SAKK

Schweizerische Arbeitsgemeinschaft für Klinische Krebsforschung
Groupe Suisse de Recherche Clinique sur le Cancer
Swiss Group for Clinical Cancer Research
Gruppo Svizzero di Ricerca Clinica sul Cancro

09 Jahresbericht

Der Jahresbericht 2009 ist auch als PDF-Datei auf unserer Webseite
http://sakk.ch publiziert.

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Editorial

Aktualitäten 2009

Von Prof. Richard Herrmann | Präsident SAKK

Dieser Jahresbericht gibt Rechenschaft über die Aktivitäten der SAKK im Verlauf des Jahres 2009. Die beschriebenen Leistungen sind wiederum beeindruckend. Besonders möchte ich hervorheben, dass neben den eigentlichen Aufgaben der SAKK viel erreicht wurde, was die Funktionalität einer solchen Organisation verbessert. Die SAKK hat sich personell verstärkt, vor allem, um die vielfältigen Aussenbeziehungen zu professionalisieren. Sie hat aber auch die internen Abläufe durch weitere Reglemente transparenter gemacht. Diese Entwicklungen tragen dazu bei, dass die SAKK in der Schweiz aber auch im europäischen Ausland als kompetente Organisation zur Durchführung klinischer Forschung anerkannt ist. Es bleibt allerdings keine Zeit zu verharren und die Errungenschaften auch mit einigem Stolz zu betrachten. Herausforderungen für unsere Arbeit bestehen weiterhin in verschiedenen Gebieten.

Mit den Behörden (Swissmedic, BAG) und den Ethikkommissionen wünschen wir uns eine vertrauensvolle Zusammenarbeit basierend auf den durch Gesetze und Verordnungen geregelten Aufgaben. Wir erwarten aber auch, dass diese Organisationen unsere Arbeit unterstützen und dazu beitragen, dass die klinische Forschung in der Schweiz, wie dies gesetzlich festgelegt ist, gefördert und nicht behindert wird. Zu häufig befinden wir uns in der Bittstellerposition und vermissen den Blick auf das Ziel, nämlich zur besseren Behandlung von Krebserkrankten beizutragen. Aus meiner Sicht braucht es hier klare Positionen, die auch in der Öffentlichkeit vertreten werden, und es braucht Koalitionen mit anderen Akteuren der klinischen Forschung in der Schweiz.

Von anderer Natur sind die Herausforderungen in der Konzeption neuer Studien. Die Ergebnisse der molekularbiologischen Forschung beeinflussen jetzt mehr und mehr unseren Klinikalltag. Es gibt nicht mehr das Mammakarzinom oder das Bronchialkarzinom. Subklassifizierungen führen zu differenzierten Therapiestrategien. Für die klinische Forschung bedeutet dies aber, dass wir bei vielen Erkrankungen in einer Studie eben nur eine Subentität studieren. Dort werden wir dann entsprechend weniger Patienten rekrutieren können. Dadurch müssen wir mehr Studien aktivieren, um die gewünschten Patientenzahlen pro Jahr zu erreichen. Diese Entwicklung zwingt uns geradezu die internationalen Kooperationen zu erweitern, weil wir bei vielen Indikationen alleine in der Schweiz nicht mehr erfolgreich sein können. Ausserdem müssen wir darüber nachdenken, auf welchen anderen Feldern der Onkologie sich Forschungsmöglichkeiten ergeben. Die Studie 41/06 zur Frage der Erhaltungstherapie mit Bevacizumab beim kolorektalen Karzinom ist ein Beispiel. Weitere Fragestellungen ergeben sich bei diagnostischen Massnahmen z. B. in der Nachsorge aber auch in der Radioonkologie und operativen Behandlungen. Erfreulicherweise haben wir aber viele Kolleginnen und Kollegen, die Kompetenz und Begeisterung für diese Arbeit mitbringen und auch den Mut haben, schwierigen Herausforderungen zu begegnen.

Das Koordinationszentrum der SAKK in Bern hat sich in den letzten Jahren zu einem Kompetenzzentrum entwickelt für die nationale und internationale Organisation klinischer Studien. Ich erlebe, mit welchem Engagement sich die Mitarbeiterinnen und Mitarbeiter ihrer Arbeit verschrieben haben und auch, wie sich die Interaktionen zwischen Koordinationszentrum und SAKK Mitgliedern in den Spitälern positiv entwickelt haben. Allen Beteiligten möchte ich an dieser Stelle für ihre wertvolle Arbeit danken, ganz besonders aber dem SAKK Direktor Dr. Peter Brauchli und seinem Leitungsteam.

Die Arbeit der ganzen SAKK wäre nicht möglich ohne finanzielle Unterstützung, wobei diejenige des Bundes über das Staatssekretariat für Bildung und Forschung (SBF) den grössten Teil ausmacht. Weitere Mittel erhalten wir durch Kooperationen mit der Industrie, von der Krebsliga Schweiz, von der Krebsforschung Schweiz, der Schweizerischen Stiftung für Klinische Krebsforschung (SSKK) und von privaten Spenden. Für alle diese Unterstützungen sind wir sehr dankbar.

Schweizerische Arbeitsgemeinschaft für Klinische Krebsforschung SAKK

Aktivitäten am Koordinationszentrum

Von Dr. Peter Brauchli | Direktor SAKK

Wer wir sind

Die Schweizerische Arbeitsgemeinschaft für Klinische Krebsforschung (SAKK) ist eine schweizweit etablierte kooperative Gruppe mit der Mission, bestehende Krebsbehandlungen weiter zu entwickeln und die Wirksamkeit und Verträglichkeit neuer Therapien zu untersuchen. Die Ergebnisse sollen den Patientinnen und Patienten sobald als möglich zugute kommen. Vom Staatssekretariat für Bildung und Forschung (SBF) hat die SAKK zusammen mit der Schweizerischen Pädiatrischen Onkologie Gruppe (SPOG) den Auftrag, klinische Forschung in der Onkologie durchzuführen. Das SAKK Koordinationszentrum unterstützt die Forschenden in der Entwicklung, Durchführung und Auswertung von onkologischen Studien, wobei alle Modalitäten wie Chirurgie, Radiotherapie und systemische Therapien untersucht werden. Dank dieser Unterstützung ist es den fünf Universitätsspitälern sowie 12 weiteren Spitälern möglich, als Mitglieder der SAKK akademische klinische Forschung zu betreiben.

2009 haben wir wichtige Fortschritte gemacht, die es uns erlauben, effizienter zu arbeiten und unsere Ziele zu erreichen.

Organisationsreglement für den Vorstand

Das Organisationsreglement wurde von der Mitgliederversammlung im Juni genehmigt und vom SBF zustimmend zur Kenntnis genommen. Der SAKK-Vorstand arbeitet unter Berücksichtigung der NPO-Corporate Governance-Prinzipien und trägt die Verantwortung für die Studienauswahl gemäss international anerkannten Kriterien. In diesem Reglement ist klar festgehalten aufgrund welcher Kriterien und Unterlagen der Vorstand über einen Studienvorschlag entscheidet. Das Offenlegen von Interessenskonflikten wird selbstverständlich. Zudem ist darin das zwei-stufige Prinzip der initialen und finalen Prüfung von Studienvorschlägen verpflichtend festgehalten.

Projektgruppenreglement

Dieses Reglement wurde im November von der Mitgliederversammlung verabschiedet. Es regelt die Kriterien der Mitgliedschaft in den Projektgruppen und konkretisiert das Antragsrecht für Studienvorschläge der Projektgruppen zuhanden des Vorstands. Zudem schreibt es die Teilnahme eines internationalen Experten an den Sitzungen der Projektgruppen vor.

Die beiden Reglemente sind entscheidende Bestandteile für eine effiziente Zusammenarbeit zwischen den Projektgruppen und dem Vorstand. Damit werden die Unabhängigkeit der Gremien garantiert, transparente Abläufe eingehalten und durch einen iterativen Prozess ausgereifte Studienprojekte entwickelt.

Damit diese Abläufe optimal funktionieren, ist die Unterstützung des Koordinationszentrums unentbehrlich. Die Abteilung Studienkoordination wurde weiterentwickelt, um in Zukunft Projekte effizienter voran zu bringen. Zudem wurde das jeweils projektspezifische Proposal Review Committee ins Leben gerufen, welches den Prozess der Prüfung von Studienprojekten von einem frühen Zeitpunkt an begleitet.

Strategie
Der wissenschaftliche Beirat der SAKK besteht aus sechs unabhängigen ausländischen Experten. Im Februar 2009 haben sich der Beirat, der SAKK-Vorstand, die SAKK Projektgruppen-Präsidenten und Vertreter des SAKK-Koordinationszentrums zum zweiten Mal getroffen, um die Strategie und Position der SAKK zu erörtern. An der Retraite im Oktober 2009 wurden diese Empfehlungen vom SAKK Vorstand weiterentwickelt und die langfristigen Ziele festgelegt.

Erklärtes Ziel ist es, mehr Patienten in Studien einzuschliessen und vermehrt auch eine führende Rolle bei der Durchführung von internationalen Studien einzunehmen. Ausserdem legten die Vorstandsmitglieder Prioritäten, Ziele und Anforderungen für die SAKK-Projektgruppen fest.

An der Retraite wurde weiter besprochen, dass Prüfärzte ermutigt werden sollen, vermehrt Phase-III-Studien in den wichtigsten Indikationen durchzuführen und Überlegungen zu übergreifender Forschung (translational research), Ergebnisforschung (outcomes research), zum Nutzen-Kosten Verhältnis sowie zu Lebensqualität und Nachbehandlung miteinzubeziehen.

Um der steigenden Produktivität unseres Netzwerks gerecht zu werden, müssen aber vermehrt Schwerpunkte gesetzt werden.

Der Vorstand übernahm einige Anregungen des wissenschaftlichen Beirats und hielt die folgenden Punkte als Ziele für die nächsten Jahre fest:
- Einrichten von Tumor-Boards an den Mitgliedszentren;
- Schaffung von Rahmenbedingungen und Anreizen, damit auch private Onkologen an SAKK Studien teilnehmen;
- Ausdehnung der Studienaktivität auf weitere Krebsarten wie z. B. Tumore im Kopf und Halsbereich, des zentralen Nervensystems, gynäkologische Krebserkrankungen, Pankreaskrebs, Sarkome und Melanome;
- Spezialisierung auf sehr seltene Erkrankungen;
- Förderung und Ausweitung der Zusammenarbeit mit Santésuisse;
- Verbesserung der internationalen Zusammenarbeit mit kleinen Ländern (Nordische, Niederländische, Belgische, Österreichische, Polnische, Ungarische Zentren respektive Gruppen)
- Erreichen eines vereinfachten Bewilligungsverfahrens durch die Ethikkommissionen und Swissmedic;
- Unterstützung für kleinere Zentren durch einen «flying data manager».

An der Halbjahresversammlung im November wurden an einem Meeting zwischen Vorstand, Projektgruppen-Präsidenten und Koordinationszentrum die Anforderungen an die Projektgruppen und die strategischen Richtlinien weitergegeben. Als nächstes fliessen diese Ideen nun in den Antrag um Bundesunterstützung für die nächste Vier-Jahres-Periode zuhanden des SBF ein.

Studientätigkeit
Die SAKK hat letztes Jahr 831 Patienten in 41 klinische Studien eingeschlossen. Dies ist die höchste in diesem Jahrzehnt erreichte Zahl. Davon wurden 481 Patienten in eigenen Studien rekrutiert. Insgesamt wurden vom Vorstand 11 SAKK Studien akzeptiert. Die SAKK hat 2009 16 neue Studien entwickelt, sechs davon wurden bereits aktiviert. Letztes Jahr wurden 15 Manuskripte veröffentlicht, an denen die SAKK entweder federführend oder massgeblich beteiligt war.

Der Einschluss von Patienten war in den meisten Studien sehr erfreulich. Eine spezielle Herausforderung sind aber mittlerweile die rasch rekrutierenden Phase II Studien. Die Erfahrung zeigt, dass viele Phase II Studien deutlich rascher rekrutieren als geplant. Viele Zentren haben ein sehr grosses Interesse, an diesen Studien teilzunehmen. Ein derart rascher Einschluss von Patienten steht allerdings im Konflikt mit der oftmals geplanten Interimsanalyse. Zudem bleibt Zentren, die eine Studie relativ spät eröffnen, nur wenig Zeit für den Einschluss von Patienten.

Im Jahr 2009 wurde die erste Studie, bei der die Daten vollständig über unser Electronic Data Capturing-System SINATRAS erfasst werden, aktiviert. Dieses Datenerfassungssystem wird ständig weiterentwickelt und reduziert den Arbeitsaufwand bei Nachfragen im Koordinationszentrum und in den Zentren erheblich.

Die Einreichung der Studie SAKK 08/08 erfolgte nach dem neuen Konzept der Leitethikkommission, das dieses Jahr von der Arbeitsgemeinschaft der Ethikkommissionen (AGEK) initiiert wurde. Bis Ende 2010 wird die SAKK weitere Erfahrungen mit diesem Konzept sammeln.

Weiterbildungsveranstaltungen
Die SAKK führte 2009 eine Weiterbildung für Prüfärzte durch und organisierte gemeinsam mit der Clinical Trial Unit (CTU) Bern eine zusätzliche Fortbildung für Prüfärzte. Ausserdem führte die Statistikabteilung der SAKK zusammen mit dem Institut für Biostatistik der Universität Zürich ein SAKK Symposium mit dem Titel «Stopping trials early – good for patients or for sponsors?» durch. Alle Veranstaltungen stiessen auf reges Interesse und wurden von den verschiedenen Berufsgruppen gut besucht.

Kooperationen
Im sich rasch wandelnden Feld der klinischen Forschung in der Schweiz ist es für die SAKK unerlässlich, sich klar zu positionieren und ihre Interessen zu vertreten. Es wird daher vermehrt die Zusammenarbeit mit anderen Gruppen gesucht, um auch auf politischer Ebene unsere Anliegen vorzubringen und die klinische Forschung einer breiteren Öffentlichkeit näherzubringen.

Mit Vertretern der Swiss Clincal Trial Organisation (SCTO) fand ein erstes Arbeitstreffen statt. Darin wurde festgehalten, dass die bereits laufende operative Zusammenarbeit weitergeführt und, wo sinnvoll, ausgebaut werden soll.

Oncosuisse
Im Sommer 2009 wurde die Oncosuisse in eine einfache Gesellschaft umgewandelt, die sich nun noch stärker auf die strategisch-politischen Anliegen im Bereich der Krebsbekämpfung konzentriert. Finanziert wird die Oncosuisse durch Mitgliederbeiträge der vier Gesellschafter Krebsforschung Schweiz, Krebsliga Schweiz, SAKK sowie SPOG. Präsidiert wird die Oncosuisse vom Präsidenten der SAKK, Prof. Richard Herrmann, die Geschäftsführung liegt beim Direktor der SAKK, Dr. Peter Brauchli. Dank dieser Personalunion lassen sich Synergien schaffen.

Das zentrale Projekt der Oncosuisse ist die Ausgestaltung des neuen Nationalen Krebsprogramms (NKP) 2011–2015. Das NKP ist ein gesamtschweizerisches, koordinierendes politisches Instrument mit dem Ziel, die Erforschung, Verhütung, Früherkennung und Behandlung von Krebs sowie die Bewältigung von Krankheitsfolgen zu verbessern. Bei dieser Neuauflage arbeitet die SAKK aktiv mit und ist für die Ausarbeitung der Kapitel Forschung und Therapie verantwortlich.

Koordinationszentrum
Das Jahr war gekennzeichnet von temporären Vakanzen in Leitungsfunktionen (Austritte und Mutterschaftsurlaube) sowie in Anbetracht der Anzahl Projekte generell zu wenig personellen Ressourcen und Kompetenzen.

Im SAKK Koordinationszentrum wurde die Abteilung Studienkoordination umstrukturiert und in vier Teams aufgeteilt. Neu heisst die Abteilung «Clinical Trial Management (CTM)» und wird von Ursula Kühnel geleitet. Diese Massnahme hat die Abläufe vereinfacht und Verantwortlichkeiten sind klarer zugewiesen.

Um die wachsende Menge an zu entwickelnden Studien und die damit zusammenhängende Arbeit zu bewältigen, wurde die Anzahl der von der SAKK festangestellten Mitarbeitenden auf Ende 2009 um neun Personen (4075 Stellenprozente) erhöht. Vor allem für das Haupttätigkeitsfeld (Studienentwicklung und -durchführung) wurde zusätzliches Personal benötigt. Die Leitung des Teams Monitoring liegt neu bei Dr. Céline Genton. Für die Studienkoordination konnten ausserdem zwei neue Teamleiterinnen, Dr. Simona Berardi und Anja Grzesiczek, mit Erfahrung im Bereich klinische Forschung, gewonnen werden.

Neben der Abteilung CTM wurde auch die Abteilung Informatik ausgebaut. Dr. Peter Durrer hat seine Tätigkeit als Leiter QA & GCP Compliance im November 2009 aufgenommen; er ersetzt Doris Lanz. Um dem Bedarf nach grösseren Büroräumlichkeiten nachzukommen, haben die Abteilungen Informatik, Partner Relations und Regulatory Affairs neue Büros im dazugemieteten Haus an der Effingerstrasse 60 bezogen.

Unter den nicht immer einfachen Bedingungen war der Einsatz aller Mitarbeitenden des Koordinationszentrums grossartig. Für den unermüdlichen Einsatz für die Ziele der SAKK bedanke ich mich ganz herzlich bei den Abteilungsleitetenden und ihren Teams.

Vorstand

Präsident
Prof. Richard Herrmann
Universitätsspital Basel

Vize-Präsident
Prof. Beat Thürlimann
Kantonsspital St. Gallen

Prof. Daniel Betticher
Kantonsspital Freiburg

Prof. Stephan Bodis
Kantonsspital Aarau

PD Dr. Yves Chalandon
Hôpital Universitaire
de Genève

Prof. Martin Fey
Inselspital Bern

Prof. Michele Ghielmini
Ospedale Regionale
Lugano

Prof. Holger Moch
Universitätsspital Zürich

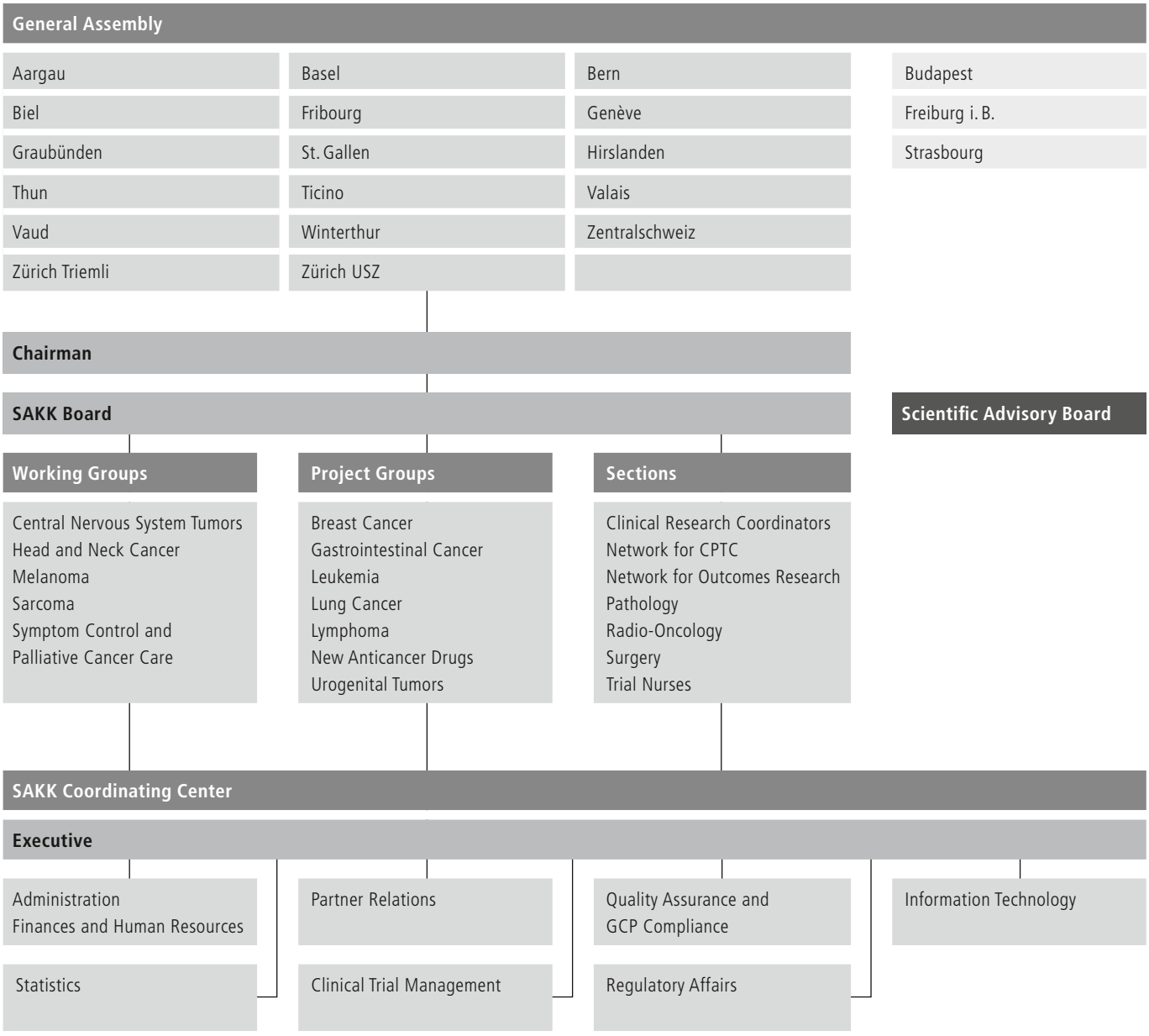
Prof. Christoph Renner
Universitätsspital Zürich

PD Dr. Arnaud Roth
Hôpital Cantonal
Universitaire Genève

Dr. Roger von Moos
Kantonsspital Chur

Prof. Walter Richard Marti
Universitätsspital Basel

Organigram Swiss Group for Clinical Cancer Research (SAKK)



SAKK Führungskräfte, Ehrungen, Beförderungen, Ernennungen

Chefarzt

– Prof. Dr. Walter R. Marti, Chefarzt für Chirurgie, Kantonsspital Aarau

Leitende Ärzte

– PD Dr. Christoph Mamot, Leitender Arzt für Onkologie, Kantonsspital Aarau
– PD Dr. Ulrich Mey, Leitender Arzt für Onkologie, Kantonsspital Chur
– Prof. Dr. Bernhard Pestalozzi, Leitender Arzt, Klinik und Poliklinik für Onkologie, Universitätsspital Zürich

Privatdozent

– PD Dr. Frank Stenner-Liewen, Oberarzt Klinik und Polikinik für Onkologie, Universitätsspital Zürich
– PD Dr. Florian Strasser, Oberarzt Onkologie und Palliativmedizin, Kantonsspital St. Gallen

Professur

– Prof. Dr. Thomas Pabst, Leitender Arzt Institut für Medizinische Onkologie, Inselspital Bern
– Prof. Dr. Markus Manz, Direktor Klinik für Hämatologie, Universitätsspital Zürich
– Prof. Dr. Cristiana Sessa, IOSI, Ospedale San Giovanni (Titularprofessur)

Ernennungen

– Prof. Dr. Donal Hollywood, Head Academic Unit of Clinical and Molecular Oncology, Trinity College Dublin: Mitglied SAKK Advisory Board (Nachfolger Prof. Dr. Michael Baumann)
– Prof. Dr. Christoph Renner, Leitender Arzt Klinik und Poliklinik für Onkologie, Universitätsspital Zürich: Bereichsleiter Innere Medizin
– Prof. Dr. Beat Thürlimann, Chefarzt Brustzentrum, Kantonsspital St. Gallen: SAKK Präsident ab 1. Juli 2010
– PD Dr. Emanuele Zucca, IOSI, Ospedale San Giovanni: Präsident SAKK Projektgruppe Lymphoma (Nachfolger von PD Dr. Nicolas Ketterer)

Preisverleihungen

– Prof. Dr. Alois Gratwohl, Leiter Hämatologie, Universitätsspital Basel: Krebspreis der Krebsliga Schweiz
– PD Dr. Ulrich Güller, Assistant Professor, Universität Basel: Pfizer Forschungspreis Onkologie 2009
– PD Dr. Viviane Hess, Klinik für Onkologie, Universitätsspital Basel: Pfizer Forschungspreis Onkologie 2009 und Marie-Heim-Vögtlin Preis des SNF
– PD Dr. Igor Langer, Chefarzt für Chirurgie, Kantonsspital Bruderholz: Pfizer Forschungspreis Onkologie 2009
– Prof. Dr. Adrian Ochsenbein, Leitender Arzt Klinik für Medizinische Onkologie, Inselspital Bern: Amgen Research Grant 2009
– PD Dr. Alfred Zippelius, Klinik für Onkologie, Universitätsspital Basel: SNF Förderungsprofessur

Halbjahresversammlung Juni

Am 18. Juni 2009 fand die Sommer-Halbjahresversammlung der SAKK in Bern statt. Über 200 Onkologiespezialisten, Vertreter von Pharmaunternehmen und Mitarbeitende des SAKK-Koordinationszentrums nahmen an dem Treffen im Tagungszentrum Blumenberg teil. An gut besuchten Sitzungen diskutierten und erläuterten Mitglieder von Projektgruppen, Arbeitsgruppen und Sektionen der SAKK laufende und geplante Studien in ihrem jeweiligen Forschungsgebiet.

Im Rahmen der SAKK-Mitgliederversammlung genehmigten die Teilnehmer die Jahresrechnung der SAKK, erteilten den Vorstandsmitgliedern die Décharge und nahmen das neue Organisationsreglement an, welches die Struktur und Prozesse innerhalb des Vorstands regelt. Unter anderem wurde festgelegt, dass im Sinne einer verbesserten Transparenz künftig sowohl Vorstandsmitglieder wie auch Studienleiter ihre potentiellen Interessenskonflikte offen legen müssen.

Zudem wählten die Mitglieder Prof. Donal Hollywood, Onkologe am Trinity College in Dublin, Irland, einstimmig als neues Mitglied des wissenschaftlichen Beirats der SAKK. Er ersetzt Prof. Michael Baumann von der Technischen Universität in Dresden.

Donal Hollywood

Prof. Dr. Richard Herrmann, SAKK-Präsident; Prof. Dr. Adrian Ochsenbein, Dr. Jan-Henrik Terwey, Amgen

Halbjahresversammlung November

Am 26. und 27. November 2009 fand im Congress Center in Basel die zweitägige Winter-Halbjahresversammlung der SAKK statt. Die Sessionen der verschiedenen SAKK-Forschungsgruppen wurden durch das SAKK-Symposium sowie das von den Firmen PharmaMar und Mundipharma unterstützte Satellitensymposium ergänzt.

Während des SAKK-Symposiums gaben Dr. Adrian Wicki und PD Dr. Christoph Mamot, die Preisträger des 2007 SAKK/Amgen Research Grant, einen Rückblick über ihre preisgekrönte Arbeit im Gebiet der Immunoliposomen. Im Anschluss wurde Prof. Adrian Ochsenbein vom Inselspital Bern für seine Forschung im Bereich Krebsstammzellen und Immuntherapie der mit CHF 50 000 dotierte 2009 SAKK/Amgen Research Grant verliehen.

Nach der Ehrung Ochsenbeins präsentierten Dr. Silvia Ess vom Krebsregister St. Gallen und Prof. Beat Thürlimann vom Kantonsspital St. Gallen die Resultate der Studie «Patterns of care of breast cancer in Switzerland», welche 2009 mit ihren zum Teil kontroversen Aussagen zur Krebsversorgung und -behandlung in der Schweiz hohe Wellen geworfen hatte.

Schliesslich wählte die Mitgliederversammlung einstimmig Prof. Beat Thürlimann vom Kantonsspital St. Gallen zum Nachfolger von SAKK-Präsident Prof. Richard Herrmann, der nach Ablauf seiner zweiten und somit letztmöglichen Amtsperiode im Juni 2010 zurücktritt.

Prof. Dr. Richard Herrmann

Prof. Dr. Beat Thürlimann

Verleihung des SAKK / Pfizer Preises 2010
Die SAKK und die Pfizer AG in Zürich-Oerlikon vergeben alle zwei Jahre einen Preis für Qualität in der klinisch-onkologischen Forschung. Der Preis ist mit CHF 20 000 dotiert und wird an der SAKK Winter-Halbjahresversammlung am 25. November 2010 in Basel verliehen. Für den Preis können sich Personen oder Teams aus der Schweiz, die im klinisch-onkologischen Forschungsbereich tätig sind, bewerben.

Prämiert werden Arbeiten oder Projekte, die zur Verbesserung der Qualität und Effizienz der klinischen onkologischen Forschung bei Kindern und Erwachsenen in der Schweiz beitragen. Dazu gehören u. a. innovative Prozesse zur Verbesserung der Studienorganisation und/oder der Datenqualität, innovative Ansätze zur Verbesserung der Patientenrekrutierung oder Beiträge zur Aus-, Weiter- und Fortbildung. Prämiert werden können sowohl abgeschlossene Projekte als auch laufende Projekte und gut realisierbare Konzepte.

Die Eingabefrist für Projekte ist der 15. September 2010.

SAKK / Dr. Paul Janssen Fellowship
Künftig planen die SAKK und die Janssen-Cilag AG einmal jährlich das mit CHF 50 000 dotierte SAKK / Dr. Paul Janssen Stipendium zu vergeben. Das Ausbildungsstipendium soll jungen Ärztinnen und Ärzten die Möglichkeit bieten, vier Monate an einer renommierten Forschungseinrichtung im Ausland zu verbringen, wo sie ihre Kenntnisse über klinische Krebsforschung verbessern und sich die nötigen Werkzeuge aneignen, um erfolgreich Studien durchführen zu können.

Das Stipendium wird während den nächsten drei Jahren einmal jährlich verliehen. Bewerben können sich Ärzte und Ärztinnen, die an Schweizer Kliniken arbeiten, sich in der Ausbildung zum Onkologen / zur Onkologin befinden und einen Bezug zur SAKK haben. Einreichefrist für Bewerbungen ist der 1. September 2010.

Der SAKK Präsident ist Vorsitzender der Jury und wird die eingereichten Bewerbungen prüfen. Verliehen wird das Stipendium im Rahmen der SAKK Halbjahresversammlung im November 2010 basierend auf der Expertenmeinung der Jury. Die Gewinner werden bei der Auswahl einer geeigneten Forschungsinstitution durch die SAKK und die Janssen-Cilag unterstützt.

Das Teilnahmereglement der beiden Preise und weitere Informationen können angefordert werden bei:

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By Dr Peter Brauchli, Director and
Ursula Kühnel, Head Clinical Trial Management

Summary of Activities

In 2009, a total of 831 patients (817 in 2008) were included in 41 clinical trials coordinated by SAKK:

	2009	2008
Total patients from Switzerland	790	773
Total patients from foreign countries	41	44
Total	**831**	**817**

	2009		2008	
	Patients	Trials	Patients	Trials
Total patients in SAKK trials	481	20	532	21
Total patients in trials of cooperative groups (without IBCSG)	132	11	139	13
Total patients in IBCSG trials	173	7	100	6
Total patients in Sendo trials	45	3	46	4
Total	**831**	**41**	**817**	**44**

Trials open for accrual in 2009

Urogenital Cancer

SAKK 08/07 | Docetaxel and cetuximab in patients with docetaxel-resistant hormone-refractory prostate cancer (HRPC). A multicenter phase II trial

SAKK 08/08 | Everolimus first-line therapy in non-rapidly progressive castration resistant prostate cancer (CRPC). A multicenter phase II trial

Lung Cancer

SAKK 16/00 | Preoperative radiochemotherapy vs. chemotherapy alone in non-small cell lung cancer patients with mediastinal lymph node metastases (stage IIIA, N2). A randomized phase III trial

SAKK 17/04 | Neoadjuvant chemotherapy and extrapleural pneumonectomy of malignant pleural mesothelioma (MPM) with or without hemithoracic radiotherapy. A randomized multicenter phase II trial

SAKK 19/05 | Bevacizumab and erlotinib first-line therapy in advanced non-squamous non-small cell lung cancer (stage IIIB/IV) followed by platinum-based chemotherapy at disease progression. A multicenter phase II trial

Breast Cancer

SAKK 22/99 | Randomized phase III trial of Herceptin® followed by chemotherapy plus Herceptin® versus the combination of Herceptin® and chemotherapy as palliative treatment in patients with HER2-overexpressing advanced/metastatic breast cancer

SAKK 23/03 | Trastuzumab monotherapy followed by the combination of trastuzumab and letrozole in postmenopausal women with ER-positive, HER-2 positive advanced breast cancer resistant to a nonsteroidal aromatase inhibitor. A multicenter two-step phase II trial

SAKK 92/08 | Local antiperspirant for prevention of palmar-plantar erythrodysesthesia (PPE) in patients treated with pegylated liposomal doxorubicin: A randomized, multicenter, double blinded, phase III trial

IBCSG 22-00 | Low-dose Cytotoxics as «Anti-angiogenesis Treatment» following Adjuvant Induction Chemotherapy for Patients with ER-negative and PgR-negative Breast Cancer

IBCSG 23-01 | A randomized trial of axillary dissection vs. no axillary dissection for patients with clinically node negative breast cancer and micro-metastases in the sentinel node

IBCSG 24-02 | BIG 2-02/ SOFT Suppression of Ovarian Function Trial (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

IBCSG 27-02 | BIG 1-02 / NSABP Trial B-37 A randomized clinical trial of adjuvant chemotherapy for radically resected loco-regional relapse of breast cancer

IBCSG 35-07 | BIG 1–07 SOLE Study of Letrozole Extension. A phase III trial evaluating the role of continuous letrozole versus intermittent letrozole following 4 to 6 years of prior adjuvant endocrine therapy for postmenopausal women with hormone-receptor positive, node positive early stage breast cancer

IBCSG 36-07 | ALTTO (Adjuvant Lapatinib and/or Trastuzumab Treatment Optimisation) study. A randomised, multi-centre, open-label, phase III study of adjuvant, lapatinib, trastuzumab their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer

IBIS II | International Breast Cancer Intervention Study. A randomised double blind control trial divided into two strata

Leukemia

SAKK 30/07 | 5-Azacytidine to treat acute myeloid leukemia in elderly or frail patients not suitable for intensive chemotherapy. A multicenter phase II trial

APL 2006 | A randomized trial assessing the role of arsenic trioxide and/or ATRA during consolidation course in newly diagnosed acute promyelocytic leukemia (APL)

CLL7 | Randomized phase III trial comparing early treatment with fludarabine, cyclophosphamide and rituximab versus deferred treatment in untreated Binet stage A patients with high risk of progression

CLL10 | Phase III trial of combined immunochemotherapy with Fludarabine, Cyclophosphamide and Rituximab (FCR) versus Bendamustine and Rituximab (BR) in patients with previously untreated chronic lymphocytic leukaemia

CML IV | Randomized controlled comparison of Imatinib vs Imatinib/IFN-α vs Imatinib high dose (800 mg) and determination of the role of allografting in newly diagnosed CML

GRAALL 2005 | Randomized phase III trial assessing the value of intensive vs standard induction and intensification in a randomized comparison and for B-ALL in a second randomization the benefit of rituximab in addition to chemotherapy and for Ph^+ ALL in a randomized comparison the non-inferiority of an imatinib based induction therapy vs a chemotherapy based induction combined with imatinib

HOVON 81 | A Phase II multicenter study to assess the tolerability and efficacy of the addition of Bevacizumab to standard induction therapy in AML and high risk MDS above 60 years

HOVON 92 / SAKK 30/08 | Standard study to assess the added value of Laromustine in combination with standard remission-induction chemotherapy

Lymphoma

SAKK 36/06 | A multicenter phase II trial testing Everolimus (RAD001) for the treatment of patients with relapsed or therapy resistant mantle cell lymphoma

SAKK 37/05 | Ibritumomab tiuxetan and high-dose melphalan as conditioning regimen before autologous stem cell transplantation for elderly patients with lymphoma in relapse or resistant to chemotherapy. A multicenter phase I trial

SAKK 38/07 | Prospective evaluation of the predictive value of PET in patients with diffuse large B-cell-lymphoma under R-CHOP-14. A multicenter study

SAKK 38/08 | Rituximab, bendamustine and lenalidomide in patients with relapsed or refractory aggressive B-cell lymphoma not eligible for high dose chemotherapy. A phase I/II trial

EBMT MMVAR / IFM 2005-04 | A Randomized controlled study of Velcade (Bortezomib) plus Thalidomide plus Dexamethasone compared to Thalidomide plus Dexamethasone for the treatment of myeloma patients progressing or relapsing after autologous transplantation

HD13 | Morbus Hodgkin in adults, limited stages

HD14 | Morbus Hodgkin in adults, intermediate stages

HD18 | Therapieoptimierungsstudie in der Primärtherapie des fortgeschrittenen Hodgkin Lymphoms: Therapiestratifizierung mittels FDG-PET

Gastrointestinal Cancer

SAKK 40/04 | Clinical function after total mesorectal excision and rectal replacement. A prospective randomized trial comparing side-to-end anastomosis, colon-J-pouch and straight coloanal anastomosis

SAKK 41/06 | Bevacizumab maintenance versus no maintenance after stop of first-line chemotherapy in patients with metastatic colorectal cancer. A randomized multicenter phase III non-inferiority trial

SAKK 41/07 | Neoadjuvant radiotherapy and capecitabine with or without panitumumab in patients with advanced, K-ras unmutated rectal cancer. A randomized multicenter phase II trial

SAKK 41/08 | Neoadjuvant radiotherapy combined with Sorafenib and Capecitabine in patients with K-ras mutated, locally advanced rectal cancer. A multicenter phase I/IIa trial

SAKK 56/07 | Dasatinib first-line treatment in gastrointestinal stromal tumors. A multicenter phase II trial

SAKK 77/07 | External beam radiotherapy for unresectable hepatocellular carcinoma. A multicenter phase I/II trial

SAKK 77/08 | Sorafenib alone or in combination with everolimus in patients with unresectable hepatocellular carcinoma. A randomized multicenter phase II trial

NCIC CTG BI.1 | A phase III study of gemcitabine plus capecitabine (GEMCAP) versus gemcitabine alone in advanced biliary cancer

Melanoma

SAKK 50/07 | Temozolomide combined with bevacizumab in metastatic melanoma. A multicenter phase II trial

Sarcoma

EuroEwing 99 | Studie zur Behandlung des Tumors der Ewing-Gruppe

Supportive Care

SAKK 95/06 | A multicenter randomized controlled phase III study of longitudinal electronic monitoring of symptoms and syndromes associated with advanced cancer in patients receiving anticancer treatment in palliative intention

Central Nervous System Cancer

SAKK 70/03 | Whole brain radiotherapy in combination with gefitinib (Iressa) or temozolomide (Temodal) for brain metastases from non-small cell lung cancer (NSCLC). A randomized phase II trial

New Drugs

S065APOX01 | Phase I dose finding and pharmacokinetic study of intravenous APO010, a recombinant form of human Fas ligand, in patients with solid tumors

S065ST1901 | Phase I dose finding and pharmacokinetic study of the intravenous camptothecin ST1968 in patients with solid tumors

SKSD00701 | Dose-finding study of satraplatin in combination with oral vinorelbine in patients with advanced solid tumors. A SAKK-SENDO phase Ib study

SKSD00702 | A phase IB study of the histone deacetylase inhibitor Panobinostat (LBH589) given orally in combination with Carboplatin and Paclitaxel in patients with advanced solid tumors. A SAKK-SENDO phase Ib study

Trials Activated in 2009

Breast Cancer

SAKK 92/08 | Local antiperspirant for prevention of palmar-plantar erythrodysesthesia (PPE) in patients treated with pegylated liposomal doxorubicin: A randomized, multicenter, double blinded, phase III trial

Leukemia

CLL10 | Phase III trial of combined immunochemotherapy with Fludarabine, Cyclophosphamide and Rituximab (FCR) versus Bendamustine and Rituximab (BR) in patients with previously untreated chronic lymphocytic leukaemia

HOVON 92 / SAKK 30/08 | Standard study to assess the added value of Laromustine in combination with standard remission-induction chemotherapy

Lymphoma

SAKK 38/08 | Rituximab, bendamustine and lenalidomide in patients with relapsed or refractory aggressive B-cell lymphoma not eligible for high dose chemotherapy. A phase I/II trial

HD18 | Therapieoptimierungsstudie in der Primärtherapie des fortgeschrittenen Hodgkin Lymphoms: Therapiestratifizierung mittels FDG-PET

Gastrointestinal Cancer

SAKK 41/07 | Neoadjuvant radiotherapy and capecitabine with or without panitumumab in patients with advanced, K-ras unmutated rectal cancer. A randomized multicenter phase II trial

SAKK 41/08 | Neoadjuvant radiotherapy combined with Sorafenib and Capecitabine in patients with K-ras mutated, locally advanced rectal cancer. A multicenter phase I/IIa trial

SAKK 77/08 | Sorafenib alone or in combination with everolimus in patients with unresectable hepatocellular carcinoma. A randomized multicenter phase II trial

NCIC CTG BI.1 | A phase III study of gemcitabine plus capecitabine (GEMCAP) versus gemcitabine alone in advanced biliary cancer

Urogenital Cancer

SAKK 08/08 | Everolimus first-line therapy in non-rapidly progressive castration resistant prostate cancer (CRPC). A multicenter phase II trial

Trials closed in 2009

Gastrointestinal Cancer

NCIC CTG BI.1 | A phase III study of gemcitabine plus capecitabine (GEMCAP) versus gemcitabine alone in advanced biliary cancer
Closed for accrual on 14.07.2009

Leukemias

HOVON 81 | A Phase II multicenter study to assess the tolerability and efficacy of the addition of Bevacizumab to standard induction therapy in AML and high risk MDS above 60 years
Closed for accrual on 18.08.2009

Lung Cancer

SAKK 19/05 | Bevacizumab and erlotinib first-line therapy in advanced non-squamous non-small cell lung cancer (stage IIIB/IV) followed by platinum-based chemotherapy at disease progression. A multicenter phase II trial
Closed for accrual on 01.04.2009

Lymphomas

HD13 | Morbus Hodgkin in adults, limited stages
Closed for accrual on 30.09.2009

HD14 | Morbus Hodgkin in adults, intermediate stages
Closed for accrual on 30.12.2009

Urogenital Cancer

SAKK 08/07 | Docetaxel and cetuximab in patients with docetaxel-resistant hormone-refractory prostate cancer (HRPC). A multicenter phase II trial
Closed for accrual on 08.09.2009

Melanoma

SAKK 50/07 | Temozolomide combined with bevacizumab in metastatic melanoma. A multicenter phase II trial
Closed for accrual on 27. 04. 2009

Sarcoma

EuroEwing 99 | Studie zur Behandlung des Tumors der Ewing-Gruppe
Closed for accrual on 30. 09. 2009

Central Nervous System Cancer

SAKK 70/03 | Whole brain radiotherapy in combination with gefitinib (Iressa) or temozolomide (Temodal) for brain metastases from non-small cell lung cancer (NSCLC). A randomized phase II trial
Closed for accrual on 02. 04. 2009

Project Group Breast Cancer


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Presidents:

1 Prof Dr Christoph Rochlitz, Department of Medical Oncology, University Hospital Basel
2 PD Dr Georges Vlastos, Department of Gynecology, Breast Unit, University Hospital Geneva (HUG)

Objectives

The Breast Cancer Project Group (BCPG) aims to facilitate and conduct clinical and translational research in breast cancer and to collaborate with international research groups (i.e. IBCSG, BIG, EORTC). In the currently open trials SAKK 22/99, 92/08, and IBCSG 22, 23, 24, 35, 36 and IBIS II, these objectives have been reached. In addition, the BCPG keeps its members updated on clinical trials of IBCSG and BIG, and has reached a high visibility of members of the project group in the breast cancer community. It also cultivates excellent international relations.

The reintegration of the gynecologists, an important objective for the BCPG, is still ongoing. As of 2009, a gynecologist is co-president of the BCPG. The «Arbeitsgemeinschaft für Onkologie» (AGO), has agreed not to develop projects in breast cancer and to focus on gynecologic malignancies. Several gynecologists are members of the BCPG.

Future objectives of the BCPG are the continuation of clinical trial activities using drugs as the primary intervention, but also an extension to other interventions and endpoints such as quality of life aspects in the SAKK 92/08 and SAKK 24/09 studies, health economic issues in the SAKK 24/09 trial, radiotherapy trials such as IRMA and IBCSG-38-09, and randomized surgical interventions such as in a currently discussed trial of the Austrian breast group, ABCSG 28, POSYTIVE.

Activities

Trials Activated in 2009

SAKK 92/08 PPE trial | *Local antiperspirans for prevention of palmar-plantar erythrodysesthesia (PPE) in patients treated with pegylated liposomal doxorubicin: A randomized, multicenter, double blinded, phase III trial*

The aim of this trial is to evaluate the effects of F511 cream on the occurrence of palmar-plantar erythrodysesthesia (PPE) in patients with breast cancer treated with pegylated liposomal doxorubicin.

The trial was activated by Swissmedic in August 2009, and by the end of the year, 16 patients have been included.

Strategic elements for the next two years

In the next two years the group will focus on the following strategic elements:

– to facilitate and conduct clinical and translational research in breast cancer;
– to focus on metastatic breast cancer;
– to study triple negative, metastatic breast cancer;
– to develop non-drug trials;
– to collaborate with international research groups;
– to involve more, and especially younger, members of the group in the design and execution of new trials;
– to extend collaboration with oncologists and gynecologists working in non-acedemic centers.

Portfolio Plan

The portfolio plan for the next years contains the following trials:

SAKK 21/08 | *Fulvestrant with or without AZD6244, a mitogen-activated protein kinase kinase (MEK) 1/2 inhibitor, in advanced stage breast cancer progressing after first line aromatase inhibitor: a randomized phase II trial*
The primary objective of the trial is to assess the activity of the combination of fulvestrant and AZD6244 in patients progressing after first line AI. This trial is planned to be conducted in collaboration with a Belgian cooperative group.

SAKK 24/09 | *Safety and tolerability of bevacizumab plus paclitaxel vs. bevacizumab plus metronomic cyclophosphamide and capecitabine as first-line therapy in patients with HER2-negative metastatic or locally recurrent breast cancer. A multicenter, randomized phase II trial*
The primary objective of the trial is to demonstrate reduced toxicity of metronomic chemotherapy in com-

bination with bevacizumab compared to a standard paclitaxel/bevacizumab regimen in metastatic breast cancer.

SAKK 20/09 | *CYP2D6 to predict the efficacy of tamoxifen in metastatic breast cancer*

The primary objective of the trial is to assess the influence of CYP2D6 mutations on tamoxifen efficacy in patients with advanced breast cancer. This trial is planned to be conducted in collaboration with a Belgian cooperative group.

SAKK 26/10 | *Swiss utility protocol, OncotypeDX*

The primary objective of the trial is to assess the influence of molecular tests such as OncotypeDX, RISK-25 and proliferation markers on chemotherapy decisions in the adjuvant treatment of women with ER/PR-positive disease.

NCI-Canada MA.32 | *Adjuvant metformin in ER/PR neg., HER2 positive BC*

The primary objective of the trial is to assess the activity of metformin, an oral antidiabetic agent and an inhibitor of mTOR, in early breast cancer.

IRMA trial | *Randomised Trial of Accelerated Partial Breast Irradiation*

The IRMA (Innovazioni nella Radioterapia della MAmmella) trial compares WBRT (Whole Breast Radio Therapy) and 3D conformal radiotherapy to a partial breast planning target volume. The primary objective of the trial is to establish equal efficacy of WBRT and accelerated partial breast irradiation.

ABCSG 28, POSYTIVE | *Austrian ABCSG 28 study of breast surgery vs. none in metastatic BC*

The primary objective of the trial is to assess the potential benefit of breast surgery in the presence of distant metastases.

Collaboration with/participation in other groups

Members of the BCPG are also active within the following national and international breast cancer research groups: IBCSG, BIG, GBG, AGO.

Project Group Gastrointestinal Cancer

President:
Prof Dr Markus M. Borner, Clinical Research Unit of the Oncology Department, Inselspital, University Hospital Bern & Oncology Unit, Spitalzentrum Biel

Objectives

The group aims at covering as many clinical situations in gastrointestinal cancer as possible with interesting protocols. A key interest is translational research, since predictive markers are desperately needed in this tumor group. Whenever possible, international collaboration should be promoted. However, looking at the current health care environment, one future focus of the group should become quality assurance and outcomes research and the definition of treatment guidelines for clinical situations, where there are no solid data to guide decisions. A good example is the standardization of chemoembolization in Switzerland, which was a byproduct of developing protocol 77/09 in hepatocellular carcinoma.

Activities

Trials Activated in 2009

SAKK 41/07 | *Neoadjuvant radiotherapy and capecitabine with or without panitumumab in patients with advanced, K-ras unmutated rectal cancer. A randomized multicenter phase II trial*

SAKK 41/08 | *Neoadjuvant radiotherapy combined with Sorafenib and Capecitabine in patients with K-ras mutated, locally advanced rectal cancer. A multicenter phase I/IIa trial*

Accrual into the first dose level of this trial is completed and the terms for continuation of the trial are discussed.

SAKK 77/08 | *Sorafenib alone or in combination with everolimus in patients with unresectable hepatocellular carcinoma. A randomized multicenter phase II trial*

NCIC CTG BI. 1 | *A phase III study of gemcitabine plus capecitabine (GEMCAP) versus gemcitabine alone in advanced biliary cancer*

Closed Trials

NCIC CTG BI. 1 | *A phase III study of gemcitabine plus capecitabine (GEMCAP) versus gemcitabine alone in advanced biliary cancer*

Closed for accrual on 14. 07. 2009

Strategic elements for the next two years

Rectal cancer has been identified as a tumor entity, where rapid accrual is possible in Switzerland. To develop follow-up protocols for SAKK 41/07 and 41/08 is thus a priority. The collaboration with Santésuisse for trial 41/06 is exemplary for its possible health-economical impact besides other clinical research questions. To extend this concept on other important tumor situations seems to be relevant and attractive also in view of the current health care discussions. To live up to the ambitious accrual goal, all efforts have to be made to stimulate active participation not only by the established SAKK centers but also by private clinics, smaller hospitals, and oncologists in private practice. This gives the opportunity to think about models, how SAKK can provide support for decentralized trial activites. Another priority of the group is the conduct of studies in pancreatic cancer, since progress in this field is painfully slow.

Portfolio Plan

The following trial has passed the administrative hurdles and will be soon open for accrual:

SAKK 77/09 and SASL 30 | *A phase I open label/phase II randomized, double-blind, multicenter trial investigating the combination of everolimus and TransArterial Chemo-Embolisation (TACE) with doxorubicin in patients with hepatocellular carcinoma*

Thus, the project group will present a complete portfolio for the treatment of this increasingly important tumor entity.

The following protocols are close to completion:

– Protocol SAKK 75/08 on non-metastatic esophageal cancer will build on previous experience of the group (SAKK 75/06) combining radiotherapy, concomitant cisplatin, docetaxel and cetuximab. In a randomized phase III setting, the impact of adjuvant cetuximab will be examined. This trial will be performed in collaboration with the German group headed by Prof Stahl.
– The impact of Lapatinib in metastatic gastric cancer is the focus of a randomized phase III trial of the European Organisation for Research and Treatment of Cancer (EORTC) headed by Arnaud Roth.

Under discussion are protocols in metastatic rectal cancer, neuroendocrine cancer, a protocol on the oxaliplatin infusion duration in colorectal cancer, a protocol on capecitabine and panitumumab in elderly patients with colorectal cancer, and a protocol in the adjuvant treatment of pancreatic cancer comparing chemotherapy +/- radiotherapy +/- erlotinib in a 2 x 2 design (RTOG 0848).

Collaboration with/participation in other groups

Unfortunately, the collaboration with the National Cancer Institute Canada (NCIC) has been halted, since the protocol in metastatic biliary tract cancer has been closed due to the definition of a new standard treatment for this disease. A collaboration with the German group headed by Prof Stahl for a randomized trial in localized esophageal cancer has been established and the protocol will probably be activated early in 2010. Another international collaboration will be the protocol of Arnaud Roth with the EORTC on the impact of lapatinib in HER1/2 positive metastatic gastric cancer. A participation of the group in the American adjuvant pancreatic cancer trial RTOG 0848 would also be an interesting option to increase the visibility of the SAKK in the US and because of the relevant trial questions (impact of erlotinib and radiotherapy). Finally, the quest for an adjuvant trial participation in colon cancer will be only feasible in the context of an international collaboration.

Project Group Leukemia

President:
PD Dr Yves Chalandon, Hematology Service, University Hospital Geneva (HUG)

Objectives

We offer clinical studies covering the main topics in acute and chronic leukemia, however not low risk myelodysplasia (MDS) and Myeloproliferative Disorders (MPD). The project group collaborates with international study groups in developing and performing phase II-III trials. But still, more participation of Swiss members in international cooperative groups is desirable. Phase I-II trials testing new compounds and combinations are being developed; the main goal is to develop SAKK trials in specific niches as for example AML relapse, CLL relapse, frail or elderly patients suffering from leukemia. The project group also participates in international working groups. We have established a platform for younger clinical researchers, and some younger investigators are now involved in SAKK trials. The project group was planning the foundation of a Swiss registry for acute leukemia but this part seems to be much more difficult than anticipated. The group will check to take over the lead in Phase III trials. The objective to have active membership working in the field of acute and chronic leukemia has been partially achieved as still too few members are active (around 10–15). It is desirable that smaller centers participating in SAKK become more involved in the studies of the Project Group Leukemia and particularly in chronic leukemia trials (partially achieved) to still improve the accrual in trials.

Activities

Trials Activated in 2009

Phase III trial:

CLL10 (Chronic Lymphocytic Leukemia) | *Phase III trial of combined immunochemotherapy with Fludarabine, Cyclophosphamide and Rituximab (FCR) versus Bendamustine and Rituximab (BR) in patients with previously untreated chronic lymphocytic leukaemia*

The hypothesis is that BR has a non-inferior therapeutic efficacy compared with FCR, but a better safety profile causing less myelosuppression, infections and secondary neoplasia.

The total accrual target is 550 patients. The trial was activated in January 2009.

Phase II trial:

AML (Acute Myeloid Leukemia)

HOVON 92 / SAKK 30/08 | *Standard study to assess the added value of Laromustine in combination with standard remission-induction chemotherapy. A multicenter phase II trial*

The objective is to determine the feasibility of Laromustine when given at three possible dose levels together with standard induction cycles I and II in patients with AML/RAEB with IPSS $\geq$ 1.5 in a prospective comparison to standard induction cycles I and II without Laromustine. It is also to investigate the clinical efficacy of Laromustine in combination with remission induction chemotherapy cycles I and II with regard to complete remission rate at different dose levels of Laromustine. The trial was activated on April 2, 2009.

Closed Trial

SAKK 63/03 | *Blood and bone marrow banking in SAKK leukemia trials*

The main objective of the study was to preserve material for later use in biological studies which will be submitted to SAKK in the future. The members of the SAKK Leukemia Project Group have decided to bank the material centrally in Aarau. It was collected at the time of inclusion of a patient into one of the ongoing trials. The project was supervised by a banking committee. The database documenting the collection and central storage of material resides at the SAKK Coordinating Center. A remote data entry facility has been developed to this effect. It also provides to the researchers an overview of the banked material. 65 samples have been collected. Due to the difficulty of accrual over 6 years, the SAKK board decided to close the project in September 2009. The samples are being allocated to different projects after acceptance by the SAKK board.

Strategic elements for the next two years

- to develop phase II trials for patients with acute leukemia unfit for intensive chemotherapy or for elderly patients with new drugs targeted therapy (in combination with low dose sequential chemotherapy) or vaccines;
- to develop phase II trials in specific niches such as relapsed AML or CLL;
- to stimulate translational research projects (prognostic MRD (Minimal Residual Disease) as well as study of leukemic stem cells, leukemogenesis, genomic and proteomic) as this was poorly done for the last years. We need to have more collaboration with research laboratories;
- to improve the input of SAKK in the collaboration with international study groups as far as clinical phase III trials are concerned;
- to evaluate the feasibility of the set-up of a Swiss registry for acute leukemia.

Portfolio Plan

Trials

Phase III:

EBMT RIC-MUD AML | *A Randomized Phase III study comparing conventional chemotherapy to low dose total body irradiation-based conditioning and hematopoietic cell transplantation from related and unrelated donors as consolidation therapy for older patients with AML in first Complete Remission*

The objective is to evaluate leukemia-free survival after allogeneic hematopoietic stem cell transplantation in AML/RAEB in complete remission using matched or unrelated donors in comparison to conventional chemotherapy.

The trial will be activated in 2010.

Phase II:

SAKK 31/08 | *A Phase II multicenter study to assess the feasibility and efficacy of Clofarabine, Gemtuzumab Ozogamicin and high dose Cytarabine for treatment of relapsed/refractory AML in young patients (< 60 years).*

The main objective is to evaluate the efficacy, safety and tolerability of Clofarabine, cytarabine and Gemtuzumab Ozogamicin (CLAG) combination in the setting of relapse/refractory AML.

The trial will be initiated only if the drug Gemtuzumab Ozogamicin (Mylotarg®) will be delivered for free to the patients. An answer from Pfizer is awaited for April 2010.

Phase I:

SAKK 65/08 | *In collaboration with the Phase I project group and the lymphoma project group: Synergistic targeting of the endoplasmic reticulum stress response with nelfinavir and bortezomib: a phase I dose escalation trial in advanced hematologic malignancies*

The objective of the trial is to assess tolerability and toxicity of the induction of UPR (unfolded protein response) activity by nelfinavir in combination with bortezomib in patients with advanced hematopoetic malignancies and to establish the recommended dose for phase II.

The trial will be activated in 2010.

Follow up Trials

HOVON 102/SAKK 30/10 (follow up HOVON 92/SAKK 30/08) | *Randomized study with a run-in feasibility phase to assess the added value of Clofarabine in combination with standard remission-induction chemotherapy in patients aged 18–65 years with previously untreated acute myeloid leukemia (AML) or myelodysplasia (MDS) (RAEB with IPSS ≥ 1.5)*

The trial is divided in two parts. The main objective of part A is to determine the feasibility of Clofarabine when given at three possible dose levels together with standard induction cycles I and II in patients with AML/RAEB with IPSS ≥ 1.5 in a prospective comparison to standard induction cycles I and II without Clofarabine. The main objective of part B will be to evaluate the effect of Clofarabine at the selected feasible dose level when combined with remission induction chemotherapy cycles I and II as regards to clinical outcome («event-free survival») in comparison to remission induction cycles I and II with no addition of Clofarabine in a phase III study.

The trial will be activated in 2010.

HOVON 103 (follow up HOVON 81) | *A program of randomized phase II multicenter studies to assess the tolerability and efficacy of the addition of new drugs to standard induction therapy in AML and RAEB ≥ 65 years and very poor risk AML ≥ 18 years.*

This is a master protocol that will try to detect new drugs that act in combination with standard chemotherapy in elderly AML. The trial will be divided in two parts. For part A of the study (if applicable): 1. To assess the safety and tolerability of Drug X added to standard induction chemotherapy for AML (frequency and seve-

rity of toxicities and the durations of neutropenia and thrombocytopenia) and select the feasible dose level for part B. 2. To assess in a randomized comparison the effect of Drug X on the CR rate.

For part B of the study: 1. To assess the safety and tolerability of Drug X added to standard induction chemotherapy for AML (frequency and severity of toxicities and the durations of neutropenia and thrombocytopenia) as regards the selected dose level of Drug X. 2. To assess in a randomized comparison the effect of Drug X on the CR rate.

The trial is in the process to be activated in 2010 if accepted by the SAKK board.

CMLV | Chronic Myeloid Leukemia with the German Study Group, which should follow the CMLIV protocol

The trial is still under discussion in the project group and in the German Study Group.

A follow up trial of the SAKK 30/07 AML trial for frail elderly AML patients is under development.

Primary objective: to compare either 5-Azacytidine with standard of care (either best supportive care or low dose Ara-C) or a new drug sapacitabine with standard of care.

The trial is under discussion in the project group.

Collaboration with/participation in other groups

The Leukemia Project Group collaborates with the Lymphoma Project Group within the SAKK and with the following other groups:

- Project Group New Anticancer Drugs
- Laboratory group (molecular diagnostic) SMH, Swiss Molecular Hematology/Oncology
- The Dutch HOVON group in AML
- The collaborative group GRAALL (Group for Research in Adult Acute Lymphoblastic Leukemia) including the French groups GOELAMS-LALA, Belgium in ALL
- The German CLL Study Group (GCLLSG) in CLL
- The German CML Study Group (GCMLSG) in CML
- The European APL group
- The European Leukemia Network
- The European Group for Blood and Marrow Transplantation (EBMT)

Project Group Lung Cancer


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Presidents:

1 PD Dr Miklos Pless, Department of Medical Oncology and Tumor Center, Kantonsspital Winterthur

2 Prof Dr Walter Weder, Division of Thoracic Surgery, University Hospital Zurich

Objectives

- The Lung Cancer Project Group creates and organizes relevant studies to treat as many Non-Small Cell Lung Cancer (NSCLC) patients in trials (stage IV)
- It establishes a network of Swiss lung cancer centers with multidisciplinary thoracic capacity (stage IIIB/IIIA), as well as a basis for translational research (tissue banking)
- One research focus is the multidisciplinary treatment of malignant mesothelioma
- The group has become an attractive partner for pharmaceutical companies with interesting compounds, and helps to advance the career of young oncologists.

Activities

Closed Trials in 2009

SAKK 19/05 | *Bevacizumab and erlotinib first-line therapy in advanced non-squamous non-small cell lung cancer (stage IIIB/IV) followed by platinum-based chemotherapy at disease progression. A multicenter phase II trial*

Closed after successfully completing its recruitment.

Strategic elements for the next two years

- to perform the follow up studies for stage IV (SAKK 19/09), stage IIIB (SAKK 16/08) and also a new Small-Cell Lung Cancer trial (SAKK 15/08);
- to join a new adjuvant study for early stage NSCLC;
- to establish a cooperation with other cooperative groups, e.g. the Belgian group in Leuven and Freiburg i. B.;

– to support the European Thoracic Oncology Platform (ETOP);
– to establish a translational research network, evaluating biological questions with material from our previous trials;
– to establish a tissue bank for lung cancer.

Portfolio Plan

SAKK 15/08 SCLC | *Carboplatin and Paclitaxel plus ASA404 as first line chemotherapy for extensive-stage small-cell lung cancer (SCLC). A phase II trial*
The main objective is the efficacy and feasibility of this combination in SCLC. The trial will be activated in Q1 2010.

SAKK 16/08, NSCLC | *Preoperative chemo-radiotherapy combined with concomitant Cetuximab in non-small cell lung cancer (NSCLC) patients with IIIB disease. A multicenter phase II trial*
The objective of this trial is to evaluate activity and safety of sequential neoadjuvant chemo-radiotherapy with concomitant targeted therapy of cetuximab in operable stage IIIB NSCLC patients.
The trial will be activated in 2010.

SAKK 19/09, NSCLC | *Pemetrexed, cisplatin and bevacizumab, or erlotinib and bevacizumab for metastatic adenocarcinoma of the lung according to EGFR mutation status: a multicenter phase II study including biopsy at progression (BIOPRO trial)*
The trial proposal has been approved by the SAKK Board. It will be submitted to Ethic Committees in Q2 2010.

Collaborations with/participation in other Groups:

– Freiburg i. Breisgau
– Leuven (Belgium)
– Novi Sad (Serbia)

Project Group Lymphoma


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Presidents:
1 PD Dr Nicolas Ketterer, Centre Pluridisciplinaire d'Oncologie, University Hospital Lausanne (CHUV) (until December 31, 2009)
2 PD Dr Emanuele Zucca, IOSI, Instituto Oncologico della Svizzera Italiana (starting January 1, 2010)

Objectives

The Lymphoma Project Group's main objectives are to bring together onco-hematologists and other specialists involved and interested in the management of lymphoma/myeloma patients, to ameliorate the management and the treatment of patients with lymphoma, by developing and leading some original clinical trials accessible to as many patients as possible in Switzerland. Another objective of the Project Group Lymphoma is to establish and maintain an active scientific collaboration with other international collaborative groups. The project group should be a platform for young clinical investigators, and should stimulate and promote translational research for a better understanding of lymphoid malignancies, with the aim to improve the treatment of the patients.

Activities

Trials Activated in 2009

HD18 | *Therapieoptimierungsstudie in der Primärtherapie des fortgeschrittenen Hodgkin Lymphoms: Therapiestratifizierung mittels FDG-PET*

SAKK 38/08 | *Rituximab, bendamustine and lenalidomide in patients with relapsed or refractory aggressive B-cell lymphoma not eligible for high dose chemotherapy. A phase I/II trial*

Closed Trials

HD13 | *Qualitätssicherungsprotokoll zur Toxizitätsreduktion in der Primärtherapie des frühen Morbus Hodgkin*

HD14 | *Qualitätssicherungsprotokoll zur Effektivitätssteigerung in der Primärtherapie des intermediären Morbus-Hodgkin*

SAKK 36/06 | *A multicenter stratified phase I trial testing Everolimus (RAD001) for the treatment of patients with newly diagnosed and relapsed or chemotherapy resistant mantle cell lymphoma*

Strategic elements for the next two years

The project group will adjust its activities to comply with the rules approved by the SAKK Board in 2009. One very important step is to take advantage of the presence of the international advisor in the project group meetings. The collaborations with other international collaborative groups will be the key element for the immediate future. These collaborations will have to produce sound clinical studies in a very competitive field while allowing a high international visibility of the SAKK.

The most important issue is to have again an active study for follicular lymphoma. With respect to this, a very promising collaboration is ongoing with the Nordic Lymphoma Group for the development of a common study. Both groups agreed to address the feasibility of chemotherapy-deferral strategies in the front line treatment of follicular lymphoma.

Portfolio Plan

New studies will have to be set up in follicular lymphoma, mantle cell lymphoma and multiple myeloma. The HD16 trial for Hodgkin Lymphoma should be opened.

SAKK 65/08 | *In collaboration with the Phase I project group and the leukemia project group: Synergistic targeting of the endoplasmic reticulum stress response with nelfinavir and bortezomib: a phase I dose escalation trial in advanced hematologic malignancies*

The objective of the trial is to assess tolerability and toxicity of the induction of UPR (unfolded protein response) activity by nelfinavir in combination with bortezomib in patients with advanced hematopoetic malignancies and to establish the recommended dose for phase II.

The trial will be activated in 2010.

Collaboration with/participation in other groups

– While, as suggested by the SAKK Board, the collaboration with the Intergroupe Francophone du Myélome (IFM) will have to be rediscussed, the project group will keep seeking an active collaboration in other selected large international projects, allowing a reinforcement of our collaboration with other large cooperative international groups as:
– German Hodgkin Study Group (HD trials)
– Nordic Lymphoma group (Follicular lymphoma trial)
– European Mantle Cell Lymphoma Network

Project Group New Anticancer Drugs/ Phase I Trials

President:
Prof Dr Cristiana Sessa, Oncology Institute of Southern Switzerland (IOSI) Bellinzona

Objectives

The primary aim of the project group is to increase the active participation in Phase I trials and to get new drugs to be tested by SAKK in Phase II trials; the group also aims to increase experience and set up a central coordination for early drug development.
SAKK and SENDO have established a collaboration in order to increase and improve the involvement of selected SAKK centers in early clinical trials, and to provide SAKK with a constant flow of new drugs for Phase II trials.

Activities

Portfolio Plan

SAKK 65/08 | *Synergistic targeting of the ER stress response with Nelfinavir and Bortezomib: a phase I dose escalation trial in advanced hematologic malignancies*
This trial is developed in collaboration with the Project Group Leukemia and the Project Group Lymphoma. Patients will be accrued in selected centers.

SO95ST1902 | *Phase I dose finding and pharmacokinetic study of daily administrations of the intravenous camptothecin Namitecan (ST1968) in patients with refractory or recurrent solid tumors. A SAKK SENDO Phase I study*
This trial is developed with SENDO and will be performed in two centers in Switzerland and in one center in Italy

Collaboration with/participation in other groups

- Project Group Breast Cancer
- Project Group Leukemia
- Project Group Lymphoma
- SENDO Southern Europe New Drugs Organization

Project Group Urogenital Tumors


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Presidents:
1 PD Dr Silke Gillessen, Department of Medical Oncology, Kantonsspital St. Gallen
2 Prof Dr George Thalmann, Department of Urology, Inselspital, University Hospital Bern

Objectives

- The Project Group Urogenital Tumors (PGU) aims to conduct clinical and translational research in the field of urogenital tumors, with a focus on prostate cancer involving all disciplines interested in the topic.
- The integration of all disciplines involved in the treatment of urogential cancers is warranted and is still ongoing. Over the last months a vivid interest in the group and specifically in questions concerning prostate cancer from the radiooncologists has been evolving.
- We hope to further enhance also the interest of young urologists in our group and therefore develop more trials of urological interest.
- With growing experience in conducting clinical studies more translational studies should be included in these trials, collaborators for these studies have to be encouraged to become members of the group.
- The PGU aims to collaborate with international research groups like the Medical Research Council (MRC).

Activities

Trials Activated in 2009

SAKK 08/08 | *Everolimus first line therapy in non-rapidly progressive castration resistant prostate cancer (CRPC): A multicenter Phase II trial*

Closed Trials

SAKK 08/07 | *Docetaxel and Cetuximab as second line treatment in patients with progressive castration resistant prostate cancer refractory to docetaxel: A multicenter Phase II trial*

Strategic Elements for the next two years

- to focus on prostate cancer, specifically in the two situations, where we see medical need: First, early asymptomatic and oligosymptomatic slowly progressing castration resistant disease before chemotherapy with docetaxel and second, second line therapy after docetaxel failure;
- to focus on intensifying translational research together with the pathologists and other interested research groups working in the field of urogenital tumors in general and again focused on prostate cancer;
- to motivate young urologists, medical oncologists and radiooncologists to join the group and facilitate their start in designing and conducting trials;
- to ameliorate the multidisciplinary approach in the field of urogenital tumors;
- to strengthen the collaboration with international groups like the MRC.

Portfolio Plan

According to the above mentioned strategies we are preparing a successor trial of SAKK 08/08 (using Metformin instead of Everolimus) and a successor trial of SAKK 08/07 (planed is a combination therapy with ASA404 and carboplatin/paclitaxel in second line chemotherapy).

After final evaluation of SAKK 08/07 we have to decide if further evaluation of the combination of docetaxel and cetuximab in a first line setting as randomized Phase III trial (Doecetaxel +/-Cetuximab) is of interest. Translational research could be helpful to define biomarkers for stratification, but results are still pending. For a Phase III trial we need international collaboration.

Collaboration with/participation in other groups

The STAMPEDE trial is conducted in collaboration with the MRC. More intensive collaboration with the MRC is hopefully made possible by our external advisor MD Tom Powles.

A potential collaboration with the German Testicular Cancer Group is planned in the field of follow up of testicular cancer patients and potentially in seminoma II A and B.

Section Clinical Research Coordinators (CRC)

Presidents:

1 Christine Biaggi Rudolf, SAKK Coordinating Center Bern
2 Julia Rengier-Styles, Centre Pluridisciplinaire d'Oncologie, University Hospital Lausanne (CHUV)

Short introduction

2009 has been a year of stability in the Presidency of the Section and in our activities, with no major changes being implemented.

Activities 2009

In January we had our two-day annual meeting for Clinical Research Coordinators at the SAKK Coordinating Center in Bern. It was again a very intense program with a lot of interesting presentations in various fields of cancer research as well as some excursions into Good Clinical Practice (GCP) and overall clinical trial management.
It has become routine that the first morning of those two days is particularly dedicated to new section members who have only recently started their work as a CRC at a center. Overall attendance was very high; some 58 certificates of attendance were handed out, and the feedback we received was on the whole very positive.

In November the Section met at the semi-annual meeting in Basel. The focus of this meeting was the presentation of the newly structured Clinical Trial Management Unit at the SAKK Coordinating Center, updates from the SAKK regulatory unit – explaining the «Leit-EK-System» – and, as main topic of the session, a brainstorming and discussion of what the CRC section could look like in the future.
We have discovered that the ideas of what the section should focus on or should constitute varies widely. There is such disparity between different regions and/or centers that the task of fulfilling the needs of all our CRCs is quite a Herculean task.

It was then decided that we should rethink the arguments (pros and cons) which were discussed at this meeting and that the CRC section presidents would form a task group with some CRCs and Study Nurses to tackle this subject and come forward with a proposal on how and by whom a «modern» CRC section should be run, as well as defining its actual function.

Outlook

As written above, the goal for the year 2010 is to re-structure our section, make it become a well organized, focused working section.

Unfortunately, the educational program for clinical research professionals, especially for CRCs which was planned to start this year could not be offered by the organizers yet. Personnel changes at the SAKK CC forced the launch of the program to be postponed until the year 2010. Collaboration between the CTU Bern and the SAKK CC however is still strengthening; we hope some interesting projects may be developed in the near future.

In 2010 we will again organize our two-day annual meeting (February 1 and 2) as well as a section meeting in November in the framework of the SAKK semi-annual meeting.

Section Pathology

President:
Prof Dr Holger Moch, Department Pathology,
University Hospital Zurich

Short Introduction

The section of Pathology aims to design and conduct translational research in the field of clinical trials. It functions as a platform to promote multicenter trials in the Pathology community. Further, the section is active in the following areas:

- Quality assurance of clinical trials regarding pathology diagnoses
- Review of initial pathology diagnose; the goal of such a review is quality assurance
- Establishment of novel predictive tests, e.g. KRAS testing in colorectal cancer
- Translational research requires tissue banking; pathologists are involved in collection of biomaterial and establishment of biobanks

Activities 2009

The section Pathology is involved in about 20 SAKK trials. The section members also play an important role in the activities of the IBCSG, both on a practical level by contributing patient material and on an intellectual and leadership level. Further, section members continue to enroll patient material in earlier studies and in new SAKK trials. Such trials include activities in the lung cancer group (SAKK 16/08, SAKK 17/04), lymphoma (SAKK 38/07, SAKK 36/06), melanoma (SAKK 50/07) and urogenital tumors (SAKK 08/07, SAKK 08/08), head and neck (SAKK 10/94) and others. These activities include the collection of biomaterial, translational research and predictive tests. The completion of patient forms (P-form) requires the engagement of many pathologists.

Outlook

- Involvement of pathologists in the early phases of protocol development
- Improvement of budgeting, implementation and monitoring of pathology activities in clinical trials
- Activities according to the SAKK procedures for pathology investigations and translational research
- Establishment of biobanks in Switzerland

Section Trial Nurses

President: Vacant
Contact person: Christel Böhme, Kantonsspital St. Gallen

Short introduction

The group members, with a multifaceted nursing background hold different positions in Swiss hospitals. All work with patients treated in SAKK clinical trials.
Since many years we evaluate draft protocols for their practical and nursing implications and patient considerations, as well as CRF comprehensibility.
In this function we serve as a part of the SAKK internal protocol review process.
Additionally, on each SAKK protocol with a medical treatment a trial nurse is assigned as a contact person for nursing issues.
Our goal is to make a contribution to assure high-quality clinical trial performance, patient understanding of the informed consent and safety.

Activities 2009

- Review of several SAKK protocols
- Meeting at the semi-annual meeting in Basel
- Exchange of knowledge throughout the year

Outlook

- Continue our work within the Internal Review Board
- Provide support for nursing issues in ongoing SAKK trials
- Confident that we will provide continuing support to the work of clinical trial to the work of SAKK. However, our exact role and future structure is at the moment under discussion, due to the current restructuring of the sections: Clinical Research Coordinators and Clinical Trial Nurses

Network for Cancer Predisposition Testing and Counseling (CPTC)


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Presidents:

1 PD Dr Pierre O. Chappuis, Division of Oncology, Division of Genetic Medicine, University Hospitals of Geneva (HUG)
2 Prof Dr André-Pascal Sappino, Division of Oncology, University Hospitals of Geneva (HUG)

Short introduction

The aims of the Network for CPTC are

– to harmonize the clinical practice of counseling and management of at-risk individuals;
– to collect clinical data and mutation screening results of families with inherited cancer predisposing syndromes;
– to consolidate the collaboration with the reference molecular laboratories for cancer predisposition testing;
– to participate in trials evaluating the impact of surveillance and risk reduction strategies;
– to inform and educate health professionals and the lay community on predictive oncology.

Activities 2009

More than 400 new families have been managed in the 17 centers providing genetic counseling and evaluation for cancer predisposition testing according to the Swiss regulation (cf. KVL/OPAS/OPre art. 12, let. v).

Swiss referral guidelines for genetic counseling and evaluation for BRCA1/BRCA2 testing have been finalized by the Network. These guidelines have been prepared to help clinicians identify the situations where a familial aggregation or a syndrome of hereditary breast/ovarian cancer should be suspected, and an adequate management could be proposed. These guidelines have been approved by the Swiss Society of Medical Genetics, the Swiss Society of Senology, the Swiss Society of Medical Oncology and the Swiss Society of Gynecology and Obstetrics.

A research project based on clinical and molecular data collected by the members of the Network has been submitted. The aim of this project is to evaluate the incidence of germ-line alterations in a panel of breast cancer susceptibility genes in BRCA1/BRCA2-mutation negative families using a resequencing array approach.

Outlook

– to manage individuals identified at high-cancer risk according to standard clinical practice in Switzerland;
– to publish the Swiss guidelines for genetic counseling and evaluation for BRCA1/BRCA2 testing;
– to remain participating in the IBIS II-Prevention and -DCIS randomized double blind control trials (evaluation of anastrozole as an effective method of preventing breast cancer in postmenopausal women at increased risk of the disease);
– to assess oncogenetic activity and results of BRCA1/BRCA2 germ-line mutation screening in Switzerland (a PhD thesis project of a genetic counselor).

Network for Outcomes Research


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President:

1 Prof Dr Bernhard Pestalozzi, Department of Oncology, University Hospital Zurich

Vice-President:

2 Prof Dr Thomas Szucs, European Center of Pharmaceutical Medicine, University of Basel, and Institute of Social- and Preventive Medicine, University of Zurich

Objectives of the Network

The aim of the network is to promote interdisciplinary outcomes research in oncology. The network may be consulted by any SAKK project group, working group or section to provide advice on outcomes research-related aspects in ongoing or planned trials.

The network performs health economic evaluations (HEA) as sub-projects alongside SAKK trials where considered appropriate. One aim is to establish standard procedures for prospective health economic analyses alongside clinical trials. Furthermore, the network actively develops outcomes research-orientated research projects in collaboration with third parties.

Literature based HEA of established or emerging cancer treatments, which might be of importance for the Swiss healthcare system, are also performed.

Activities in 2009 and Outlook

A key activity is to perform HEA alongside clinical trials. Although Switzerland has no institution like NICE in the U.K. to evaluate the cost effectiveness of drugs, it becomes more and more important to collect health economic information on newly introduced treatments. In the mid- to long-term, this information will become important for health-care decision making.

Prospective health economic evaluations were implemented as sub-projects in four SAKK trials. Data collection procedures and clinical report forms were developed and the preference-based quality of life questionnaire EQ-5D was included.

Retrospective data collection for some ongoing SAKK trials was further developed. For two trials protocol amendments are written in order to cover revised HEA methodology.

An outcomes research study on «delivery of care at the end-of-life of cancer patients in Switzerland», in collaboration with the insurance company Helsana and four cancer registries, was approved by the SAKK Board in 2009. Technical aspects of this study were solved in cooperation with the participating registries. Legal issues and data protection as well as ethical aspects of the study are now being elucidated and the study will be brought forward with high priority.

Two new literature based HEA were performed:

Trastuzumab beyond progression: a cost-utility analysis

Based on the study «*Trastuzumab beyond progression in human epidermal growth factor receptor 2-positive advanced breast cancer: a german breast group 26/breast international group 03-05 study» (von Minckwitz G, du Bois A, Schmidt M, et al.)*

It was submitted for publication in February 2010.

Assessment of use of cetuximab in lung cancer patients

Based on the results of the FLEX study *(Pirker R, Pereira JR, Szczesna A, von Pawel J, Krzakowski M, Ramlau R, Vynnychenko I, Park K, Yu CT, Ganul V et al: Cetuximab plus chemotherapy in patients with advanced non-small-cell lung cancer (FLEX): an open-label randomised phase III trial. Lancet 2009, 373(9674):1525-1531.)*

Submission for publication is planned for 2010.

Networking activities

At the semi-annual SAKK meeting in November 2009, we could welcome Prof John Brazier, Health Economics and Decision Science at the School of Health and Related Research, University of Sheffield, U.K. Prof Brazier gave a presentation on "Measuring health benefits for economic evaluation – the case for the QALY".

Trials

SAKK 35/03 (closed) | *Comparing two schedules of rituximab maintenance in rituximab-responding patients with untreated, chemotherapy resistant or relapsed follicular lymphoma. A randomized phase III trial*

This trial has a long overall survival and therefore a two-step economic analysis is planned, which will partially use claims data from insurance companies and will model costs and effects using a life-long time horizon. An amendment for the revised HEA sub-project will be prepared in 2010.

SAKK 16/00 (open) | *Preoperative chemoradiotherapy vs. chemotherapy alone in non-small cell lung cancer (NSCLC) patients with mediastinal lymph node metastases (stage IIIA, N2). A randomized prospective phase III trial*

This trial is ongoing and HEA will be performed from a statutory health-insurance perspective, with cost data coming from the patients' insurance companies. An amendment for the revised HEA sub-project is in preparation.

SAKK 77/08 (open) | *Sorafenib alone or in combination with everolimus in patients with unresectable hepatocellular carcinoma. A randomized multicenter phase II trial*

Prospective HEA sub-project included

SAKK 77/09 (will be opened 2010) | *A phase I open label/phase II randomized, double-blind, multicenter trial investigating the combination of everolimus and Trans-Arterial ChemoEmbolisation (TACE) with doxorubicin in patients with hepatocellular carcinoma eligible for TACE*

Prospective HEA sub-project included.

SAKK 75/08 (will be opened 2010) | *Multimodal therapy with and without cetuximab in patients with locally advanced esophageal carcinoma. An unblinded, prospectively randomized phase III trial*

Prospective HEA sub-project included.

SAKK 24/09 (will be opened 2010) | *Safety and tolerability of bevacizumab plus paclitaxel vs. bevacizumab plus metronomic cyclophosphamide and capecitabine as first-line therapy in patients with HER2-negative metastatic or locally recurrent breast cancer. A multicenter, randomized phase III trial*

Prospective HEA sub-project in Phase II included.

SAKK 89/09 (start 2010) | *End-of-life delivery of care patterns in Swiss cancer patients.*

Project ongoing.

Collaboration with/participation in other groups

The network initiates project-level cooperation with different institutions active in the field of cancer, e.g. with insurance companies, National Institute for Cancer Epidemiology and Registration (NICER), and the Children's Cancer Registry.

SAKK and Collaborating Groups

Lung Cancers

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Breast Cancer

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Betriebsrechnung 1. Januar bis 31. Dezember (in CHF)	**2009**	**2008**
Betriebsertrag		
Forschungsbeiträge SBF[1]	4 019 850.00	3 930 520.00
Forschungsbeiträge diverse[2]	803 600.00	823 410.58
Forschungsbeitrag Santésuisse	717 062.00	604 384.00
Erträge Industriekooperationen	4 126 604.45	2 268 112.60
Erträge ausländische Studiengruppen	89 910.11	0.00
Erträge Krebsbulletin	326 490.00	281 885.00
Spenden, Legate und Erbschaften	57 569.80	40 720.00
Diverse Erträge	287 745.52	484 918.85
Total Betriebsertrag	**10 428 831.88**	**8 433 951.03**
Betriebsaufwand		
Diverser studienbezogener Aufwand	– 824 010.07	– 529 278.75
Forschungsbeiträge IBCSG[3]	– 250 000.00	– 250 000.00
Forschungsbeiträge Zentren	– 3 009 964.17	– 2 699 123.95
Reise- und Repräsentationsaufwand	– 167 700.44	– 241 480.75
Sonstiger Betriebsaufwand	– 192 479.10	– 63 649.62
Total Betriebsaufwand	**– 4 444 153.78**	**– 3 783 533.07**
Zwischenergebnis 1	5 984 678.10	4 650 417.96
Koordinativer Aufwand		
Personalaufwand	– 5 016 747.44	– 4 080 476.39
Sonstiger Koordinationsaufwand	– 1 042 005.77	– 831 077.70
Total koordinativer Aufwand	**– 6 058 753.21**	**– 4 911 554.09**
Zwischenergebnis 2	– 74 075.11	261 136.13
Finanzergebnis		
Finanzertrag	18 536.98	131 068.35
Finanzaufwand	– 4 695.73	– 117 838.11
Total Finanzergebnis	**13 841.25**	**13 230.24**
Zwischenergebnis 3	– 60 233.86	– 247 905.89
Fondsveränderungen		
Auflösung Rückstellungen	3 133.00	154 628.40
Auflösung Fonds	30 568.00	0.00
Total Fondsveränderungen	**33 701.00**	154 628.40
Zwischenergebnis 4	– 26 532.86	– 93 277.49
Periodenfremder Erfolg		
Periodenfremder Ertrag	19 736.66	58 024.39
Periodenfremder Aufwand	– 126 850.80	0.00
Total Periodenfremder Erfolg	**– 107 114.14**	58 024.39
Vereinsergebnis	**– 133 647.00**	**– 35 253.10**

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