers, and other healthcare professionals from across Europe and beyond. Each group is dedicated to a specific tumour type or research area. These expert groups lie at the heart of EORTC's research efforts, driving the development, design, and implementation of clinical trials aimed at improving patient outcomes and advancing standards of care across a broad spectrum of cancers. In addition to the 17 groups, EORTC also operates through two councils, which provide strategic guidance and support to enhance collaborative research.

GROUPS

BRAIN TUMOUR

BREAST CANCER

CUTANEOUS LYMPHOMA

GASTRO-INTESTINAL TRACT CANCER

GENITO-URINARY CANCERS

GYNAECOLOGICAL CANCER

HEAD & NECK CANCER

IMAGING

LEUKAEMIA

LUNG CANCER

LYMPHOMA

MELANOMA

PATHOBIOLOGY

PHARMACOLOGY & MOLECULAR MECHANISMS

QUALITY OF LIFE

SOFT TISSUE & BONE SARCOMA

THYROID CANCER

COUNCILS

OLDER ADULT

RADIATION ONCOLOGY

Brain Tumour

721 MEMBERS

The EORTC Brain Tumour Group (BTG) 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 gliomas of adulthood of CNS WHO grades 2-4, as well as meningiomas and rare brain tumours.

Matthias Preusser
Chair
Medical University of Vienna
Vienna, Austria

Emilie Le Rhun
Secretary
University Hospital Zurich
Zurich, Switzerland

Giuseppe Minniti
Treasurer
Policlinico Umberto I
Rome, Italy

Marjolein Geurts
Y-ECI Chair
Erasmus MC
Rotterdam, Netherlands

KEY RESULTS

The results of the randomised phase III **EORTC-1709 MIRAGE** trial, supported by Celgene/BMS and involving 749 patients from 82 institutions across Europe and Canada, have been published in Neuro-Oncology.[1] While the study did not demonstrate a benefit of marizomib in patients with newly diagnosed glioblastoma, it opens the door for further research in this field.

The first results of the **EORTC-1419 ETERNITY** study on patients with a glioblastoma surviving five years or more have been published in 2023 in the European Journal of Cancer and further publications are in preparation.[2]

More than 500 patients have been enrolled in the **EORTC-2013 GLIO-RARE** prospective and retrospective registry on rare primary brain tumours.

A collaboration with Servier has been established to develop the **EORTC-2427 VIGOR** trial, which will evaluate the efficacy of vorasidenib as maintenance therapy following standard chemoradiotherapy in patients with grade 2/3 IDH-mutant astrocytoma.

The **EORTC-2334 LUMEN-1** trial is the first randomised trial on radioligand therapy with 177Lu-DOTATE in recurrent meningioma. This trial, performed in cooperation with Novartis, has received regulatory approval in several countries and the first patients should be enrolled early 2025.

The pragmatic EU-funded trial **EORTC-2227 LEGATO** trial has been activated, and more than 20 patients have been enrolled. This study aims at evaluating lomustine with or without re-irradiation in patients with first recurrence of glioblastoma.

Active mentoring and support for career development has been provided to four young neuro-oncologists, and Nuclear Medicine, Neurosurgery, Neurocognition and Outreach Committees have been created within the group.

Position papers by the Nuclear Medicine Committee and the Neurosurgery Committee have been published.[3,4]

Several secondary analyses, using clinical, molecular, pathology, radiomics, neurocognitive and quality of life data from our many previous clinical trials or existing collaborations, have been published, including a confirmation of the profound predictive role of MGMT promoter methylation in glioblastoma in the elderly (Hegi, Neuro-Oncology).

1 - Roth P et al. (2024). Marizomib for patients with newly diagnosed glioblastoma: A randomized phase 3 trial. ***Neuro-Oncology.*** https://doi.org/10.1093/neuonc/noae053

2 - Hertler C et al. (2024). Long-term survival with IDH wildtype glioblastoma: first results from the ETERNITY Brain Tumor Funders' Collaborative Consortium (EORTC 1419). ***European Journal of Cancer.*** https://doi.org/10.1016/j.ejca.2023.05.002

3 - Albert N et al. (2024). Translating the theranostic concept to neuro-oncology: disrupting barriers. ***The Lancet Oncology.*** https://doi.org/10.1016/S1470-2045(24)00145-1

4 - Wen P et al. (2024). Design and conduct of theranostic trials in neuro-oncology: Challenges and opportunities. ***Neuro-Oncology.*** https://doi.org/10.1093/neuonc/noae162

Breast Cancer

710 MEMBERS

The EORTC Breast Cancer Group (BCG) strives to challenge, redefine, and advance standards of care across all aspects of breast cancer diagnosis and treatment. By evaluating innovative therapies and multidisciplinary approaches, the group aims to enhance survival rates and improve the quality of life for 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

Ioannis Zerdes
Y-ECI Chair
Karolinska University Hospital
Stockholm, Sweden

KEY RESULTS

The **EORTC-2129 TREAT ctDNA** phase III trial has been recruiting since December 2023. All the nine countries and approximately half of the planned 120 sites were opened in 2024. 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. It will screen 1960 patients to randomise 220.

The **EORTC-1745 APPALACHES** continued data collection for the 373 randomised patients. Data maturity for the primary endpoint, three-year distant recurrence free interval, will be reached by end of 2025.

An extension phase of **EORTC-1408 AURORA**, the molecular screening programme for metastatic breast cancer, led by BIG, has been open for recruitment from Q4 2023. Five EORTC sites take part in the extension.

Co-developed the **EORTC-2237** pragmatic randomised controlled trial with the Quality of Life (QoL) Group to evaluate the improvement of QoL through supportive treatments for endocrine therapy-related musculoskeletal symptoms in patients with early breast cancer. Site activation and recruitment are expected to start in 2025.

Developed the **EORTC-2419 NOBL2** trial, testing chemo-free neoadjuvant regimens for patients with BRCA/PALB2-associated triple negative breast cancer.

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

Contributed to the development and validation of the update of the **EORTC-QLQ-BR42** questionnaire.

Co-organised EBCC-14, held in Milan, Italy, attracting 1791 attendees from 71 countries.

Cutaneous Lymphoma

203 MEMBERS

Cutaneous lymphomas are rare cancers that need a broad, multidisciplinary network for effective diagnosis, treatment, and research. The EORTC Cutaneous Lymphoma Tumour Group (CLTG) works on testing new treatments in collaboration with industry and researchers. The group is heavily engaged in the study, classification, and treatment of cutaneous lymphomas, with a focus on collaborative research, consensus-building, and real-world clinical applications.

Evangelia Papadavid
Chair
Athens University - Attikon University General Hospital
Athens, Greece

Emmanuella Guenova
Secretary
CHUV - Hopital de Beaumont
Lausanne, Switzerland

Maxime Battistella
Treasurer
Hopital Saint-Louis
Paris, France

Jan Nicolay
Y-ECI Chair
University Hospital Mannheim
Mannheim, Germany

KEY RESULTS

Ongoing recruitment in the phase II **EORTC-1820 MOGAT** assessing the efficacy and safety of sequential treatment of mogamulizumab and total skin electron beam therapy for patients with early-stage mycosis fungoides (MF).

Translational research using paired blood and skin biopsies from patients in the **EORTC-1652 PARCT** trial to study how the tumour microenvironment responds to PD-L1 blockade have been presented at the World Congress of Cutaneous Lymphomas (WCCL) 2024 meeting and incorporated in the upcoming primary study manuscript, together with the key clinical results from the trial.

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 (SS).

Publication of the latest EORTC consensus recommendations on the treatment for cutaneous T-cell lymphomas (CTCL), which provide comprehensive guidance for treating these common forms of cancer, incorporating advancements in therapies and addressing complex clinical scenarios.[1]

Update of the classification of cutaneous lymphomas and lymphoproliferative disorders by the EORTC cutaneous lymphoma histopathology group to refine diagnostic criteria and improve pathological understanding.[2] This work informs accurate diagnoses and supports better stratification for treatment.

Studying "time to next treatment" (TtNT) in the PROCLIPI database of MF and SS 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. This work resulted in the publication of the effectiveness of pegylated interferon α-2a in managing MF/SS, using time to next treatment (TTNT) as an innovative measure of clinical benefit.[3]

Retrospective study to highlight the clinical characteristics, disease course, and outcomes of paediatric-onset lymphomatoid papulosis (LyP), a rare and chronic form of cutaneous T-cell lymphoma (CTCL).[4]

Joint Initiative with the International Society for Cutaneous Lymphomas (ISCL) and the United States Cutaneous Lymphoma Consortium (USCLC), developing guidelines for the conduct of clinical trials in cutaneous lymphomas other than MF and Sezary Syndrome (SS). USCLC to develop consensus guidelines on paediatric MF to ensure consistency in diagnosis, staging and treatment globally.

In collaboration with the EORTC Radiation Oncology Scientific Council (ROSC), publication of a survey exploring how EORTC members utilise radiotherapy for cutaneous lymphomas, providing insight into practical applications and variations in treatment delivery across institutions.[5] The group also published comprehensive guidelines to optimise radiotherapy use for different types and stages of cutaneous lymphomas, ensuring evidence-based and consistent approaches across healthcare settings.[6]

In collaboration with the EORTC Quality of Life Group (QLG), finalisation of the phase I part of the development of a comprehensive Health Related Quality of Life (HRQoL) questionnaire for patients with cutaneous lymphoma for a more accurate assessment of the impact of HRQoL in patients with skin lymphomas. A new liaison officer has been appointed to further strengthen collaborations between the QLG and CLTG.

Organisation of an international congress on cutaneous lymphoma in Lausanne, together with the group meeting which brought together more than 300 participants.

1 - Latzka J et al. (2023). EORTC consensus recommendations for the treatment of mycosis fungoides/Sézary syndrome. ***European Journal of Cancer.*** https://doi.org/10.1016/j.ejca.2023.113343

2 - Kempf Wet al. (2024). Classifications of cutaneous lymphomas and lymphoproliferative disorders: An update from the EORTC cutaneous lymphoma histopathology group. ***Journal of the European Academy of Dermatology and Venereology***. https://doi.org/10.1111/jdv.19987

3 - Mitsunaga K et al. (2024). Real-world study of pegylated interferon α-2a to treat mycosis fungoides/Sézary syndrome using time to next treatment as a measure of clinical benefit: an EORTC CLTG study. ***British Journal of Dermatology.*** https://doi.org/10.1093/bjd/ljae152

4 - Blanchard M et al. (2024). Paediatric-onset lymphomatoid papulosis: results of a multicentre retrospective cohort study on behalf of the EORTC Cutaneous Lymphoma Tumours Group (CLTG). ***British Journal of Dermatology.*** https://doi.org/10.1093/bjd/ljae150

5 - Elsayad K et al. (2024). Radiotherapy of Cutaneous Lymphomas: Real-world Pattern-of-Care Analysis Among European Organisation for Research and Treatment of Cancer Members. ***International Journal of Radiation Oncology - Biology – Physics.*** https://doi.org/10.1016/j.ijrobp.2024.11.011

6 - Elsayad K et al. (2024). Radiotherapy in cutaneous lymphomas: Recommendations from the EORTC cutaneous lymphoma tumour group. ***European Journal of Cancer.*** https://doi.org/10.1016/j.ejca.2024.115064

Gastro-Intestinal Tract Cancer

787 MEMBERS

The EORTC Gastro-Intestinal Tract Cancer Group (GITCG) focuses on clinical trials geared towards improving the standard of care or setting the path to this end. We focus on trials with strong translational research geared towards the genetic, epigenetic and immunological components. The GITCG network has the capacity to cover trials ranging from oesophageal to anal cancer.

Elizabeth Smyth
Chair
University of Oxford
Oxford, United Kingdom

Francesco Sclafani
Secretary
Institut Jules Bordet
Brussels, Belgium

Manfred Lutz
Treasurer
CaritasKlinikum Saarbruecken St Theresia
Saarbruecken, Germany

Alexander Siebenhuener
Y-ECI Co-Chair
Hirslanden Klinik Zurich
Zurich, Switzerland

Antonella Cammarota
Y-ECI Co-Chair
Humanitas Research Hospital
Milan, Italy

KEY RESULTS

The final results of the **EORTC-1707 VESTIGE** trial studying the addition of adjuvant immunotherapy in patients with resected gastric and esophagogastric junction cancer following preoperative chemotherapy with high risk for recurrence (ypN+ and/or R1) were published in the Annals of Oncology.[1]

The final results of the intergroup **EORTC-22114-40111 TOP GEAR** trial, with EORTC's participation, studying the addition of preoperative chemoradiotherapy to the perioperative chemotherapy strategy in resectable gastric cancer were published in the New England Journal of Medicine.[2] The results of this trial were also presented at the ESMO 2024 congress.

A network survey concerning the challenges and current use of precision medicine practices for upper GI malignancies was published in ESMO Gastrointestinal Oncology.[3]

An Individual patient data (IPD) meta-analysis of randomised phase III trials (RP3) of chemotherapy for resectable colorectal cancer liver metastases (EORTC RP-2145) presented, as an oral presentation at ESMO Gastrointestinal Cancers Congress 2024.

1 - Lordick F et al. (2024). Adjuvant immunotherapy in patients with resected gastric and oesophagogastric junction cancer following preoperative chemotherapy with high risk for recurrence (ypN+ and/or R1): European Organisation of Research and Treatment of Cancer (EORTC) 1707 VESTIGE study. ***Annals of Oncology.*** https://doi.org/10.1016/j.annonc.2024.10.829

2 - Leong T et al. (2024). Preoperative Chemoradiotherapy for Resectable Gastric Cancer. ***New England Journal of Medicine***. https://doi.org/10.1056/NEJMoa2405195

3 - Alsina M et al. (2024). Current practices and challenges in implementing precision medicine for upper gastrointestinal cancers in European academic centers: an EORTC survey. ***ESMO Gastrointestinal Oncology***. https://doi.org/10.1016/j.esmogo.2024.100074

Genito-Urinary Cancers

621 MEMBERS

The EORTC Genito-Urinary Cancers Group (GUCG) focuses on treating cancers of the urinary tract and male reproductive system. Innovative yet pragmatic trials are a priority for the Group; the development portfolio focuses on trials that will help clinicians discuss the best treatment option with their patients.

Yohann Loriot
Chair
Institut Gustave Roussy
Villejuif, France

Mario Fontes-Sousa
Secretary
Hospital CUF Tejo
Lisbon, Portugal

Jan Oldenburg
Treasurer
Akershus University Hospital
Lorenskog, Norway

Guillaume Grisay
Y-ECI Co-Chair
CHU Helora Jolimont
Haine-Saint-Paul, Belgium

Julien Van Damme
Y-ECI Co-Chair
Cliniques Universitaires
Saint-Luc
Brussels, Belgium

KEY RESULTS

PROSTATE CANCER

2024 was a successful year for the group, highlighted by the presentation of the **EORTC-1333 PEACE III** study at a Presidential Symposium during the 2024 European Society for Medical Oncology (ESMO) Congress, and an abstract award at the 16th European Multidisciplinary Congress on Urological Cancers (EMUC24) for the **EORTC-1414 Pegasus** study, despite the study's early closure.

Despite the setback of failing to obtain first round regulatory approval in the new European portal, the pragmatic **EORTC-2238 De-Escalate** study, revisiting the concept of intermittent treatment in patients with a profound PSA response after six to 12 months of complete androgen blockade, has been resubmitted in a second attempt to obtain approval. Discussions with authorities led to clarifications of the study's setting and an increase in the number of "looks" to more closely monitor patient safety and treatment efficacy.

Further tuning of the **EORTC-2391 ESCALATE-RT** resulted in a study proposal of darolutamide with or without ADT in high-risk hormone-sensitive prostate cancer with rising PSA after local therapy and oligometastasis by PSMA-PET. The study will look at the benefit of adding metastasis-directed therapy.

BLADDER CANCER

EORTC-2335 BRACE, a single-arm, multicentre phase II trial revisiting the role of radiotherapy in BCG-unresponsive NMIBC, has obtained academic funding and is planned to start in 2025.

EORTC-2418 STARBURST (SB) will be an innovative platform exploring the optimal treatment of localised muscle-invasive bladder cancer post-neoadjuvant adjuvant therapy based on a clinical response. The first project SB-1 will be run in SPECTA and aims to develop a clinical response signature based on MRI and blood/urine biomarkers. The first downstream project, now in development, will look at delaying radical local treatment for complete responders.

RENAL CANCERS

EORTC-2361 RENALUT is a phase II study that will test the radioligand 177Lu-PSMA-617 in PSMA-PET positive metastatic clear cell renal cell carcinoma patients who progressed after at least one line of systemic therapy. This trial is planned to open in 2025.

OTHER GU CARCINOMAS

EORTC-2433 PEANUT, in development as a phase III trial, will explore a new immune-based approach for upper tract urothelial carcinomas (UTUC) patients with a high risk of disease recurrence post-radical nephroureterectomy.

EORTC-2405 EVOLVE, in development, will look into de-escalation Enfortumab Vedotin-Pembrolizumab treatment in previously untreated, patients with unresectable locally advanced or metastatic urothelial cancer.

EORTC-1407 TIGER trial in germ cell cancer is still in follow-up; data maturity is not yet reached.

Gynaecological Cancer

401 MEMBERS

The EORTC Gynaecological Cancer Group (GCG) is dedicated to improving gynaecological cancer care in the field of ovarian, cervical, uterine, and vulvar cancer. Its focus includes identifying clinically relevant predictive factors for precision therapy, achieving outcomes that matter most to patients, and to improve the clinical outcome and thereby quality of life of patients with gynaecological cancers. The Group's strength lies in spearheading and coordinating multidisciplinary, investigator-initiated, and practice-changing clinical trials in the field of gynaecological oncology.

Judith Kroep
Chair
Leiden University Medical Centre
Leiden, Netherlands

Giorgio Bogani
Secretary
Fondazione Istituto Nazionale dei Tumori
Milan, Italy

Fernanda Herrera
Treasurer
Centre Hospitalier Universitaire Vaudois
Lausanne, Switzerland

Ainhoa Madariaga
Y-ECI Chair
Hospital Universitario 12 De Octubre
Madrid, Spain

KEY RESULTS

The GCG is involved in several international collaborations, such as the Gynecological Cancer InterGroup (GCIG), and European Network of Gynecological Oncological Trial Groups (ENGOT) to set the standard for international recommendations.

Results from the **EORTC-1508** trial, previously presented at the 2021 European Society for Medical Oncology (ESMO) congress, are in press to be published in the Clinical Cancer Research journal, including results from translational research analysis made possible with an award-winning grant from Roche to identify biomarkers of clinical benefit. Further detailed follow-up publication on the translational research analysis is expected in the course of 2025.

The ESMO Immuno-Oncology abstract on progression-free survival as an acceptable surrogate endpoint for chemo-immunotherapy combinations in cervical carcinoma is being developed into a full paper by the EORTC GCG Young Investigators.

The EORTC Gynaecological Cancer Group collaborated with the EORTC Quality of Life group in the field of sexual health resulting in the publication of a survey study demonstrating the importance of sexuality for patients in palliative oncological treatment.[1]

Additional analysis on quality of life and translational research are expected from the recently published **EORTC-55994** study.[2]

Papers are in preparation on the **EORTC-55092** 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, as well as the **EORTC-1212** Phase II study on Nintedanib vs. chemotherapy for recurrent ovarian/endometrial cancer.

The group participated in the **EORTC-55102** Phase III trial on postoperative chemotherapy for medium/high-risk endometrial cancer and the **EORTC-62113-55115** Phase II study on cabozantinib maintenance therapy for high-grade uterine sarcoma.

1 - Schmalz C et al. (2024). Sexual health—a topic for cancer patients receiving oncological treatment with palliative intent. ***BMC Palliative Care***. https://doi.org/10.1186/s12904-024-01513-4

2 - Kenter G et al. (2024). 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

Head & Neck Cancer

586 MEMBERS

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. Oropharynx, oral cavity, larynx, hypopharynx, nasopharyngeal cancers are areas of focus, along with pre-neoplastic lesions, salivary gland cancers and recurrent and/or metastatic cancer.

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KEY RESULTS

The decision was made to prematurely close recruitment for the **EORTC-2120 RAVINA** trial, focusing on radiotherapy plus xevinapant or placebo in older patients with locally advanced head and neck squamous cell carcinoma, driven by the availability of new data.

The **EORTC-1559 UPSTREAM** trial was closed for accrual in 2023. A manuscript on the results of the immunotherapy cohort I2 was submitted for publication. Final analysis reports on the biomarkers-driven cohorts are being finalised and preparation for a manuscript submission in 2025 is ongoing. Additionally, a LBA abstract on the biomarkers cohorts is planned for submission to ASCO 2025. This trial has paved the way for valuable insights and advances in understanding the molecular biology of this disease.

The **EORTC-1420 Best Of** study addressing radiotherapy or surgery in patients with T1-T2, N0-N1 oropharyngeal, supraglottic carcinoma and with T1, N0 hypopharyngeal carcinoma has completed recruitment.

The **EORTC-2014 PROLoNg** study, evaluating Pembrolizumab and radiotherapy for oligometastatic squamous cell carcinoma of the head and neck, will be activated in Q1 2025.

The group presented the **EORTC-1206** trial results investigating androgen deprivation therapy (ADT) in recurrent/metastatic salivary gland cancer during a proffered paper session at the 2024 European Society for Medical Oncology (ESMO) Congress.

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 in nasopharyngeal cancer and metastatic HNSCC. Regular meetings are held to foster the development of future projects.

The group is highly involved in translational research through **IMMUCan**, which has closed for recruitment and analyses are ongoing, and through **SPECTA** to better understand the head and neck tumour microenvironment.

Imaging

399 MEMBERS

The EORTC Imaging Group (IG) aims to conduct and support trials focused on optimising and evaluating new imaging approaches, integrating imaging-oriented substudies into trials led by disease-oriented groups, providing imaging-related advice during clinical trial design, and assisting with the centralised analysis of imaging data.

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KEY RESULTS

Collaborations with the EORTC Lung Cancer Group and the EORTC Melanoma Group have been instigated to develop recommendations for the treatment of oligometastases in non-small cell lung cancer and melanoma, respectively.

The group hosted a strategic retreat to discuss how to optimise collaborations with other EORTC disease-oriented groups and to define steps for effective mining of EORTC's imaging database, as the overview of available imaging data is nearing completion.

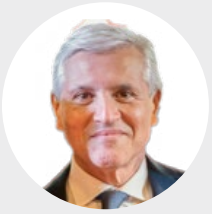
The group's plenary biannual meetings continue to provide a forum for sharing and discussing achievements and plans, as well as keynote lectures on timely topics. At the spring meeting, Professor Vincent Vandecaveye from UZ Leuven discussed imaging cancer in pregnancy, and Professor Rudolf Werner from Universitätsklinikum Frankfurt presented the European Association for Nuclear Medicine (EANM) guidelines for CXCR4 imaging, a novel biomarker for cutaneous melanomas also known as fusin or CD148. At the autumn meeting, Peter Gordebeke from the European Institute for Biomedical Imaging Research shared some of the European Institute for Biomedical Imaging Research (EIBIR)'s success stories, such as the EUCAIM and SOLACE projects, and offered advice on how to secure funding for imaging trials. Dr Andrei Gafita from Johns Hopkins University presented RECIP – Response Evaluation Criteria in PSMA PET/CT in mCRPC Prostate Cancer.

The Group is very active in holding joint sessions with peer scientific societies and in promoting educational activities directly or through Steering Committee members' participation during international events. This is the case of the joint ESR/EORTC sessions for the European Congress of Radiology (ECR 2024), as well as group member lectures at the European Association of Nuclear Medicine congress (EANM 2024), at the International Conference on Hybrid Imaging (IPET 2024) from the International Atomic Energy Agency (IAEA), at the European Multidisciplinary Congress on Urological Cancers (EMUC24), and at the Conference on Hybrid Imaging Live 7.0 (CHILI 2024).

Leukaemia

182 MEMBERS

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. In collaboration 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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Adrien De Voeght
Y-ECI Secretary
C.H.U Sart-Tilman
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KEY RESULTS

Completed the long-term follow-up (six years) and final database lock of the **EORTC-1301 AML21** phase III trial on the comparison of ten-day decitabine versus standard "3+7" chemotherapy in first-line treatment of patients with acute myeloid leukaemia. Primary endpoint results were published in October 2023 in The Lancet Haematology.[1] Quality of life results, which were an important aspect of this deintensification trial, have been published this year in Blood.[2] A manuscript on how baseline quality-of-life measurement can predict clinical outcomes is currently ongoing.

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 American 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 SPARTA** trial were published in the American Journal of Hematology.[3]

1 - Lübbert M et al. (2024). 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

2 - Efficace F et al. (2024). Decitabine in older patients with AML: quality of life results of the EORTC-GIMEMA-GMDS-SG randomized phase 3 trial. ***Blood***. https://doi.org/10.1182/blood.2023023625

3 - Baron F et al. (2024). Similar efficacy outcomes with peripheral blood stem cell versus bone marrow for autologous stem cell transplantation in acute myeloid leukemia: Long-term follow-up of the EORTC-GIMEMA randomized AML-10 trial. ***American Journal of Hematology***. https://doi.org/10.1002/ajh.27196

Lung Cancer

721 MEMBERS

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 involvement of Young and Early Career Investigators in its projects and clinical activities.

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KEY RESULTS

The **EORTC-2029 ICARS** integrated phase II/III trial aiming to assess whether consolidation immunotherapy provides a benefit after radical treatment of oligometastatic Non-Small Cell Lung Cancer Treatment (NSCLC) disease has been approved by European competent authorities. First site activation is expected in Q1 2025.

RP1920 BIORADON, a downstream project of the **EORTC-1553 SPECTA platform** assessing the correlation between molecular profiles of patients with NSCLC and indoor radon concentration, is ongoing. Two out of the three cohorts were completed and closed for recruitment in 2024. One cohort remains open for recruitment.

The **EORTC-1901 PRIMALUNG** phase III trial assessing prophylactic cranial irradiation vs active magnetic resonance imaging surveillance in patients with Small Cell Lung Cancer Treatment (SCLC) remains open for enrolment.

The **EORTC-2362** observational study aiming to assess the treatment and outcome of patients with stage III NSCLC has been internally endorsed by EORTC (protocol synopsis approved).

Results of the **EORTC-1525** phase II study, cohort 2, are planned for publication in 2025.

Results of the **EORTC-1205** phase II study of pleurectomy/decortication (P/D) preceded or followed by chemotherapy in patients with early-stage malignant pleural mesothelioma were published in 2024.[1]

Results of the **EORTC-22113-08113** phase II study assessing the safety and efficacy of stereotactic body radiotherapy (SBRT) in patients with centrally located early-stage NSCLC were published.[2]

1 - Raskin J et al. (2024). A randomised phase II study of extended pleurectomy/decortication preceded or followed by chemotherapy in patients with early-stage pleural mesothelioma: EORTC 1205. ***European Respiratory Journal.*** https://doi.org/10.1183/13993003.02114-2023

2 - Levy A et al. (2024). Stereotactic Body Radiotherapy for Centrally Located Inoperable Early-Stage NSCLC: EORTC 22113-08113 LungTech Phase II Trial Results. ***Journal of Thoracic Oncology***. https://doi.org/10.1016/j.jtho.2024.05.366

Lymphoma

277 MEMBERS

The mission of the EORTC Lymphoma Group (LYMG) is to optimise treatment for Hodgkin lymphoma (HL), both newly diagnosed and relapsed and refractory disease 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 aims to conduct translational research with a focus on treatment response biomarkers for the detection of minimal residual disease.

The group has a long-standing research line on long-term outcomes of patients enrolled in previous EORTC LYMG HL trials using an extensive database that includes medical updates and patient-reported outcomes which was very active in 2024. Lastly, the group explores trial opportunities in rare non-Hodgkin lymphoma subtypes, particularly T-cell lymphoma, demonstrating its commitment to advancing knowledge and treatment options in less common lymphoma subtypes.

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KEY RESULTS

The primary results of the **EORTC-1537 COBRA** trial were presented as an oral presentation at the 2024 European Hematology Association (EHA) Congress and the 2024 International Symposium on Hodgkin Lymphoma (ISHL), demonstrating the benefit of early PET-adapted Brentuximab Vedotin-based treatment in advanced Hodgkin lymphoma.

An oral presentation on the concordance between patient-reported and physician-reported late effects was given at ISHL 2024.

Three new quality-of-life survivorship papers have been published, covering the employment situation of Hodgkin lymphoma survivors,[1] the concordance between patient-reported and physician-reported late effects in Hodgkin lymphoma,[2] both in the Journal of Cancer Survivorship, and relationships, marriage, and partner abandonment among Hodgkin lymphoma survivors, published in Leukemia & Lymphoma.[3]

Long-Term Follow-Up of the Response-Adapted Intergroup **EORTC/LYSA/FIL H10 Trial** for Localised HL was published in the Journal of Clinical Oncology.[4]

Start of recruitment in the randomised phase III **EORTC-1913 RADAR** trial among early-stage Hodgkin lymphoma patients investigating potential benefit of incorporation of Brentuximab-Vedotin in first line HL treatment.

Two new trial designs are being developed for advanced-stage HL and relapsed/refractory HL respectively.

Initiation of a workstream for T-cell non-Hodgkin lymphoma.

1 - Juul S et al. (2024). Employment situation among long-term Hodgkin lymphoma survivors in Europe: an analysis of patients from nine consecutive EORTC-LYSA trials. ***Journal of Cancer Survivorship***. https://doi.org/10.1007/s11764-022-01305-w

2 - Juul S et al. (2024). Concordance between late effects reported by physicians and patients in a cohort of long-term Hodgkin lymphoma survivors: an analysis of data from nine consecutive EORTC-LYSA trials. ***Journal of Cancer Survivorship***. https://doi.org/10.1007/s11764-024-01694-0

3 - Rossetti S et al. (2024). Relationships, marriage, and partner abandonment among Hodgkin lymphoma survivors treated in nine EORTC-GELA Lymphoma Group trials. ***Leukemia & Lymphoma***. https://doi.org/10.1080/10428194.2024.2390565

4 - Federico M et al. (2024). 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

Melanoma

509 MEMBERS

The EORTC Melanoma Group (MG) aims to improve the clinical care and outcome 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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KEY RESULTS

Completed the primary analysis of the **EORTC-1612 EBIN** trial 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 for 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.

The inclusion of the first patient in the **EORTC-2022 ATOM** phase III trial investigating a highly promising immunotherapy tebentafusp as 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.

Engaged with the pharmaceutical industry to conduct a phase II peri-operative study of treatment with cemiplimab alone or in combination with fianlimab in patients with resectable Stage III/IV Cutaneous Squamous Cell Carcinoma, another indication of high clinical need.

Pathobiology

341 MEMBERS

The EORTC Pathobiology Group (PBG) supports high quality research in the fields of basic and applied oncological research. The identification and validation of biomarkers is key for the PBG, forming the basis of the mission to investigate novel treatment strategies. During 2024, the group mainly focused on immuno-oncological as well as radiation related questions, in particular in rare cancer types. In addition, the PBG actively contributes to clinical research.

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KEY RESULTS

Many PBG members have built up a network of scientists working on immuno-oncology and have therefore contributed to the establishment of the EU funded COST action IMMUNO-model (CA21135). The group´s goal is the translation of basic research results into clinically applicable therapies.

This year many PBG members were involved in building up the collaboration with the European Network for Sinonasal Cancer Research (EUSICA). Rare tumour entities are becoming more and more attractive from a diagnostic as well as a therapeutic standpoint. Such complex disease related questions are addressed by PBG members. Moreover, our members are involved in infrastructure programmes like the EU-funded programme canSERV where the PBG supports an approach to generate a European Molecular Tumour Board Network (EMTBN). In the framework of this initiative to establish an EMTBN, the area of diagnostics in Europe should benefit significantly.

Facilitating the access of patients to the latest medical achievements is a major goal of the PBG. In order to test novel treatment strategies, the PBG investigates various model systems. PBG members make use of state-of-the-art technologies when helping EORTC Disease-Oriented Groups (DOGs) in clinical trials. The group also follows artificial intelligence (AI) supported strategies.

Pharmacology & Molecular Mechanisms

472 MEMBERS

The EORTC Pharmacology & Molecular Mechanisms Group (PAMM) is dedicated to advancing preclinical and clinical research on anticancer drug effects and drug-related molecular pathology. As an integral part of EORTC, PAMM provides critical insights and collaborates with other disease-oriented groups, particularly in early-stage drug development.

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KEY RESULTS

Successfully hosted the annual meeting in Marseille (7-10 February 2024), welcoming 200 participants. The event featured lectures by 17 invited speakers (PAMM and EORTC members or collaborators), 14 selected oral presentations, and 40 poster presentations by young investigators. Discussions covered key EORTC-PAMM research topics such as Small Molecules & Targeted Therapies and Challenges in Immunotherapy, along with emerging themes like New Scaffolds & Molecular Mechanisms and Tools for Predictive Oncology.

Organised an educational session at the PAMM annual meeting titled “A Battle on the Utility of Pharmacology in the Era of Personalised Medicine: Panacea or Placebo?”, leading to a comprehensive review spearheaded by ECI members.

Published over 15 collaborative papers, reflecting active partnerships with other EORTC groups, including Gastrointestinal, Pathobiology, and Lung Cancer Groups, as well as the Pancreatic Cancer Task Force.

Collaboration has been strengthened within a multidisciplinary network, including Stratagem and Transpan COST Actions, focusing on developing new diagnostic and therapeutic tools for multidrug-resistant tumours and identifying biological markers for translational medicine in pancreatic cancer. These initiatives bring together researchers from France, Italy, Spain, the Netherlands, and the UK.

Facilitated short internships for Early Career Investigators from Marseille, Palermo, Bologna, Milan, Parma, Gdansk, and Cajen, fostering collaborative translational research projects. Additionally, joint PhD projects were conducted between research groups in Amsterdam, Gdansk, Granada, Palermo, Pisa, and Parma.

Quality of Life

975 MEMBERS

The EORTC Quality of Life Group (QLG) aims to better understand the effects of cancer and its treatments on health-related quality of life (HRQoL) 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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KEY RESULTS

The updated Breast Cancer Module has been validated (EORTC QLQ-BR42): the new version of one of the most frequently used modules considers new therapies with new side effects and their impact on quality of life (QoL). This questionnaire brings the total number of validated measures to 43. It has been translated into 72 languages so far.

The **EORTC RP-1361 58LAE** project has been completed: a paper[1] was published in November 2024, making it a total of three papers published in the context of this project. This project examined the QoL of childhood survivors of acute lymphoblastic leukaemia who were enrolled as children in the EORTC CLG protocols 58741, 58831/2, and 58881.

The Breast Cancer and QoL Groups joint clinical trial **EORTC-2237** has been initiated. Its objective is to improve the QoL of patients with early breast cancer through supportive treatments for endocrine therapy-related symptoms.

In addition to being part of the EUonQOL project, which works on the development of a patient-centred unified tool for the assessment of QoL among cancer patients and survivors, the QLG is also involved in the EU project ALTHEA. This Consortium aims to tackle mental health challenges faced by cancer patients, survivors and caregivers through an innovative digital platform.

EORTC and the European Medicines Agency (EMA) held a joint workshop on “How can patient-reported outcomes (PRO) and health-related quality of life (HRQoL) data inform regulatory decisions?”, which brought together international experts from academia, learned societies, patients, regulatory agencies, health technology assessment bodies, and industry. A joint position paper is currently in preparation, envisaging future collaboration.

1 - Musoro J et al. (2024). Quality of Life Priorities of Childhood Acute Lymphoblastic Leukemia Survivors Enrolled in EORTC Studies, and a Comparison of Instruments. *Pediatric Blood & Cancer.* https://doi.org/10.1002/pbc.31446

Soft Tissue & Bone Sarcoma

476 MEMBERS

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 patient advocates, regulators, and policymakers to help facilitate access to new treatments for all types of sarcoma patients.

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KEY RESULTS

Recruitment is ongoing for the multidisciplinary flagship **EORTC-1809 STRASS 2**, 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 seventy-five centres on five continents (Australia, Canada, Europe, Japan, United States).

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

In 2024, two European Medicines Agency (EMA) and EORTC multi-stakeholder workshops on soft tissue and bone sarcomas were organised with the aim of developing rare cancer medicines using ultra-rare soft tissue and bone sarcomas as examples and establishing a framework for regular meetings between the adult sarcoma community and EMA. The third workshop has been scheduled for January 2025.

Thyroid Cancer

243 MEMBERS

The EORTC Thyroid Cancer Group (TCG), formerly known as the EORTC Endocrine Tumour Group (EnTG), conducts extensive clinical and translational research in thyroid cancers, spanning all stages from diagnosis to advanced disease. The name change in 2024 was a strategic decision aimed at better aligning the group's identity with its core focus and activities. This change enhances clarity, strengthens collaborations with key organisations like the European Thyroid Association (ETA), EURACAN, and the International Thyroid Oncology Group (ITOG), and aligns with modern research trends emphasising specialisation. Our multidisciplinary team, including endocrinologists, surgeons, oncologists, and biologists, works collaboratively to advance thyroid cancer care and research on a global scale.

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KEY RESULTS

The successful publication of the **EORTC-1209** study underscores our commitment to advancing thyroid cancer research.[1]

Although the **EORTC-2234 PhIT-TC trial** on pre-habilitation as part of primary thyroid cancer treatment was closed after several unsuccessful grant applications, it provided valuable insights that will guide future research directions.

Our ongoing **EORTC-2324 LoQoT** study continues to generate critical data on long-term quality of life and late toxicity in thyroid cancer survivors, shaping our understanding of survivorship care.

We are actively working with ITOG to develop strategies for overcoming barriers to accessing innovative treatments and integrating them into clinical practice through global clinical trials.

Our participation in the European Thyroid Association (ETA) congress has further solidified collaborative efforts to advance thyroid cancer research and clinical practices.

1 - Leboulleux S et al. (2024). Safety and efficacy of nintedanib as second-line therapy for patients with differentiated or medullary thyroid cancer progressing after first-line therapy. A randomized phase II study of the EORTC Endocrine Task Force (protocol 1209-EnTF). ***Frontiers Endocrinology***. https://doi.org/10.3389/fendo.2024.1403687

Older Adult Council

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The Older Adult Council (OAC), chaired and co-chaired by Lissandra Dal Lago and Paolo Bossi, respectively, 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.

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

"Our goal is to study new tools and their use and to share information among oncologists about how these tools can be used to predict toxicities, to identify frailties in the older cancer patient population, and to understand how different treatments behave in different cancer settings in the population. This presents many challenges, but we are determined to continue to provide the best possible treatment for these previously neglected patients." Lissandra Dal Lago

THE COUNCIL'S ACTIVITIES

The main objective of the Older Adult Council 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.

The OAC is leading the organisation of a joint workshop with the European Medicines Agency (EMA) and EORTC, focused on optimising and tailoring the development and access of anti-cancer agents for older adults. The workshop, planned for 2025, is in collaboration with SIOG.

RESEARCH IN 2024

In 2024, OAC contributed to:

- → Development of a proposal for **a frailty index** in collaboration with the EORTC Quality of Life Group and Dr Kheng Soo, Monash University, Australia.
- → Development of a research project investigating **competing mortality risks** based on data pooled across several EORTC trials.
- → Development in collaboration with EORTC Quality of Life group, a **patient preference project** to be applied in clinical trials involving older patients across EORTC disease-oriented groups.
- → Development of a **trial optimising neoadjuvant treatment** in older patients with breast cancer based on geriatric assessment and quality of life tools.
- → Retrospective analyses of prospective value of **G8 screening tool** in glioblastoma patients in respect to disease progression and survival. Results were presented at the 2024 International Society of Geriatric Oncology (SIOG).
- → Discussing how to **integrate translational research** within the existing data coming from trials performed by DOGs and from Specta.

The OAC is leading the organisation of a joint workshop with the European Medicines Agency (EMA) and EORTC, focused on optimising and tailoring the development and access of anti-cancer agents for older adults. The workshop, planned for 2025, is in collaboration with SIOG.

Radiation Oncology Scientific Council

Piet Ost
Ziekenhuis aan het Stroom
Antwerp, Belgium

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.

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

- → EORTC disease-oriented groups and EORTC headquarters
- → European Society for 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 118 members, providing training and support to research initiatives.

THE COUNCIL'S ACTIVITIES

ROSC's strategy to advance EORTC's approach to changes radiation therapy:

- → **Guidance:** propose technical guidelines and best practices.
- → **Innovation:** incorporate new technologies and techniques in trials.
- → **Research recommendations:** promote multimodality treatments.
- → **Quality assurance:** maintain and develop processes for new technologies.
- → **Funding:** identify financial partners for trials.
- → **Partnerships:** collaborate with academic groups, commercial entities, and agencies.
- → **Membership:** support Early Career Investigators in radiation oncology.

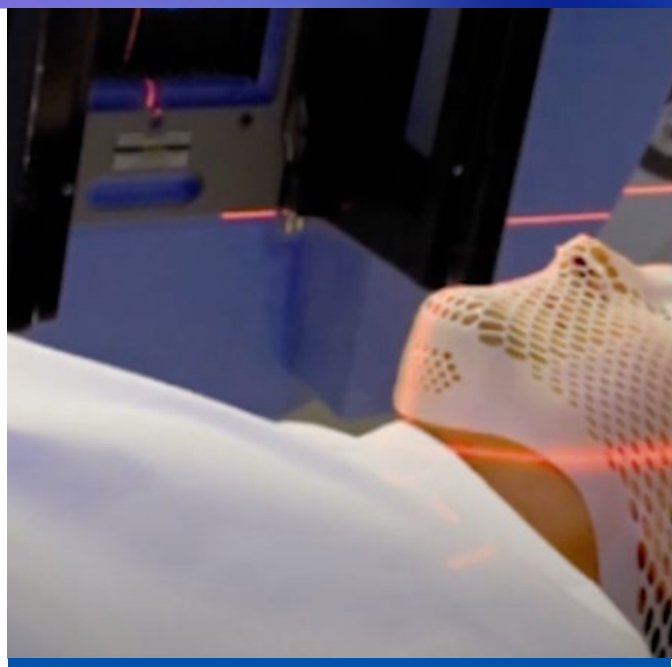
RESEARCH IN 2024

In 2024, ROSC continued to advance the E²-RADIatE programme and establish scientific priorities for Radiation Oncology research at EORTC:

- → The **E²-RADIatE cohort OligoCare** maintained excellent recruitment numbers and is approaching maturity for analysis in 2026. The Trial within Cohorts (TWiC) study SPRINT is projected to have its first active site in Q1 2025.
- → A two-day **workshop** held in February 2024 at EORTC headquarters in Brussels brought together researchers from all levels for a state of science meeting in radiation oncology research, generating several study ideas.
  One of the ideas to come out of the workshop was **DETOX**. The DETOX trial aims to improve the quality of life and reduce toxicity in frail and elderly patients undergoing radiotherapy by de-escalating treatment volumes. A study team composed of several early career radiation oncologists has been developing this phase II, randomised, multicentre trial comparing standard radiotherapy with a de-escalated approach. The primary objective is to assess quality of life improvements without compromising disease control in the elderly and frail. Patient involvement is sought at an early stage.
- → ROSC members reviewed **multiple trials**, ensuring data pooling across similar studies, preventing potential trial competition, and implementing quality assurance projects.

E²-RADIATE

E²-RADIatE, a joint initiative between **EORTC** and the **European Society for Radiotherapy and Oncology** (ESTRO), 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-centered care and quality of life. E²-RADIatE offers hope and possibilities for the future of cancer therapy. Radiotherapy is a mainstay of cancer treatment, with about one in two cancer patients needing radiotherapy at least once during their disease. Improved technology and its proper use are critical to increasing cure rates and reducing radiation-induced toxicity. E²-RADIatE plays a crucial role in addressing health inequalities in cancer care.



The importance of **TwiCs methodology**

TwiCs' design aims to overcome challenges associated with classical clinical trials. It involves identifying eligible patients from a large observational cohort, randomly selecting some to be approached for an intervention, and comparing their outcomes with those of eligible patients not selected for the intervention, who receive usual care. This approach streamlines recruitment, reduces disappointment in patients and produces more generalizable results compared to a classic randomised controlled trial.

ACTIVITY IN 2024

In 2024, ROSC continued to advance the E²-RADIatE programme and establish scientific priorities for Radiation Oncology research at EORTC:

- → **EORTC-1822 OligoCare** maintained strong recruitment and scientific output, with five scientific works published in 2024, including three peer-reviewed papers.[1,2,3] An interim analysis has been submitted as a conference abstract for ESTRO 2025 in Vienna.
- → **EORTC-2387 SPRINT** is the first pan-European TWiCs study, embedded in OligoCare and targeting patients with oligometastatic disease (OMD). It compares severe acute toxicity between multiple-fraction SBRT and single-fraction SBRT. The study is expected to start recruiting in Q1 2025 with external funding from the Rising Tide Foundation.
- → Since beginning of July 2023, 359 patients have been enrolled in **EORTC-2011 ReCare**. Significant outcomes include the publication of the ESTRO/EORTC consensus guideline on reirradiation and an international patterns of care survey.[4]
- → **EORTC-2352 ALPHA-Care** is a new proposed cohort addressing the lack of evidence on combining metastasis-directed radiotherapy with novel cancer drugs. This prospective, non-interventional registry will provide safety data and guide future trials. Funding is being sought with the European Medicines Agency (EMA) and EORTC, focused on optimising and tailoring the development and access of anti-cancer agents for older adults. The workshop, planned for 2025, is in collaboration with SIOG.

1 - Alongi F et al. (2024). Acute toxicity in patients with oligometastatic cancer following metastasis-directed stereotactic body radiotherapy: An interim analysis of the E²-RADIatE OligoCare cohort. ***Radiotherapy and Oncology***. https://doi.org/10.1016/j.radonc.2024.110466

2 - Christ S et al. (2024). Cancer-specific dose and fractionation schedules in stereotactic body radiotherapy for oligometastatic disease: An interim analysis of the EORTC-ESTRO E²-RADIatE OligoCare study. ***Radiotherapy and Oncology***. https://doi.org/10.1016/j.radonc.2024.110235

3 - Bultijnck R et al (2024). Health-related quality of life in men with oligometastatic prostate cancer following metastases-directed stereotactic body radiotherapy: Real-world data from the E²-RADIatE OligoCare cohort. ***Clinical and Translational Radiation Oncology***. https://doi.org/10.1016/j.ctro.2023.100715

4 - Willmann J at al. (2024). Re-irradiation in clinical practice: Results of an international patterns of care survey within the framework of the ESTRO-EORTC E²-RADIatE platform. ***Radiotherapy and Oncology***. https://doi.org/10.1016/j.radonc.2023.109947

The EORTC Fellowship Programme

Established in 1991, the EORTC Fellowship Programme reflects our longstanding commitment to educating the next generation of researchers. It offers young physicians, statisticians, and social scientists the chance to spend one to three years working at EORTC, gaining valuable insight into the inner workings of clinical trials. Many fellows go on to develop and lead their own research projects during their time with us, and some also pursue PhDs in collaboration with different universities. In 2024, 18 fellows have been working at the EORTC Headquarters.

Support in 2024

The Fellowship Programme is supported by the EORTC Cancer Research Fund, the National Lottery, SIOPE, the King Baudouin Foundation, and Kom op tegen Kanker.

OUR 2024 NUMBERS

7
new fellowships
were awarded

226
fellows from **47 countries** have been sponsored since 1991

4
Statisticians

18
fellows benefited from a research grant

1
Medical doctor

2
fellows worked on a PhD thesis

1
Quality of Life

1
Pharmaceutical sciences

Insights from our fellows

Fábio Cardoso Borges

Fábio Cardoso Borges is originally from Lisbon, Portugal. He holds a master's degree in Pharmaceutical Sciences from the Faculty of Pharmacy at the University of Lisbon (FFULisboa). It was during his time at IPO Lisboa (the Portuguese Oncology Institute of Lisbon) that he first encountered the work of EORTC, as the institution was involved in several EORTC-led studies. Fábio began his fellowship at EORTC in January 2024, alongside a PhD programme at KU Leuven. He is currently in his second year, as part of a planned four-year fellowship.

Tetsuya Sekita

Tetsuya Sekita began his fellowship in October 2024. He is originally from Tokyo, Japan where he worked at the National Cancer Centre. He trained as a surgeon at KEIO university in Tokyo and became an orthopaedics' surgeon, with a specialisation in Sarcoma. He lives in Brussels with his wife and two children.

→ FÁBIO

What made you apply for a Fellowship at EORTC?

I had already been working at the EORTC for one and a half years as a project manager. Undertaking a PhD was always on the list of my personal and professional objectives, and this fellowship has allowed me to specialise in topics I am really interested in.

Can you tell us about your research on pragmatic clinical trials?

The clinical research conducted before medicines are approved for use is unfortunately not designed to inform clinical practice. A difference currently exists between the results seen in randomised controlled trials and those observed in the real world. As a result, decision-makers face uncertainties that complicate their assessment. Pragmatic clinical trials can help bridge this gap. They take place in everyday settings, such as community clinics, hospitals, and health systems. The goal of my research is to identify the evidence gaps, determine the value of pragmatic clinical trials in bringing solutions, and propose how established clinical research can incorporate pragmatic clinical trials as a tool for clinical research improvement.

Why is this research key for the clinical cancer research community?

It is an opportunity to enhance the current evidence-generation framework for anticancer treatments, so that clinicians, regulatory and HTA (health technology assessment) experts have more robust evidence when making decisions on approval and use.

Why are Fellowships important for EORTC and for the wider oncology field?

For the field, it presents an opportunity to cultivate the next generation of professionals, with multifaceted skills and experiences. Investing in young talent contributes to continued growth and innovation of the oncology field - we truly are the future! For EORTC, fellows bring new energy and fresh perspectives, suggesting ideas for new research areas, while contributing to existing projects.

What are your fellowship highlights?

Too many to mention! Professionally, my first PhD publication has been accepted in a pivotal peer-reviewed journal.[1] This milestone fills me with immense pride, representing a significant achievement. Personal

1 - Lacombe D et al. (2024). Do regulations and policies undermine the social value of independent academic research? ***European Journal of Cancer***. https://doi.org/10.1016/j.ejca.2024.115076

highlights include the amazing experience of moving to another country and starting from scratch. I have learned French and travelled widely-even going skiing for the first time in the Pyrenees! I have made many new friends at EORTC too.

What are your plans for the future?

I am currently focused on successfully concluding my fellowship and PhD. I definitely aim to pursue my career in the academic environment and will explore the opportunity of continuing working at EORTC. I now know that I would definitely like to stay in the academic environment and will also explore opportunities both back in Portugal and in other countries. I extend my sincere gratitude towards the EORTC Cancer Research Fund for supporting my fellowship.

→ TETSUYA

What made you apply for a Fellowship at EORTC?

Europe is at the forefront of sarcoma treatments. EORTC specifically has profound expertise in sarcoma research, and I am very keen to learn the practices and methods EORTC uses. Before coming to Brussels, I worked at Japan Clinical Oncology Group (JCOG) and in the National Cancer Centre and felt that international sarcoma research could be developed further.

Can you tell us about your research on retroperitoneal sarcoma?

The fellowship focuses on strengthening the collaboration between EORTC and JCOG. I am actively supporting 1809 STRASS II trial in high-risk retroperitoneal sarcoma-led by EORTC. JCOG works in partnership with this trial-and I act as a liaison. JCOG is participating in an international collaborative trial for the first time since the change in Japanese legislation, and I am taking the lead in dealing with the various issues that arise. I also support a project currently related to surgery quality assurance in sarcoma, so we try to use benchmarking methods, for which I am developing a protocol concept. This project is planned and delivered with Ryosuke Kita, a Medical Fellow from Japan who also holds a JCOG fellowship. JCOG conducts many surgery-related clinical trials, and we use our expertise to check the contents of surgical case report form (CRFs).

Why is this research key for the clinical cancer research community?

Sarcoma patients are very rare. For this reason, truly international trials are very important. JCOG has the technical expertise and infrastructure for clinical trials, but I feel we lack practical experience in leading international trials. This is where EORTC's expertise is crucial. Japan has recently established the Asian Clinical Trials Network for Cancer Projects (ATLAS), which will be a platform for international joint investigator-initiated clinical trials. They are conducting several joint trials, and I am keen to support connections between Europe and Asia as part of this network.

What are your fellowship highlights?

Since the start of my fellowship, I have worked closely with the Japanese study secretariat. A key highlight has been supporting the smooth operation of STRASS II in Japan, thanks to my coordination efforts. I also introduced EORTC frameworks previously unfamiliar to JCOG. At the same time, I am exploring ways to transfer JCOG's expertise in conducting high-quality surgical trials to EORTC. Working at EORTC has been a truly rewarding experience—people are not only experts in their fields but also approachable and generous with their time. They're always happy to answer my questions and provide guidance, making it an excellent environment for fellows.

What are your plans for the future?

I will finish my Fellowship in March 2026 and return to Japan to work as a sarcoma specialist. I hope to be able to start new clinical trials in sarcoma in Japan and it is my dream to collaborate with EORTC. Japan does not provide sufficient financial support for the education of doctors.. I cannot think of any foundation other than JCOG and EORTC that supports these Fellowships. I am sincerely grateful for the current support!

Our policy actions

Advocacy for the uptake of independent clinical research for regulatory decision making

EORTC has established numerous dialogues with policymakers, emphasising the crucial role of independent clinical trials to optimise the use of multidisciplinary therapeutic strategies.

Our goal is to develop new policy approaches for conducting studies that address medically relevant questions, ultimately optimising therapeutic strategies based on clinically relevant endpoints for cancer patients.

Pursuing policy work for treatment optimisation studies to inform patients, doctors and healthcare systems has been a priority for EORTC. Ensuring the uptake of academic clinical research in regulatory decision-making is a policy goal of EORTC. Therefore, EORTC dedicates its energy towards generating evidence for using treatments at the right sequence, dose, schedule and patients who can benefit.

EORTC CEO Dr Denis Lacombe at the **Cancer Medicines Forum** (CMF) **workshop** organised by EMA and EORTC on 5 April 2024 in Amsterdam.

This has been the mission of the EMA Cancer Medicines Forum (CMF), which EORTC co-chairs. In April 2024, the CMF held a public and multistakeholder workshop to report on its activities and observations as far as the need and challenges for treatment optimisation are concerned. The CMF has now entered a new phase exploring the feasibility and the support of treatment optimisation studies with representatives from insurers, payers, patients, and other stakeholder organisations.

From another angle, EORTC continues consultation activities with the newly established EU commission for the revision of the EU pharmaceutical legislation governing access to new therapies in Europe. This is an opportunity to incorporate provisions for the conduct of independent treatment optimisation research into the European legal landscape. EORTC interacted successfully with several players of the Brussels bubble, being members of the European Parliament or from the representations of the member states.

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.

→ **A peer-reviewed article** published in the European Journal of Cancer[1] in October 2024 discussing the challenges and providing actionable recommendations regarding current legal and regulatory frameworks for clinical research.

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.

1 Lacombe D et al. (2024). Do regulations and policies undermine the social value of independent academic research? ***European Journal of Cancer.*** https://doi.org/10.1016/j.ejca.2024.115076

EU Projects

Funding for independent international clinical research is scarce in Europe, and that is why it is important for EORTC to submit robust proposals to EU calls within the Horizon Europe programme. Thanks to the commitment of EORTC's network, together with support from the HQ, we were able to submit five proposals addressing various cancer types and therapeutic approaches in 2024.

In 2023, the EORTC also contributed to 13 EU funded projects, leading six of them. These projects involve prospective clinical studies, retrospective data collections, and consensus or capacity building activities.

PROJECTS INVOLVING EORTC GROUPS

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:

→ **EORTC-2227 LEGATO:** 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-1809 STRASS/STREXIT 2:** 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-2238 De-Escalate:** 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 RP-1920 BIORADON** research project assessing the correlation between the molecular profiles of Non-Small Cell Lung Cancer (NSCLC) patients and radon exposure.

- → Integrated Immunoprofiling of large adaptive cancer patients' cohorts (**RP-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 (**RP-1558 SISAQOL**). 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 (**RP-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

- → Building a value-based healthcare research ecosystem for Adolescents and Young Adults with Cancer (**RP-2206 STRONG-AYA**)

- → Research Infrastructure services to support research addressing cancer (**RP-2141 canSERV**)

- → Imaging Biomarkers for Safer Drugs: Validation of Translational Imaging Methods in Drug Safety Assessment (**RP-1656 IMI-2-TRISTAN**)

- → Optimal treatment for patients with solid tumours in Europe through Artificial intelligence (**OPTIMA**)

- → Strengthening research capacities of Comprehensive Cancer Infrastructures (**RP-2253 CCI4EU**)

- → Tackling mental health of cancer patients and their families: digital solutions for better care (**RP-2383 ALTHEA**)

1 Lacombe D et al. (2024). Do regulations and policies undermine the social value of independent academic research? ***European Journal of Cancer.*** https://doi.org/10.1016/j.ejca.2024.115076

Patient involvement

POLICY

In light of the societal shift towards more patient-relevant oncology research, in September 2024, EORTC published its patient involvement policy developed in partnership with the EORTC Patient Panel. This policy outlines principles of involving patients and caregivers in clinical trials and research projects led by EORTC and describes activities where patients' voices should be integrated when developing and conducting clinical research.

We hope the policy not only reflects EORTC's patient involvement culture but also helps enable consistent processes and foster positive experiences, both internally among employees and externally in interactions with patient partners, clinicians, and researchers.

WORKSHOPS

After the launch of the patient involvement policy, on 15 and 21 October 2024, EORTC held internal workshops intended to:

- ➔ deepen staff knowledge about patient involvement,
- ➔ familiarise those who are new to this concept,
- ➔ meet patients partnering with EORTC on different studies, and
- ➔ learn from each other's challenges and come up with solutions.

Participants

We welcomed 26 EORTC colleagues on 15 October, and 29 on 21 October.
Each workshop was facilitated by patient partners: Erik Briers (Europa Uomo) and Marjolein Scholten (Bortstkankervereniging Nederland).
In each workshop, participants were divided into four groups, ensuring a diverse mix of expertise and levels of seniority within each group.

Workshop activities

The workshop involved different group activities designed to identify best practices for patient involvement, understand the value of patient participation in specific cases, and develop solutions for potential challenges within EORTC' context.

"The most important takeaway was concerning the different levels of potential patient involvement before, after, and during a clinical trial. It was greatly informative to have a roadmap on the different activities required for the involvement of patients in each stage." Workshop participant

EORTC PATIENT DAYS

The 6th edition of the biennial training course for patients, caregivers, and patient advocates was held virtually for the first time on 30-31 October 2024. This stimulating experience offered participants a much better understanding of cancer, cancer treatments, and ongoing research.
The course was delivered in English, and the Programme Committee was composed of experienced patient advocates and EORTC experts, including both medical and non-medical professionals.

Sessions of the Patient Days covered the following topics:

- Cancer biology and treatment, including pathology, new molecular techniques, precision medicine and personalised treatment
- Multidisciplinary approach to cancer treatment, including radiation oncology, surgery, immunotherapy, and quality of life
- Clinical trials, including endpoints, randomisation, blinding, placebo, patient involvement, pragmatic trials, HTA, and patient data controls
- Cancer and physical exercise
- Patient voice and impact of patient organisations on clinical research.

Feedback of participants: satisfaction

The post-event survey was conducted to gain insights into participants' satisfaction with Patient Days and identify areas for improvement. Gladly, all survey respondents expressed their satisfaction with the program and organisation and **95% were pleased with the delivery of the presentations.**

65% of the survey respondents claimed that their learning expectations were met, while 35% stated that their expectations were surpassed. Regarding the applicability of the knowledge gained during EORTC Patient Days, 85% of the survey participants reported that they would be able to apply their learnings in both personal and professional lives.

"I found the EORTC Patient Days very informative, as the complex information was delivered into understandable language at a high level. It gave me, for instance, more insight in what type of therapy is suitable for biological processes associated with cancer, and what the pathologist can do for patients."

Carolien, EORTC Patient Days participant

Next edition

On 6 and 7 November 2025, EORTC looks forward to the 7th edition of EORTC Patient Days. It will take place in a face-to-face format in Brussels.

EORTC Events

over
5.500
participants

80
countries represented

over
250
speakers

891
posters presented at EBCC-14 and ENA, and applications submitted for the MCCR workshop

80%
satisfaction rating participant survey after the EBCC-14 & ENA conferences

FOSTERING COLLABORATION AND KNOWLEDGE EXCHANGE

Reflecting on the EORTC events of 2024, we are proud of our commitment to shaping the future of cancer research and treatment. This year, we successfully focused on **developing the next generation of cancer leaders**, ensuring that emerging talents were equipped with the knowledge and skills to drive innovation in oncology. Our events showcased the **best work from researchers and clinicians** around the globe, providing a prestigious platform for groundbreaking studies and advancements to be presented to a worldwide audience.

We emphasised the power of **networking and collaboration**. Our events fostered meaningful connections between delegates and industry leaders, creating opportunities for **partnerships that accelerated progress** in cancer research. By bringing together a diverse group of experts, we built a robust multidisciplinary network that supported the exchange of ideas and best practices.

As we continue to **drive the research agenda together**, we are grateful for the participation and collaboration of all attendees and look forward to continuing our shared mission in the years to come.

From left to right: Michail Ignatiadis (EBCC-14 Chair), Stella Kyriakides (EU Commissioner of Health), Fiorita Poulakaki (EBCC-14 Co-Chair), and Alberto Costa (Special Adviser).

14TH EUROPEAN BREAST CANCER CONFERENCE (EBCC-14)

20-22 March 2024, Milan, Italy

EBCC-14, held at Allianz MiCo in Milan, Italy, was a significant event in breast cancer research and treatment. Organised by the European Organisation for Research and Treatment of Cancer (EORTC) on behalf of the EORTC Breast Cancer Group, Europa Donna, and EUSOMA, the conference attracted **1791 delegates** from over 70 countries gathering leading experts, researchers, clinicians, and patient advocates to network and to share the latest in multidisciplinary breast cancer care. The event featured sessions that integrated perspectives from various specialties with society sessions from EACR, ESSO, ESP, ESTRO, EUSOMA, EUSOBI. The scientific programme included keynote sessions, plenary lectures, symposia, and interactive poster sessions, covering topics from genomics and personalised medicine to patient care and communication. Notable speakers included EBCC-14 Breast Cancer Science Award recipient Christos Sotiriou, Belgium and Stella Kyriakides, the European Commissioner for Health and Food Safety. The conference also highlighted patient advocacy, focusing on patient-centered care, addressing treatment access inequalities, and implementing cancer control policies across Europe.

EBCC-14 garnered significant media attention, with eight press releases resulting in 1,280 news stories across 44 countries. The UK led in coverage, followed by the USA, Italy, Greece, India, and Australia. Key research highlights included Tim Rattay's AI predictions for side effects, Javier Cortés' KEYNOTE-75 trial, and Anouk Hiensch's study on exercise. The conference's media programme ensured extensive international reach, with reports in over 20 languages.

The EBCC-14 manifesto called for equal access to innovative treatments and outcomes for metastatic breast cancer (mBC) patients across Europe. It highlighted disparities in access to care and proposed steps to address these inequalities. It included recommendations to combat stigma, establish national cancer registries, utilise real-world data, ensure multidisciplinary care, implement quality indicators, and reallocate funding to improve access for underserved populations.

CLINICAL TRIAL STATISTICS FOR NON-STATISTICIANS

20-22 March 2024, Milan, Italy

Led by EORTC's top biostatisticians, this event aimed to enhance participants' understanding of statistical methods used in the design, conduct, and analysis of cancer clinical trials. It was specifically tailored for non-statisticians working in clinical research and statisticians with limited experience in clinical trials. Participants gained a comprehensive understanding of statistical principles without delving into overly technical details. This knowledge enabled them to design their own clinical research, collaborate effectively with statisticians, and critically evaluate published research. The course featured practical sessions to apply statistical concepts and provided valuable networking opportunities with peers and experts.

In 2024, the course attracted **82 participants**, with more than 54% coming from academia and 16% from industry. The remaining attendees were from non-profit organisations and EORTC.

Overall, this course was an excellent opportunity for professionals to enhance their statistical knowledge and contribute to high-quality cancer research. It underscored EORTC's commitment to advancing education and fostering collaboration in the field of cancer research.

24TH EDITION OF METHODS IN CLINICAL CANCER RESEARCH (MCCR) WORKSHOP

15-21 June 2024, Sint Michielsgestel, Netherlands

The MCCR Workshop is an esteemed annual event designed to educate and train early-career investigators in the best practices of clinical trial design. Organised by the European Organisation for Research and Treatment of Cancer (EORTC), European Society for Medical Oncology (ESMO), and American Association for Cancer Research (AACR), this week-long course provides participants with access to experienced clinical investigators from around the world. Since its inception in 1999, the workshop has trained approximately 2000 investigators, fostering the development of future leaders in oncology research.

For the 2024 edition, **121 applications** from 24 countries were received for this edition. 80 fellows were selected, 68% of which are medical oncologists, followed by clinical and radiation oncologists. Protocols ranged from Feasibility studies to Phase III, with 51% of selected protocols being Phase II trials.

MCCR Workshop

JOINT EORTC-BIG PINK OCTOBER WEBINAR

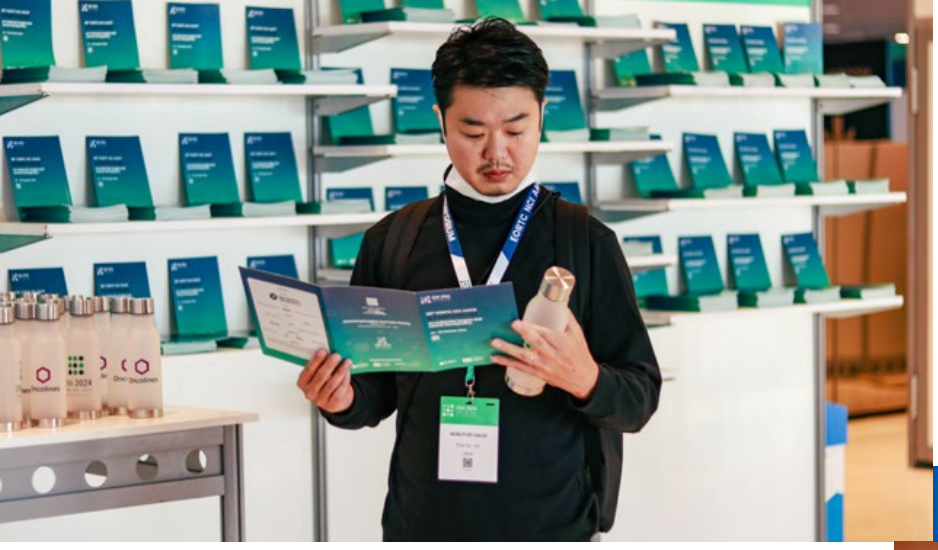
16 October 2024, Virtual

In 2024, EORTC and BIG against breast cancer marked a significant milestone by hosting a special webinar in collaboration with the EU Health Policy Platform (EUHPP). This webinar titled "**25 Years of Breast Cancer Research – Past, Present, Future**", highlighted the remarkable advancements achieved over the past quarter-century and offered insights into future innovations.

If featured a distinguished panel of speakers who shared their expertise and insights:

- **David Cameron, MD, PhD** – BIG Chair and Professor of Oncology at Edinburgh University, UK, discussed 25 years of pioneering international breast cancer research, achievements, and future directions.
- **Michail Ignatiadis, MD, PhD** – EORTC Breast Group Chair and Senior Physician at the Jules Bordet Institute, reflected on the evolution of liquid biopsies in breast cancer diagnosis and treatment.
- **Jan-Willem van de Loo, PhD** – Senior Expert on Cancer Research and Innovation at the European Commission, presented on the EU Cancer Mission's collaborative vision, driving research and patient care.
- **Tanja Spanic, PhD** – President of Europa Donna Slovenia, emphasized the importance of incorporating patient perspectives from trial inception.

This webinar attracted over 500 registrations and was an enlightening event, reflecting on past achievements and embracing future breakthroughs in breast cancer research. It underscored our commitment to advancing breast cancer research and improving patient outcomes.



ENA 2024 Symposium

36TH EORTC-NCI-AACR (ENA 2024) SYMPOSIUM ON MOLECULAR TARGETS AND CANCER THERAPEUTICS

23-25 October 2024, Barcelona, Spain

Led by EORTC's top biostatisticians, this event was another landmark event for the global cancer research community. This year's symposium brought together **1230 participants** from 41 countries, featuring over 450 abstracts and more than 60 international speakers. The event provided over 30 hours of educational sessions, fostering collaboration among scientists, medical oncologists, analysts, students, chemists, clinical oncologists, industry pharmacologists, and media representatives, ensuring a rich exchange of ideas and knowledge.

Key highlights included the development of WNTinib, a new drug that delays tumour growth and improves survival in mouse models of children's liver cancer, and advancements in treatments for HER2-positive breast cancers that could help patients with rare gastrointestinal cancers. Additionally, a new 'mini-protein' therapy was introduced, which carries radiation doses directly to tumours without harming healthy tissues. Researchers also identified key genetic mutations in bowel cancer cells that lead to resistance to WRN inhibitors, and patients with advanced bladder cancer with alterations in the FGFR3 gene responded well to the investigational drug TYRA-300. Scientists further created 'digital twins' of cancer patients to predict how well treatments may work.

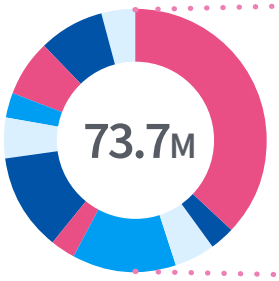
The media coverage for ENA 2024 was extensive, securing significant international reach, with at least 855 news reports across 35 countries, in 17 languages and notable broadcast coverage on TV3 (Spain), ORF (Austria), and Ràdio 4 (Spain).

Work is already underway to organise the 38th edition of ENA Symposium to be held on 18-20 November 2026.

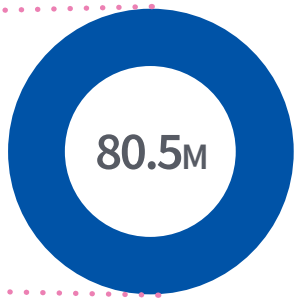
Financial overview

Total Revenue in the 2024 fiscal year (in €)

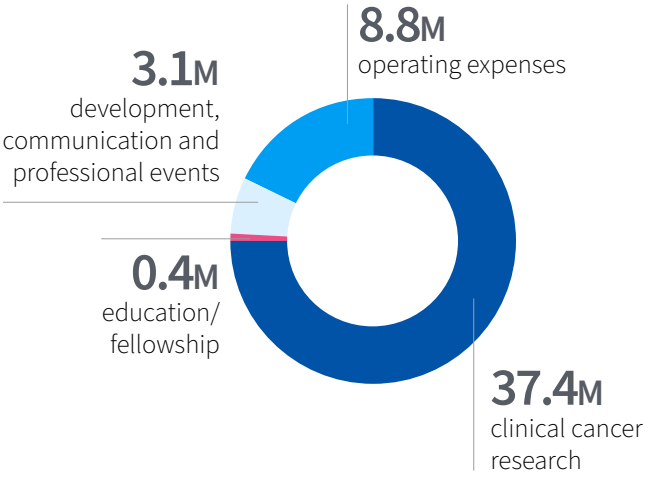
NET ASSETS IN 2023



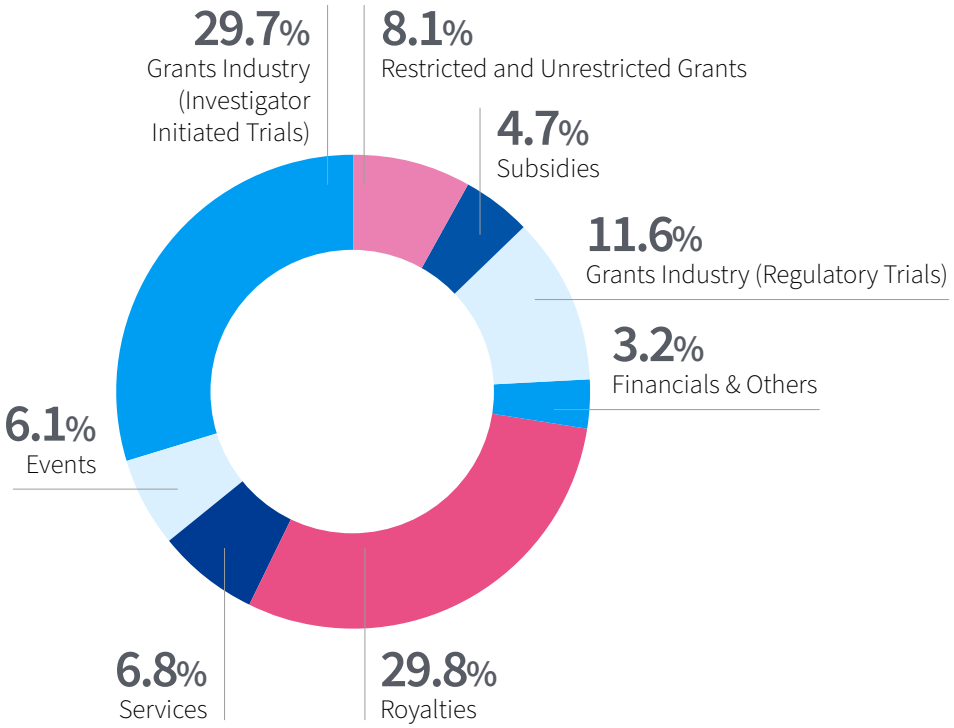
NET ASSETS IN 2024



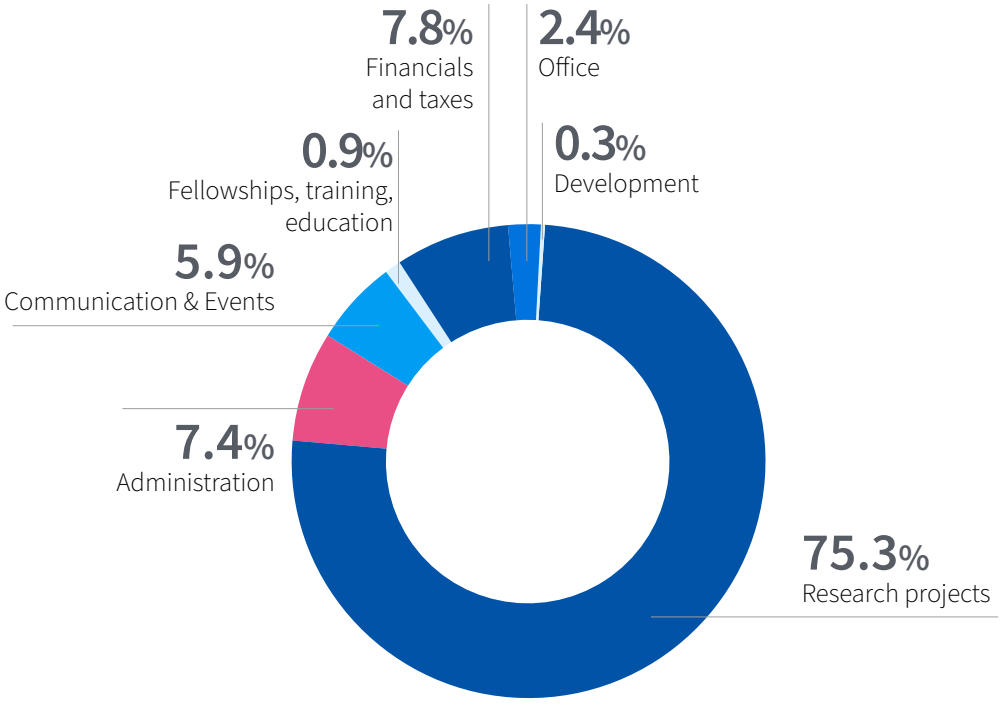
WE INVESTED 49.6M (TOTAL)



INCOME IN 2024



EXPENDITURES IN 2024



EORTC Cancer Research Fund

Established in 1976 by European philanthropists, the EORTC Cancer Research Fund (ECRF) supports independent, patient-centred clinical research that improves survival and quality of life. It enables EORTC to conduct academic clinical trials in areas of unmet need, from rare cancers and older adults to treatment optimisation and quality of life studies.

ECRF
EORTC Cancer Research Fund

ECRF IS SUPPORTED BY INSTITUTIONS, FOUNDATIONS, CORPORATES, AND INDIVIDUALS WHO BELIEVE IN THE POWER OF CLINICAL RESEARCH TO TRANSFORM CANCER CARE. ECRF ENSURES TRANSPARENCY, ACCOUNTABILITY, AND THAT EVERY CONTRIBUTION HAS A MEANINGFUL, LASTING IMPACT THROUGH STRONG INDEPENDENT GOVERNANCE.

Hope & Light

HRH Princess Dina Mired of Jordan

As a mother of a cancer survivor, being the ECRF's Honorary President holds personal significance for me. Through scientific discovery, EORTC gives hope and provides a light at the end of the tunnel to many families like mine at a terribly difficult time.

I am immensely grateful to the organisation for its truly global efforts in the battle for those fighting cancer.

The multidisciplinary research carried out by EORTC singles it out as a hugely important global reference in the study and treatment of cancer. The collaboration between EORTC and the King Hussein Cancer Center (KCC) in Jordan - my home country, stands as a testament to its commitment to global impact, and I eagerly anticipate further partnerships with research institutions worldwide. To date, the hard work of the organisation led to the creation of the ***Middle East Coordination Office (MECO)****, which serves as a hub in the region to spread the culture and knowledge of cancer clinical trials, the work of which I look forward to advancing together with KCC and EORTC colleagues.*

I embrace my responsibility with pride and determination. EORTC's mission deeply resonates with my own dreams around the urgency of battling cancer through clinical research. The organisation's cause has become a vocation that I am honoured to be a part of.

HRH Princess Dina Mired of Jordan
Honorary President

*As Chair of the ECRF Board of Trustees, I would like to start this message by saying **"thank you"** to all ECRF supporters. That includes everyone who has contributed their experience, knowledge or financial support throughout 2024.*

Representing over 30 countries, our supporters and partners make up a diverse yet deeply committed community. From large philanthropic foundations and corporate partners to patient advocates and individual donors, some of you have experienced cancer first-hand, either personally or through loved ones.

Your generosity enables EORTC to continue driving therapeutic progress that saves lives.

In the following pages, we will explore EORTC's scientific focus on rare cancers, pragmatic clinical trials assessing therapies in everyday clinical settings and research directly benefiting older cancer patients. Areas that are not only scientifically significant but also resonate with many of our personal experiences.

We are also pleased to share case studies featuring two of our patient partners. I encourage you to read these stories and explore the full report, particularly the EORTC fellowships chapter at page 76, featuring testimonials from our fellows, to see how your support is making a real difference.

On behalf of my fellow Trustees and everyone at EORTC, thank you for standing with us.

Count Diego Du Monceau de Bergendal
ECRF Chair

Our Board in 2024

The ECRF Board of Trustees is an independent, voluntary body dedicated to ensuring that every donation directly supports EORTC's mission. Together with the Audit and Finance Committee, they uphold the highest standards of governance, ethics, and transparency.

HRH Princess Dina Mired,
Honorary President EORTC/ECRF (Jordan)

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Scientific Focus & Impact: Advancing Cancer Research for Better Patient Outcomes

EORTC leverages its international, multidisciplinary clinical research infrastructure to address key oncology challenges across all tumour types and patient populations. Committed to inclusivity, its scientific strategy is built on four pillars: **clinical and scientific priorities**, **technology-driven innovation**, **data science advancements**, and **rigorous methodology**. These drive practice-changing research in treatment optimisation, multidisciplinary approaches, quality of life, and patient-reported outcomes.

Guided by the **Scientific Chairs Council (SCC)**, specialised councils for radiation oncology and older adults and **Task Forces**, EORTC unites experts across tumour types to advance research in rare cancers, minimal residual disease, and emerging therapies. Collaborations with industry, regulators, healthcare providers, and patient advocates bridge gaps to improve cancer care and policy.
In 2024, EORTC made notable progress in academic clinical trials, translational research, and radiation oncology infrastructures. **The E²RADIatE platform** remains Europe's leading radiation oncology initiative, pioneering the **Trial within Cohorts (TwiCs) methodology** with the **SPRINT clinical trial**. The expanding **SPECTA platform** fosters new translational research projects, strengthening large-scale clinical infrastructures and driving innovation in cancer care.

None of this would be possible without the support of EORTC partners and ECRF donors. EORTC's scientific strategy has been addressing clinical needs that would otherwise go unmet, leaving no cancer patient behind.

ADDRESSING GAPS IN CLINICAL CANCER RESEARCH

Rare cancers Alhough rare cancers together represent 22% of all cancers, they are lagging therapeutic progress. EORTC is addressing this with innovative trials including a study exploring how radiotherapy can help cure patients with limited metastases and improving treatment for patients with retro-peritoneal sarcoma through multidisciplinary strategies.

Treatment optimisation and de-escalation trials Despite significant advances in cancer therapies, many treatments lack clarity on optimal use, leading to unnecessary toxicity and inefficiencies in healthcare. EORTC prioritises treatment optimisation and pragmatic clinical trials to refine therapies for real-world applications, ensuring effectiveness while minimising side effects for patients. Exemplifying this, is a trial looking at improving quality of life and reducing toxicity for patients with prostate cancer. These trials are proposed to be conducted in a very pragmatic manner to reflect the general population who can benefit of optimised treatment approaches.

Access through infrastructure To bring research closer to patients, EORTC invests in specialised platforms like E²RADIatE, which connects cancer centres across Europe. By collecting and analysing shared data, E²RADIatE provides a robust evidence base to optimise radiation therapy. By collecting and analysing data from multiple centres, it helps researchers identify best practices, refine treatment protocols, and set new standards of care.

EORTC would like to extend special thanks to our funding partners and all our individual donors for their essential support in our ongoing projects: Alliance Healthcare (Alliance Healthcare will become Cencora), Anticancer Fund (ACF), Australian Medical Research Future Fund, Australia and New Zealand Sarcoma Association, Climbers Against Cancer, CRUK, Horizon Europe funding program, Kom Op Tegen Kanker, Novo Nordisk Fonden, Rising Tide Foundation for Cancer Research, Sarcoma UK, Stichting Patiëntenplatform Sarcomen, Walgreens Boots Alliance (WBA).

ADVANCING CLINICAL CANCER RESEARCH THROUGH EDUCATION AND TRAINING

EORTC is shaping the future of clinical cancer research through its flagship **Residential Fellowship Programme**, which provides hands-on training in clinical trial methodology, manuscript development, and collaborative research.

Since its launch in 1991, the programme has welcomed 226 fellows from 47 countries, with 11 new fellows joining in 2024 alone. Lasting up to three years, this immersive experience allows clinicians, statisticians, and scientists to work alongside leading oncology experts at EORTC headquarters in Brussels. Funders can directly support this initiative by sponsoring fellows in specific research areas, with opportunities for named fellowships in recognition of their contribution. For further details about our fellows and the EORTC Fellowship Programme, please refer to page 76.

In addition to the Fellowship Programme, EORTC offers a Young and Early Career Investigator (Y&ECI) Programme, providing early-career researchers exposure to key stakeholders in cancer research.

By investing in EORTC's education programmes, funders play a vital role in developing the next generation of oncology leaders and advancing practice changing clinical cancer research across cancer types including rare tumours.

Total restricted and unrestricted funds raised in 2024

Consolidated figures (EORTC, ECRF, Friends of EORTC, Fonds Français RTC[1]).

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

€ 4.5 M
restricted & unrestricted funds

72
academic projects funded (partially & in full)[2]

2 - No industry involvement

18
fellowships sponsored in total

9
new fellowships sponsored in 2024

EORTC extends its gratitude to Loterie Nationale BE, Kom Op Tegen Kanker, the King Baudouin Foundation, and our individual donors **for their generous support of the EORTC Fellowships Programme.**

Research with purpose: Patient perspective

At EORTC, we believe that patients' experiences, insights, and involvement are invaluable in shaping meaningful clinical studies. In this section, we highlight the voices of two of our patient partners, Pete Wheatstone and Janette Rawlinson, offering a unique perspective on how patient involvement drives better outcomes and informs decision-making.

Pete Wheatstone

A UK-based patient advocate with nine years of experience in patient and public involvement in cancer research, Pete has been involved with EORTC since 2023, contributing to its Older Adult Council. He also collaborates with various cancer organisations in the UK including the National Institute for Health Research, shaping research strategies, clinical trial management, and patient communication. A co-author of multiple publications, he is dedicated to ensuring patient perspectives drive research and healthcare policies.

Janette Rawlinson

Janette is an experienced patient partner involved since 2013 in a wide range of cancer and health research initiatives, clinical expert panels, policy committees and study groups. Involved with EORTC since 2014, reviewing studies, speaking at and attending EORTC events, she is a member of EORTC's patient panel and the Lung Cancer Group.

1 - Could you share your personal story—how has cancer research impacted your journey as a patient?

Pete
After being diagnosed with colorectal cancer in 2014, I underwent surgery and chemotherapy, followed by a challenging recovery. I didn't understand clinical research then - now, I use my experience to improve patient communication in EORTC research.

Janette
My journey started through a cancer charity after a friend's and my own lung cancer diagnosis. I wanted to improve research for patients, especially those not treated at specialist centres. Over time, I joined national and European groups, including EORTC, to bring in broader patient perspectives.

2 - Why do you believe patient involvement in research makes a difference, and how has your voice helped shape EORTC's work?

Pete
Patients bring lived experience that can reshape research design. For example, I helped EORTC develop a questionnaire on cancer's financial burden, making sure it used plain language and reflected what matters to patients.

Janette
Patient input helps make research more relevant and feasible. We challenge assumptions, improve study recruitment, and ensure diverse patient experiences are reflected—especially from underrepresented regions or care settings.

3 - What would you say to someone considering donating to EORTC? How does their support translate into real change for patients like you?

Pete
One in two people may face cancer—it affects us all. Research is the only way to improve access to effective, affordable treatments, and that requires support from donors.

Janette
Donations fuel the studies that change treatments. Research leads to better outcomes and quality of life. Without it, we would not have the progress we see today.

4 - What research advancements give you the most hope for the future, and how do donations help accelerate progress?

Pete
I would have to say cancer vaccines - but overall, I'm hopeful about smarter, kinder treatments that respect patient priorities. Early diagnosis, especially for rare cancers, also has huge potential to save lives.

Janette
Targeted therapies, immunotherapy, and less invasive tests like liquid biopsies offer a lot of promise. They show what's possible when funding, science, and collaboration come together.

5 - If you could personally thank a donor, what would you say to them?

Pete
Your donations to EORTC help fight the war against cancer to the benefit of millions of people both in Europe and around the world. We simply cannot thank you enough.

Janette
You are giving people time and better quality of life. Please keep supporting this vital work—we are incredibly grateful.

Read the full conversations with Pete and Janette on our website.

Thank you

There is much to be proud of in 2024, and **we are deeply grateful to every one of you** who made it all possible. We look ahead to 2025 with a strong commitment to continuing working with you to:

- → Enhance your experience as supporters and donors by providing more **personalised communications** and by leveraging modern technology to stay connected;
- → Build new **partnerships** and **relationships** to ensure that EORTC's vital mission continues;
- → Shine a spotlight on supporters like you by exploring new and creative ways to share the meaningful **impact of your generous support**.

In the meantime, EORTC's efforts to pave the way for new scientific discoveries continue. With your support, we will also strengthen EORTC's outstanding educational initiatives inspiring and equipping the next generation of oncologists and cancer research professionals from across the world. **Thank you**.

The ECRF team

Contact us

We make it easy for businesses and individuals to support our mission. **Please reach out to our team to start a conversation today.**
Visit our website and subscribe to our newsletter to stay informed about the latest ECRF and EORTC news.

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

BE PART OF OUR JOURNEY

Your donation brings us one step closer to better treatments and higher survival rates for those affected by cancer.
http://donate.eortcresearchfund.org/

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Clinical trials

Active clinical trials include studies that are in the development, the activation, the recruiting, and the follow-up phases.

In this table we are only showing the studies which are recruiting and in the follow-up stage. During the recruiting phase, trials are open for patient enrolment, with participants actively being added. In the follow-up phase, participant recruitment is complete, yet the trial remains active for essential tasks such as collection and cleaning of patients' clinical data, sample analysis, statistical analysis, and publications.

CODE	STAGE	NAME	DESCRIPTION	GROUPS
08114	Follow-up	**EORTC-08114-LCG** (GEM)	Genetics of EGFR Mutation Study (GEM): a Translational Study of the EORTC Lung group	EORTC Lung Cancer Group
10031	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.	EORTC Breast Cancer Group
10041	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, randomised 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	EORTC Breast Cancer Group
10085	Follow-up	**EORTC-10085-BCG** (Male BC)	Clinical and biological characterization of Male Breast Cancer: an international retrospective EORTC, BIG and NABCG intergroup study (for the prospective part, please refer to 10085p)	EORTC Breast Cancer Group
10085p	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.	EORTC Breast Cancer Group

CODE	STAGE	NAME	DESCRIPTION	GROUPS
10112	Follow-up	**EORTC-10112-BCG** (Aphinity)	A randomised 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.	EORTC Breast Cancer Group
1201	Follow-up	**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.	EORTC Genito-Urinary Cancers Group
1203	Follow-up	**EORTC-1203-GITCG** (INNOVATION)	INtegratioN of trastuzumab, with or without pertuzumab, into periOperatiVe chemotherApy of HER-2 posiTIve stOmach caNcer: the INNOVATION-TRIAL	EORTC Gastrointestinal Tract Cancer Group
1206	Follow-up	**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)	EORTC Head and Neck Cancer Group
1208	Follow-up	**EORTC-1208-MG** (MiniTub)	Minitub: Prospective registry on Sentinel Node (SN) positive melanoma patients with minimal SN tumour burden who undergo Completion Lymph Node Dissections (CLND) or Nodal Observation.	EORTC Melanoma Group
1212	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)	EORTC Gynecological Cancer Group
1219	Follow-up	**EORTC-1219-ROG-HNCG**	A blind randomised 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	EORTC Head and Neck Cancer Group
1301	Follow-up	**EORTC-1301-LG** (AML21)	10-day decitabine versus conventional chemotherapy (“3+7”) followed by allografting in AML patients >= 60 years: a randomised phase III study of the EORTC Leukaemia Group, CELG, GIMEMA and German MDS Study Group	EORTC Leukaemia Group
1308	Follow-up	**EORTC-1308-BTG-ROG** (ROAM)	Radiation versus Observation following surgical resection of Atypical Meningioma: a randomised controlled trial (The ROAM trial) / EORTC 1308	EORTC Brain Tumour Group
1317	Follow-up	**EORTC-1317-STBSG** (CaboGist)	Phase II study of cabozantinib in patients with metastatic gastrointestinal stromal tumour (GIST) who progressed during neoadjuvant, adjuvant or palliative therapy with imatinib and sunitinib	EORTC Soft Tissue and Bone Sarcoma Group
1321	Follow-up	**EORTC-1321-STBSG** (ALT-GIST)	A randomised phase II trial of imatinib alternating with regorafenib compared to imatinib alone for the first line treatment of advanced gastrointestinal stromal tumour (GIST). (CTC 0122/AGITG AG1013GST)	EORTC Soft Tissue and Bone Sarcoma Group
1324	Follow-up	**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	EORTC Breast Cancer Group

CODE	STAGE	NAME	DESCRIPTION	GROUPS
1325	Follow-up	**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 randomised, double-blind Phase 3 trial of the EORTC Melanoma Group	EORTC Melanoma Group
1333	Follow-up	**EORTC-1333-GUCG** (PEACE III)	A Randomised 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.	EORTC Genito-Urinary Cancers Group
1402	Follow-up	**EORTC-1402-STBSG** (EE2012)	International Randomised Controlled Trial for the Treatment of Newly Diagnosed Ewing's Sarcoma Family of Tumours – Euro Ewing 2012	EORTC Soft Tissue and Bone Sarcoma Group
1403	Follow-up	**EORTC-1403-STBSG** (rEECur)	International Randomised Controlled Trial of Chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma	EORTC Soft Tissue and Bone Sarcoma Group
1407	Follow-up	**EORTC-1407-GUCG** (TIGER)	A Randomised 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 tumours	EORTC Genito-Urinary Cancers Group
1408	Recruiting	**EORTC-1408-BCG** (AURORA)	Aiming to Understand the MOlecular Aberrations in Metastatic Breast Cancer	EORTC Breast Cancer Group
1414	Follow-up	**EORTC-1414-GUCG-ROG** (Pegasus)	Phase IIIb randomised 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	EORTC Genito-Urinary Cancers Group
1416	Follow-up	**EORTC-1416-LCG** (PEARLS)	A randomised, 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	EORTC Lung Cancer Group
1419	Follow-up	**EORTC-1419-BTG** (ETERNITY)	Molecular genetic, host-derived and clinical determinants of long-term survival in glioblastoma	EORTC Brain Tumour Group
1420	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	EORTC Head and Neck Cancer Group
1508	Follow-up	**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	EORTC Gynecological Cancer Group
1513	Follow-up	**EORTC-1513-BCG** (PALLAS)	PALbociclib CoLlaborative Adjuvant Study: A randomised 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	EORTC Breast Cancer Group
1514	Follow-up	**EORTC-1514-QLG-GCG**	Follow-up in Gynecological Cancer Survivors: An EORTC QLG-GCG Survivorship Study	EORTC Gynecological Cancer Group

CODE	STAGE	NAME	DESCRIPTION	GROUPS
1525	Follow-up	**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.	
1537	Follow-up	**EORTC-1537-LYMG** (COBRA)	Very early PET-response adapted targeted therapy for advanced Hodgkin lymphoma: a single –arm phase II study	EORTC Lymphoma Group
1545	Follow-up	**EORTC-1545-GUCG** (EnzaRAD)	Randomised phase 3 trial of Enzalutamide in Androgen Deprivation therapy with radiation therapy for high risk, clinically localised, prostate cancer.	EORTC Genito-Urinary Cancers Group
1553	Recruiting	**EORTC-1553** (SPECTA)	SPECTA: Screening Cancer Patients for Efficient Clinical Trial Access	
1559	Follow-up	**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)	EORTC Head and Neck Cancer Group
1604	Follow-up	**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	EORTC Gastrointestinal Tract Cancer Group
1607	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	EORTC Gastrointestinal Tract Cancer Group
1612	Follow-up	**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 randomised study (EBIN)	EORTC Melanoma Group
1613	Follow-up	**EORTC-1613-LCG** (APPLE)	APPLE trial:Feasibility and activity of AZD9291(osimertinib) treatment on Positive PLasma T790M in EGFR mutant NSCLC patients	EORTC Lung Cancer Group
1617	Follow-up	**EORTC-1617-QLG-BCG-ROG**	Follow-up in Early and Locally Advanced Breast Cancer Patients: An EORTC QLG-BCG- ROG Protocol	EORTC Breast Cancer Group
1634	Follow-up	**EORTC-1634-BTG** (PersoMed-I)	Personalized Risk-Adapted Therapy in Post-Pubertal Patients with Newly-Diagnosed Medulloblastoma (PersoMed-I)	EORTC Brain Tumour Group
1652	Follow-up	**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	EORTC Cutaneous Lymphoma Tumour Group
1702	Follow-up	**EORTC-1702-LCG-ROG** (HALT)	Targeted therapy with or without dose intensified radiotherapy for oligo-progressive disease in oncogene-addicted lung tumours	EORTC Lung Cancer Group
1709	Follow-up	**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	EORTC Brain Tumour Group

CODE	STAGE	NAME	DESCRIPTION	GROUPS
1740	Follow-up	**EORTC-1740-HNCG** (LA-OSCC)	Randomised 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)	EORTC Head and Neck Cancer Group
1745	Follow-up	**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)	EORTC Breast Cancer Group
18071	Follow-up	**EORTC-18071-MG**	Adjuvant immunotherapy with anti-CTLA-4 monoclonal antibody (ipilimumab) versus placebo after complete resection of high-risk Stage III melanoma: A randomised, double-blind Phase 3 trial of the EORTC Melanoma Group.	EORTC Melanoma Group
18081	Follow-up	**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 randomised phase III trial of the EORTC Melanoma Group	EORTC Melanoma Group
1809	Recruiting	**EORTC-1809-STBSG** (STRASS 2)	A randomised phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patients with High Risk RetroPeritoneal Sarcoma (RPS)	EORTC Soft Tissue and Bone Sarcoma Group
1811	Recruiting	**EORTC-1811** (E^2-RADIatE)	EORTC-ESTRO Radiotherapy Infrastructure for Europe	EORTC Radiation Oncology Group
1820	Recruiting	**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 -	EORTC Cutaneous Lymphoma Tumour Group
1822	Recruiting	**EORTC-1822** (OligoCare)	A pragmatic observational basket study to evaluate radical radiotherapy for oligometastatic cancer patients	EORTC Radiation Oncology Group
1825	Follow-up	**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	EORTC Lung Cancer Group
1828	Follow-up	**RP-1828** (IMMUcan)	Integrated Immunoprofiling of large adaptive cancer patients cohorts	
1843	Follow-up	**RP-1843** (Arcagen)	Molecular characterization of rare cancer	
1901	Recruiting	**EORTC-1901-LCG** (PRIMALung)	PRophylactic cerebral Irradiation or active MAgnetic resonance imaging surveillance in small-cell Lung cancer patients (PRIMALung study)	EORTC Lung Cancer Group
1913	Recruiting	**EORTC-1913-LYMG** (RADAR)	A randomised phase III trialwith a PET response adapted design comparing ABVD +/- ISRT with A2VD +/- ISRT in patients with previously untreated stage IA/IIA Hodgkin lymphoma	EORTC Lymphoma Group
1920	Recruiting	**RP-1920** (Bioradon)	Molecular characterization of NSCLC patients and exposure to indoor radon in Europe	EORTC Lung Cancer Group
1945	Recruiting	**EORTC-1945** (OligoRARE)	Stereotactic body radiotherapy in addition to standard of care treatment in patients with oligometastatic rare cancers (OligoRARE): a randomised, phase 3, open-label trial.	EORTC Radiation Oncology Group

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1965	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.	EORTC Breast Cancer Group
20051	Follow-up	**EORTC-20051-LYMG** (H10)	The H10 EORTC/GELA/IIL randomised 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.	EORTC Lymphoma Group
2011	Recruiting	**EORTC-2011** (ReCare)	Recare - A retrospective observational registry cohort on high-dose Re-irradiation within the E2-Radiate Platform	EORTC Radiation Oncology Group
20113	Follow-up	**EORTC-20113-LYMG** (BREACH)	Brentuximab vedotin associated with chemotherapy in untreated patients with stage I/II unfavourable Hodgkin's lymphoma. A randomised phase II LYSA-FIL-EORTC intergroup study	EORTC Lymphoma Group
2013	Recruiting	**EORTC-2013-BTG** (GLIORARE)	Treatment and outcome of patients with primary brain tumours diagnosed according to cIMPACT-NOW recommendations and the 2021 WHO classification	EORTC Brain Tumour Group
2022	Recruiting	**EORTC-2022-MG** (ATOM)	Tebenta-fusp (IMCgp100) versus observation in HLA-A*0201 positive patients with high-risk non-metastatic uveal melanoma: a randomised Phase III study (EORTC-UK-US).	EORTC Melanoma Group
20971	Follow-up	**EORTC-20971-22997-LYMG-ROG**	A Phase III randomised study on low-dose total body irradiation and involved field radiotherapy in patients with localized, stages I and II, low grade non-Hodgkin's lymphoma	EORTC Lymphoma Group
2129	Recruiting	**EORTC-2129-BCG** (TREAT ctDNA)	Elacestrant for treating ER+/HER2-breast cancer patients with ctDNA relapse (TREAT CtDNA Elacestrant).	EORTC Breast Cancer Group
2139	Follow-up	**EORTC-2139-MG** (COLUMBUS-AD)	Adjuvant encorafenib & binimetinib vs. placebo in resected stage IIB/C BRAF V600E/K mutated melanoma: a randomised triple-blind phase III study in collaboration with the EORTC Melanoma Group	EORTC Melanoma Group
22033	Follow-up	**EORTC-22033-26033-ROG-BTG**	Primary chemotherapy with temozolomide vs.radiotherapy in patients with low grade gliomas after stratification for genetic 1p loss: a phase III study	EORTC Brain Tumour Group
22051	Follow-up	**EORTC-22051-10052-BCG-ROG** (SUPREMO)	Selective Use of Postoperative Radiotherapy AftEr MastectOmy (SUPREMO)	EORTC Breast Cancer Group
22055	Follow-up	**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	EORTC Lung Cancer Group
22085	Follow-up	**EORTC-22085-10083-ROG-BCG** (DCIS)	A randomised phase III study of radiation doses and fractionation schedules for ductal carcinoma in situ (DCIS) of the breast.	EORTC Breast Cancer Group
22113	Follow-up	**EORTC-22113-08113-ROG-LCG** (LUNGTECH)	LungTech Stereotactic Body Radiotherapy (SBRT) of inoperable centrally located NSCLC: A phase II study in preparation for a randomised phase III trial	EORTC Lung Cancer Group

CODE	STAGE	NAME	DESCRIPTION	GROUPS
22114	Follow-up	**EORTC-22114-40111-GITCG-ROG** (TOP GEAR)	Trial of preoperative therapy for gastric and esophagogastric junction adenocarcinoma. A randomised phase II/III trial of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer.	EORTC Gastrointestinal Tract Cancer Group
2227	Recruiting	**EORTC-2227-BTG** (LEGATO)	Lomustine with or without reirradiation for first progression of glioblastoma: a pragmatic randomised phase III study	EORTC Brain Tumour Group
22922	Follow-up	**EORTC-22922-10925-ROG-BCG**	Phase III randomised 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)	EORTC Breast Cancer Group
26053	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.	EORTC Brain Tumour Group
26071	Follow-up	**EORTC-26071-22072-BTG-ROG** (CENTRIC)	Cilengitide in subjects with newly diagnosed glioblastoma and methylated MGMT promoter gene- a multicenter, open-label, controlled Phase III study, testing cilengitide in combination with standard treatment (temozolomide with concomitant radiation therapy, followed by temozolomide maintenance therapy) versus standard treatment alone (CENTRIC)	EORTC Brain Tumour Group
40084	Follow-up	**EORTC-40084-22084-GITCG-ROG**	A phase II-R and a phase III trial evaluating both Erlotinib* (PH II-R) and chemoradiation (PH III) as adjuvant treatment for patients with resected head of pancreas adenocarcinoma * (PH II-R Erlotinib randomization completed, arm 2 closed to accrual effective 04/02/14)	EORTC Gastrointestinal Tract Cancer Group
40091	Follow-up	**EORTC-40091-GITCG** (BOS 2)	Randomised phase II trial evaluating the efficacy of FOLFOX alone, FOLFOX plus bevacizumab and FOLFOX plus panitumumab as perioperative treatment in patients with resectable liver metastases from wild type KRAS and NRAS colorectal cancer	EORTC Gastrointestinal Tract Cancer Group
55092	Follow-up	**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.	EORTC Gynecological Cancer Group
55102	Follow-up	**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.	EORTC Gynecological Cancer Group
55994	Follow-up	**EORTC-55994-GCG**	Randomised phase III study of neoadjuvant chemotherapy followed by surgery vs. concomitant radiotherapy and chemotherapy in FIGO Ib2, IIa > 4 cm or IIb cervical cancer.	EORTC Gynecological Cancer Group
58051	Follow-up	**EORTC-58051-CLG** (Interfant)	International collaborative treatment protocol for infants under one year with acute lymphoblastic or biphenotypic leukaemia	EORTC Children's Leukaemia Group
58081	Follow-up	**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).	EORTC Children's Leukaemia Group

CODE	STAGE	NAME	DESCRIPTION	GROUPS
58111	Follow-up	**EORTC-58111-CLG** (IntReALL SR 2010)	International Study for Treatment of Standard Risk Childhood Relapsed ALL 2010. A randomised Phase III Study Conducted by the Resistant Disease Committee of the International BFM Study Group	EORTC Children's Leukaemia Group
58LAE	Follow-up	**EORTC-58LAE-CLG**	Assessment of the long term outcome of childhood ALL patients enrolled in EORTC CLG trials between 1971 and 1998	EORTC Children's Leukaemia Group
62092	Follow-up	**EORTC-62092-22092-STBSG-ROG** (STRASS)	A phase III randomised study of preoperative radiotherapy plus surgery versus surgery alone for patients with Retroperitoneal sarcomas (RPS) - STRASS	EORTC Radiation Oncology Group
62113	Follow-up	**EORTC-62113-55115-STBSG-GCG** (HGUtS)	A randomised 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	EORTC Gynecological Cancer Group
65091	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 Leukaemia Groups	EORTC Infectious Diseases Group
90101	Follow-up	**EORTC-90101-NOCI** (CREATE)	Cross-tumoural Phase 2 clinical trial exploring crizotinib (PF-02341066) in patients with advanced tumours induced by causal alterations of ALK and/or MET («CREATE»)	

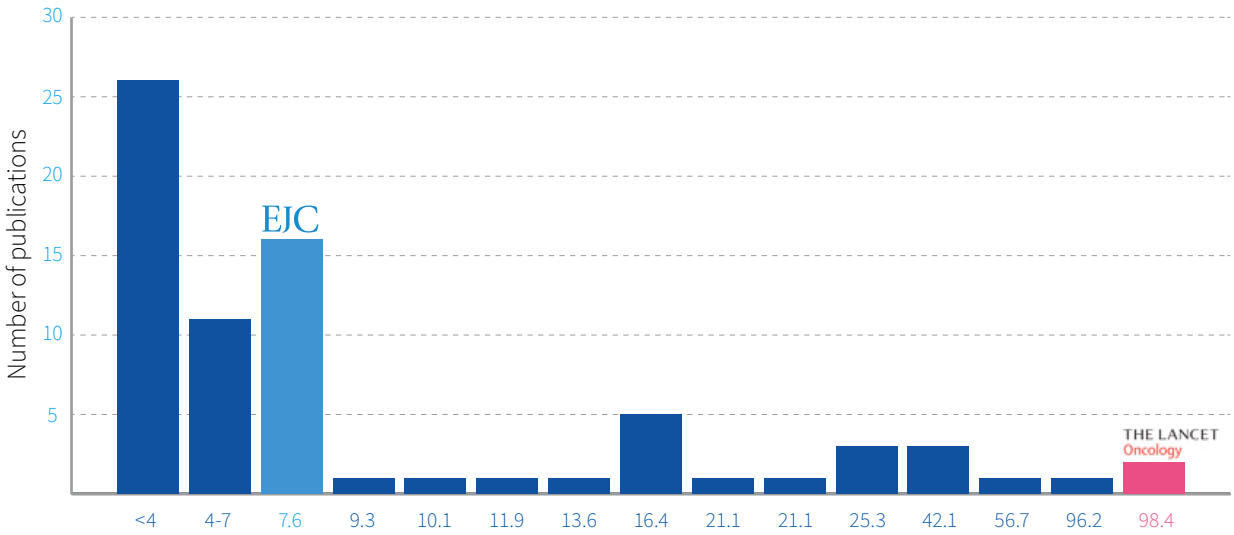
Publications

EORTC's commitment to advancing cancer research is reflected in our extensive publication record.

Sharing our findings through peer-reviewed publications is crucial for disseminating knowledge, influencing clinical practice, and ultimately improving patient outcomes. These publications represent the culmination of rigorous research conducted across our collaborative network, providing evidence-based insights that drive progress in cancer treatment and care.

In 2024, we published **74 peer-reviewed papers** in various scientific journals. The graph below illustrates the distribution of our publications according to the journals impact factor.

EORTC PUBLICATIONS (IN 2024 BY JOURNAL IMPACT FACTOR)



* European Journal of Cancer (EJC) is the official journal of EORTC

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