

# Annual Report 2023



**ETOP·IBCSG**  
PARTNERS FOUNDATION

Foundation for International  
Cancer Research

# Annual Report 2023

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# Dear Reader

The latest results of our POSITIVE trial were announced in December 2023, confirming that the use of fertility preservation and assisted reproductive technologies and treatments (ART) does not adversely affect three-year cancer recurrence rates in patients with hormone-receptor-positive breast cancer who have paused endocrine therapy to conceive.

This is wonderful and reassuring news and has inspired our lead article on fertility preservation. It is an often unknown and underestimated fact that a cancer diagnosis can cause severe damage to the reproductive organs and, in many cases, lead to infertility. Dealing with this prospect after an already difficult diagnosis is obviously extremely stressful and requires empathetic and professional medical support and counseling.

I am also delighted to give our readers an insight into the vital work of the more than 50 subject matter experts at our Coordination Center in Berne. It is their expertise that enables and provides full-service coordination for the many research studies and programs supported by our Foundation.

Our Foundation Board and Scientific Committees are made up of world-leading clinicians and researchers who set the vision and values of our Foundation, define our strategy and provide the creative platform that enables an international research community. We are therefore deeply grateful to our present



and future donors who enable the funding of many pioneering projects, which promise new possibilities, advances and achievements that will benefit generations of people with cancer.

We are happy to provide you, dear reader, with an update on our work over the past year and thank you for your continued trust and support.

Prof. Dr. med. Rolf A. Stahel  
President of the Foundation Board  
ETOP IBCSG Partners Foundation

# Key Figures in 2023

373

**Years of service of all employees**  
average 9.6 years



34

**Participating countries in ongoing ETOP IBCSG trials**  
ETOP 13, IBCSG 33



6

**Trials launched in 2023**  
ETOP IBCSG sponsored: ETOP 3, IBCSG 1  
Non-ETOP IBCSG sponsored: ETOP 0, IBCSG 2

25

**Translational Research projects ongoing**  
ETOP 13, IBCSG 12

13

**Open, recruiting trials**  
ETOP IBCSG sponsored: ETOP 5, IBCSG 1  
Non-ETOP IBCSG sponsored: ETOP 0, IBCSG 7

18

**Open trials, in follow-up**  
ETOP IBCSG sponsored: ETOP 3, IBCSG 8  
Non-ETOP IBCSG sponsored: ETOP 1, IBCSG 6



9

**Publications**  
ETOP 4, IBCSG 5  
cumulative: ETOP 37, IBCSG 423



224

**Recruited Patients 2023**  
ETOP IBCSG sponsored: ETOP 87, IBCSG 98  
Non-ETOP IBCSG sponsored: ETOP 0, IBCSG 39

520

**Monitoring visits**  
remote 304, on-site 216



3796

**Consumed cups of coffee at the Coordinating Center**

226

**Submissions to authorities in various countries**  
ETOP 84, IBCSG 142

50

**Coworkers at the Coordinating Center**

# Having children despite cancer?

For many people, having children and a family is an important part of a fulfilling life. This seemingly simple desire can be abruptly shattered by a cancer diagnosis and the subsequent treatment.

A cancer diagnosis is life-changing and forces patients and their loved ones to reassess, reorganise and prioritise all aspects of their lives. Cancer treatment starts usually immediately after diagnosis to control the disease and to increase the chances of a cure. But cancer treatment can also affect the reproductive organs, sperm, and eggs. Patients of child-bearing age, particularly those with a relatively good prognosis should be informed about the implications of cancer treatment for their future fertility and the options to preserve fertility. Because patient's schedule is usually busy with doctors' appointments, tests, and treatment there is hardly time to reflect and also discuss this issue with physicians.

## Preserving fertility

There are different measures to preserve fertility: Men can store their sperm in a sperm bank before starting cancer treatment. Women may be referred to a reproductive endocrinologist who will closely collaborate with their oncologist and medical team. Before the start of

cancer treatment, women's ovaries are stimulated with hormones to retrieve oocytes (eggs), which are then cryopreserved (a method of preserving oocytes at very low temperatures) and stored for future use, if possible and desired. As a further step, the stimulated eggs can be fertilised with sperm in vitro before cryopreservation (freezing). These fertilised oocytes (e.g. very early embryos) generally have a higher success rate for a further pregnancy.

## The importance of counselling

Cancer patients experience a range of emotions during disease and treatment – from shock and disbelief at diagnosis to anger, frustration and, over time, acceptance. Dealing with the possibility of infertility, particularly after a difficult diagnosis, can exacerbate emotional distress. Patients in this situation may feel overwhelmed and struggle to make complex decisions about going through fertility preservation procedures.



Fertility preservation management therefore includes oncofertility counselling, which provides patients with information about the likely impact of cancer treatment on their future fertility and appropriate fertility preservation options. The goal is twofold: to help patients decide about fertility preservation treatment and to provide psychological support during a difficult time. Chances of survival and the potential risks associated with postponing cancer treatment but also a potential negative impact of fertility treatment on the outcome of the cancer should be discussed with the patient.

Ideally, oncofertility counselling should be part of comprehensive cancer care and offered immediately after diagnosis. Taking into account the patient's wishes and expectations for quality of life, a multi-disciplinary team, including fertility specialists, will determine the optimal approach to fertility preservation, seamlessly coordinated with the start of cancer treatment.

### Ethical and legal aspects

Counselling on fertility preservation also needs to consider ethical and legal issues. Fertility preservation is associated with costs that can be a financial burden for some patients, which may limit its access.

In addition, it is not only the individual self-determination of the patient and the partner that counts, but also the well-being of the future child. Therefore, counselling for fertility preservation should be in accordance with the laws and regulations in the field of reproductive medicine, which is governed by a wide range of laws and regulations in every country. A common, but much debated and controversial practice is the strict limitation of fertility preservation up to the age of 40 years. Even though the success rates of reproductive medicine thereafter are low, this age limit is a huge hurdle, especially for breast cancer survivors.

In Switzerland, the laws and practices are relatively restrictive. The conditions under which reproductive procedures may be used are set out in Article 3 of the Reproductive Medicine Act (FMedG).

Article 3 (FMedG) "Overriding interest of the child" states that medically assisted reproduction procedures may only be authorised:

- if the welfare of the child is guaranteed
- if the couples are in a legally stable relationship, and
- if the couple is able, based on their age and personal circumstances, to care for and bring up the child until it reaches the age of majority (18 years).
- human oocytes and sperms cannot be used after the death of the donor, except for sperm from a donor to a sperm bank.
- cryopreserved stimulated or fertilised oocytes may also not be used after the death of the partner.



### Young patients who want to become pregnant after breast cancer: new results from the POSITIVE study give hope

Treatment-related infertility is a major concern for young women with breast cancer. The age at which women have children increases, and women are more likely to be diagnosed with breast cancer before they can start or complete their families. Most young women with early-stage disease have so-called hormone-receptor-positive breast cancer. This type of cancer is nourished by a patient's own hormones. Therefore, women are often treated with anti-hormonal therapy for 5-10 years after breast surgery to reduce the risk of the cancer recurring. During this time, pregnancy is contraindicated. In addition, regardless of treatment, there has historically been concern that pregnancy may increase recurrence in women with hormone-receptor-positive breast cancer.

The POSITIVE study was designed to address the clinical dilemma faced by many young women who want to receive the best possible breast cancer treatment while also desiring to have a biological child in the future. The first, eagerly awaited results of the POSITIVE study, published in the prestigious New England Journal of Medicine in May 2023, confirmed that pausing anti-hormonal therapy for up to two years to become pregnant can be done without an increased short-term risk of recurrence. However, there are other challenges that stand in the way of a woman's desire to have her own children such as the detrimental effect that a potential prior chemotherapy may have on the oocyte reserves. There is also uncertainty among these patients about the safety of fertility preservation treatment and the effectiveness of assisted reproductive technologies. In particular, there are concerns about the potential adverse effects of ovarian stimulation, which is required for oocyte cryopreservation.





These questions have now been addressed in the secondary analysis of the POSITIVE study. The results, which were presented at the San Antonio Breast Cancer Symposium in December 2023, are very encouraging. They confirm that the use of fertility-preserving and assisted reproductive technologies is effective and has no negative impact on the three-year recurrence rates in patients with hormone-receptor-positive breast cancer who pause anti-hormonal therapy to become pregnant. These re-

sults from the POSITIVE study give hope to young women who are navigating through the difficult journey of becoming pregnant after breast cancer treatment. They also provide important insights for doctors treating young women with breast cancer. However, because hormone-receptor-positive breast cancer can recur many years after the initial diagnosis, longer follow-up is needed to provide definitive reassurance that these strategies are safe.

The POSITIVE study is an academic study, conducted by IBCSG worldwide with the ETOP IBCSG Partners Foundation as the legal sponsor and with the support of charitable contributions and national funding bodies. With so much at stake for young women whose family planning dreams have been interrupted by a breast cancer diagnosis, the ETOP IBCSG Partners Foundation is fully committed to continuing the follow-up phase of the POSITIVE study through 2029 to collect as much data as needed to conclusively answer the question of recurrence risk for young women who interrupt endocrine therapy to have a baby.

For this we are convening a consortium of forward-thinking donors interested in supporting the completion of this practice-changing study whose final results could definitely break the resistance that hinders this important life plan for many young patients.

**Interested donors please contact the ETOP IBCSG Partners Foundation for more information. We look forward to working with you on finding meaningful ways to support your giving goals and priorities.**



We would like to thank **Dr. Dorothea Wunder** for supporting us with her expertise and personal experience in the preparation of this article.

PD Dr Dorothea Wunder is a specialist in gynaecology and obstetrics, with additional training in reproductive medicine and gynaecological endocrinology at the Cantonal Hospital of Fribourg, and a member of the Swiss National Ethics Commission.



We thank **Dr. Fedro Peccatori** for his thorough, professional review of this article.

Fedro Peccatori, MD PhD, is Director of the Fertility and Procreation Unit within the Division of Gynecologic Oncology in the Department of Gynecology at the European Institute of Oncology, Milan Italy. He is the Translational Research Study Co-Chair of the POSITIVE study.

The ETOP USZ-STRIKE Trial:

# Determining the Optimal Timing of Radiotherapy for Brain Metastases

Medical advances have significantly increased the life expectancy of patients with lung cancer and melanoma, but unfortunately the risk of developing brain metastases has also increased.

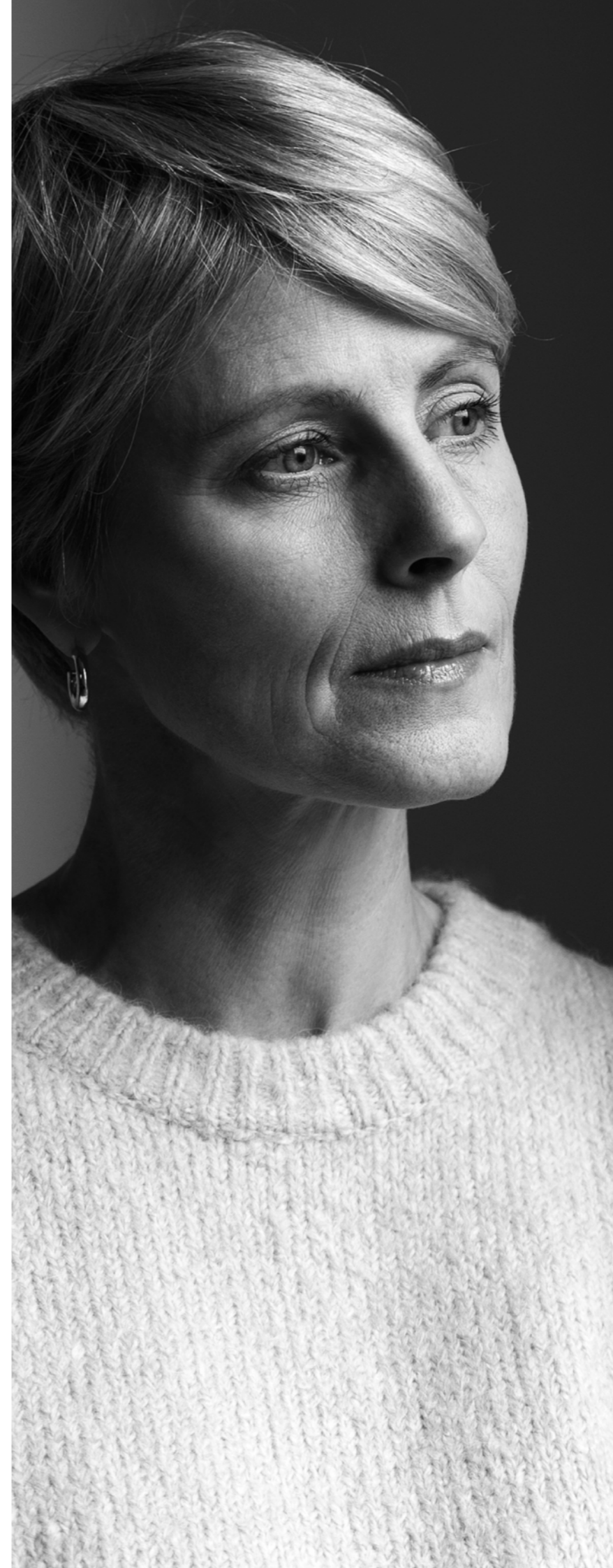
Traditional treatments for patients with brain metastases include neurosurgery, radiotherapy, and systemic drug therapy, particularly in the areas of precision medicine and immunotherapy. However, many drugs work best outside the central nervous system and have limited efficacy in the treatment of brain metastases.

Encouraging advances in the treatment of brain metastases have been made in both radiotherapy and systemic drug therapy. However, choosing the optimal therapy for brain metastases remains a particular challenge for clinicians and patients.

An important unresolved question currently being debated in this field is the timing of radiotherapy for brain metastases. Should radiotherapy be recommended immediately when brain metastases are diagnosed in patients with few or no symptoms, or only when systemic drug therapy has failed to treat the brain metastases?

In answering this question, it is important to consider not only the immediate effects of radiotherapy on the brain metastases, but also the longer-term effects on the patient's well-being and cognitive function.

Although the answers to these questions are crucial, there have been no large-scale randomized trials on the optimal timing of radiotherapy for brain metastases from lung cancer and melanoma.



## The USZ-STRIKE trial

The USZ-STRIKE study (Trial Name: ETOP 19-21 USZ-STRIKE) was developed by Professor Michael Weller, Study Chair and Clinical Director of the Department of Neurology at the University Hospital Zurich, and his team as well as Professor Rolf Stahel, President of the ETOP IBCSG Partners Foundation and an internationally renowned oncologist, together with leading experts in the field of radiotherapy and medical treatment of lung cancer and melanoma. About 190 patients from various hospitals in Switzerland, Italy, the Netherlands and Spain will be enrolled in this international study.

As with any clinical trial, patients who wish to participate in the study must sign an informed consent form. For the USZ-STRIKE study, patients will then be randomly assigned into two groups. Both groups will receive the optimal systemic drug therapy for their lung cancer or melanoma. Patients in one group will also receive treatment of the brain metastases with a modern radiation procedure known as radiosurgery to the brain metastases. In the other group, radiation therapy will be delayed and only given if it is necessary and indicated during the course of the systemic drug therapy. All patients will be carefully monitored to assess the direct effect of the treatment on the tumor as well as on their well-being and cognitive function.

“Only a network of partners who join forces to ask questions, can find answers.”

**Prof. Dr. Rolf Stahel**  
Cooperation partner and  
President of the ETOP IBCSG  
Partners Foundation



“For us physicians, reliable results would be a great help. It would enable us to recommend the best treatment for our patients – for the best possible quality of life, personalized for each patient.”

**Prof. Dr. Michael Weller**  
Study Chair and Director  
of the Department of Neurology at  
the University Hospital of Zurich

The USZ-STRIKE study was activated at the end of 2022. In March 2023, the first patient was enrolled at the University Hospital Zürich, and by the end of 2023, a total of 11 patients had been enrolled in the study, 7 from Italy and 4 from Switzerland.

The results of this important study will help fill the data and information gaps and clarify when modern radiotherapy is best used in the context of precision oncology and immunotherapy.

### **What will patients gain from this trial and why is it important to fund?**

The goal of answering the study questions is to enable physicians and patients to make informed decisions about the optimal and individualized treatment of brain metastases.

Patients who participate in this important, novel and internationally conducted clinical trial will benefit from being part of a medical solution and thus contribute to new knowledge about the treatment of brain metastases. Furthermore being part of a control group ensures the safety of the patients through informed consent and monitoring during clinical research - not to mention the importance of helping other patients by contributing to medical research and giving new hope.

### **Bringing tomorrow's treatments to patients today**

It is important to note that this trial would not be possible without the support of many donors.

Donors who support this still under-researched area, which is crucial for brain tumor patients, are not only contributing to scientific progress that will benefit a wide range of cancer patients, but also to society as a whole.

The trial is supported by the USZ Foundation and its funding partners, as well as the ETOP IBCSG Partners Foundation – a collaboration that not only represents the highest level of integrity but has the ability to enable bringing effective treatments to more patients faster.

The ETOP IBCSG Partners Foundation, chaired by Professor Rolf Stahel, is the academic research organization that is responsible for conducting and coordinating this international multi-center study. The Foundation is one of the leading and most experienced organizations in clinical and translational breast and lung cancer research.

**Interested donors can contact both the USZ Foundation and the ETOP IBCSG Partners Foundation for more information.**

# Coordinating Center in Berne, Switzerland

The Coordinating Center is the headquarters of the ETOP IBCSG Partners Foundation and is situated in the beautiful city of Berne, the capital of Switzerland.

Under the seasoned management of Director Anita Hiltbrunner, the Coordinating Center provides the core capabilities essential for the trials and plays a key role in providing full-service coordination for research studies and programs of the ETOP IBCSG Partners Foundation.

The team of more than 50 subject matter experts, divided into 10 departments, draws on decades of experience and expertise and serve as a central hub for managing an array of important and critical functions.

## The people “behind the Scenes”

We were able to take a peek behind the scenes and hear directly from some of the employees of the Coordinating Center on what makes their work interesting, and how their areas of responsibility contribute to the success of the global ETOP IBCSG Partners Foundation cancer research trials. The interaction of all these tasks and areas of work is what is called “Trial Coordination”.

Further areas of responsibility of the Coordinating Center include the departments “Quality of Life”, “Quality Assurance and Audits”, The “Program for Young Patients” as well as “Central Services” which provides the necessary business infrastructure for the group.



**Heidi, Head Trial Activities**

«What inspires me most about my job is the challenge of translating a study idea that is brought to us through our scientific network into a complete study with all its facets. My main responsibility is to develop the study protocol.»

**Mirjam, Scientific Pharmacovigilance Collaborator  
Safety and Regulatory**

«My job is to continuously monitor side effects and assess the risks in relation to the benefits of the cancer drugs used. It motivates and pleases me to be part of the constant improvement in the safety of these drugs.»

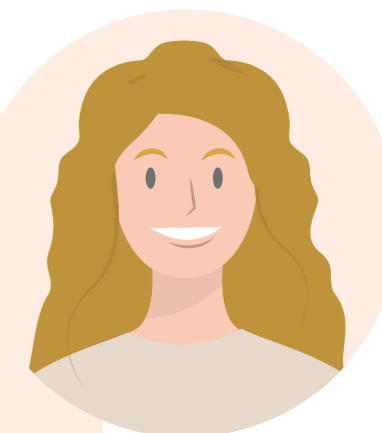


**Michael, Head Clinical Monitoring**

«What I enjoy most about monitoring clinical trials is the variety and communication with all the partners involved. You are responsible for the centers as a point of contact, provide advice and support and also check whether the studies are being conducted correctly on-site according to protocol. To do this, you are involved in a clinical trial at a relatively early stage and accompany it to the end. My main tasks are managing the monitoring team and the challenge of not losing sight of the big picture.»

**Sabrina, Drug Supply Manager**

«The activities of a Drug Supply Manager are as multifaceted as our study protocols. The challenges change with each new protocol, country and center, making my work as a Drug Supply Manager exciting and interesting. With a range of smart strategies and the right solutions, we are able to deliver the study drugs to the individual centers in various countries and continents.»





**Barbara, Head of the Safety and Regulatory team**

“It was and remains my dream job to work in an academic research environment. It is a real enrichment to collaborate on an international level with many different people.”



**Susanne, Head Clinical Trial Management/  
Deputy Head Trial Activities**

«As Trial and Data Managers, we are in daily contact with the trial staff of hospitals around the world and thus receive numerous different inquiries. I find it very exciting to work in this international environment and to see how the same study protocol can lead to different challenges in different countries.»



**Rosita, Head Translational Research Coordination**

“The main role of the Translational Research Coordination team is to develop and successfully execute the multi-faceted translational research projects that aim to identify prognostic and predictive biomarkers. Prior to that we ensure that the required biological material is collected and centralized. What drives us, is the close collaboration with interdisciplinary research teams and scientists from central laboratories, pathology and oncology divisions and biobanks.”

# 4 Key Questions - 4 Smart Answers

Professor Meredith Regan, Distinguished Director of the IBCSG Statistical and Data Management Center, is a world-renowned statistician at Dana-Farber Cancer Institute and Professor of Medicine at Harvard Medical School. She is a world leader in the development and interpretation of breast cancer clinical trials to improve patient care.

We caught up with Meredith in between her busy schedule of research, global conferences, presentations and lectures to ask our 4 Key Questions.



**Meredith Regan, ScD, FASCO**, is a biostatistician specialized in clinical trials and clinical research in breast and genitourinary cancers. She is a Professor of Medicine at Harvard Medical School. She is also the Distinguished Director of the IBCSG Statistical and Data Management Center.

## 1

**Could you tell us more about the role of the statistician in clinical trials?**

Statisticians focus on ensuring the clinical trial will answer the stated clinical objective, in every step from the conceptualization and planning of the trial to its analysis and interpretation.

## 2

**You are well known for your work on two IBCSG-led trials, SOFT and TEXT, to assess the long-term effects and survival benefits of anti-estrogen therapy in premenopausal women. How have your findings influenced clinical guidelines for the treatment of ER-positive breast cancer in premenopausal women?**

I've had the honor to represent this research that involves over 5000s of patient volunteers from more than 500 participating centers in 27 countries. On the basis of SOFT and TEXT results, therapy guidelines now recommend tamoxifen as standard of care for premenopausal women at low risk of recurrence, and patients at higher risk for recurrence should be proposed ovarian suppression in addition to oral endocrine therapy with either tamoxifen or an aromatase inhibitor (AI).

## 3

**There are many secondary clinical questions that may be investigated after the primary question of a clinical trial is answered.**

Clinical trials collect a lot of information allowing us to further investigate many questions to better inform patient care. As an example from the SOFT and TEXT trials, we developed a composite measure of recurrence risk that allows clinicians to delve into the summary data of SOFT & TEXT participants according to characteristics of an individual patient to assist with treatment decision making; a web application facilitates (<https://rconnect.dfci.harvard.edu/CompositeRiskSTEPP/>)

## 4

**IBCSG historically has focused on the quality and quantity of life of people diagnosed with breast cancer, and we understand that you have refreshed this research in the setting of immuno-oncology.**

Yes, IBCSG investigators developed Q-TWiST (quality-adjusted time without symptoms and treatment) methodology more than 30 years ago. In the setting of novel immuno-oncology treatments, which have greatly improved survival in some advanced cancers but have trade-offs of immune-related toxicities, we've borrowed from this methodology, to characterize how patients spend their survival time on and off treatment, with and without toxicity of treatment, to facilitate shared treatment decision making.

# Changing the Way We Treat Lung Cancer

**Sitting down with Professor Sanjay Popat – Member of the ETOP IBCSG Partners Foundation Board, global scientific leader and internationally recognized expert in the treatment and research of lung cancer, mesothelioma and thymic cancer.**

Sanjay Popat is a soft-spoken man with a calm and pleasant demeanor who captivates audiences with his clear language and ability to explain complex issues and break them down into understandable terms.

His research interests include the complexities of genetic profiling in cancer, as well as developing novel drug treatments through clinical trials. He is also a strong advocate for patient education and support.

## **The role of ETOP IBCSG Partners Foundation**

As a highly valued and active member of the Board of the ETOP IBCSG Partners Foundation, Professor Popat is passionate about the role of the Foundation and the unique opportunity it provides to clinical investigators who want to set up large-scale studies that require broad reach and the ability to ask questions and get them answered.

He chairs and co-chairs several important ETOP trials and is enthusiastic about the opportunities the Foundation provides for researchers like himself to collaborate and organize globally with multi-center trials, to synergize with like-minded people and to discuss the right experimental approach for many patients to make a new potential class of therapy possible.

The trials set up by the ETOP IBCSG Partners Foundation are called “academic trials”, Sanjay Popat explains, because they are developed by clinicians and researchers who have the idea, ask the questions which they want to answer, do the experiment with the patients, and ultimately reach the conclusions that will advance science. In comparison to trials of the pharmaceutical industry, which set their priorities on more common diseases, our academic trials often also look at the other areas, other types of diseases and other groups of patients.

One good example of this, Popat mentions, is the ETOP BEAT-meso trial which focusses on mesothelioma and is an area where pharma does not see this disease as a priority for them to tackle. Mesothelioma is an uncommon chronic lung disease caused by no fault of the patient, through breathing and prolonged exposure to asbestos, which can cause lung tissue scarring, shortness of breath and ultimately be a cause of death. Amazingly there is still exposure and new cases of mesothelioma today, mainly due to the fact that there is no global ban on asbestos. A common case for still contracting the disease can be found in the renovation of older buildings from the 50s and 60s – “you just know that there will be asbestos”, Popat points out.

The BEAT-meso trial just finished the recruitment of several hundred patients across Europe who were randomly allocated to either get the standard of care, which at the time was chemotherapy plus a biological drug which allows the chemo to be better activated, or the new cocktail which was chemotherapy together with immunotherapy and a biological drug to really synergize on the cocktail. Dr. Popat and the investigators are currently waiting for the outcomes and hope to soon be able to report on them.

He emphasizes that when conducting cancer research trials in Europe and around the world, it is important to cast as wide a net as possible so that appropriate patients can be enrolled in clinical trials in an effective, safe and controlled way.



“We really want to make a difference for our patients and make sure we give them the best opportunity to try and access innovative medicines. Our goal is to generate the evidence that will form the guidelines that will become tomorrow’s standard of care. That’s why we do cancer research.”

**Sanjay Popat**

The reality, however, says Popat, is that the majority of thoracic cancers still cannot be cured today. The fact and the problem is that with internal malignancies such as lung cancer, which grow silently in the body - unlike visible ones such as melanoma - you don't really know it's there until you're sick. And by the time it's diagnosed, it's usually very late and widespread. So there's a lot of work to be done to improve the outcome for our patients and to make sure that we can find the best treatment for them, which is the principle.

It's not about making a difference now, it's about creating a legacy to make a difference tomorrow, years from now.

### **Precision Medicine and Immunotherapy are game changers for our patients**

Professor Popat received his PhD in molecular genetics in 2002, which gave him a deep understanding of genes and genetics, on how to find genetic abnormalities and mutations, and how to test for biomarkers, which is also one of his mantras. It was around this time, he says enthusiastically, that everything in cancer genetics began, actually with the Human Genome Project of 1999-2003

which provided researchers with basic information about the sequences of the three billion chemical base pairs that make up the human genomic DNA. If he looks back 10-15 years, he says, he was treating all cancer patients in the same way, with chemotherapy that was modestly active and the results were very poor, and with an average survival for patients with widespread disease of less than a year.

Sanjay Popat attributes three major things that he believes have been game-changing for lung cancer research:

Number one is the understanding of the cancer genome, which means we understand the genes of cancer better; number two is advances in medicine and chemistry that can create really smart pills called kinase inhibitors that can turn off the genes that turn cancer on. And number three, we have advances in DNA sequencing technology which are very affordable and very fast, which means that we can take a sample of tissue or even a blood draw and sequence the patient's tumor and work out what the genetic abnormalities are that are turning the cancer on and use these medicinal chemical tablets to turn them off.

“Patients are the most generous people I've ever met, so it's up to us to use every minute of their generous time in the most useful way to make a difference in the future”.

### **Sanjay Popat**



So in some types of lung cancer where the average survival rate would have been only one year, we now have survival rates of 5 years and more. This is transforming the life of our patients. Some people even return to normality for many years.

But precision medicine is not right for everyone. So we have to understand the tumor better and understand that not every lung cancer is the same. In summary, some lung cancers really are better off with this precision medicine approach and other lung cancers are way better off when treated with immunotherapy, which as well has revolutionized the therapeutic landscape of lung cancer and can, for reasons we don't yet understand, in a subset of patients, almost eradicate the cancer by activating their immune system.

He concludes that we are seeing more and more of these patients, which is remarkable and clearly states that “the direction we must go is to continuously be on top of science while engaging with scientists worldwide and to translate their scientific findings to find the right profile of patients to benefit from these drugs”.

### **The AI revolution in healthcare**

When it comes to Artificial Intelligence (AI), Professor Popat is convinced that it will really change a lot of what we do today by helping research, advancing and improving scientific discovery and beyond that lead to more innovation and clinical research.

For example, looking at the genetics' side, once the patient's tumor genes are sequenced, an enormous amount of data is produced, thousands of genetic DNA. The question is how do we decode? At the moment it is humans who read it, a task similar to reading an encyclopedia.

It is clear that AI will revolutionize the decoding of the tumor genome and be able to match it with the right treatment - a process where today a patient's profile is discussed in the tumor board and treatment and drug suggestions are made - a tedious, difficult and manual process which is led by experts. With AI, this will be done automatically and you will get drug recommendations instantly, which a human can then look at and see if it makes sense or not.

“It’s not about making a difference now, it’s about creating a legacy to make a difference tomorrow, years from now.”

## Sanjay Popat

One of the other areas he mentions is the ability to triage thousands of scans looking for cancer, particularly important for CT scans, which are now recommended in many countries for early detection and will undoubtedly generate thousands of additional scans each year. AI tools will make it possible to sift through the volume of scans and flag only the ‘suspicious’ ones for review by radiologists.

Sanjay Popat is confident that AI will be used in many different areas of health-care, and just as we had the genetics’ revolution, we will have the AI revolution!

### Regulatory and financial challenges for clinical trials

Asked about today’s challenges, Popat says: “Research is really hard, it’s not easy. It’s really hard because of the regulatory burden to safely “experiment” on a human being. Of course we have to do clinical trials with all the proper governance and safety for the patients, which is paramount!

But the burden on trial staff to meet regulatory standards is enormous regarding time and costs. The cost of funding a small clinical trial can easily be in excess of €5–6 million and the question always remains, how do you fund these trials? The financial gap between what we want to achieve – driven by regulatory bureaucracy – and what we need to achieve – is stifling innovation and stifling our creative ability.”

As a consequence, when considering donating or funding such critical trials, it’s important to rely on a highly proven innovator in clinical and translational cancer research and an internationally recognized academic research organization, such as the ETOP IBCSG Partners Foundation, to provide the full-service coordination and capabilities required for such research studies.

On a very positive note, Sanjay Popat never stops being amazed by the generosity of people who sign up for a clinical trial and are willing to give their time, their bodies and their faith to research. He also mentions that the majority of patients share, that one of their main goals for participating in the trial is to move the goal post forward so that science can progress for future generations.

Popat becomes reflective when describing the people he meets in his studies: “Patients are the most generous people I’ve ever met, so it’s up to us to use every minute of their generous time in the most useful way to make a difference in the future.”

A wonderful statement of a passionate scientist and an empathetic man who, when asked about his personal likings, disclosed as much that he plays the keyboard, loves jazz and blues and collects antique maps.



**Professor Sanjay Popat** is a Consultant Medical Oncologist at The Royal Marsden Hospital in London, UK and Professor of Thoracic Oncology at the Institute of Cancer Research. Recognized globally for his expertise in lung cancer, mesothelioma, and thymic cancers, he qualified from Guys and St Thomas Hospitals in 1994 and later earned a PhD in Molecular Genetics in 2002. His research, which has won numerous awards, focuses on genetic profiling in cancer and the development of new drug treatments. In England, he chairs the British Thoracic Oncology Group (BTOG) Steering Committee and holds several roles within the NIHR (National Institute for Health and Care Research).

He sits on the Board of the ETOP IBCSG Partners Foundation and Chairs and Co-Chairs several important ETOP trials. He has contributed to European Clinical Practice Guidelines for various lung cancers and his collaborations have resulted in the global licensing of drugs and their inclusion in international treatment guidelines.



# The Clarivate™ List - Recognizing the Top Highly Cited Researchers of 2023

The Clarivate List presents the world's top opinion leaders of 2023. The list recognizes individual researchers in the sciences and social sciences who have demonstrated excellence in their field of research. These pioneering, global researchers have been mentioned for their contribution to expanding the frontiers of knowledge and innovation through exceptional achievement, and for identifying emerging scientific trends and leading research.

The significance of an exceptionally high citation record is an indication of a researcher's community-wide impact. Research papers cited more than 2000

times are rarities, representing a small proportion of all publications. It is an acknowledgement of their important foundational work on which they and others build further research.

The evaluation and selection strategy used to compile this annual list of highly cited researchers is complex and involves qualitative analysis as well as expert judgement.



The ETOP IBCSG Partners Foundation congratulates and is proud to have the following members ranked among the most influential researchers in the world. <https://clarivate.com/highly-cited-researchers/>

<b>Fabrice André</b>	Trial Co-Chair, IBCSG PANACEA
<b>Cho Byoung Chul</b>	Guest Member Scientific Committee Thoracic
<b>Giuseppe Curigliano</b>	Scientific Committee Breast
<b>Enriqueta Felip</b>	Scientific Committee Lung
<b>Keith Kerr</b>	Translational Research Working Group Thoracic
<b>Sherene Loi</b>	Foundation Member & Co-Chair Scientific Committee Breast
<b>Solange Peters</b>	Foundation Member & Chair Scientific Committee Thoracic
<b>Egbert Smit</b>	Scientific Committee Thoracic
<b>Ben Solomon</b>	Guest Member Scientific Committee Thoracic
<b>Giuseppe Viale</b>	Chair Translational Research Working Group Breast & Scientific Committee Breast
<b>Michael Weller</b>	Study Chair, ETOP USZ-STRIKE

# Paul Baas receives the Heine H. Hansen Award

Professor Paul Baas, co-founder of the European Thoracic Oncology Platform (ETOP) and member of the Foundation Board of ETOP IBCSG Partner Foundation has been presented with the 2023 Heine H. Hansen Award for his outstanding contribution to thoracic research at the European Lung Cancer Congress (ELCC) in Denmark.

The Heine H. Hansen Award (HHH), established by the International Association for the Study of Lung Cancer (IASLC) and the European Society for Medical Oncology (ESMO), honors a lung cancer researcher who has made a significant contribution to lung cancer research and education on an international basis. The Heine H. Hansen Award was established and first awarded in 2015 to Professor Heine Hoi Hansen for his lifetime global contribution to lung cancer research and education.

Paul Baas' career in lung cancer research spans more than 30 years and includes new treatment applications and studies in lung cancer and mesothelioma. He has been involved in the implementation of immuno-oncology therapy in both lung cancer and mesothelioma, including phase 2 translational studies. His current plans include continuing translational research activities, focusing on the further development of new treatments and supporting patient advocacy groups, both in the Netherlands and in less developed parts of the world.

# Professor Giuseppe Viale is the 2023 St. Gallen International Breast Cancer Award Winner

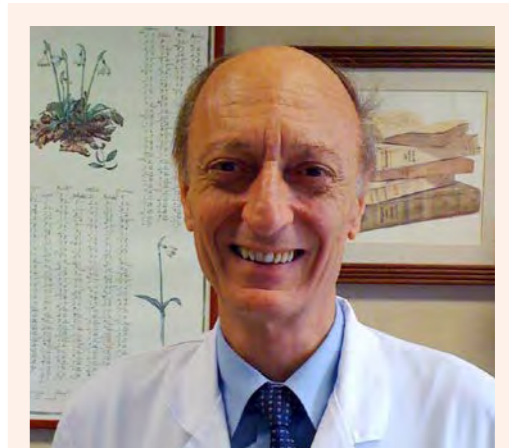
On 15 March 2023, at the 18th St. Gallen International Breast Cancer Conference in Vienna, Austria, The Foundation Council of the «St. Gallen Oncology Conferences» (SONK) honored Professor Giuseppe Viale with the «St. Gallen International Breast Cancer Award 2023».

The award is in recognition of his extraordinary contributions to research and practice development in the treatment of patients with breast cancer.

Giuseppe Viale has contributed his scientific and professional perspective to truly interdisciplinary discussions for the benefit of the best treatment of people with early breast cancer. He is also the first pathologist to receive this award.

Professor Giuseppe Viale is an active contributor and supporter of the St. Gallen International Breast Cancer Conference and Consensus Guidelines.

We express our sincere congratulations to Professor Viale!



**Professor Giuseppe Viale** is the Chairman of the Department of Pathology and Laboratory Medicine at the European Institute of Oncology IRCCS in Milan, Italy. Since 2001 he is Chairman of the Central Pathology Office of the International Breast Cancer Study Group (IBCSG, a division of ETOP IBCSG Partners). He has presented his work nationally and internationally and has authored 655 publications in peer-reviewed international journals and 41 chapters in books. He is listed among the "Highly Cited Researchers in the field of Clinical Medicine" (Clarivate, 2016-23).



**Professor Paul Baas**, Extraordinary professor in Thoracic Oncology at the University Hospital of Leiden in the Netherlands and Co-founder of the European Thoracic Oncology Platform (ETOP), Member of the Foundation Board of ETOP IBCSG Partners Foundation and Deputy Editor of the journal Lung Cancer.

# Farewell to Professor Hans-Jörg Senn

It is with sadness that we have to inform you that our dear colleague and friend, Professor Hans-Joerg Senn, 1934-2023, passed away on January 13th.

As one of the worldwide leading oncologists he had a marked impact on breast cancer treatment and research, leaving behind an incredible legacy. He was among the founder team of the International Breast Cancer Study Group (IBCSG), when it was established in 1992 and he led it as first Foundation Council President until 1995. He was President of many cancer societies, published uncountable manuscripts and edited highly regarded scientific journals and books. He was Co-Chair of the Department Internal Medicine und Head of the Division Oncology-Hematology at the Kantonsspital St.Gallen for two decades and eventually opened a private cancer center with a dedicated team. Within the context of the Foundation SONK, he was able to successfully fulfil the mission of distributing knowledge, focusing on tailored treatment and care in individuals with early breast cancer worldwide.

From the beginning in the Seventies, Hans-Joerg was the driving force of the international core team of the St. Gallen International Breast Cancer Conference, together with Bernhard Fisher and Gianni Bonadonna. Later, together with his friends Alan Coates, Rich Gelber and Aron Goldhirsch, he was very active in the development of the scientific program, in the construction of the inspiring consensus session and in co-authoring the world known St.Gallen Breast Cancer Consensus Recommendations.



His services and compassion for this unique event are unmeasurable. In 2003, he installed the St.Gallen Breast Cancer Award, to honor outstanding individuals for their key contributions to the field of breast cancer.

Professor Senn was a deeply respected colleague, physician and warm-hearted friend. We will remember him for his kindness, his wisdom and his commitment to excellence in cancer care. As a dedicated cancer researcher and physician, he made the world a better place.

Our sincerest thoughts and sympathies are with his family and friends.

# Meetings

## IBCSG Annual Meeting

- Vienna, Austria
- March 14th /15th 2023
- Participants: ca. 70

Impressions from the 2023 IBCSG Annual Meeting in Vienna, an important yearly meeting providing a platform for discussions on results of ongoing, and the design of new projects and trials in the field of breast cancer. This year again, we welcomed many participants from around the globe, who seized the opportunity to exchange and learn from the community.



## ETOP Annual Meeting

- Zürich Airport, Switzerland
- November 3rd/4th, 2023
- Participants: 142

The ETOP Annual Meetings bring together investigators and collaborators from Europe and beyond and inform about ongoing activities. In addition, they allow for an active contribution to the scientific activities of ETOP by proposing future projects and trial ideas.



## ETOP Translational Research Meeting

- Zürich Airport, Switzerland
- March 25th, 2023
- Participants: 29

## Antibody Drug Conjugates (ADC) Workshop with focus on breast and lung cancer

- Zürich Airport, Switzerland
- July 1st, 2023
- Participants 50

## ETOP Live Webinar: Highlights of AACR/ASCO

- Online
- May 5th, 2023
- Participants 155

## 12th ETOP Residential Workshop

- Zürich Airport, Switzerland
- April 3rd, 2023
- Participants: 46

## ETOP Live Webinar: Highlights of WCLC/ESMO

- Online
- November 21st, 2023
- Participants: 102

# Pink Ribbon Charity Walk

The Pink Ribbon Charity Walk has established itself as the largest solidarity event for breast cancer in Switzerland. This year marks the 16th walk since its founding, and more than 5000 participants came together on September 3rd, 2023, to show their support for breast cancer patients and survivors.

The Pink Ribbon Charity Walk's message is to communicate that "you are not alone in the fight against breast cancer." Breast cancer remains the most common cause of death by cancer among Swiss women. Every year 6500 Swiss women are diagnosed with breast cancer, and practically unknown is the fact that also around 50 men are diagnosed with breast cancer every year.



Photo © PINK RIBBON SCHWEIZ



Wonderful weather greeted our "Pink Ladies", recognizable from afar wearing their pink shirts and wigs and as always porting big smiles.

# Pink Ribbon Golf Tour

The Pink Ribbon Golf Tour 2023 was blessed with amazing warm and sunny weather for all of its three golf competitions. The tournaments took place at the beautiful and idyllic golf courses of Erlen, Holzhäusern and Winterberg.

You can clearly see how much the spirited lady golfers enjoy these fun tournaments. The Pink Ribbon Golf Tour is always supported by exclusive sponsors who donate generous prizes and also offer the golf ladies an exciting entertainment program.

The wonderful and relaxed atmosphere is also due to the motto of the Pink Ribbon events: "It's not about competition, but all about team spirit and supporting a shared purpose."

The proceeds from the entry fees of all three tournaments were donated to a research project for young breast cancer patients, organized by the International Breast Cancer Study Group (IBCSG).

Nicole Zindel, founder of Pink Ribbon Switzerland stated: "We are very proud to have supported this important study for many years and are touched that 317 young women have been able to fulfil their desire to have a baby thanks to the study."



Photos © PINK RIBBON SCHWEIZ



Monica Ruggeri, Head of the Program for Young Patients (middle), was presented with a check for CHF 63,000, the largest amount ever donated to this event. She is flanked by Nicole Zindel (left), founder Pink Ribbon Switzerland and Linda Fäh, Pink Ribbon Ambassador, singer and event moderator (right).



**We sincerely thank:**

PINK RIBBON SCHWEIZ, Nicole Zindel, Beatrice Wegmann and Laura Schempp of 2C Communication GmbH, Anja Flückiger and Joelle Zindel, all golfers, the Golf Club Erlen, Golfpark Holzhäusern and Golfplatz Winterberg, Clarins, Bucherer Fine Jewellery, Bank Julius Bär, Focus Water, Bang & Olufsen as well as all the many other supporters, donors and volunteers who enabled this wonderful event.

# Annual Financial Statement

## 31.12.2023

### Balance

Assets	31.12.23	31.12.22
	TCHF	TCHF
Cash	3 596	7 249
Financial assets short-term	2 974	1 087
Accounts receivable	2 677	2 717
Other short-term receivables	295	557
Prepaid expenses and accrued income	956	888
<b>Current assets</b>	<b>10 498</b>	<b>12 498</b>
Financial assets	10 853	9 780
<b>Non-current assets</b>	<b>10 853</b>	<b>9 780</b>
<b>Total assets</b>	<b>21 351</b>	<b>22 278</b>
Liabilities	31.12.23	31.12.22
	TCHF	TCHF
Accounts payable	1 147	392
Advance payments short-term	13 501	14 334
Other short-term liabilities	191	89
Accrued expenses and deferred income	1 184	1 469
<b>Short-term liabilities</b>	<b>16 023</b>	<b>16 284</b>
Advance payments long-term	0	302
<b>Long-term liabilities</b>	<b>0</b>	<b>302</b>
Dedicated Fund Support Breast Cancer Clinical Research	1 024	1 024
<b>Dedicated Funds</b>	<b>1 024</b>	<b>1 024</b>
Foundation capital	175	175
Voluntary retained earnings		
Profit brought forward	4 493	5 040
Loss for the year	-364	-547
<b>Equity</b>	<b>4 304</b>	<b>4 668</b>
<b>Total liabilities and equity</b>	<b>21 351</b>	<b>22 278</b>

### Income statement

	2023	2022
	TCHF	TCHF
Research contributions	10 292	11 409
Grants and donations/Income from other research organizations	3 331	3 545
Other contributions	267	195
Reimbursements from externals for services	53	60
<b>Operating income</b>	<b>13 943</b>	<b>15 209</b>
Research contributions to members/sites and suppliers	-8 040	-7 462
Cooperation expenses	-341	-239
Personnel expenses	-5 207	-5 039
Other operating expenses	-767	-787
<b>Operating expenses</b>	<b>-14 355</b>	<b>-13 527</b>
<b>Operating result</b>	<b>-412</b>	<b>1 682</b>
Financial income	463	123
Financial expenses	-418	-2 352
Extraordinary income	3	0
<b>Loss for the year</b>	<b>-364</b>	<b>-547</b>

The statutory auditor KPMG AG has examined the financial statements (consisting of balance sheet, income statement and notes) for the year ended 31. December 2023 and recommended their approval to the board of trustees.

# We Express Gratitude...



- ...to all patients who have participated or are still participating in our trials, as well as to their families and caregivers. You are central to all of our clinical trials.
- ...to all investigators and their teams at participating hospitals, as well as our partner organizations, for their invaluable commitment. Their support is crucial to the success of our studies.
- ...to all members of our Foundation Board, the two Scientific Committees, our Study Chairs, the two Independent Data Monitoring Committees (IDMC), and the IBCSG Ethics Committee. Their vision, knowledge, and ideas lay the foundation for our research.
- ...to all our donors, who make a significant contribution to the funding of our projects, and to all our pharmaceutical partners, who fund the majority of many trial budgets.
- ...to all the staff at the ETOP IBCSG Partners Foundation Coordinating Centre in Bern (Switzerland), the Statistical Centers in Boston (USA) and Athens (Greece), the Data Management Centre in Amherst (USA) and the teams at the Central Laboratories in Milan (Italy) and Lausanne (Switzerland). Their expertise and commitment are vital to the success of our studies.

# List Of Our Donors

- Anna dai capelli corti
- Bärbel und Paul Geissbühler Stiftung
- Baillet Latour Fund
- Breast Cancer Research Foundation
- Breast International Group BIG
- Fondazione Umberto Veronesi
- Frontier Science & Technology Research Foundation, Southern Europe (FSE)
- Gateway for Cancer Research
- Krebsforschung Schweiz
- Krebsliga Schweiz
- Piajoh Fondazione di Famiglia
- PINK RIBBON SCHWEIZ
- Rising Tide Foundation for Clinical Cancer Research (RTFCCR)
- San Salvatore Foundation
- Stiftung St. Gallen Oncology Conferences (SONK)
- Swiss Cancer Foundation
- USZ Foundation
- Verein Bärigüf
- Supporting companies in the research- based pharmaceutical industry and many other private companies and individuals

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ETOP IBCSG Partners Foundation



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**We appreciate your donation**

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For reasons of legibility, the masculine form has been chosen in the text; nevertheless, the information refers to members of all genders.



Foundation for International  
Cancer Research