Annual report 2015

We want the best possible cancer therapy.

SAKK

WE BRING PROGRESS TO CANCER CARE

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Contact
Swiss Group for
Clinical Cancer Research SAKK
SAKK Coordinating Center
Effingerstrasse 40
3008 Bern
Tel. +41 31 389 91 91
Fax +41 31 389 92 00
www.sakk.ch
info@sakk.ch

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Prof. Dr. Beat Thürlimann
SAKK President

Dr. Peter Brauchli
SAKK CEO

50 years of SAKK and public relations

SAKK was founded 50 years ago by four innovative and far-sighted individuals. Today we are a strong cooperative group with 20 member centers. Our most recent member, Solothurner Spitäler AG, joined in November. 2015 was a memorable year during which our anniversary was the focus of attention. In addition to the main public ceremony, held on 20 May on the Bundesplatz in Berne, our members organized ten regional events. We were supported by 50 ambassadors, among them many personalities from politics, sport and show business. For the first time in the history of SAKK we organized a press conference that showcased both SAKK and the ACTIVE-2 trial (SAKK 41/14). The activities during our anniversary year increased our media presence and took us a step closer to our long-term goal of giving the work done by SAKK a public face.

SAKK's high quality confirmed

The State Secretariat for Education, Research and Innovation (SERI) requested the Swiss National Science Foundation (SNSF) to evaluate in conjunction with an international group of experts the way in which we select trial projects and how they are promoted. The resulting report acknowledges our good international reputation and our achievements in cancer research in Switzerland. The report also proposes that funding should be increased particularly for new activities relating to healthcare research and rare diseases.

Record amount for research

In 2015 the SAKK/RTFCCR/Gateway research prize was awarded for the third time by SAKK, the Rising Tide Foundation for Clinical Cancer Research (RTFCCR) and the USA-based non-profit organization Gateway for Cancer Research. The prize was worth a record sum of USD 1,500,000. The award money helps researchers to advance clinical cancer research. Alongside cooperation with foundations, the strategic partnerships with Swiss Cancer Research, the Swiss Cancer League and the State Secretariat for Education, Research and Innovation SERI are of enormous significance for SAKK. We also greatly appreciate the complementary support we receive from the pharmaceutical industry.

New "Innovation and Development" department

The systematic acquisition of innovations and an increase in phase I activities are important goals. SAKK has created a new department, headed by Dr. Simona Berardi Vilei, specifically for this purpose.

"Referral" project

This project was developed in 2015 and implemented on 1 January 2016. It simplifies the referral of patients to centers at which a trial is open, giving more patients access to clinical trials. However, a few regulatory hurdles still have to be overcome before this approach can be used in a near-patient setting and for all trials.

Involving patients
We are intensifying our dialogue with patients and have set up the SAKK patient representative board for this purpose. The members of this board contribute their knowledge, their concerns and their experience to the clinical cancer research done by SAKK. Since nobody knows better what it is like to deal with a diagnosis of cancer and the condition itself than the people affected and their families, these individuals will be able to advise the organization on communication, trial development and strategy. The patient representative board began its work in November 2015.

New President
In the six years during which Prof. Beat Thürlimann was President of SAKK, the organization has continued to develop and we are confident that it is well positioned for the future. PD Dr. Roger von Moos was elected to succeed Prof. Thürlimann in November 2015 and brings a skilled pair of hands to the job.

We would like to thank everyone who contributes to the success of SAKK and who continues to support us in the future for the benefit of patients.

Prof. Dr. Beat Thürlimann
SAKK President

Dr. Peter Brauchli
SAKK CEO

Claudia Herren / Communications Manager

January

The start of our anniversary year

SAKK has been committed to the best possible cancer therapy for 50 years. As a non-profit organization, SAKK's aim is to improve the chances of a cure for cancer patients. Ambassadors from sport, politics, culture and medicine promote clinical research into cancer in the anniversary year.

May

SAKK investigates influence of exercise on chemotherapy

Researchers at the SAKK want to find out whether patients with colorectal cancer derive greater benefit from therapy if they are physically active. This is the first time that the national cancer research network studies a cancer treatment that involves exercise. It is another illustration of SAKK's efforts to improve patients' quality of life.

Active against cancer – 50 years of SAKK

On 20 May 2015 SAKK celebrates its 50th anniversary on Bundesplatz in Berne. A tent village with attractions for children and guests, information and catering tents and a stage is open to the public. Former Miss Switzerland Tanja Gutmann acts as host for the varied program. Radio Bern 1 broadcasts live from the Bundesplatz and interviews SAKK CEO Dr. Peter Brauchli and musicians Luca Hänni and GUSTAV.

June

SAKK presents news from ASCO annual meeting

The annual meeting of the American Society of Clinical Oncology (ASCO) is held in Chicago from 29 May to 2 June. On 11 June a number of speakers – most of them representatives of SAKK – present the scientific findings from the ASCO annual meeting to an audience of experts at the Swiss PostASCO meeting in Berne.

SAKK summer semi-annual meeting

The semi-annual meeting takes place in Zurich on 25 and 26 June. The General Assembly is held the evening before. The members confirm Prof. Stefan Aebi for a second term as Board member. Prof. Achim Weber steps down from his post and PD Dr. Ellen C. Obermann is elected to represent Pathology on the Board. A symposium is organized to mark the 50th anniversary of SAKK. It comprises three short presentations on the past and future of clinical cancer research.

PD Dr. E. Obermann

SAKK/Pfizer Award for
PD Dr. Richard Cathomas and Dr. Martin Fehr

The winners of the SAKK/Pfizer Awards are PD Dr. Richard Cathomas from the Cantonal Hospital Graubünden and Dr. Martin Fehr from the Cantonal Hospital St. Gallen. The winning project is selected by an expert panel from among twelve submissions.

SAKK/Dr. Paul Janssen Fellowship
for Dr. Simone M. Goldinger

Dr. Simone M. Goldinger from University Hospital Zurich wins the SAKK/Dr. Paul Janssen Fellow-ship awarded jointly by SAKK and Janssen-Cilag. The research grant aims to offer young doctors the opportunity to spend four months at a renowned research center abroad and to gain clinical research experience there.

July

SAKK's high quality confirmed

The network operated by SAKK is effective in conducting clinical trials that benefit patients. This is the verdict of the Swiss National Science Foundation (SNSF) in a report it has prepared at the request of the State Secretariat for Education, Research and Innovation (SERI).

September

Orphan Malignancies Seminar

The management of thyroid and Merkel cell carcinomas is the subject of the Orphan Malignancies Seminar held in Zurich on 10 September. The objective of this event is to discuss rare and largely overlooked malignant diseases from an interdisciplinary perspective.

October

SAKK scientific symposia
at the DGHO congress

The symposia are held as part of the annual congress of the German, Austrian and Swiss Societies for Hematology and Medical Oncology (DGHO), which takes place in Basel from 9 to 13 October 2015. SAKK and its major partners discuss developments over the past 50 years, milestones in clinical oncology and hematology and the future challenges identified by international research groups.

November

SAKK General Assembly

New President elected

The General Assembly takes place in Zurich on 25 November. Prof. Beat Thürlimann's mandate as SAKK President ends in June 2016 and the members elect PD Dr. Roger von Moos to succeed him. The handover will take place in June 2016. Prof. Stephan Bodis also retires as Board member. Prof. Ludwig Plasswilm is elected to represent Radio-Oncology.

PD Dr. R. von Moos

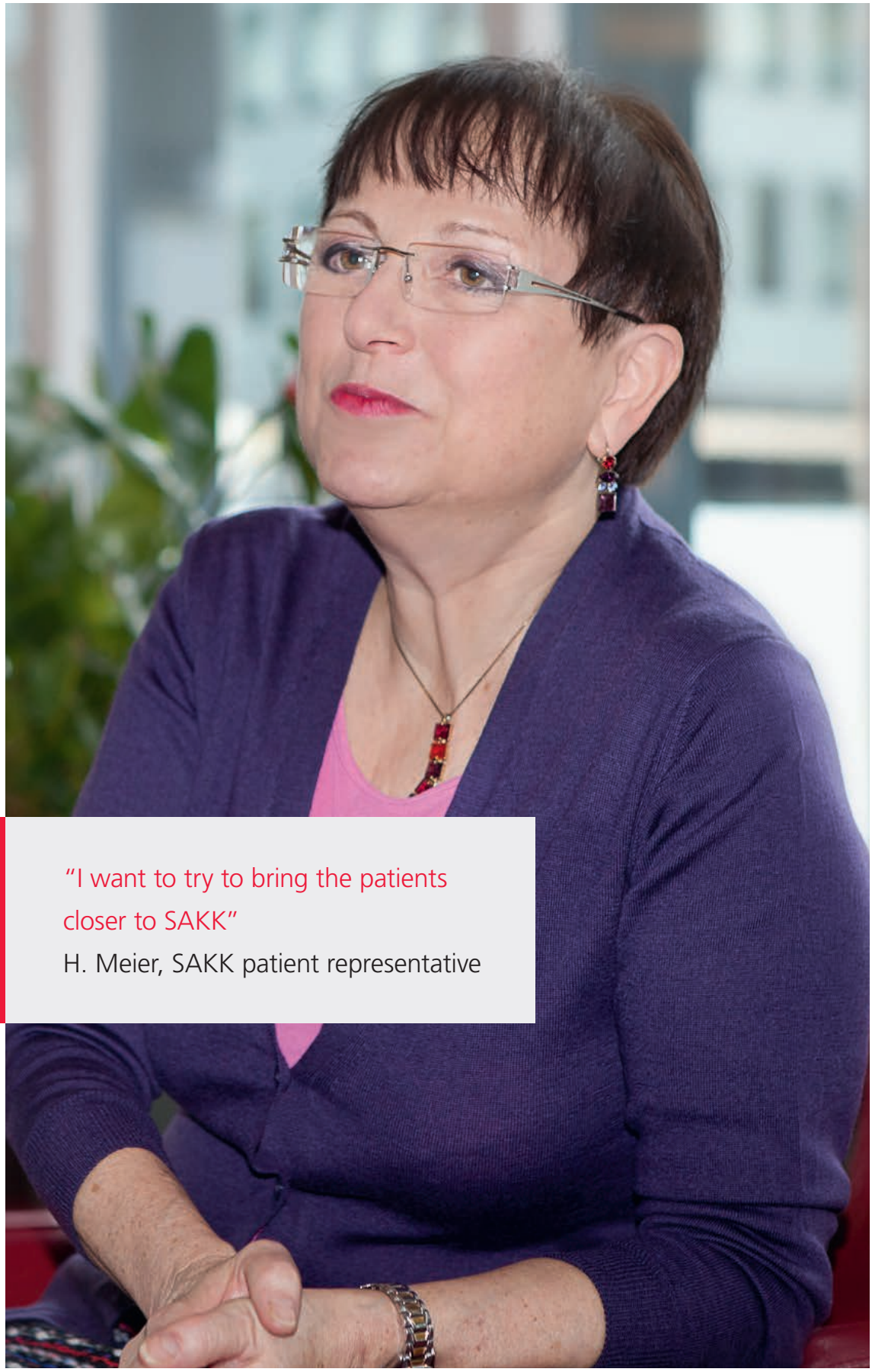
Solothurner Spitäler AG (soH)
becomes new SAKK member
Now cancer patients in Switzerland have even more places where they can obtain treatment as part of a clinical trial. A new member has joined SAKK in the form of Solothurn Hospitals (soH).

SAKK winter semi-annual meeting
250 specialists from the SAKK network meet in Zurich on 26 and 27 November. Prizes are awarded and SAKK's 50th anniversary is celebrated with the SAKK Symposium and an aperitif.

USD 1,500,000 for cancer researchers in Switzerland and Spain
At the semi-annual meeting of SAKK, five researchers are honored with the SAKK/RTFCCR/Gateway research prize worth a total of USD 1,500,000. The award money helps researchers to tackle five critical challenges and to advance clinical cancer research.

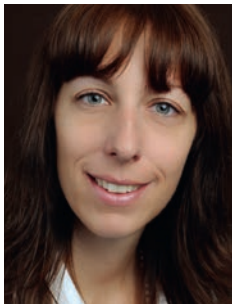
SAKK/Amgen Research Grant goes to Basel researchers
This year's SAKK/Amgen Research Grant goes to three researchers at University Hospital Basel: Dr. Cathrin Balmelli, Dr. Christoph Berger and Prof. Viviane Hess. SAKK and Amgen Switzerland AG award a research grant for innovative translational cancer research in Switzerland every two years.

December
SAKK establishes patient representative board
SAKK intensifies its dialogue with patients by setting up a patient representative board. The idea is for members of this board to contribute their knowledge and experience to clinical cancer research (more on page 16).



"I want to try to bring the patients closer to SAKK"

H. Meier, SAKK patient representative



Sonja Bill
Marketing Manager

50 years of SAKK – We want the best possible cancer therapy

The program of events and publications that marked SAKK's 50th anniversary was an opportunity for the organization to step up its public relations work throughout Switzerland.

The anniversary program kicked off on 20 May 2015 with the "Active against cancer" event on the Bundesplatz in Berne. Experts in the SAKK information tent answered visitors' questions about clinical cancer research. The children's program included fairy tales from story teller Prisca Saxer, fun with cartoonist Ted Scapa and a concert by the band Leierchischte XXL. Luca Hänni, BAUM and GUSTAV gave concerts during the evening to actively demonstrate their support for research against cancer. A number of regional events, which are list-

20.05.2015	Active against cancer event, Bundesplatz in Berne
31.05.2015	Open days/600 Years, Biel hospital
04.06.2015	Patients' day: 50 years of cancer research from person to person, Inselspital Bern
20.06.2015	50 years of SAKK – information event, Oncology Institute of Southern Switzerland (IOSI)
25.06.2015	50 years of SAKK symposium, SAKK semi-annual meeting in Zurich
02.07.2015	Post-EHA/post-ICML educational event with the SAKK anniversary, Klinik Hirslanden Zurich
26.08.2015	Information evening: Cancer research in Switzerland – progress improves chances, Spital STS AG Thun
29.08.2015	Information campaign: We do cancer research – for you, Cantonal Hospital St. Gallen
22.09.2015	Anniversary event to mark 50 years of SAKK in Switzerland, 20 years of SAKK in Graubünden, Cantonal Hospital Graubünden
12.10.2015	50 years of SAKK symposium, annual meeting of the DGHO in Basel
15.10.2015	Medical oncology afternoon, Centre Hospitalier du Valais Romand (CHVR)
29.10.2015	Anniversary symposium: 50 years of SAKK – 50 years of research at the Cantonal Hospital St. Gallen
14.11.2015	Open day, Fribourg Hospital
26.11.2015	50 years of SAKK symposium, SAKK semi-annual meeting in Zurich
26.11.2015	SAKK "50 years ago" drinks party, SAKK semi-annual meeting in Zurich

ed in the box, were held throughout Switzerland. The finale of anniversary year was held during SAKK's semi-annual meeting in Zurich. An anniversary aperitif under the theme of "50 years ago" took guests back to the Swinging Sixties.

The various activities and numerous publications (including in the NZZ and a number of regional dailies) raised our profile among the relevant target groups. We also initiated activities that will have a sustainable impact beyond our anniversary year.

Our visuals and corporate design have been revamped and new, attractive brochures produced. 50 ambassadors, including personalities from sport, politics and show business, were motivated to show their support for clinical cancer research during the anniversary year. Many of them will continue to support SAKK in the future. As a result, we were able to use our anniversary year to create an optimal platform from which to continue to conduct intensified public relations work.

We would like to extend our sincere thanks to all sponsors, SAKK ambassadors, member centers, the Board and the people working in the SAKK Coordinating Center for the support they gave us in our anniversary year.

The University Centers and their research within SAKK

SAKK has 20 member centers in almost every Swiss canton, ranging from small and middle-sized regional hospitals to renowned University Hospitals. 50 years ago, SAKK was founded by far-sighted cancer doctors. Our University Hospital members are: University Hospital of Basel, University Hospital of Bern, University Hospital of Geneva, University Hospital of Lausanne and University Hospital of Zurich.

The University Hospital Basel

Prof. Dr. Viviane Hess, Head Clinical Cancer Research Center and Senior Physician Medical Oncology

2015 has been the year of celebrations – 50 years of SAKK! Basel has participated in the jubilations by working hard for new SAKK proposals and trials in all specialties. In our collaboration during the anniversary year, SAKK has shown its wide spectrum from translational and early phase I trials (SAKK 06/14), to large interdisciplinary (SAKK 16/14) and non-drug intervention trials (SAKK 41/14 ACTIVE-2) with focus on patient-reported outcomes. With the latter project, SAKK has also taken the opportunity to engage in clinical research funded by the Swiss National Science Fund (SNSF), where hopefully new synergies will evolve. Another important step that has been prepared during 2015 is the patient-referral system within SAKK centers. Would it not be an indicator of strength for a network, if locoregional interests can be put behind the patients' wish to participate in clinical trials? Of course, flexibility and pragmatic implementation of regulations are prerequisites – as is a fundamental trust in SAKK that no center will be left behind.

The landscape of clinical cancer research is changing – in particular it is getting more dynamic and diverse. In contrast to commercial Clinical Research Organization CROs, the SAKK Coordinating Center has the opportunity to work closely together with academic institutions and investigators covering a broad range of fields from basic molecular sciences (e.g. in immune-oncology or stem-cell research) to new technologies (e.g. nano-medicine, robot-surgery, e-health) or neurocognitive and psychological sciences (e.g. psycho-oncological stress research, patient-reported outcomes research). It is vital to SAKK to make use of this unique source of innovation! In order to do so, SAKK CC needs to maintain structures and processes that can quickly adapt to the project at hand. Traditionally, SAKK processes have been developed to serve conventional phase I-III drug trials, with all the regulations that apply. This "single-template" approach does not fit anymore.

Let us continue to efficiently tackle research questions that are beyond the focus of industry for the benefit of our patients – and let us do it together!

The Inselspital and the University Hospital of Bern

Prof. Dr. Martin Fey, Head of Department of Medical Oncology

The year 2015 saw some lively SAKK activities at the Inselspital and the University of Berne, hence at one of the traditional and time honored SAKK centers. Medical Oncology commemorated the jubilee at a symposium targeted to the general public on June 4, 2015 which was very well attended. It provided a welcome opportunity to present the history of the SAKK with Medical Oncology at the University of Berne, being one of its founder members. In addition, we explained the design and the "mechanics" of clinical trials. Most impressively, the event was topped up by a presentation of clown "Baldrian" who very movingly described his experiences as a cancer patient on our leukemia ward. In addition, the head of our clinical trial unit, Corinne Vorburger, was joined by one of her actor colleagues to present a play from their repertoire of the "Narrenpack" company.

Bern remains one of the top recruiting centers for SAKK trials in hematological oncology which always has been and hopefully will remain a mainstay of our experimental and clinical activities. Patient accrual for all SAKK studies was better in the jubilee year than in previous years, and we very much hope that this trend will continue.

Patient numbers, important as they are, are not the only quality marker for our contribution to SAKK trials. Careful review of the performance of our center (including our SAKK CTU) demonstrated that the quality of our data is very good, the documentation excellent and that serious adverse events are being reported to the SAKK coordinating center within the shortest possible delays.

Funding of our activities through SAKK-trial generated income remains a problem as patient payments by SAKK do no longer cover our true expenses. In the old days, income from the SAKK was more than sufficient and adequate to cover salaries of our data managers and study nurses. Nowadays we have to top up these expenses from other sources. Clearly, there is a need for revision, and the announcement of SAKK that patient payments to peripheral centers (such as ours) would possibly increase in the near future, is therefore very welcome.

A University hospital such as ours contributes to experimental programs which form an important basis for present and future clinical trial activities. Experimental cancer research at our Department, funded by SNF, Cancer Research Switzerland and other sources has been performing well. We are looking forward to the future cooperation between our University center and SAKK to the benefit of patients and of the careers of young clinical investigators.

The University Hospital Lausanne (CHUV)

Prof. Dr. George Coukos, Head of Department of Oncology

Dr. Khalil Zaman, Resident Department of Oncology

The next major achievement of SAKK will be the implementation of a patient referral system for clinical trials (see also p. 5) In line with this, the CHUV Department of Oncology is actively working to build an oncology network bringing together public regional hospitals and oncology private practices from the French speaking part of Switzerland. This will enable clinical practitioners of the area to have access to a broader range of trials and possibly identify a trial which best suits their patient's disease profile. This initiative shall confidently increase the capacity of recruitment to clinical trials. In addition, the network centers will then be complementary in their offers of clinical trials to patients, which will evidently yield higher performance and cost-effectiveness.

For a long time, the CHUV has contributed significantly as a participant, patient recruiter or publications author to the project and working Groups of SAKK. In 2013, the CHUV launched the new Department of Oncology UNIL-CHUV headed by Prof. George Coukos, and started its long-term development of a strong innovation program in oncology. This new infrastructure was strengthened to improve research capacity and quality with the creation of a Center for Experimental Therapeutics including, among others, a Clinical Operation Unit, Regulatory Affairs Office, Quality Assurance Unit and Clinical Development Unit. Moreover, the Department of Oncology UNIL-CHUV, the University of Lausanne (UNIL), the ISREC Foundation and the Swiss Federal Institute of Technology in Lausanne (EPFL) have established the Swiss Cancer Center Lausanne (SCCL) to create a highly integrated, multidisciplinary, and collaborative cancer research community aimed at developing exceptional care and innovative solutions for our cancer patients including translational and clinical immunotherapy together with new drugs development as a priority research axis. Of key importance, the Ludwig Institute for Cancer Research has selected Lausanne as one of its main international sites. The newly formed Ludwig Lausanne Branch focuses primarily on applied cancer immunology and the design of novel molecular and cell-based immunotherapy. Accordingly, the "AGORA" Translational Cancer Research Building, the SCCL's future flagship now under construction on the CHUV campus, will host up to 300 researchers, bioengineers and clinicians in 2018.

In conclusion, the CHUV is certainly prioritizing some specific cancer research domains and positioning itself as a strong collaborator with other Swiss centers. We hope to deliver innovative projects and bring some scientific discoveries to the clinic soon, while improving the recruitment of patients by increasing the availability of the clinical trials to the patients.

The University Hospital Zurich

Prof. Dr. Roger Stupp, Director Department of Oncology and Cancer Center

The year of the 50th anniversary of SAKK has been an important year for clinical research in Switzerland. With a large number of recruiting clinical trials – the significant part of which were conducted within collaborative networks such as SAKK, EORTC and ETOP – the number of patients treated has significantly exceeded the numbers achieved in the previous years.

The quality of our research was confirmed by a Swissmedic audit of one of our most innovative investigator initiated trials (IIT) of immune therapy in patients with mesothelioma. An audit of another one of our IITs confirmed good quality of the trial, as well as of our research unit. With the development of our phase I unit on the way we are extending our clinical research activities in order to ensure the access to new substances for our patients.

We are facing challenges with regards to regulatory requirements as well as to the necessary funding to perform high quality, innovative academic clinical trials. But with the level of experience and expertise within the SAKK network, continuous development of new techniques and personalized medicine with dynamic, committed investigators from different centers, we are convinced that the high quality research in Switzerland beyond the focus of the pharmaceutical industry will continue the provide benefits for our patients.

"It is vital to SAKK to make use of unique sources of innovation"

Prof. V. Hess, SAKK Board Member

Dr. Peter Durrer
Head of the SAKK
patient representative board

SAKK is intensifying its dialogue with patients and in December 2015 set up a patient representative board. The idea is for members of this board to contribute their knowledge and experience to clinical cancer research.

Patient orientation is one of SAKK's core values. Since nobody knows better what it is like to deal with a diagnosis of cancer and the condition itself than the people affected and their families, SAKK has decided to establish a patient representative board to advise the organization on communication, trial development and strategy. By partnering with the SAKK patient representative board, we intend to improve the dialogue between scientists and patients. Moreover, we hope this will give our researchers new impetus which will result in our research projects being even more closely aligned to patients' needs.

The patient representative board comprises a maximum of seven people who are elected by the SAKK Board. At present it has six members: Silvia Ess, Ursula Ganz-Blättler, Andrea Isenegger, Helga Meier, Silvia Müller and Rosmarie Pfau. The members are either former cancer patients themselves, have looked after close friends or family members with the condition or are representatives of a patient organization. The patient representative board will meet with SAKK representatives at least twice a year. Initial projects include involvement in structuring the SAKK's symposium program and in assessing communication tools such as patient information brochures and the SAKK website to ensure that they are easy to read. SAKK would also like the patient representative board to propose and submit projects at its own initiative. In the medium term, moreover, cooperation is to be developed with the SAKK project and working groups with the aim of developing more patient-friendly trials.

Interview with Rosmarie Pfau

Where does your commitment to cancer research and the work done by SAKK come from?
I got involved in supporting cancer research because the intensive treatment I received gave me the gift of ten more years of life and because I now feel healthy. I was also motivated by respect and gratitude towards the people who took part in clinical trials and made it possible to successfully use the type of treatment I was given.

What would you like to see cancer research deliver in the future, particularly with respect to patient involvement?
Cancer research is developing rapidly and patients with serious chronic diseases are dependent on progress in research. It's important for the voices of patients to be heard. Patient involvement in research is an active role. Patients and patient representatives contribute their personal experience of a disease and provide insight into patients' needs. This is why patients ought to play a key role. They should be factored into and involved in processes. It would also be desirable for patients and patient representatives to receive training that will enable them to communicate with the experts on an equal footing. It's a process of change for everyone who's involved.

"The intensive treatment I received gave me the gift of ten more years of life"
R. Pfau, patient representative board

What do you hope to achieve as a member of the SAKK patient representative board?
The patient representative board was only elected a few months ago and the members are currently in the process of developing best practice for productive collaboration with research. As a patient and a patient representative I would like to contribute and support SAKK in an advisory capacity to the best of my ability by putting across the patient's point of view and therefore being of use to patients as a group. We are at the beginning of a new development and change will only happen once mutual trust develops.

Rosmarie Pfau was born in Basel and has two adult daughters. She was diagnosed with follicular lymphoma in 1999, and her treatment included a high-dose chemotherapy regimen followed by a stem cell transplant. She was motivated to get involved by her own illness. She set up the 1ho/noho Swiss organization for lymphoma patients and their families and has been President and Executive of the association since its inception.

[1]**H**odgkin/**N**on-**H**odgkin

Project group breast cancers

President: PD Dr. Thomas Ruhstaller, Breast Center St. Gallen

Hope of improved quality of life for breast cancer patients

The aim of the SAKK 23/13 trial is to investigate the impact of a surgical sealing patch on lymph drainage after axillary lymph node dissection for breast cancer. The hypothesis of this trial is that using TachoSil® significantly and relevantly reduces the volume and duration of axillary lymph drainage after axillary lymph node dissection and therefore has the potential to improve patients' quality of life, shorten their stay in hospital and reduce the costs associated with in-patient treatment. This trial was opened in March 2015.

The active substance eribulin (Halaven®) has been on the Swiss market for a few years now. Since eribulin usually causes fewer side effects than other chemotherapy drugs, it would, in principle, be especially suitable for treating elderly patients. At present, however, patients in Switzerland may only be treated with eribulin if they have already received a different chemotherapy drug. The aim of the SAKK 25/14 trial, which was opened in August 2015, is therefore to establish whether eribulin is suitable for treating elderly patients (over 70 years old) with advanced breast cancer without them first having to be treated with a different chemotherapy drug.

Introduction of the "Referral" project in the first pilot trial

As described in the Editorial (page 5), a new patient referral system is being introduced. The project group breast cancers is doing pioneering work in this area with the trial BIG 6-13 *(PARP inhibitor in BRCA-positive patients only)*. Only three centers have been opened for patient enrolment since there are only a few patients in Switzerland with this mutation. We hope that the other centers will be successful in referring their patients.

Successful publications

The project group was involved in 15 publications in 2015, among them international trials run by the IBCSG and BIG. Some of these publications resulted in a change in the way breast cancer is treated and together had an impact factor of 202.

Project group gastrointestinal tumors

President: Dr. Michael Montemurro, Oncology Institute of Southern Switzerland (IOSI) Bellinzona

Same chance of a cure with less radiation

The PROSPECT trial opened in 2015 and is concerned with the treatment of rectal cancer. Such tumors are usually treated by combined radiotherapy and chemotherapy followed by surgical removal of the tumor and subsequent chemotherapy. The PROSPECT trial is investigating whether radiotherapy can be omitted in some patients without impairing their chances of a cure. If this treatment strategy should prove successful, omitting radiotherapy could simplify treatment and may mean fewer side effects.

Development of two new SAKK trials

Lack of physical activity can increase the risk of colorectal cancer. However, it is not known what effect physical activity has on patients with this condition. The SAKK 41/14 trial aims to find out if an exercise regimen can help alleviate the symptoms suffered by colorectal cancer patients and if physical activity can help to improve the efficacy of treatment. The trial protocol was developed in 2015 and SAKK 41/14 ACTIVE-2 was activated in early 2016.

Aspirin to prevent recurrence of colorectal cancer? The purpose of the SAKK 41/13 trial is to investigate whether a statistically significant and clinically relevant advantage in terms of disease-free survival can be gained in colorectal cancer patients who take 100 mg of aspirin daily for three years. The trial is scheduled to open in early 2016.

Project group leukemia

President: PD Dr. med. Georg Stüssi, Oncology Institute of Southern Switzerland (IOSI) Bellinzona

Patient recruitment successful
The project group recruited a total of 141 patients in 2015.

39 patients in less than 12 months
The SAKK 33/14 trial is investigating the impact of the beta-3 sympathomimetic mirabegron (Betmiga®) on myeloproliferative neoplasms (MPN) in 39 patients with the JAK2 V617F mutation. The hypothesis of this trial is that mirabegron has a beneficial effect on the bone marrow HSC niche and is thus able to improve the clinical picture of patients with MPN. The trial was opened in April 2015 and had recruited all the patients by February 2016 – a great success!

Trial for patients with acute myeloid leukemia
Studies have shown that intensive chemotherapy is necessary for the successful treatment of acute myeloid leukemia (AML). The HOVON 103 trial opened in February 2015 is investigating whether the addition of tosedostat to intensive standard chemotherapy with cytarabin and daunorubicin offers advantages over the intensive standard chemotherapy alone. The aim of the trial is to evaluate the safety and tolerability of tosedostat in combination with standard chemotherapy.

Project group lung cancer

President: PD Dr. Oliver Gautschi, Cantonal Hospital Lucerne
Vice-president: PD Dr. Solange Peters, University Hospital Vaud (CHUV)

Lung cancer symposium in Berne
Lung cancer is still the most frequent cause of death from cancer in the western world. Every year around 4000 people in Switzerland develop this disease and some 3000 die of it. On 12 March, experts from Switzerland and abroad met in Berne to discuss this condition at the 1st Swiss Lung Cancer Symposium.

Publication in "The Lancet"
One of the standard options in the treatment of stage IIIA/N2 non-small cell lung cancer is chemotherapy followed by surgery. In the SAKK 16/00 trial, the SAKK investigated whether outcomes can be improved if patients receive radiotherapy in addition to chemotherapy. The results of the trial were published in the prestigious medical journal "The Lancet" in August.

The results of the SAKK 17/04 trial were published in "The Lancet Oncology". This randomized trial demonstrated no additional benefit of radiating the chest cavity in patients with malignant mesothelioma (pleural mesothelioma). Although the survival data were congruent with those from the preceding trial, the prognosis for these patients remains unfavorable and there is an urgent need for new therapy options.

Project group lymphoma

President: PD Dr. Emanuele Zucca, Oncology Institute of Southern Switzerland (IOSI) Bellinzona

Trial for patients with mantle cell lymphoma
Mantle cell lymphoma is a type of non-Hodgkin's lymphoma. These are cancers that originate from cells in the immune system. Various drugs are available to treat mantle cell lymphoma. Bortezomib and ibrutinib are two such drugs. These two active substances are currently used individually, i.e. not in combination, to treat mantle cell lymphoma. The aim of the SAKK 36/13 trial is to establish whether bortezomib and ibrutinib can be administered together.

Hope for patients with follicular lymphoma
The SAKK 35/14 trial is treating patients with advanced follicular lymphoma. A common sign of this type of cancer, which affects the immune cells, is enlargement of the lymph nodes.

Following the successful completion of the SAKK 35/98, SAKK 35/03 and SAKK 35/10 trials, the SAKK 35/14 trial is now the follow-on project. There are indications from various trials that supplementing rituximab therapy with ibrutinib results in better outcomes. Research is now focusing on whether some patients may achieve full remission without chemotherapy. This approach of not including chemotherapy in the treatment of this cancer is unique anywhere in the world. The method could spare patients considerable side effects and at least slow the disease, if not stop it.

Project group New Anticancer Drugs

President: PD Dr. Markus Jörger, Cantonal Hospital St. Gallen
Vice-President: Dr Krisztian Homicsko, University Hospital Vaud (CHUV)

Publication in "Haematologica"
The SAKK 65/08 trial of the combination of nelfinavir and bortezomib in patients with advanced hematologic malignancies was accepted for publication in "Haematologica". The study found exceptional responses in patients with refractory multiple myeloma, and served as a starting point for the successful development of the ongoing SAKK 39/13 phase II study in multiple myeloma (FORTUNE). The concept of ER-stress inducing strategies is also developed in solid tumors were it has shown interesting activity in ER-negative breast cancer models.

Collaboration with pharmaceutical companies
An important pillar of our group is the formalized collaboration with Novartis Pharmaceuticals Corp., and details on the contract renewal with the company have been clarified in November 2015. The first investigator-initiated, collaborative Novartis study was SAKK 65/12 which was presented at the ESMO annual meeting in Vienna. SAKK 65/12 assessed the combination of the oral hedgehog inhibitor LDE225 in combination with paclitaxel, that was found to be safe and well tolerated. SAKK 65/12 has also shown challenges when working in the highly competitive field of new anticancer drug development, as strategies within companies may change rapidly, and led the company to stop further development of LDE225 in solid tumors requesting the premature closure for accrual of the trial despite a very fast accrual and interesting results.

High medical need for patients without available standard treatment
Data of SAKK 67/13 were presented at the American Association for Cancer Research AACR in Philadelphia and the ASCO annual meeting in Chicago. SAKK 67/13 studied the investigational oral PI3K and mTOR inhibitor PQR-309 (Piqur Therapeutics AG) in patients with advanced solid tumors. The study had an exceptional patient recruitment (28 patients, 17 from the Swiss sites and 11 from UK & Spain), and showed the high medical need in patients without available standard or approved treatment.

Investing in immunotherapy-based technologies
Finally, immunotherapies have come to our group, and are here to stay. SAKK 06/14 has been opened in September 2015, testing the tolerability and efficacy of intravesical instillation of VPM1002BC – a genetically modified Mycobacterium bovis vaccine – in patients with bladder cancer after standard BCG treatment. Important immunotherapy projects are under development in the group. The group has a clear commitment to invest in immunotherapy-based technologies and concepts, and wants to establish and broaden its expertise in these fields.

Project group urogenital cancer

President: PD Dr. Richard Cathomas,
Cantonal Hospital Graubünden
Vice-president: PD Dr. Cyrill Rentsch, University Hospital Basel

Dialogue between experts at the prostate cancer conference in St. Gallen
The first international Advanced Prostate Cancer Consensus Conference (APCCC) took place from 12 to 14 March 2015 at the Hotel Einstein conference center in St. Gallen. The purpose of this con-

ference was to compile existing expert knowledge and formulate recommendations for optimal treatment of affected men and for providing them with the best possible personalized therapy concepts. The first conference was a big success, with more than 400 participants from 47 countries. Presentations and debates showcased current expertise in the treatment of men with prostate cancer and provided a three-day forum for discussing this knowledge.

Highest patient accrual of all SAKK groups
This group recruited a total of 294 patients in 2015 – mainly into the SAKK 63/12 trial *(Prospective cohort study with collection of clinical data and serum of patients with prostate disease)* with the active participation of the urologists involved and into the SAKK 96/12 trial (comparing two different schedules of denosumab in mCRPC).

Results published
A number of articles appeared in 2015 on the STAMPEDE trial, among them a manuscript published in "The Lancet" on the impact of docetaxel in castration-sensitive prostate cancer. The results of the SAKK 08/11 trial *(use of orteronal as switch maintenance therapy in mCRPC)* were presented at the European Cancer Congress 2015 in Vienna.

Working group diagnostic imaging and therapeutic monitoring

President: Prof. Dr. Johannes Heverhagen, Inselspital Bern
Co-president: PD Dr. Hendrik von Tengg, MD, Inselspital Bern

Project ideas were discussed at both semi-annual meetings that have drawn on and will draw on the research potential in this working group. Prof. Dr. Andreas Christe is collaborating with Prof. Dr. Johannes Heverhagen, PD Dr. Hendrik von Tengg and Dr. Shu-Fang Hsu Schmitz on the topic: *Compare predicting accuracy for effects of chemotherapy on clinical outcomes between classification based on computer-aided volumetric analysis and based on diameter measurement applying the RECIST criteria in advanced lung cancer.* The topic of tumor measurement using RECIST, for example, was also discussed at length. Prof. Dr. Heverhagen created a questionnaire that, once evaluated, could facilitate the adoption of a uniform approach at the Swiss centers.

Working group gynecological cancers

President: PD Dr. Mathias Fehr, Cantonal Hospital Frauenfeld

Two international phase III trials are active, both investigating recurrent ovarian cancer and both running in collaboration with the European Network for Gynecological Oncological Trial Groups (ENGOT). Twelve patients have been recruited into the MITO-16b trial *(randomized study in platinum sensitive recurrent epithelial ovarian cancer after Bevacizumab plus chemotherapy as first line treatment)*, 22 into the INOVATYON trial *(randomized study of Trabectedin plus Pegylated Liposomal Doxorubicin (PLD) versus Carboplatin plus PLD in patients with relapsed ovarian cancer progressing within 6-12 months of last platinum)*.

Working group head and neck cancers

Presidents: Prof. Dr. Frank Zimmermann, University Hospital Basel
Prof. Dr. Pavel Dulguerov, University Hospital Geneva

International trial project
The intention is to activate the SAKK EORTC 1420 GORTEC trial *(phase III study assessing the "best of" radiotherapy compared to the "best of" surgery (trans-oral surgery, TOS) in patients with T1-T2, N0 oropharyngeal carcinoma)* in Switzerland in collaboration with the EORTC and the GORTEC. Both the radio-oncology section and the working group head and neck cancers with numerous Swiss centers are giving their full support to the project and will play an active part in drawing up the protocol and enrolling patients.

Working group sarcoma

President: Dr. Christian Rothermundt,
Cantonal Hospital St. Gallen

SAKK organizes three-country sarcoma meeting in Zurich

Soft tissue sarcomas are rare tumors with many histological subtypes, and this makes some of them very rare diseases. The rarity of the disease poses a big challenge for trial activities and necessitates national and international cooperation between trial centers. SAKK organized a three-country meeting on 23 April in Zurich to give experts a platform for exchanging knowledge about soft tissue sarcomas.

Working group CNS cancers

President: Dr. Andreas F. Hottinger, University Hospital Vaud
Co-president: Dr. Thomas Hundsberger,
Cantonal Hospital St. Gallen

All Swiss Neurooncology centers joined their forces to evaluate their guidelines for recurrent glioblastoma using the concept of diagnostic nodes. This work, led by the physicians Putora and Hundsberger was published in the Journal of Neurooncology (see http://www.ncbi.nlm.nih.gov/pubmed/26459327).

The SAKK brain tumor group is working closely with an initiative to establish the Swiss Glioma Network. This database will allow performing state of the art epidemiologic studies on the Swiss population of patients with gliomas. The first project of this venture, led by PD Dr. P. Schucht will evaluate the role of the extent of surgical resection in glioblastoma.

Section radio-oncology

Presidents: Prof. Dr. Ludwig Plasswilm,
Cantonal Hospital St.Gallen
Prof. Dr. Frank Zimmermann, University Hospital Basel

The group helped to achieve rapid recruitment into the SAKK 15/12, SAKK 01/10 and Lung-ART trials. The section's aim is to design and develop new trials focusing on radiotherapy and multi-modal treatments. The implementation of quality assurance processes within new trials remains an important topic.

New representative on the SAKK Board and new section president

The SAKK's members elected Prof. Dr. Plasswilm to the Board, where he succeeds Prof. Dr. Stephan Bodis. Prof. Dr. Zimmermann became president of the section.

Network for Outcomes Research

President: Dr. Konstantin Dedes, University Hospital Zurich

New network president

In June the network elected Dr. Konstantin Dedes to succeed Prof. Dr. Bernhard Pestalozzi as president. Prof. Dr. Pestalozzi has been dedicated to outcomes research for many years.

Five publications based on outcomes research projects appeared in renowned journals in 2015 (see page 43 for details). Dr. Klazien Matter-Walstra, representing the network, presented a poster at the conference of the Swiss Academy of Medical Sciences (SAMS) with the title *"Less is more: A retrospective database study investigating days spent in acute care hospitals during the last 90 days of life of cancer patients from four Swiss cantons (SAKK 89/09)"* and won third prize for it.

Network for Cancer Predisposition Testing and Counseling

President: PD Dr. Pierre O. Chappuis,
University Hospital Geneva (HUG)

Clear trend towards more genetic counseling

The network developed a questionnaire to evaluate clinical activities in oncogenetics in the past two years (2013-2014). Twelve Swiss centers returned the questionnaire. In 2014 around 1000 new families were included (45 % more than in 2013) and more than 2200 genetic counseling sessions were provided (54 % more). The centers also performed 550 full investigations of predisposition for a familial cancer. This represents a 59 % increase.

Dr. Peter Durrer
Head of Quality Assurance
and Regulatory Affairs

Christoph Kolb
Head of Clinical Trial
Management

	2015	2014
Total patients from Switzerland	826	605
Total patients from foreign countries	93	102
Total	**919**	**707**

	Patients 2015	Trials 2015	Patients 2014	Trials 2014
Total patients in SAKK trials	655	21	518	23
Total patients in trials of cooperative groups (without IBCSG)	262	17	185	20
Total patients in IBCSG trials	2	2	4	2
Total	**919**	**40**	**707**	**45**

Retrospective studies, cohort studies and biobanks	Patients 2015	Patients 2014
EORTC 10085 PRO	16	11
T-Cell Project	5	4
SAKK 63/12	179	32
Total	**200**	**47**

Higher patient numbers again

We recorded a pleasing rise in patient numbers in 2015 – a total of 919 patients recruited into the open trials run by SAKK represented a substantial increase of 23 %. The Swiss member hospitals contributed 826 of these patients (a 26 % increase). These figures are all the more gratifying since five fewer studies were open for patient enrolment in 2015 than in 2014. We expect to see a further increase in 2016 in view of the large number of new trials that will be opening.

Successful kick-off Operational Meeting Trials

The current trial portfolio of SAKK reflects the wide variety of clinical trial activities focusing on cancer therapies. Increasing specialization is being flanked by growing complexity. It is therefore all the more important for a good and regular exchange of information to take place both within project teams and between these teams and the steering committees. In spring 2015 we introduced the *Operational Meeting Trials* to meet this need. This forum has brought about a substantial improvement in the dialogue between the operational teams and management, enabling priorities to be established jointly, corrective action to be instigated efficiently, resource bottlenecks to be eliminated and experience to be exchanged across teams.

Audits and inspections of phase I trials
SAKK is continuing to intensify the qualification of the SAKK centers that perform phase I trials. Five qualification and requalification audits were held in this context. At the end of 2015, six trial centers had been approved for phase I trials. Further centers will be added during 2016.

New requirements for investigator training from 2016
With the introduction of the Human Research Act, Swissethics revised the requirements for further training for investigators and produced a new catalogue of requirements. SAKK provides further training for investigators twice a year. We have adapted this training to the Swissethics requirements and had it approved by Swissethics. This enables SAKK investigators to attend recognized further training in GCP that covers the required content and is tailored to the performance of SAKK trials.

Introduction of an online portal for trial submissions
Almost two years after the new Human Research Act was introduced, the process for submitting trials to Ethics Committees is now being standardized. Since November 2015 it has been possible to submit research projects to Swiss Ethics Committees via the BASEC web portal *(Business Administration System for Ethics Committees)*. We hope that the launch of BASEC will reduce the administrative burden and, above all, that the Ethics Committees will continue to standardize the processes for handling and approving our trials.

Integration of the Safety Office
In response to the increasing pharmacovigilance requirements and SAKK's growing focus on phase I trials, a decision was taken to integrate the Safety Office, formerly part of the IBCSG, into the SAKK structures in QA&RA and to expand it. Good preparation and close cooperation ensured that the transfer from the IBSCSG to the SAKK Safety Office went smoothly. We would like to take this opportunity to thank the IBCSG for its support and effective partnership. This step has strengthened our pharmacovigilance expertise and it is enabling us to provide better support for our doctors in the trial centers and fulfil the regulatory requirements for the performance of our SAKK trials more effectively.

Dr. Dirk Klingbiel
Head of Statistics

Last year, 44 articles involving SAKK appeared in various scientific journals. The full list can be found on page 43. Highlights included publications on SAKK 16/00 in The Lancet, SAKK 17/04 in The Lancet Oncology and SAKK 09/10, SAKK 35/03 and SAKK 38/07 in the Journal of Clinical Oncology.

Presence at international congresses

SAKK was well represented at the major oncology congresses, including the meeting of the *American Society for Clinical Oncology ASCO*, the *European Cancer Congress ECC*, the *International Conference on Malignant Lymphoma ICML* and the *San Antonio Breast Cancer Conference*. A full list of presentations can be found on page 52.

New methods established

The Statistics department was represented at the conference of the IROeS (International Biometric Society Austro-Swiss and Italian Regions) in Milan, where we showed two posters on statistical methods. In addition, an internal working paper on randomization in phase II trials was completed in cooperation with the Board and will be used as a basis for trial development. Phase I trials were also a methodological priority. Here, the traditional 3+3 design is still widely used, despite being criticized in many quarters. Alternatives were examined in cooperation with the project group New Anticancer Drugs. Further consideration will be given to this subject in 2016 and a new SAKK standard will be established.

Successful presentations by statisticians

Last year, SAKK statisticians again provided training in the context of investigators education and internal further training at the Coordinating Center. In addition, Stefanie Hayoz was invited to speak at the meeting of the *Scientific Association of Swiss Radiation Oncology SASRO* in Basel, to much acclaim, and Dirk Klingbiel gave a presentation at the Oncolunch in Chur. The presentations were well received and will be continued. As part of our statistical advisory work, we were also able to assist with several non-SAKK projects and contribute to publications.

Flurina Hoffmann
Head of Fundraising
and Communications

Independent research needs third-party funding

The market environment for clinical cancer research has changed in recent years. For example, the costs of conducting clinical cancer trials have risen. In particular, the rules on patient safety and data quality have become tougher, and an increasing amount of information is required by the authorities.

The contributions defined in the service level agreement with the State Secretariat for Education, Research and Innovation (SERI) and the research contributions from the Swiss Cancer League and Swiss Cancer Research continue to form the basis of our research activity, together with trial-specific partnerships with pharmaceutical companies. Yet we need constant and extensive financial support if we are to promote new, evidence-based and independent research. This is why we are dependent on third-party funding and greatly appreciate regular cooperation with foundations. We would like to take this opportunity of mentioning in particular the long-standing cooperation with the Swiss Foundation for Clinical Cancer Research (SSKK), whose generous support makes it possible to implement trials for which funding would otherwise be incomplete. Another significant aspect is the strategic partnership with Gateway for Cancer Research and the Rising Tide Foundation for Clinical Cancer Research.

Record prize for innovative research

For the third time in succession, the SAKK/Gateway/RT F-CCR research prize was awarded as part of this strategic partnership. In time for the 50th anniversary of SAKK, the value of the award was increased from USD 450,000 to USD 1,500,000 with the aim of supporting projects undertaken by scientists who tackle critical challenges and advance clinical cancer research. The grant was awarded to Dr. phil. Sacha Rothschild, MD, of University Hospital Basel, PD Dr. Nicholas Mach, MD, of University Hospital Geneva, Prof. Adrian Ochsenbein, MD, of Inselspital Bern, Monica Ruggeri of the IBCSG Coordinating Center in Berne and Dr. Jordi Rodón of Vall d'Hebron University Hospital in Barcelona, Spain.

Raising public awareness of cancer research

Our anniversary year in 2015 enabled us to achieve some major successes in our public relations work. Various media reported both on the major anniversary event organized on the Bundesplatz in Berne on 20 May 2015 and on the many events organized by our members. We were mentioned over 50 times in the daily press as a result of the various activities organized throughout Switzerland and the efforts of our ambassadors. We are particularly proud of a full-page article in the Neue Zürcher Zeitung NZZ that described in detail the tasks and areas of involvement of SAKK to mark its anniversary.

Winner M. Ruggeri at the SAKK/ Gateway/RTF-CCR Award ceremony

Expanding professional media work

The professionalization of media work in the form of an internal editorial team tasked with identifying suitable content was another reason for the increased presence of SAKK in the daily press compared with previous years. In addition to media work we also continued to invest in online marketing. Our website remains a further important channel for disseminating content. Targeted search engine optimization activities combined with Google Grants enabled us to increase our number of visitors by 370 %. SAKK also supports the exchange of knowledge and the dissemination of research results by organizing symposia.

Balance sheet

As of December 31 (in CHF)	**2015**		**2014**	
Assets				
Cash and cash equivalents	8'088'479		6'286'815	
Accounts receivable	2'654'071		1'282'559	
Prepaid expenses and deferred income	335'534		731'938	
Total current assets	**11'078'083**	56.3 %	**8'301'311**	49.3 %
Financial assets	8'612'580		8'546'961	
Total fixed assets	**8'612'580**	43.7 %	**8'546'961**	50.7 %
Total assets	**19'690'663**	100.0 %	**16'848'272**	100.0 %
Liabilities				
Accounts payable	1'334'695		693'617	
Deferred income and accrued expenses	4'333'044		2'459'386	
Total short-term liabilities	**5'667'739**	28.8 %	**3'153'003**	18.7 %
Provisions for liability claims	608'156		608'156	
Other Provisions	300'000		-	
Total long-term liabilities	**908'156**	4.6 %	**608'156**	3.6 %
«Education Grant» fund	30'000		30'000	
«Special purpose» fund	44'747		135'963	
«Hubacher» fund	10'560'223		10'724'239	
Total special purpose fund capital	**10'634'971**	54.0 %	**10'890'202**	64.6 %
Organizational capital				
Free capital as at 1 January	2'196'912		2'344'233	
Group result	282'886		-147'321	
Free capital as at 31 December	2'479'798		2'196'912	
Securities fluctuation reserve	-		-	
Total organizational capital	**2'479'798**	12.6 %	**2'196'912**	13.0 %
Total liabilities	**19'690'663**	100.0 %	**16'848'272**	100.0 %

Statement of operations

January 1 to December 31 (in CHF)	**2015**		**2014**	
Operating income				
Research contributions SERI[1]	5'648'772		5'625'750	
Research contributions CLS[2]	200'000		297'400	
Research contributions CRS[3]	1'146'800		1'011'500	
Research contributions SSKK[4]	-		100'000	
Research contributions, third parties	1'013'719		495'089	
Research contributions, Swiss health insurers	998'947		157'753	
Income from industry partnerships	4'602'228		2'775'719	
Income from foreign study groups	28'165		102'253	
Income from Cancer Bulletin	287'038		306'488	
Donations, bequests, legacies	598'957		1'139'474	
Miscellaneous income	762'059		741'470	
Total operating income	**15'286'684**	100.0 %	**12'752'896**	100.0 %
Operating costs				
Miscellaneous study-related expenses	-960'734		-442'525	
Research contributions IBCSG[5]	-159'996		-160'000	
Research contributions, centres	-3'672'416		-3'582'049	
Travel, hospitality expenses	-396'507		-282'303	
Other operating expenses	-146'232		-73'139	
Total operating expenses	**-5'335'884**	-34.9 %	**-4'540'016**	-35.6 %
Interim result 1	**9'950'799**	65.1 %	**8'212'880**	64.4 %
Coordination expenses				
Personnel expenses	-7'787'140		-7'353'414	
Other coordination expenses	-1'856'723		-1'186'027	
Total coordination expenses	**-9'643'863**	-63.1 %	**-8'539'441**	-67.0 %
Interim result 2	**306'937**	2.0 %	**-326'561**	-2.6 %
Financial result				
Financial income	10'021		118'793	
Financial expenses	-37'271		-22'554	
Total financial result	**-27'251**	-0.2 %	**96'240**	0.8 %
Interim result 3	**-279'686**	1.8 %	**-230'321**	-1.8 %
Fund changes				
Write-back of provisions	-		83'000	
Write-back of funds	-		-	
Total fund changes	-	0.0 %	**83'000**	0.7 %
Interim result 4	**279'686**	1.8 %	**-147'321**	-1.2 %
Out-of-period result				
Out-of period income	3'200			
Out-of period expenses				
Total out-of-period result relating to a different accounting period	**3'200**	0.0 %	**-**	0.0 %
Annual result	**282'886**	1.9 %	**-147'321**	-1.2 %

1 State Secretariat for Education, Research and Innovation 2 Cancer league Switzerland 3 Cancer Research Switzerland
4 Swiss Foundation for Clinical Cancer Research 5 International Breast Cancer Study Group

Notes to the 2015 annual financial statements

As of December 31	2015	2014
Information compliant with Art. 957–962 SCO		
Number of personnel		
Bandwidth of full-time equivalents (average for year)	>50–250	>50–250
Valuation of assets at market value		
Financial investments at market value on 31.12	8'612'580 CHF	8'546'961 CHF
Auditors' fee		
Fee for auditing services	8'000 CHF	7'500 CHF
Fee for other services	6'500 CHF	-

The Board has decided to apply the new accounting legislation with effect from 1 January 2015. Previous years' figures have been brought into line with the new accounting legislation to ensure comparability. The 2014 annual financial statements approved by the General Assembly are legally authoritative.

Report of the auditor

An die Mitgliederversammlung der Schweizerischen Arbeitsgemeinschaft für klinische Krebsforschung SAKK, Bern

Bericht der Revisionsstelle zur Jahresrechnung
Als Revisionsstelle haben wir die beiliegende Jahresrechnung der Schweizerischen Arbeitsgemeinschaft für klinische Krebsforschung SAKK bestehend aus Bilanz, Betriebsrechnung, Geldflussrechnung, Rechnung über die Veränderung des Kapitals, Rechnung über die Veränderung der Fonds und Anhang für das am 31. Dezember 2015 abgeschlossene Geschäftsjahr geprüft.

Verantwortung des Vorstandes
Der Vorstand ist für die Aufstellung der Jahresrechnung in Übereinstimmung mit den gesetzlichen Vorschriften und den Statuten verantwortlich. Diese Verantwortung beinhaltet die Ausgestaltung, Implementierung und Aufrechterhaltung eines internen Kontrollsystems mit Bezug auf die Aufstellung einer Jahresrechnung, die frei von wesentlichen falschen Angaben als Folge von Verstössen oder Irrtümern ist. Darüber hinaus ist der Vorstand für die Auswahl und die Anwendung sachgemässer Rechnungslegungsmethoden sowie die Vornahme angemessener Schätzungen verantwortlich.

Verantwortung der Revisionsstelle
Unsere Verantwortung ist es, aufgrund unserer Prüfung ein Prüfungsurteil über die Jahresrechnung abzugeben. Wir haben unsere Prüfung in Übereinstimmung mit dem schweizerischen Gesetz und den Schweizer Prüfungsstandards vorgenommen. Nach diesen Standards haben wir die Prüfung so zu planen und durchzuführen, dass wir hinreichende Sicherheit gewinnen, ob die Jahresrechnung frei von wesentlichen falschen Angaben ist.

Eine Prüfung beinhaltet die Durchführung von Prüfungshandlungen zur Erlangung von Prüfungsnachweisen für die in der Jahresrechnung enthaltenen Wertansätze und sonstigen Angaben. Die Auswahl der Prüfungshandlungen liegt im pflichtgemässen Ermessen des Prüfers. Dies schliesst eine Beurteilung der Risiken wesentlicher falscher Angaben in der Jahresrechnung als Folge von Verstössen oder Irrtümern ein. Bei der Beurteilung dieser Risiken berücksichtigt der Prüfer das interne Kontrollsystem, soweit es für die Aufstellung der Jahresrechnung von Bedeutung ist, um die den Umständen entsprechenden Prüfungshandlungen festzulegen, nicht aber um ein Prüfungsurteil über die Wirksamkeit des internen Kontrollsystems abzugeben. Die Prüfung umfasst zudem die Beurteilung der Angemessenheit der angewandten Rechnungslegungsmethoden, der Plausibilität der vorgenommenen Schätzungen sowie eine Würdigung der Gesamtdarstellung der Jahresrechnung. Wir sind der Auffassung, dass die von uns erlangten Prüfungsnachweise eine ausreichende und angemessene Grundlage für unser Prüfungsurteil bilden.

Prüfungsurteil
Nach unserer Beurteilung entspricht die Jahresrechnung für das am 31. Dezember 2015 abgeschlossene Geschäftsjahr dem schweizerischen Gesetz und den Statuten.

Berichterstattung aufgrund weiterer gesetzlicher Vorschriften
Wir bestätigen, dass wir die gesetzlichen Anforderungen an die Zulassung gemäss Revisionsaufsichtsgesetz (RAG) und die Unabhängigkeit (Art. 728 OR) erfüllen und keine mit unserer Unabhängigkeit nicht vereinbaren Sachverhalte vorliegen.

In Übereinstimmung mit Art. 728a Abs. 1 Ziff. 3 OR und dem Schweizer Prüfungsstandard 890 bestätigen wir, dass ein gemäss den Vorgaben des Vorstandes ausgestaltetes internes Kontrollsystem für die Aufstellung der Jahresrechnung existiert.

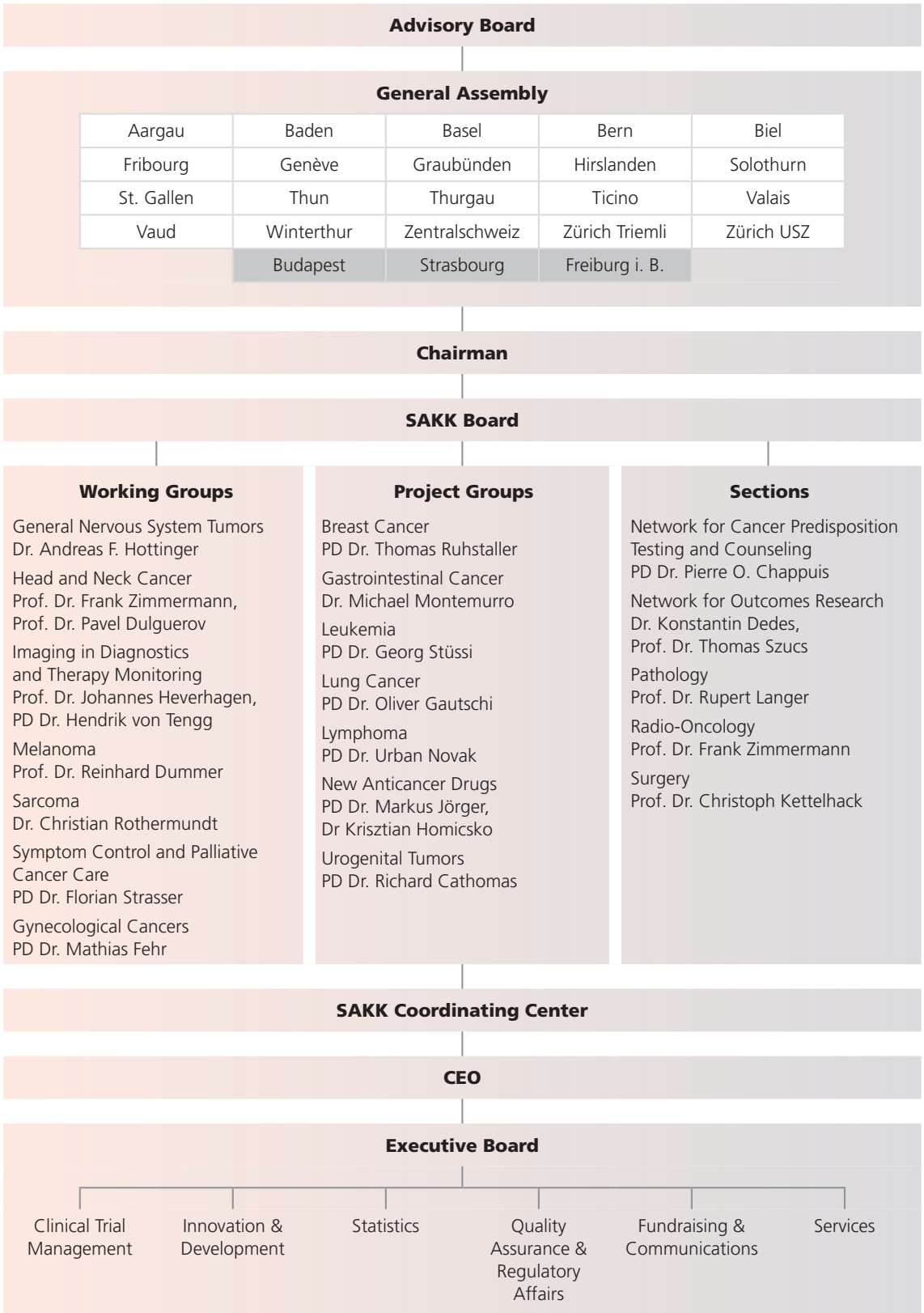
Bern, 13. März 2016

BDO AG

Matthias Hildebrandt
Leitender Revisor
Zugelassener
Revisionsexperte

ppa. Simon Kehrli
Zugelassener
Revisionsexperte

Organogram Swiss Group For Clinical Cancer Research (SAKK)



SAKK Board: **PD Dr. Ellen Obermann** University Hospital Basel, **Prof. Dr. Ludwig Plasswilm,** Cantonal Hospital St. Gallen, **Prof. Dr. Gabriela Baerlocher** Inselspital Bern, **Prof. Dr. Miklos Pless** Cantonal Hospital Winterthur, **Prof. Dr. Beat Thürlimann** Cantonal Hospital St. Gallen, **Prof. Dr. Bernhard Pestalozzi** University Hospital Zurich, **Prof. Dr. Stefan Aebi** Cantonal Hospital Lucerne, **PD Dr. Roger von Moos** Cantonal Hospital Chur, **Prof. Dr. Arnaud Roth** Hôpital Universitaire de Genève, **Prof. Dr. Cristiana Sessa** Oncology Institute of Southern Switzerland Bellinzona , **Prof. Dr. Walter R. Marti** Cantonal Hospital Aarau, **Prof. Dr. Viviane Hess** University Hospital Basel

Executive Board: Hans-Peter Röthlisberger, Dr. Peter Durrer, Flurina Hoffmann, Dr. Simona Berardi-Vilei, Christoph Kolb, Dr. Dirk Klingbiel, Dr. Peter Brauchli

The Swiss Group for Clinical Cancer Research SAKK expresses its gratitude!
In 2015 we were again able to conduct trials in over 50 centers in Switzerland and at various hospitals in other countries. A total of 919 patients were enrolled in clinical trials and in this way were given access to new treatment representing the best possible option according to present scientific knowledge.

This was only possible thanks to the generous support of our partner organizations, corporate partners, donors and institutional sponsors. We would also like to extend our sincere thanks to those who made a bequest to the Swiss Group for Clinical Cancer Research.

SAKK Industry Pool 2015
Sincere thanks go to the supporting pharmaceutical companies:

- Amgen Switzerland Ltd
- Ariad Pharmaceuticals
- Astellas Pharma Ltd
- AstraZeneca Ltd
- Baxalta Switzerland Ltd
- Bayer (Schweiz) AG
- Boehringer Ingelheim (Schweiz) GmbH
- Bristol-Myers Squibb SA
- Celgene GmbH
- Eli Lilly (Suisse) SA
- Genomic Health Intl' Sàrl
- Gilead Sciences Switzerland LLC
- Janssen-Cilag Ltd
- Jazz Pharmaceuticals
- Lipomed AG
- Merck (Switzerland) Ltd
- MSD Merck-Sharp&Dhome-Chibert AG
- Mundipharma Medical Company
- Novartis Pharma (Schweiz) Inc.
- Pfizer AG
- PharmaMar Ltd.
- Pierre Fabre Pharma Ltd
- Roche Pharma (Switzerland) Ltd
- Sandoz Pharmaceuticals AG
- Sanofi-Aventis (Schweiz) AG
- Spectrum Pharmaceuticals
- Takeda Pharma AG
- Teva Pharma Ltd
- Vifor Ltd.

Anniversary sponsors
Lead sponsors
- Amgen Switzerland Ltd
- Bayer (Schweiz) AG
- Celgene GmbH

Premium sponsors
- Astellas Pharma Ltd
- AstraZeneca Ltd
- Novartis Pharma (Schweiz) Inc.
- Roche Pharma (Switzerland) Ltd

Classic sponsors
- Janssen-Cilag Ltd

Donors
- Takeda Pharma AG
- Teva Pharma Ltd

Contributions from the public sector and third parties
- Bequests
- Foundation for the fight against cancer
- Gateway for Cancer Research
- Private donors
- Rising Tide Foundation for Clinical Cancer Research
- State Secretariat for Education, Research and Innovation (SERI)
- Swiss Cancer League
- Swiss Cancer Research Foundation
- Swiss Clinical Cancer Research Foundation
- Zurich Cancer League

Account for donations to SAKK:
PC 60-295422-0

Conducted trials 2015

Trials activated in 2015

Trial name	Trial title	Activated	Coordinating Investigator
Breast Cancers			
SAKK 23/13	Impact of a Surgical Sealing Patch on Lymphatic Drainage after Axillary Lymph Node Dissection for Breast Cancer. A Multicenter Randomized Phase III Trial.	18.03.2015	Walter P. Weber
SAKK 25/14	Eribulin as 1st line treatment in elderly patients (≥ 70 years) with advanced breast cancer: a multicenter phase II trial.	11.08.2015	Ursula Hasler-Strub
IBCSG 50-14 BIG 6-13 OLYMPIA	A randomised, double-blind, parallel group, placebocontrolled multicentre Phase III study to assess the efficacy and safety of olaparib vs placebo as adjuvant treatment in patients with high risk germline BRCA mutated HER2-negative breast cancer who have completed definitive local and systemic neoadjuvant/adjuvant treatment.	23.11.2015	Urban Novak
Gastrointestinal Cancers			
PROSPECT	A phase II/III trial of neoadjuvant folfox, with selective use of combined modality chemoradiation vs. preoperative combined modality chemoradiation for locally advanced rectal cancer patients undergoing low anterior resection with total mesorectal excision.	02.07.2015	Michael Montemurro
Leukemias			
SAKK 33/14	Effects of sympathicomimetic agonists on the disease course and mutant allele burden in patients with JAK2-mutated myeloproliferative neoplasms. A multicenter phase II trial.	23.04.2015	Jakob Passweg
HOVON 132	Randomized study with a run-in dose-selection phase to assess the added value of lenalidomide in combination with standard remission-induction chemotherapy and post-remission treatment in patients aged 18-65 years with previously untreated acute myeloid leukemia (AML) or high risk myelodysplasia (MDS) (IPSS-R risk score > 4.5).	04.05.2015	Thomas Pabst
Lung Cancers			
EORTC Lung Art	Phase III study comparing post-operative conformal radiotherapy to no post-operative radiotherapy in patients with completely resected non-small cell lung cancer and mediastinal N2 involvement.	18.05.2015	Oliver Riesterer
ETOP SPLENDOUR	A randomised, open-label phase III trial evaluating the addition of denosumab to standard first-line anticancer treatment in advanced NSCLC.	12.01.2015	Solange Peters
Lymphomas			
SAKK 35/14	Rituximab with or without ibrutinib for untreated patients with advanced follicular lymphoma in need of therapy. A randomized, double-blinded, SAKK and NLG collaborative Phase II trial.	15.10.2015	Emanuele Zucca

SAKK 36/13	Combination of ibrutinib and Bortezomib followed by ibrutinib maintenance to treat patients with relapsed and refractory mantle cell lymphoma. A multi-center Phase I/II trial.	11.08.2015	Urban Novak
Urogenital Cancers			
SAKK 06/14	A phase I/II open label clinical trial assessing safety and efficacy of intravesical instillation of VPM1002BC in patients with recurrent non-muscle invasive bladder cancer after standard BCG therapy.	07.09.2015	Cyrill Rentsch

Trials open for accrual in 2015

Trial name	Trial title	Activated	Coordinating Investigator
Breast Cancers			
SAKK 22/10	A randomized phase II trial of pertuzumab in combination with trastuzumab with or without chemotherapy, both followed by T-DM1 in case of progression, in patients with HER2-positive metastatic breast cancer.	29.04.2013	Patrik Weder
SAKK 23/13	Impact of a Surgical Sealing Patch on Lymphatic Drainage after Axillary Lymph Node Dissection for Breast Cancer. A Multicenter Randomized Phase III Trial.	18.03.2015	Walter P. Weber
SAKK 25/14	Eribulin as 1st line treatment in elderly patients (≥ 70 years) with advanced breast cancer: a multicenter phase II trial.	11.08.2015	Ursula Hasler-Strub
SAKK 96/12	Prevention of Symptomatic Skeletal Events with Denosumab Admin-istered every 4 Weeks versus every 12 Weeks – A Non-Inferiority Phase III Trial.	16.07.2014	Roger von Moos
EORTC 10085 PRO	EORTC 10085 prospective part, Clinical and biological characterization of Male Breast Cancer: an international EORTC, BIG and NABCG intergroup study.	02.07.2014	Stefan Aebi
IBCSG 48-14 POSITIVE	A study evaluating the pregnancy outcomes and safety of interrupting endocrine therapy for young women with endocrine responsive breast cancer who desire pregnancy.	02.12.2014	Olivia Pagani
IBCSG 50-14 BIG 6-13 OLYMPIA	A randomised, double-blind, parallel group, placebocont-rolled multi-centre Phase III study to assess the efficacy and safety of olaparib vs placebo as ad-juvant treatment in patients with high risk germline BRCA mutated HER2-negative breast cancer who have completed definitive local and systemic neoadjuvant/adjuvant treatment.	23.11.2015	Urban Novak

Trial name	Trial title	Activated	Coordinating Investigator
Gastrointestinal Cancers			
PROSPECT	A phase II/III trial of neoadjuvant folfox, with selective use of combined modality chemoradiation vs. preoperative combined modality chemoradiation for locally advanced rectal cancer patients undergoing low anterior resection with total mesorectal excision.	02.07.2015	Michael Montemurro
Gynaecological cancers			
INOVATYON	Phase III international, randomized study of trabectedin plus Pegy-lated Liposomal Doxorubicin (PLD) versus Carboplatin plus PLD in patients with ovarian cancer progressing within 6-12 months of last platinum.	28.03.2014	Cristiana Sessa
Mito/Mango 16b	A multicenter phase III randomized study with second line chemotherapy plus or minus bevacizumab in patients with platinum sensitive epithelial ovarian cancer recurrence after a bevacizumab/chemotherapy first line.	17.12.2013	Cristiana Sessa
Leukemias			
SAKK 33/14	Effects of sympathicomimetic agonists on the disease course and mutant allele burden in patients with JAK2-mutated myeloproliferative neoplasms. A multi-center phase II trial.	23.04.2015	Jakob Passweg
APL 2006	Randomized phase III trial assessing the role of arsenic trioxide and/or ATRA during consolidation course in newly diagnosed acute promyelocytic leukemia (APL).	08.04.2008	Olivier Spertini
CML V	Treatment optimization of newly diagnosed Ph/BCR-ABL positive patients with chronic myeloid leukemia (CML) in chronic phase with nilotinib vs. nilo-tinib plus interferon alpha induction and nilotinib or interferon alpha mainte-nance therapy.	14.02.2014	Gabriela Baerlocher
EBMT HCT vs CT	Compare conventinal chemotherapy to low dose total body irradiation-based conditioning and hematopoietic cell transplantation as consolidation therapy.	12.07.2011	Yves Chalandon
HOVON 103-tosedostat	A randomized phase II multicenter study with a safety run-in to assess the tolerability and efficacy of the addition of oral tosedostat to standard induction chemo-therapy in AML and high risk myelodysplasia (MDS) (IPSS-R > 4.5) in patients aged ≥ 66.	12.11.2014	Stüssi Georg
HOVON 132	Randomized study with a run-in dose-selection phase to assess the added value of lenalidomide in combination with standard remission-induction che-motherapy and post-remission treatment in patients aged 18-65 years with previously untreated acute myeloid leukemia (AML) or high risk myelodysplasia (MDS) (IPSS-R risk score > 4.5).	04.05.2015	Thomas Pabst

Lung Cancers			
SAKK 15/12	Early prophylactic cranial irradiation with hippocampal avoidance in patients with limited disease small-cell lung cancer. A multicenter phase II trial.	11.07.2014	Hansjörg Vees
SAKK 16/08	Preoperative chemotherapy and radiotherapy with concomitant Cetuximab in non-small cell lung cancer (NSCLC) patients with IIIB disease. A multicenter phase II trial.	03.05.2010	Solange Peters
EORTC Lung Art	Phase III study comparing post-operative conformal radiotherapy to no post-operative radiotherapy in patients with completely resected non-small cell lung cancer and mediastinal N2 involvement.	18.05.2015	Oliver Riesterer
ETOP SPLENDOUR	A randomised, open-label phase III trial evaluating the addition of denosumab to standard first-line anticancer treatment in advanced NSCLC.	12.01.2015	Solange Peters
Lymphomas			
SAKK 35/14	Rituximab with or without ibrutinib for untreated patients with advanced follicular lymphoma in need of therapy. A randomized, double-blinded, SAKK and NLG collaborative Phase II trial.	15.10.2015	Emanuele Zucca
SAKK 36/13	Combination of ibrutinib and bortezomib followed by ibrutinib maintenance to treat patients with relapsed and refractory mantle cell lymphoma. A multi-center Phase I/II trial.	11.08.2015	Urban Novak
SAKK 39/10	Nelfinavir and lenalidomide/dexamethasone in patients with progressive multiple myeloma that have failed lenalidomide-containing therapy. A single arm phase I/II trial.	23.02.2012	Felicitas Hitz
SAKK 39/13	Nelfinavir as Bortezomib-sensitizing drug in patients with proteasome inhibitor-nonresponsive myeloma.	02.12.2014	Christoph Driessen
HD 17	Treatment optimization trial in the first-line treatment of intermediate stage Hodgkin lymphoma; stratification of radiotherapy (involved field, involved node or none) by means of FDG-PET.	13.02.2013	Andreas Lohri
T-cell project	Prospective collection of data in patients with peripheral T-cell lymphoma.	26.07.2006	Simona Berardi Vilei
IELSG-37	A randomized, open-label, multicentre, two-arm phase III comparative study assessing the role of involved mediastinal radiotherapy after Rituximab containing chemotherapy regimens to patients with newly diagnosed Primary Mediastinal Large B-Cell Lymphoma (PMLBCL).	15.11.2011	Emanuele Zucca

Trial name	Trial title	Activated	Coordinating Investigator
New Drugs			
SAKK 66/12	A Phase I, open-label, multi-center, dose escalation study of oral CGM097, a p53/HDM2-interaction inhibitor, in adult patients with selected advanced solid tumors characterized by wild-type TP53.	28.03.2013	Reinhard Dummer
SAKK 66/13	INC280 Combination with BKM120 for glioblastoma patients, Phase I/II trial.	16.12.2013	Markus Jörger
SAKK 69/13	Phase IB of oral BGJ398 (pan FGFR inhibitor) and oral BYL719 (a specific PI3K inhibitor) in adult patients with selected solid tumors.	21.02.2014	Cristiana Sessa
Urogenital Cancers			
SAKK 01/10	Involved Node Radiotherapy and Carboplatin Chemotherapy in Stage IIA/B Seminoma.	15.06.2012	Alexandros Papachristofilou
SAKK 06/14	A phase I/II open label clinical trial assessing safety and efficacy of intravesical instillation of VPM1002BC in patients with recurrent non-muscle invasive bladder cancer after standard BCG therapy.	07.09.2015	Cyrill Rentsch
SAKK 63/12	Prospective cohort study with collection of clinical data and serum of patients with prostate disease.	15.10.2014	Daniel Engeler
SAKK 96/12	Prevention of Symptomatic Skeletal Events with Denosumab Administered every 4 Weeks versus every 12 Weeks – A Non-Inferiority Phase III Trial.	16.07.2014	Roger von Moos
STAMPEDE	Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy A 5-stage multi-arm randomised controlled trial.	11.01.2010	George Thalmann

Trials closed for accrual in 2015

Trial name	Trial title	Activated	Closed	Coordinating Investigator
Breast Cancers				
SAKK 21/12 Phase I	A Phase I and stratified, multicenter Phase II trial of transdermal CR1447 (4-OH-testosterone) in endocrine responsive-HER2 negative and triple negative-androgen receptor positive metastatic or locally advanced breast cancer.	14.04.2014	10.03.2015	Martin Zweifel
Gastrointestinal Cancers				
SAKK 41/10	Cetuximab Monotherapy versus Cetuximab plus Capecitabine as first-line treatment in elderly patients with KRAS wild-type metastatic colorectal cancer.	29.10.2012	15.01.2015	Dirk Kienle
Lymphomas				
HD 16	HD16 for early stages: Treatment optimization trial in the first-line treatment of early stage Hodgkin lymphoma; treatment stratification by means of FDG-PET.	28.10.2010	13.08.2015	Andreas Lohri
REMoDL-B	A randomised evaluation of Molecular guided therapy for Diffuse Large B-Cell Lymphoma with Bortezomib (phase III).	23.08.2012	12.06.2015	Christoph Mamot
New Drugs				
SAKK 67/13	Phase I study of oral PQR309 in Patients with Advanced Solid Tumors.	17.12.2013	17.03.2015	Andreas Wicki
SAKK 65/12	Phase I study of LDE225 in combination with Paclitaxel in patients with advanced solid tumors.	17.09.2013	30.06.2015	Anastasios Stathis

Accrual numbers per disease and member

Urogenital Cancers	Lung Cancers	Breast Cancers	Leukemias	Lymphomas	Gastrointestinal Cancers	Gynaecological cancers	New Drugs*	**Total**		
294	**80**	**275**	**141**	**91**	**7**	**19**	**19**	**919**		
6	0	6	15	7	0	0	0	**34**	**Aargau**	**Aarau Kantonsspital Olten Kantonsspital**
11	0	9	1	0	0	0	0	**21**	**Baden**	**Kantonsspital**
36	0	20	22	7	0	1	1	**86**	**Basel**	**Universitätsspital Liestal Kantonsspital Claraspital**
15	6	7	23	17	0	0	0	**68**	**Bern**	**Inselspital Oncocare Sonnenhof-Klinik Engeried Engeriedspital**
5	0	1	0	0	0	0	0	**6**	**Biel**	**Spitalzentrum AG**
2	10	2	4	2	0	0	0	**20**	**Fribourg**	**Hôpital Fribourgeois**
2	4	6	8	2	0	0	0	**22**	**Genève**	**Hôpital Universitaire Genève**
55	17	15	0	6	1	1	1	**95**	**Graubünden**	**Chur Kantonsspital**
9	1	17	0	1	1	0	0	**29**	**Hirslanden**	**Zürich Hirslandenklinik Brustzentrum Zürich Seefeld Aarau Hirslandenklinik Zürich im Park**
1	0	0	0	1	0	0	0	**2**	**Solothurn**	**Solothurner Spitäler AG (soH)**
86	1	35	5	20	0	5	6	**156**	**St. Gallen**	**Kantonsspital ZeTuP**
6	6	6	0	1	0	0	0	**19**	**Thun**	**Spital STS AG Radio-Onkologie Berner Oberland**
4	0	13	2	0	0	3	0	**22**	**Thurgau**	**Frauenfeld Kantonsspital Münsterlingen Kantonsspital Brustzentrum Thurgau**
5	1	17	8	7	1	7	3	**47**	**Ticino**	**IOSI Varini&Calderoni Oncology Fondazione Oncologia**
9	0	7	0	2	0	0	0	**18**	**Valais**	**Sion CHCVS Brig SZO**
4	5	1	15	0	3	0	1	**29**	**Vaud**	**Lausanne CHUV Centre de Chimiothérapie Anti-Cancéreuse CCAC**
3	17	15	0	3	1	2	0	**41**	**Winterthur**	**Kantonsspital**
15	6	8	10	7	0	0	1	**46**	**Zentralschweiz**	**Luzern Kantonsspital**
3	0	3	1	0	0	0	0	**7**	**Zürich Triemli**	**Zürich Triemli**
1	6	12	27	8	0	0	4	**58**	**Zürich USZ**	**Zürich Universitätsspital Brust-Zentrum Frauenklinik**
16	0	75	0	0	0	0	2	**93**	**Foreign Countries**	

*Including 7 patients from SAKK 06/14, 21/12, 36/13

Publications of SAKK and cooperative groups 2015

Trial	Trial title	Authors	Published	Journal	IF*
Breast Cancers					
SAKK 21/08	Fulvestrant with or without selumetinib, a MEK 1/2 inhibitor, in breast cancer progressing after aromatase inhibitor therapy: A multicentre randomised placebo-controlled double-blind phase II trial, SAKK 21/08.	Zaman K, Winterhalder R, Mamot C, Hasler-Strub U, Rochlitz C, Mueller A, Berset C, Wiliders H, Perey L, Rudolf CB, Hawle H, Rondeau S, Neven P.	16.04.2015	EUR J CANCER	5.42
SAKK 28/12	Standardization for Ki-67 Assessment in Moderately Differentiated Breast Cancer. A Retrospective Analysis of the SAKK 28/12 Study.	Varga Z, Cassoly E, Li Q, Oehlschlegel C, Tapia C, Lehr HA, Klingbiel D, Thürlimann B, Ruhstaller T.	17.04.2015	PLOS One	3.23
BIG 1-98	CYP19A1 polymorphisms and clinical outcomes in postmenopausal women with hormone receptor-positive breast cancer in the BIG 1-98 trial.	Leyland-Jones B, Gray KP, Abramovitz M, Bouzyk M, Young B, Long B, Kammler R, Dell'Orto P, Biasi MO, Thürlimann B, Lyng MB, Ditzel HJ, Harvey VJ, Neven P, Treilleux I, Rasmussen BB, Maibach R, Price KN, Coates AS, Goldhirsch A, Pagani O, Viale G, Rae JM, Regan MM.	03.05.2015	BR J HAEMATOL	4.71
BIG 1-98	Relative Effectiveness of Letrozole Compared With Tamoxifen for Patients With Lobular Carcinoma in the BIG 1-98 trial.	Metzger Filho O, Giobbie-Hurder A, Mallon E, Gusterson B, Viale G, Winer EP, Thürlimann B, Gelber RD, Colleoni M, Ejlertsen B, Debled M, Price KN, Regan MM, Coates AS, Goldhirsch A.	27.07.2015	J CLIN ONCOL	18.4
BIG 1-98	ESR1 and ESR2 polymorphisms in the BIG 1-98 trial comparing adjuvant letrozole versus tamoxifen or their sequence for early breast cancer.	Leyland-Jones B, Gray KP, Abramovitz M, Bouzyk M, Young B, Long B, Kammler R, Dell'Orto P, Biasi MO, Thürlimann B, Harvey V, Neven P, Arnould L, Maibach R, Price KN, Coates AS, Goldhirsch A, Gelber RD, Pagani O, Viale G, Rae JM, Regan MM; BIG 1-98 Collaborative Group.	21.11.2015	BREAST CANCER RES TR	3.94
BIG 1-98	Outcomes of special histotypes of breast cancer after adjuvant endocrine therapy with letrozole or tamoxifen in the monotherapy cohort of the BIG 1-98 trial.	Munzone E, Giobbie-Hurder A, Gusterson BA, Mallon E, Viale G, Thürlimann B, Ejlertsen B, MacGrogan G, Bibeau F, Lelkaitis G, Price KN, Gelber RD, Coates AS, Goldhirsch A, Colleoni M; International Breast Cancer Study Group and the BIG 1-98 Collaborative Group.	19.09.2015	ANN ONCOL	7.04

Trial	Trial title	Authors	Published	Journal	IF*
BIG 2-98	Final 10-year results of the Breast International Group 2-98 phase III trial and the role of Ki67 in predicting benefit of adjuvant docetaxel in patients with oestrogen receptor positive breast cancer.	Sonnenblick A, Francis PA, Azim HA Jr, de Azambuja E, Nordenskjöld B, Gutiérez J, Quinaux E, Mastropasqua MG, Ameye L, Anderson M, Lluch A, Gnant M, Goldhirsch A, Di Leo A, Barnadas A, Cortes-Funes H, Piccart M, Crown J.	11.06.2015	EUR J CANCER	5.42
EBCTCG	Aromatase inhibitors versus tamoxifen in early breast cancer: patient-level meta-analysis of the randomised trials. Early Breast Cancer Trialists' Collaborative Group (EBCTCG.	Dowsett M, Forbes JF, Bradley R, Ingle J, Aihara T, Bliss J, Boccardo F, Coates A, Coombes RC, Cuzick J, Dubsky P, Gnant M, Kaufmann M, Kilburn L, Perrone F, Rea D, Thürlimann B, van de Velde C, Pan H, Peto R, Davies C, Gray R.	03.10.2015	LANCET	19.2
EORTC 10994/BIG 1-00	Tumour size is the only predictive factor of distant recurrence after pathological complete response to neoadjuvant chemotherapy in patients with large operable or locally advanced breast cancers: a substudy of EORTC 10994/BIG 1-00 phase III trial.	Fei F, Messina C, Slaets L, Chakiba C, Cameron D, Bogaerts J, Bonnefoi H.	08.01.2015	EUR J CANCER	5.42
IBCSG 22-00	Clinical overview of metronomic chemotherapy in breast cancer.	Munzone E, Colleoni M.	04.08.2015	NAT REV CLIN ONCOL	14.2
IBCSG 34-05	Goserelin for ovarian protection during breast cancer adjuvant chemotherapy.	Moore HC, Unger JM, Phillips KA, Boyle F, Hitre E, Porter D, Francis PA, Goldstein LJ, Gomez HL, Vallejos CS, Partridge AH, Dakhil SR, Garcia AA, Gralow J, Lombard JM, Forbes JF, Martino S, Barlow WE, Fabian CJ, Minasian L, Meyskens FL Jr, Gelber RD, Hortobagyi GN, Albain KS; the POEMS/S0230 Investigators.	05.03.2015	N ENGL J MED	55.9
IBCSG 34-04	Treatment-associated musculoskeletal and vasomotor symptoms and relapse-free survival in the NCIC CTG MA.27 adjuvant breast cancer aromatase inhibitor trial.	Stearns V, Chapman JA, Ma CX, Ellis MJ, Ingle JN, Pritchard KI, Budd GT, Rabaglio M, Sledge GW, Le Maitre A, Kundapur J, Liedke PER, Shepherd LE, Goss PE.	20.01.2015	J CLIN ONCOL	18.4
IBCSG TEXT & SOFT	Predictive value and clinical utility of centrally assessed ER, PgR, and Ki-67 to select adjuvant endocrine therapy for premenopausal women with hormone receptor-positive, HER2-negative early breast cancer: TEXT and SOFT trials.	Regan MM, Pagani O, Francis PA, Fleming GF, Walley BA, Kammler R, Dell'Orto P, Russo L, Szöke J, Doimi F, Villani L, Pizzolitto S, Öhlschlegel C, Sessa F, Peg Cámara V, Rodríguez Peralto JL, MacGrogan G, Colleoni M, Goldhirsch A, Price KN, Coates AS, Gelber RD, Viale G; SOFT and TEXT Investigators and International Breast Cancer Study Group.	22.10.2015	BREAST CANCER RES TR	3.94

IBCSG TEXT & SOFT	Patient-reported outcomes with adjuvant exemestane versus tamoxifen in premenopausal women with early breast cancer undergoing ovarian suppression (TEXT and SOFT): a combined analysis of two phase 3 randomised trials.	Bernhard J, Luo W, Ribi K, Colleoni M, Burstein HJ, Tondini C, Pinotti G, Spazzapan S, Ruhstaller T, Puglisi F, Pavesi L, Parmar V, Regan MM, Pagani O, Fleming GF, Francis PA, Price KN, Coates AS, Gelber RD, Goldhirsch A, Walley BA.	16.07.2015	LANCET ONCOL	24.7
IBCSG	Trastuzumab retreatment following adjuvant trastuzumab and the importance of distant disease-free interval: the HERA trial experience.	Metzger-Filho O, de Azambuja E, Procter M, Krieguer M, Smith I, Baselga J, Cameron D, Untch M, Jackisch C, Bell R, Gianni L, Goldhirsch A, Piccart M, Gelber RD; HREA Study Team.	26.12.2015	BREAST CANCER RES TR	3.94
IBIS-I	Tamoxifen for prevention of breast cancer: extended long-term follow-up of the IBIS-I breast cancer prevention trial.	Cuzick J, Sestak I, Cawthorn S, Hamed H, Holli K, Howell A, Forbes JF; IBIS-I Investigators.	16.01.2015	LANCET ONCOL	24.7
Gastrointestinal Cancers					
SAKK 43/99	Pre-operative versus post-operative docetaxel-cisplatin-fluorouracil (TCF) chemotherapy in locally advanced resectable gastric carcinoma: 10-year follow-up of the SAKK 43/99 phase III trial.	Fazio N, Biffi R, Maibach R, Hayoz S, Thierstein S, Brauchli P, Bernhard J, Stupp R, Andreoni B, Renne G, Crosta C, Morant R, Chiappa A, Luca F, Zampino MG, Huber O11, Goldhirsch A, de Braud F, Roth AD; Swiss Group for Clinical Cancer Research (SAKK) and the European Institute of Oncology (IEO), Milan, Italy.	27.12.2015	ANN ONCOL	7.04
SAKK 41/06	Bevacizumab continuation versus no continuation after first-line chemotherapy plus bevacizumab in patients with metastatic colorectal cancer: a randomized phase III non-inferiority trial (SAKK 41/06).	Koeberle D, Betticher DC, von Moos R, Dietrich D, Brauchli P, Baertschi D, Matter K, Winterhalder R, Borner M, Anchisi S, Moosmann P, Kollar A, Saletti P, Roth A, Frueh M, Kueng M, Popescu RA, Schacher S, Hess V, Herrmann R.	20.01.2015	ANN ONCOL	7.04
SAKK 60/00	Single Nucleotide Polymorphism (rs4932178) in the P1 Promoter of FURIN Is Not Prognostic to Colon Cancer.	Declercq J, Jacobs B, Biesmans B, Roth A, Klingbiel D, Tejpar S, Creemers JW.	07.06.2015	BIOMED RESEARCH INT.	3.17
CAPP2	Obesity, Aspirin, and Risk of Colorectal Cancer in Carriers of Hereditary Colorectal Cancer: A Prospective Investigation in the CAPP2 Study.	Movahedi M, Bishop DT, Macrae F, Mecklin JP, Moeslein G, Olschwang S, Eccles D, Evans DG, Maher ER, Bertario L, Bisgaard ML, Dunlop MG, Ho JW, Hodgson SV, Lindblom A, Lubinski J, Morrison PJ, Murday V, Ramesar RS, Side L, Scott RJ, Thomas HJ, Vasen HF, Burn J, Mathers JC.	17.08.2015	J CLIN ONCOL	18.4
Review	Oesophageal cancer: exploring controversies overview of experts' opinions of Austria, Germany, France, Netherlands and Switzerland.	Putora PM, Bedenne L, Budach W, Eisterer W, Van Der Gaast A, Jäger R, Van Lanschot JJ, Mariette C, Schnider A, Stahl M, Ruhstaller T.	21.05.2015	RADIAT ONCOL	2.55

Trial	Trial title	Authors	Published	Journal	IF*
Head and Neck Cancers					
SAKK 10/94	Impact of weight loss on survival after chemoradiation for locally advanced head and neck Cancer: secondary results of a randomized phase III trial (SAKK 10/94).	Ghadjar P, Hayoz S, Zimmermann F, Bodis S, Kaul D, Badakhshi H, Bernier J, Studer G, Plasswilm L, Budach V, Aebersold DM; For the Swiss Group for Clinical Cancer Research (SAKK).	17.01.2015	RADIAT ONCOL	2.55
Leukemias					
CML	Impact of comorbidities on overall survival in patients with chronic myeloid leukemia: results of the randomized CML study IV.	Saussele S, Krauss MP, Hehlmann R, Lauseker M, Proetel U, Kalmanti L, Hanfstein B, Fabarius A, Kraemer D, Berdel WE, Bentz M, Staib P, de Wit M, Wernli M, Zettl F, Hebart HF, Hahn M, Heymanns J, Schmidt-Wolf I, Schmitz N, Eckart MJ, Gassmann W, Bartholomäus A, Pezzutto A, Leibundgut EO, Heim D, Krause SW, Burchert A, Hofmann WK, Hasford J, Hochhaus A, Pfirrmann M, Müller MC.	02.07.2015	BLOOD	10.5
CML	Impact of unbalanced minor route versus major route karyotypes at diagnosis on prognosis of CML.	Fabarius A, Kalmanti L, Dietz CT, Lauseker M, Rinaldetti S, Haferlach C, Göhring G, Schlegelberger B, Jotterand M, Hanfstein B, Seifarth W, Hänel M, Köhne CH, Lindemann HW, Berdel WE, Staib P, Müller MC, Proetel U, Balleisen L, Goebeler ME, Dengler J, Falge C, Kanz L, Burchert A, Kneba M, Stegelmann F, Pfreundschuh M, Waller CF, Spiekermann K, Brümmendorf TH, Edinger M, Hofmann WK, Pfirrmann M, Hasford J, Krause S, Hochhaus A, Saußele S, Hehlmann R.	18.09.2015	ANN HEMATOL	2.63
CML	Clonal Evolution and Blast Crisis Correlate with Enhanced Proteolytic Activity of Separase in BCR-ABL b3a2 Fusion Type CML under Imatinib Therapy.	Haaß W, Kleiner H, Weiß C, Haferlach C, Schlegelberger B, Müller MC, Hehlmann R, Hofmann WK, Fabarius A, Seifarth W.	18.06.2015	PLOS One	3.23
CML	Safety and efficacy of imatinib in CML over a period of 10 years: data from the randomized CML-study IV.	Kalmanti L, Saussele S, Lauseker M, Müller MC, Dietz CT, Heinrich L, Hanfstein B, Proetel U, Fabarius A, Krause SW, Rinaldetti S, Dengler J, Falge C, Oppliger-Leibundgut E, Burchert A, Neubauer A, Kanz L, Stegelmann F, Pfreundschuh M, Spiekermann K, Scheid C, Pfirrmann M, Hochhaus A, Hasford J, Hehlmann R.	29.05.2015	LEUKEMIA	10.4

GRAALL-2003/2005	Role of allogeneic stem cell transplantation in adult patients with Ph-negative acute lymphoblastic leukemia.	Dhédin N, Huynh A, Maury S, Tabrizi R, Beldjord K, Asnafi V, Thomas X, Chevallier P, Nguyen S, Coiteux V, Bourhis JH, Hichri Y, Escoffre-Barbe M, Reman O, Graux C, Chalandon Y, Blaise D, Schanz U, Lhéritier V, Cahn JY, Dombret H, Ifrah N.	13.01.2015	BLOOD	10.5
GRAALL	Randomized study of reduced-intensity chemotherapy combined with imatinib in adults with Ph-positive acute lymphoblastic leukemia.	Chalandon Y, Thomas X, Hayette S, Cayuela JM, Abbal C, Huguet F, Raffoux E, Leguay T, Rousselot P, Lepretre S, Escoffre-Barbe M, Maury S, Berthon C, Tavernier E, Lambert JF13, Lafage-Pochitaloff M, Lhéritier V, Chevret S, Ifrah N, Dombret H.	15.04.2015	BLOOD	10.5
HOVON	Resistance prediction in AML: analysis of 4601 patients from MRC/NCRI, HOVON/SAKK, SWOG and MD Anderson Cancer Center.	Walter RB, Othus M, Burnett AK, Löwenberg B, Kantarjian HM, Ossenkoppele GJ, Hills RK, Ravandi F, Pabst T, Evans A, Pierce SR, Vekemans MC, Appelbaum FR, Estey EH.	01.08.2015	LEUKEMIA	10.4
HOVON	Empiric Definition of Eligibility Criteria for Clinical Trials in Relapsed/Refractory Acute Myeloid Leukemia: Analysis of 1,892 Patients from HOVON/SAKK and SWOG.	Walter RB, Othus M, Löwenberg B, Ossenkoppele GJ, Petersdorf SH, Pabst T, Vekemans MC, Appelbaum FR, Erba HP, Estey EH.	09.07.2015	HAEMATOLOGICA	5.81
HOVON	Comparative therapeutic value of post-remission approaches in patients with acute myeloid leukemia aged 40-60 years.	Cornelissen JJ, Versluis J, Passweg JR, van Putten WL, Manz MG, Maertens J, Beverloo HB, Valk PJ, van Marwijk Kooy M, Wijermans PW, Schaafsma MR, Biemond BJ, Vekemans MC, Breems DA, Verdonck LF, Fey MF, Jongen-Lavrencic M, Janssen JJ, Huls G, Kuball J, Pabst T, Graux C, Schouten HC, Gratwohl A, Vellenga E, Ossenkoppele G, Löwenberg B; HOVON; SAKK Leukemia Groups.	29.05.2015	LEUKEMIA	10.4
HOVON	Post-remission treatment with allogeneic stem cell transplantation in patients aged 60 years and older with acute myeloid leukemia: a time-dependent analysis.	Versluis J, Hazenberg CL, Passweg JR, van Putten WL, Maertens J, Biemond BJ, Theobald M, Graux C, Kuball J, Schouten HC, Pabst T, Löwenberg B, Ossenkoppele G, Vellenga E, Cornelissen JJ; HOVON and SAKK Leukemia Groups.	22.10.2015	LANCET HAEMATOL	0

Trial	Trial title	Authors	Published	Journal	IF*
Lung Cancers					
SAKK 16/00	Induction chemoradiation in stage IIIA/N2 non-small-cell lung cancer: a phase 3 randomised trial.	Pless M, Stupp R, Ris HB, Stahel RA, Weder W, Thierstein S, Gerard MA, Xyrafas A, Früh M, Cathomas R, Zippelius A, Roth A, Bijelovic M, Ochsenbein A, Meier UR, Mamot C, Rauch D, Gautschi O, Betticher DC, Mirimanoff RO, Peters S; SAKK Lung Cancer Project Group.	11.08.2015	LANCET	39.2
SAKK 17/04	Prevalence of BRCA-1 associated protein 1 germline mutation in sporadic malignant pleural mesothelioma cases.	Rusch A, Ziltener G, Nackaerts K, Weder W, Stahel RA, Felley-Bosco E.	08.01.2015	LUNG CANCER	3.96
SAKK 17/04	Neoadjuvant chemotherapy and extrapleural pneumonectomy of malignant pleural mesothelioma with or without hemithoracic radiotherapy (SAKK 17/04): a randomised, international, multicentre phase 2 trial.	Stahel RA, Riesterer O, Xyrafas A, Opitz I, Beyeler M, Ochsenbein A, Früh M, Cathomas R, Nackaerts K, Peters S, Mamot C, Zippelius A, Mordasini C, Caspar CB, Eckhardt K, Schmid RA, Aebersold DM, Gautschi O, Nagel W, Töpfer M, Krayenbuehl J, Ribi K, Ciernik LF, Weder W.	30.10.2015	LANCET ONCOL	24.7
SAKK 19/05	Gene expression signatures predictive of bevacizumab/erlotinib therapeutic benefit in advanced non-squamous non-small cell lung cancer patients (SAKK 19/05 trial).	Franzini A, Baty F, Macovei II, Durr O, Droege C, Betticher D, Grigoriu BD, Klingbiel D, Zappa F, Brutsche M.	28.04.2015	CLIN CANCER RES	8.72
SAKK 19/09	Bevacizumab, Pemetrexed, and Cisplatin, or Bevacizumab and Erlotinib for Patients With Advanced Non-Small Cell Lung Cancer Stratified by Epidermal Growth Factor Receptor Mutation: Phase II Trial SAKK19/09.	Gautschi O, Mach N, Rothschild SI, Li Q, Stahel RA, Zippelius A, Cathomas R, Früh M, Betticher DC, Peters S, Rauch D, Feilchenfeldt J, Bubendorf L, Savic S, Jaggi R, Leibundgut EO, Largiadèr C, Brutsche M, Pilop C, Stalder L, Pless M, Ochsenbein AF; Swiss Group for Clinical Cancer Research.	05.03.2015	CLIN LUNG CANCER	3.1
Consultancy	Weekly carboplatin in combination with weekly paclitaxel in the treatment of metastatic non-small cell lung cancer: a single center 10-year experience.	Volk V, Cathomas R, Mark M, von Moos R, Klingbiel D, Brossart P, Mey U.	09.11.2015	SUPPORT CARE CANCER	2.36

Lymphomas					
SAKK 35/98	Rituximab and risk of second primary malignancies in patients with non-Hodgkin lymphoma: a systematic review and meta-analysis.	Fleury I, Chevret S, Pfreundschuh M, Salles G, Coiffier B, van Oers MH, Gisselbrecht C1, Zucca E, Herold M, Ghielmini M, Thieblemont C.	17.12.2015	ANN ONCOL	7.04
SAKK 35/03	Rituximab Maintenance for a Maximum of 5 Years After Single-Agent Rituximab Induction in Follicular Lymphoma: Results of the Randomized Controlled Phase III Trial SAKK 35/03.	Taverna C, Martinelli G, Hitz F, Mingrone W, Pabst T, Cevreska L, Del Giglio A, Vanazzi A, Laszlo D, Raats J, Rauch D, Vorobiof DA, Lohri A, Biaggi Rudolf C, Rondeau S, Rusterholz C.	28.12.2015	J CLIN ONCOL	18.4
SAKK 38/07	Multiparameter analysis of homo-geneously R-CHOP-treated diffuse large B cell lymphomas identifies CD5 and FOXP1 as relevant prognostic bio-markers: report of the prospective SAKK 38/07 study.	Tzankov A, Leu N, Muenst S, Juskevicius D, Klingbiel D, Mamot C, Dirnhofer S.	14.06.2015	J HEMATOL ONCOL	4.81
SAKK 38/07	Final Results of a Prospective Evaluation of the Predictive Value of Interim Positron Emission Tomography in Patients With Diffuse Large B-Cell Lymphoma Treated With R-CHOP-14 (SAKK 38/07).	Mamot C, Kling-biel D, Hitz F, Renner C, Pabst T, Driessen C, Mey U, Pless M, Bargetzi M, Krasniqi F, Gigli F, Hany T, Samarin A, Biaggi C, Rusterholz C, Dirnhofer S, Zucca E, Martinelli G.	06.07.2015	J CLIN ONCOL	18.4
CORAL	Outcome of patients with relapsed diffuse large B-cell lymphoma who fail second-line salvage regimens in the International CORAL study.	Van Den Neste E, Schmitz N, Mounier N, Gill D, Linch D, Trneny M, Milpied N, Radford J, Ketterer N, Shpilberg O, Dührsen U, Ma D, Brière J, Thie-blemont C, Salles G, Moskowitz CH, Glass B, Gisselbrecht C.	14.09.2015	BONE MARROW TRANSPL	3.57
HD13 & 14	Impact of centralized diagnostic review on quality of initial staging in Hodgkin lymphoma: experience of the German Hodgkin Study Group.	Bröckelmann PJ, Goergen H, Fuchs M, Kriz J, Semrau R, Baues C, Kobe C, Behringer K, Eichenauer DA, von Tresckow B, Klimm B, Halbsguth T, Wongso D, Plütschow A, Haverkamp H, Dietlein M, Eich HT, Stein H, Diehl V, Borchmann P, Engert A.	27.08.2015	Br J HAEMATOL	4.71
Melanomas					
	A cost-effectiveness analysis of trametinib plus dabrafenib as first-line therapy for metastatic BRAF V600-positive melanoma in the Swiss setting.	Matter-Walstra K, Braun R, Kolb C, Ademi Z, Dummer R, Pestalozzi BC, Schwenkglenks M.	02.09.2015	BR J DERMATOL	4.28

Trial	Trial title	Authors	Published	Journal	IF*
New Drugs					
SAKK 65/08	Treatment with the HIV protease inhibitor Nelfinavir triggers the un-folded protein response and may overcome protea- some inhibitor resistance of multiple myeloma in combination with bortezomib: a phase I trial (SAKK 65/08).	Driessen C, Kraus M, Joerger M, Rosing H, Bader J, Hitz F, Berset C, Xyrafas A, Hawle H, Berthod G, Overkleeft HS, Sessa C, Huitema A, Pabst T, von Moos R, Hess D, Mey UJ.	11.12.2015	HAEMATO-LOGICA	5.81
Palliative Care					
SAKK 95/06	The effect of real-time electronic monitoring of patient-reported symptoms and clinical syndromes in outpatient workflow of medical oncologists: E-MOSAIC, a multi-center cluster-randomized phase III study.	Strasser F, Blum D, von Moos R, Cathomas R, Ribi K, Aebi S, Betticher D, Hayoz S, Klingbiel D, Brauchli P, Haefner M, Mauri S, Kaasa S, Koeberle D.	08.12.2015	ANN ONCOL	7.04
Urogenital Cancers					
SAKK 08/09	Multidrug and toxin extrusion 1 and human organic cation transporter 1 polymorphisms in patients with castration-resistant prostate cancer receiving met-formin (SAKK 08/09).	Joerger M, van Schaik RH, Becker ML, Hayoz S, Pollak M, Cathomas R, Winterhalder R, Gillessen S, Rothermundt C.	10.03.2015	PROSTATE CANCER P D	3.43
SAKK 09/10	Acute Toxicity and Quality of Life After Dose-Intensified Salvage Radiation Therapy for Bio-chemically Recurrent Prostate Cancer After Prostatectomy: First Results of the Randomized Trial SAKK 09/10.	Ghadjar P, Hayoz S, Bernhard J, Zwahlen DR, Hölscher T, Gut P, Guckenberger M, Hildebrandt G, Müller AC, Plasswilm L, Papachristofilou A, Stalder L, Biaggi-Rudolf C, Sumila M, Kranzbühler H, Najafi Y, Ost P, Azinwi NC, Reuter C, Bodis S, Kaouthar K, Wust P, Thalmann GN, Aebersold DM.	02.11.2015	J CLIN ONCOL	18.4

STAMPEDE	Addition of docetaxel, zoledronic acid, or both to first-line long-term hormone therapy in prostate cancer (STAMPEDE): survival results from an adaptive, multiarm, multistage, platform randomised controlled trial.	James ND, Sydes MR, Clarke NW, Mason MD, Dearnaley DP, Spears MR, Ritchie AW, Parker CC, Russell JM, Attard G, de Bono J, Cross W, Jones RJ, Thalmann G, Amos C, Matheson D, Millman R, Alzouebi M, Beesley S, Birtle AJ, Brock S, Cathomas R, Chakraborti P, Chowdhury S, Cook A, Elliott T, Gale J, Gibbs S, Graham JD, Hetherington J, Hughes R, Laing R, McKinna F, McLaren DB, O'Sullivan JM, Parikh O, Peedell C, Protheroe A, Robinson AJ, Srihari N, Srinivasan R, Staffurth J, Sundar S, Tolan S, Tsang D, Wagstaff J, Parmar MK; STAMPEDE investigators.	21.12.2015	LANCET	39.2
Consultancy	Treatment outcome and patterns of relapse following adjuvant carboplatin for stage I testicular seminomatous germ cell tumour: Results from a 17 year UK experience.	Chau C, Cathomas R, Wheater M, Klingbiel D, Fehr M, Bennett J, Markham H, Lee C, Crabb SJ, Geldart T.	02.06.2015	ANN ONCOL	7.04
Consultancy	Regional hyperthermia and moderately doseescalated salvage radiotherapy for recurrent prostate cancer. Protocol of a phase II trial.	Müller AC, Zips D, Heinrich V, Lamprecht U, Voigt O, Burock S, Budach V, Wust P, Ghadjar P.	08.07.2015	RADIAT ONCOL	2.55
Consultancy					
	Time trends in avoidable cancer mortality in Switzerland and neighbouring European countries 1996-2010.	Feller A, Mark MT, Steiner A, Clough-Gorr KM.	02.10.2015	SWISS MED WKLY	1.9
	Trends in incidence of oesophageal and gastric cancer according to morphology and anatomical location, in Switzerland 1982-2011.	Feller A, Fehr M, Bordoni A, Bouchardy C, Frick H, Mousavi M, Steiner A, Arndt V, Clough-Gorr KM, The Nicer Working Group.	10.12.2015	SWISS MED WKLY	1.9
	High-throughput alternative splicing detection using dually constrained correspondence analysis (DCCA).	Baty F, Klingbiel D, Zappa F, Brutsche M.	16.10.2015	J BIOMED INFORM	2.48

* Impact factor

Presentations of SAKK-trials (without cooperative groups)

Gastrointestinal Cancers Symposium in San Francisco

Poster

Helbling D. et al. Neoadjuvant chemoradiation (CRT) with or without panitumumab (Pan) in patients with K-ras unmutated, locally advanced rectal cancer (LARC): Final results of a randomized multicenter phase II trial (SAKK 41/07).

13th International Conference on Malignant Lymphoma in Lugano

Oral presentations

Zucca E. et al. Independent review of CT responses in the trial SAKK 35/10 comparing rituximab with or without lenalidomide in untreated follicular lymphoma patients in need of therapy.

Hitz F. et al. Rituximab, bendamustine and lenalidomide in patients with relapsed/refractory aggressive B-cell lymphoma not eligible for salvage chemotherapy. Phase II trial – SAKK 38/08.

102nd annual congress of the Swiss society for surgery in Bern

Oral presentations

Hamel C. et al. Factors influencing the surgeon's decision to comply or not to comply with the assigned randomization for rectal replacement in a prospective randomized trial SAKK 40/04 comparing side-to-end anastomosis, colon-J-pouch, and straight coloanal anastomosis in patients with rectal cancer.

Käser S. et al. Does the radicality and quality of colorectal cancer surgery depend on the patient's age?

Käser S. et al. Do cancers located at the hepatic or splenic flexure have a worse outcome compared to other colon cancers?

Joint meeting of the International Biometric Society (IBS) Austro-Swiss and Italian Regions in Milano

Posters

Bigler M. et al. Comparison of design options for phase IB clinical trials in oncology: simulation results.

Hayoz S. et al. Effect of one-patient clusters on power in cluster-randomized trials.

2015 ASCO Annual Meeting in Chicago

Posters

Ghadjar P. et al. Acute toxicity and early quality of life after dose intensified salvage radiotherapy for biochemically recurrent prostate cancer after prostatectomy. First results of the randomized trial SAKK 09/10.

Kristeleit R. et al. A phase 1 first-in-human (FIH) dose-escalation (DE) study of the oral dual PI3K/mTOR inhibitor PQR309 in patients (pts) with advanced solid tumors: Final DE results.

19th Annual SASRO Meeting in Basel

Oral presentation

Herrmann E. et al. External Beam Radiotherapy For Unresectable Hepatocellular Carcinoma. An International Multicenter Phase I Trial, SAKK 77/07.

AACR Annual Meeting 2015 in Philadelphia

Poster

Wicki A. et al. First-in-man (FIM) pharmacodynamic (PD) and pharmacokinetic (PK) phase I trial of PQR309 in advanced solid tumours.

World Congress of Surgery WCS 2015 in Bangkok

Oral presentation

Curti G. et al. Complication pattern according to hospital size in a prospective randomized trial SAKK 40/04 comparing colon-J-pouch, side-to-end anastomosis, and straight coloanal anastomosis after TME.

European Cancer Congress 2015 in Wien

Oral presentation

Cathomas R. et al. Orteronel (Ort) maintenance therapy in patients (pts) with metastatic castration resistant prostate cancer (mCRPC) and non-progressive disease after first-line docetaxel (Doc) therapy: results of a multicenter randomized double-blind placebo-controlled phase III trial (SAKK 08/11).

Poster discussion

Fischer S. et al. Outcome of relapses after adjuvant carboplatin in clinical stage I semi-noma.

Posters

Jaggi R. et al. A correlative study of Ki67 and two multigene RNA expression signatures in operable ER-positive postmenopausal breast cancer (SAKK 26/10).

Pestalozzi B. et al. Adjuvant treatment recommendations for ER+ early breast cancer patients by Swiss tumor boards (SAKK 26/10).

Kienle D. et al. Cetuximab monotherapy and cetuximab plus capecitabine as first-line treatment in elderly patients with RAS- and BRAF wild-type metastatic colorectal cancer. Results of the multicenter phase II trial SAKK 41/10.

Stathis A. et al. A phase I study of the smoothened (SMO) antagonist LDE225 in combination with paclitaxel in patients with advanced solid tumors.

2015 ASTRO's Annual Meeting in San Antonio

Poster

Herrmann E. et al. External Beam Radiotherapy For Unresectable Hepatocellular Carcinoma. An International Multicenter Phase I Trial, SAKK 77/07.

2015 San Antonio Breast Cancer Symposium

Poster discussion

Borgquist S. et al. Cholesterol, cholesterol lowering medication use, and breast cancer outcomes in the BIG 1-98 study.

Posters

Zweifel M. et al. Phase 1 evaluation of the androgen receptor modulator CR1447 in patients with advanced breast cancer (SAKK 21/12).

Pruneri G. et al. Tumor-infiltrating lymphocytes (TILs) are a powerful prognostic marker in patients with triple negative breast cancer treated by induction chemotherapy with or without oral low dose cyclophosphamide-methotrexate maintenance chemotherapy (CMM) (IBCSG 22-00).

Pagani O. et al. POSITIVE: A study evaluating pregnancy and disease outcome and safety of interrupting endocrine therapy for young women with endocrine responsive breast cancer who desire pregnancy (IBCSG 48-14/BIG 8-13).

Denkert C. et al. Systematic analysis and modulation of Ki67 interobserver variance in 9069 patients from three clinical trials – How much pathologist concordance is needed for meaningful biomarker results?

Willis S. et al. Immune related gene expression signatures predict benefit of letrozole over tamoxifen in BIG 1-98.

2015 ASH Annual Meeting in San Diego

Oral presentation

Davies A. et al. A prospective randomised trial of targeted therapy for diffuse large B-cell lymphoma (DLBCL) based upon real-time gene expression profiling: The REMoDL-B study of the UK NCRI and SAKK lymphoma groups, ISRCTN51837425.

SAKK Coordinating Center
Effingerstrasse 40
3008 Bern
Tel. +41 31 389 91 91
Fax +41 31 389 92 00
www.sakk.ch
info@sakk.ch