Annual report 2016

We want the best possible cancer therapy.

SAKK

WE BRING PROGRESS TO CANCER CARE

Inhalt

Editing: Claudia Herren, Dennis Ammann, Nadine Schrutt
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Contact
Swiss Group for
Clinical Cancer Research SAKK
SAKK Coordinating Center
Effingerstrasse 33
3008 Bern
Tel. +41 31 389 91 91
Fax +41 31 508 41 42
sakk.ch / info@sakk.ch

Prof Roger von Moos, MD
SAKK President

Peter Brauchli, PhD
SAKK CEO

Dear Readers,
Dear Colleagues,

Once again the year is over almost before it has begun, and we are now delighted to present the 2016 annual report to you.

SAKK is synonymous with independent clinical cancer research and enabling researchers to drive forward new therapeutic approaches and to optimize therapies so that they directly benefit cancer patients. SAKK also offers young researchers a platform for clinical and academic advancement, both within and outside university hospitals. Young doctors and researchers benefit from the experience of older colleagues in the network. This is SAKK's way of helping to train the next generation of researchers.

The path to the future

During the summer semi-annual meeting, we said goodbye to SAKK President Prof Beat Thürlimann after two terms in office. Prof Thürlimann worked with the Board and the Coordinating Center to substantially strengthen the SAKK network, and we would like to take this opportunity of thanking him once again for his important contribution.

2015 marked the 50th anniversary of our organization and we celebrated it fittingly. We are now looking to the future, our sights set on continuing our success in the next 50 years too. We want to bring the research efforts of university hospitals, public hospitals and private clinics closer together. We also want to pursue international networking with other academic groups, initially in Europe and later possibly in Asia as well. In particular, more complex trials with highly selected patients require large catchment areas and hence international cooperation. The aim is therefore not only to be the leading network in Switzerland but also to increasingly play a leading role in the international arena.

Another focus of our activities is the further development of the Coordinating Center into a Service Center. A substantially larger number of trials should and must be developed in the coming years, and here we call on all groups to produce more high-quality project proposals. The capacity for additional trials exists. But we also see great potential in early clinical research (phase I) and want to intensify cooperation with biotech spin-offs. In addition, in future we want to keep pace with current developments in cancer research, and with this in mind researchers have set up two new working groups, Immuno-Oncology and Molecular Oncology (more information on page 22).

Difficulties anticipated

Clinical research has become steadily more over-regulated in the past ten years, with the associated bureaucracy driving up research costs. Efforts to reduce costs in the health service and the relatively small pool of potential patients, numbering just 8 million people, are restricting clinical research in Switzerland and making it difficult for us to remain internationally competitive.

We therefore need to use clever approaches, efficient working methods and good international networking to compensate for these disadvantages and to make the most of our strengths, which include innovation, zeal and stamina. It is against this background that we and you can feel optimistic about the future, and we are confident of achieving the growth targets that we have set ourselves. 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 Roger von Moos, MD
SAKK President

Peter Brauchli, PhD
SAKK CEO

Claudia Herren / Communications Manager

February

Creation of the Swiss EUPATI national platform

Representatives of patient organizations, science and industry are working together to promote patient training and patient involvement in the research and development of medicinal products in Switzerland. SAKK patient representative board member Rosemarie Pfau is a trainee patient expert with the Swiss EUPATI Team. For further information, visit: https://www.eupati.eu/de/

March

2nd Swiss Lung Cancer Symposium

The second SLC Symposium takes place at the Allresto Congress Center in Bern on 17 March. This high-caliber scientific symposium focuses on the latest developments in the treatment of lung cancer. It gives participants the opportunity to share views with experts and Swiss colleagues, ask questions and discuss best practices.

May

SAKK Coordinating Center moves to new offices

Building regulations prevent the House of the Cancer League Foundation from renovating the old buildings at Effingerstrasse 53–60 as planned. SAKK, SPOG, IBCSG and ETOP therefore move to new offices at Effingerstrasse 33, thus laying the foundation for an establishment focused on clinical research.

SAKK Scientific Advisory Board issues recommendations

A meeting of the internationally renowned scientists Prof Hilary Calvert, United Kingdom; Dr Laurence Collette, Belgium; Prof Andrew Davies, United Kingdom; Prof Arnold Ganser, Germany; Prof Cornelis van de Velde, Netherlands and Prof Axel zur Hausen, Netherlands, takes place on 11 May. The Board evaluates the development of SAKK over the past three years and determines whether actions have been implemented and goals achieved. The Advisory Board has now produced further-reaching recommendations for the Board and the research groups. Read more on page 12.

The five areas of action relevant for patient-oriented clinical research

The Swiss Clinical Trial Organization (SCTO) and SAKK prioritize five fields of joint action for patient-oriented clinical research in Switzerland. The fields of action are described here: http://sakk.ch/en/about-sakk/publications/

June

SAKK presents news from the 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 16 June a number of speakers – most of them representatives of the SAKK network – present the scientific findings from the ASCO annual meeting at the Swiss PostASCO meeting in Bern.

SAKK summer semi-annual meeting

The semi-annual meeting is held at the end of June in Zurich and the new SAKK President, Prof Roger von Moos, takes up his post. During the General Assembly, Dr Viviane Hess is re-elected to the SAKK Board for a second term. Prof Christoph Driessen is elected as a new member of the Board.

Prof Christoph Driessen, MD

The SAKK has a new research strategy

The SAKK Board presents the new research strategy to members. The strategy sets out the framework conditions for and focus areas of SAKK's research activities and safeguards the high quality of its work. More information about the research strategy can be found on page 12.

Researchers set up Immuno-Oncology and Molecular Oncology working groups

The SAKK responds to current developments in cancer research by setting up the Immuno-Oncology and Molecular Oncology working groups. These two new groups will provide a platform for researchers in the SAKK network to hold a regular scientific dialogue and put forward and refine trial proposals. More information about the goals of the SAKK research groups can be found on page 18.

Dr Mathias Worni wins the Life Grant 2016

The Life Grant Award first sponsored by Celgene and SAKK in 2016 goes to Dr Mathias Worni for his research project "Impact of irreversible electroporation on quality of life for patients with locally advanced pancreatic cancer".

Dr Benjamin Weixler receives the SAKK/ Dr Paul Janssen Fellowship 2016

The SAKK/Dr Paul Janssen Fellowship is awarded to Dr Benjamin Weixler. This will enable Dr Weixler to undertake a research period at the Leiden University Medical Center (LUMC) in the Netherlands, where he will be part of the image-guided surgery group.

August

Orphan Malignancies Seminar

This year's Orphan Malignancies Seminar on the subject of molecular diagnostics and therapy of rare tumors is held on 26 August. It is chaired by Dr Richard Cathomas and Prof Frank Stenner.

Dr Viviane Hess is the new SAKK Vice-President

The SAKK Board elects Viviane Hess as its new Vice-President. Dr Hess has been a member of the Board for six years. The new appointment recognizes her many years of dedicated and excellent work for the organization.

PD Viviane Hess, MD

September

Going the extra mile to beat cancer

On 11 September SAKK takes part in the sixth Race for Life on the Bundesplatz in Bern as a partner organization. SAKK ambassadors and employees of the Coordinating Center ride countless laps to collect money and provide visitors with information at the SAKK stand. A total of nearly 2000 laps, over 17,000 kilometers and 300,000 meters of altitude are covered during the event. The proceeds will be used in the battle against cancer. You can read more about the event at: https://www.raceforlife.ch/

November

SAKK winter semi-annual meeting

500 specialists from the SAKK network and representatives of the pharmaceutical industry meet in Zurich on 24 and 25 November. The SAKK General Assembly meets the evening before; Prof Gabriela Baerlocher, Prof Bernhard Pestalozzi and Prof Miklos Pless are confirmed for a further term on the SAKK Board.

Dr Stefanie Fischer wins the SAKK/ Astellas GU-Oncology Award 2016

Dr Fischer wins the SAKK/Astellas GU-Oncology Award 2016 worth CHF 30,000 for her paper on "Outcome of men with relapse after adjuvant carboplatin for clinical stage I seminoma". This outstanding work by Fischer, who is a junior doctor in the breast center at the Cantonal Hospital St. Gallen, was selected from numerous entries by an independent jury.

Prof Christoph Driessen, MD
Coordinating Investigator

Trial SAKK 39/13
Development of alternative therapies: a recipe for success in academic clinical research?

Hope for therapy-resistant patients
Multiple myeloma is the second most common cancer of the blood-forming system and currently affects some 2000 people in Switzerland. This tumor leads to an elevated number of plasma cells, the cells that normally produce antibodies. The cancerous cells destroy bone and prevent blood from being formed normally. At present, no effective medication is available in Switzerland as an alternative for patients whose disease is no longer responding to the available therapies, including immunomodulators (IMIDs) and proteasome inhibitors, the two most effective types of drug currently available.

One promising alternative in this situation is to re-sensitize the resistant myeloma cells to drugs that are no longer working, which effectively overcomes this drug resistance. The principal investigator in SAKK trial 39/13, Prof Christoph Driessen, has spent years looking for a way of making resistant cancer cells susceptible to drug therapy again. Preclinical studies have shown that the protease inhibitor nelfinavir, a drug approved for the treatment of HIV, can overcome the resistance of myeloma cells to bortezomib and carfilzomib.

Greater efficacy, low cost
The results from the trial were first presented at the Annual Meeting of the American Society of Haematology (ASH) in December 2016, where Prof Driessen talked about a therapeutic response rate of 65 % of patients. This is a substantially higher efficacy rate when compared indirectly with the current therapeutic standard or with the new, next generation medicinal products. Nelfinavir, which is not approved for the therapy of cancer, can treat the condition at a much lower cost than new drugs. It is a research approach that definitely needs to be pursued and supported and in many cases is only sponsored by non-profit organizations like SAKK. Without the alternative approaches to developing therapies adopted by academic researchers, many questions relating to the optimization of treatment will not be answered.

What next?
If the only manufacturer of nelfinavir, which is based in Canada, cannot be persuaded to apply to have the marketing authorization for the HIV drug extended to myeloma patients, it will be difficult to give patients access to this treatment. A more extensive, phase 3 trial will also need to be performed. The marketing authorization for nelfinavir in the treatment of HIV has already expired in Switzerland and Europe. If it is to be registered again, a whole new application will have to be submitted, something that under current legislation has to be done by the patent holder. However, patent holders' interests are usually guided by the economic value of the product. It would therefore be sensible for bodies other than patent holders to be able to apply to the regulatory authorities for a new indication for the active substance. This right should be accorded to anyone able to justify an application on the basis of trial data.

This text was written with the kind approval of the Neue Zürcher Zeitung newspaper, NZZ, which published an article on trial SAKK 39/13. Link to full text:
https://www.nzz.ch/wissenschaft/medizin/arzneimittelentwicklung-ein-zweiter-fruehling-fuer-medikamente-ld.133454

Link to ASH abstract:
https://ash.confex.com/ash/2016/webprogram/Paper89818.html

The SAKK research strategy & the Scientific Advisory Board

By Sabine Bucher, Politics & Development

At the General Assembly in June 2016, the Board presented the new research strategy to the members. It defines the guidelines and the focus of SAKK research, and ensures transparency and compliance with the quality standard.

Research strategy defines the main objectives of SAKK

In keeping with the political mandate of the National Cancer Program for Switzerland (National Strategy against Cancer 2014–2017), SAKK works to improve the chances of a cure, life expectancy and quality of life of patients affected by malignant neoplasms. It is also involved in the primary prevention of tumors.

SAKK particularly supports multidisciplinary and therapy optimization trials with the aim of deriving efficient and targeted input from the collective knowledge of specialists in all areas and thus of offering patients the best possible cancer therapy. SAKK wants to collaborate even more closely with international academic research groups on trials involving rare indications. Partnerships with universities, start-ups and industry are being expanded with the aim of facilitating the development of and access to new medicinal products and treatment options. By adopting this position, SAKK is seeking to maintain its role as the leading Swiss organization for academic, clinical, patient-oriented cancer research in Switzerland.

Prioritizing research projects

SAKK defines the focus areas of its activities by appointing project groups. Submitted research proposals are reviewed by the Board for conformity with the strategy and prioritized using the following criteria:

- Clinical research (interventional trials) to optimize curative and palliative treatment of patients with cancer;
- Translational research;
- Non-interventional clinical research. If the available data are insufficient for an interventional trial, SAKK can create a data basis (e.g. biobank, cohort study, register study, retrospective data capture);
- Outcome-oriented cancer research (outcomes research);
- Medical care research.

You can find the SAKK research strategy on our website.

Valuable advice from renowned experts

The Scientific Advisory Board (SAB) met in May 2016 to evaluate the development of SAKK over the past three years, with an emphasis on reviewing the implementation of previous recommendations.

The members of the SAB praised the succinct presentation of data and facts by the SAKK representatives and the Presidents of the SAKK research groups and their willingness to tackle problems, resolve outstanding points without delay and address the need for discussion.

Focus for the future

The SAB praised the strategic decisions taken in recent years that had led to an increase in the number of trials, greater focus on areas in which SAKK can have an impact and greater cooperation with international groups. Special praise was reserved for the formulation of the new SAKK research strategy, which aims to improve the treatment of cancer patients, safeguard the quality of therapy and research and promote upcoming young scientists. Most of the SAB's recommenda-tions from the previous meeting had been mentioned in the 2014 SNSF report and subsequently incorporated into the research strategy. The recommendations made by the SAB for the coming years focus on expansion of the following areas:

- Promotion of the next generation of scientists;
- Multidisciplinary nature of trials;
- Intensification of efforts to enroll patients in clinical trials and to pursue public relations and register studies;
- Involvement of the patient representative board in further SAKK activities;

[1] http://www.nsk-krebsstrategie.ch/

SAKK centers in French- and Italian-speaking Switzerland

With 20 member centers ranging from small and middle-sized regional hospitals to university hospitals, we are represented in almost every Swiss canton. The centers in the French part of Switzerland and in Ticino are, however, a minority. The long-standing principle practiced by the SAKK network – "everyone speaks their native language and is understood" – has given way to the lingua franca of science – English. Nevertheless, our network still makes it possible for scientists from all over Switzerland to share and discuss their projects and ideas, which in turn means that all patients in Switzerland, no matter what language they speak, benefit from their research. Below, you can read more about the work of some of our French- and Italian-speaking member centers.

Hôpital Fribourgeois HFR: A clinical trial unit for patients in Fribourg

Prof Abdelkarim Allal, MD, Prof Daniel Betticher, MD

Participating in clinical trials remains a challenge for a center whose main mission is not research. Indeed, the resources allocated to this task are rather limited at best. On the other hand – and in oncology in particular – participating in such trials is known to enhance quality of care by different means. This fact prompted the HFR-Fribourg center to officially become a SAKK member in 2007. Since then, and despite the difficult environment that regional centers typically have to face, participating in SAKK activities has helped us to build a small team that is dedicated to clinical research and includes data and administrative managers. With this staff and the help of the SAKK we activated several protocols and enrolled nearly 300 patients within 8 years. Regular SAKK monitoring meetings helped us to improve our daily work by following the protocols and standardizing our procedures. Through SAKK we also became a member of IBCSG and ETOP. Furthermore, our participation will facilitate our application for certification of our first two organ cancer centers since clinical research is a prerequisite for applications of this kind. There is no doubt that the support given by SAKK helped us to develop a small clinical trial unit in our hospital. This increases the quality of our daily work and gave our patients the opportunity to receive some innovative treatments. We are looking forward to pursuing our fruitful partnership with SAKK.

Centre hospitalier universitaire vaudois CHUV Hôpitaux universitaires de Genève HUG Cell-based innovative immunotherapies designed in Geneva and Lausanne

CHUV: Prof George Coukos, MD, Prof Olivier Michielin, MD, Prof Solange Peters, MD, PhD
HUG: Prof Pierre-Yves Dietrich, MD, Nicolas Mach, MD

Cell-based immunotherapies represent an important opportunity for academic research. Their interplay with checkpoint-based approved therapies is of utmost interest as it could broaden the application of immune interventions in various cancer settings. In 2016, the first cell-based trial, SAKK 11/16, was designed as part of a joint effort between the SAKK Coordinating Center, MaxiVAX SA, and Lausanne and Geneva University Hospitals. This single arm, multicenter phase II trial will test personalized immunization of head and neck cancer patients using autologous irradiated tumor cells implanted subcutaneously together with an original capsule that provides the required immune protection of a genetically modified MVX-1 cell line that expresses GM-CSF. This technology was pioneered in Geneva by MaxiVAX and HUG and successfully tested in a local phase I setting with a positive signal in head and neck tumors and no major safety concerns. Trial SAKK 11/16 started in early 2017 and will represent an important step toward the development of nationwide multicenter cell-based immunotherapies. In the wake of this initial attempt, we envision promoting many additional SAKK trials using tumor-infiltrating lymphocytes as well as engineered T cells. The initial experience gained during SAKK 11/16 will provide invaluable feedback on how to optimally deploy and run such innovative cell-based designs within the SAKK network.

Istituto Oncologico Della Svizzera Italiana IOSI: preclinical and early clinical drug evalua-tion program

Anastasios Stathis, MD, Prof Emanuele Zucca, MD, Prof Michele Ghielmini, MD

During 2016, the Oncology Institute of Southern Switzerland IOSI continued to activate new SAKK trials while trying to develop new projects within the new anticancer treatments, lymphoma and more recently the leukemia project group. Following a long tradition in phase I trials in solid tumors, we also extended our research activities in early clinical development in lymphomas. This was supported by a strong partnership with our preclinical research colleagues. We were able to participate in international phase I trials and the development of investigator-initiated phase I trials for lymphomas. Together with the members of the new anticancer treatments and lymphoma groups of SAKK, we developed a phase I trial in the first line treatment of follicular lymphoma, testing a combination of two new drugs (obinutuzumab, an anti-CD20 monoclonal antibody and venetoclax, a small bcl-2inhibitor) which currently represent two of the most interesting agents in development for lymphomas. SAKK 35/15 will form the basis for the SAKK's future international phase II trial in follicular lymphoma, which will add further value to SAKK's already significant international contribution to the development of chemotherapy-free regimens in follicular lymphoma. This strategy started a few years ago with rituximab monotherapy and continued with rituximab in combination with lenalidomide (SAKK 35/10) and more recently ibrutinib (SAKK 35/14). In conclusion, the Oncology Institute of Southern Switzerland has extended its early drug evaluation program in lymphomas and we are planning to further extend it in myeloma and leukemia. We want to continue to work closely with SAKK in the hope of developing new innovative clinical trials and further strengthening collaboration among the Swiss sites within the SAKK network.

Claude Cueni
author and cancer patient

Interview with Claude Cueni, author and cancer patient

What type of cancer do you have and what treatment have you received?
I was fit as a fiddle all my life, did a lot of sport and was capable, strong and never dependent on other people. In August 2009 I developed ALL leukemia. I was 53 at the time and had lost the love of my life the year before, when my wife died after battling cancer for 14 years. I spent the next six months on an isolation ward in the Department of Hematology at Basel University Hospital, underwent six cycles of chemotherapy and was allowed home for a few days after each one. There were various complications, I had cerebral hemorrhages and fell into a coma, but recovered. After six months the leukemia was still detectable in my blood, so there was not much to be gained from a bone marrow transplant – but there was no other option. It took a very long time to find a donor who was the closest possible match. After the transplant I was sent home in February 2010 and had to take 25 pills a day. About two years later I was able to stop my medication, but that only lasted three weeks. I had a sudden and irreversible rejection reaction in my lungs. Their volume decreased by 60 percent. Having survived the leukemia, I have taken part in several clinical trials.

What would you like to see improved or changed for cancer patients in the future?
If you've survived for seven years, you're quite simply grateful and you don't wish for anything else. But it would certainly be more pleasant if you could always see the same person when you go for your regular check-ups and not get a different doctor every six months. The doctors who want to stay in this field are extremely motivated and dedicated and show a lot of empathy. Those who are simply doing their compulsory time in oncology and later want to work in a different branch of medicine are sometimes less satisfactory for the patients. But that's something you have to accept. A university hospital is also there to train doctors, and there is always a consultant in the background who works in oncology all the time and keeps an eye on things.

What was the treatment like for you? What was the most important thing that kept you going during this time?
The nurses do a great job and they become part of the family. The doctors provide good and comprehensive information, although all the infusions restrict patients' ability to assimilate and remember it. Sometimes I couldn't remember what I'd been told the day before. Six months on the isolation ward is a long time. It's a shame that iPads hadn't been invented then, because that would have enabled me to keep in touch with the outside world and made the time more bearable.

How do you find your quality of life after treatment?
I'm still being treated seven years later, but now I'm only taking 12 pills a day and only have to go for a check-up at the university hospital every two months. My condition has stabilized at a low level. The life I had before is obviously gone forever, replaced by

chronic fatigue, rapid shortness of breath when I exert myself and neuralgia in my limbs. But you have to find pleasure in what you can still do, and that's a lot of things. Thanks to science and research I was able to do a lot for my son during the seven years that were given to me; that was always my top priority. I'm very satisfied with my new life and endlessly grateful to all the people working in the hematology unit at Basel University Hospital.

What gives you pleasure and strength?
I can still laugh, I love learning new things and enjoy social contact, something that was difficult for a long time because of my impaired immune system. I've learned to live in the here and now.

Project group breast cancers

President: Thomas Ruhstaller, MD, Breast Center St. Gallen

The project group is an active group with a steadily increasing number of members. In-between meetings in the past, we had also participants from smaller centers as well as private practices and several projects come from new investigators – a very pleasing development and also in line with the recommendations of the SAKK Advisory Board. In 2016, the group recruited a total of 278 patients into clinical trials, a figure that is in the same range as last year. Looking at the situation in more detail, however, it is obvious that accrual is now originating more from interventional trials and own activities than in the previous two or three years, when patients were mainly recruited from non-interventional and international trials from other cooperative groups.

Surgical trial a success
The first surgical trial, SAKK 23/13, recruited fast and completed its accrual on time. Our surgical colleagues have made a tremendous effort and their contribution to the group is essential. The next surgical project is already in preparation, but funding has not yet been secured.

Another important international trial is SAKK 96/12, which compares fewer denosumab injections to the standard monthly recommendation in patients with bone metastases.

Bench-to-bedside research
SAKK 24/14 was activated in October 2016. This innovative project investigates anti-EGFR immunoliposome therapy in metastatic, triple-negative breast cancer and represents genuine bench-to-bedside research originating in Switzerland.

We expect increased accrual in 2017 as several projects are in the pipeline, in particular the adjuvant PALLAS trial. We have applied for various grants for the ambitious "Swiss Sentinel Study" surgical project and hope tosucceed in activating this international flag ship trial soon.

Project group gastrointestinal cancers

President: Andreas Wicki, MD, PhD, University Hospital Basel

Potentially practice-changing trial with aspirin
In a major milestone move, the group has activated SAKK 41/13, a trial investigating the adjuvant use of aspirin in PIK3CA mutated colon cancer. The study is a Swiss-led international academic effort and has the potential to be practice-changing.

The second large trial activated in 2016 is SAKK 41/14 or ACTIVE-2. It looks into the effect of physical activity on quality of life and disease control in patients with metastasized bowel cancer. Again, this is an international trial in which SAKK and academic institutions have the lead.

33 patients were accrued into gastrointestinal trials. In view of the trials that have been recently activated, we expect that this number to be higher in 2017, while the planned activation of SAKK 41/16 (neoadjuvant regorafenib in localized rectal cancer) and the PRODIGE trial (operable esophageal cancer) will undoubtedly help to increase the accrual rate.

Project group leukemia

President: Georg Stüssi, MD, Oncology Institute of Southern Switzerland (IOSI) Bellinzona

New trial for patients with acute lymphoblastic leukemia ALL
The leukemia project group activated some important trials in 2016. After protracted negotiations, the GRAALL 2014 trial for young patients with ALL has been opened. This closes a gap of almost three years with no trials in this indication. The second important activation is the HOVON 135 trial for elderly AML patients who are unfit for intensive chemotherapy. this trial is also strategically important for the group as it is the first trial to be carried out by the HOVON/SAKK consortium in this patient population. Since the majority of patients with AML are elderly and often not fit for intensive chemotherapy, it is very likely that this trial will have a good accrual. Its pick-a-winner design envisages future trials based on the same trial design.

The group had an excellent year for accrual. However, the fact that we maintained accrual at the previous year's level was mainly due to the accrual in the HOVON 132 trial, which will close in 2017. It will be an important challenge to keep the time without open trials in AML for patients aged 18–65 years as short as possible.

Project group lung cancer

President: Prof Oliver Gautschi, MD, Cantonal Hospital Lucerne
Vice-president: Prof Solange Peters, MD, PhD, University Hospital Vaud (CHUV)

New immunotherapy trial for patients with lung cancer
Consistent with our main research focus of multimodality therapy, we opened the new immunotherapy trial SAKK16/14 for operable non-small cell lung cancer, continued to recruit patients with small-cell lung cancer into SAKK15/12, and completed the follow up of SAKK16/08 for non-small cell lung cancer (more details on the trials on page 40). The results of SAKK 16/08 are expected in due course, and will be presented at an international meeting in 2017. In the field of metastatic non-small cell lung cancer (NSCLC), a second manuscript from SAKK19/09 was accepted for publication and adjacent translational research is ongoing. Two phase I proposals were developed in collaboration with the new anticancer treatments group and approved by the Board: SAKK19/16 (formerly known as SAKK 19/13), testing binimetinib in combination with platinum-based chemotherapy in KRAS-mutant non-small cell lung cancer and SAKK17/16, testing lurbinectedin in mesothelioma, which is now being developed as a phase II trial.

International cooperation increased
Cooperation with international partners was steadily increased, mainly with the European Thoracic Oncology Platform ETOP and the European Organisation for Research and Treatment of Cancer EORTC. Looking to the future, the group is currently discussing innovative new protocols to explore definitive local therapy for oligometastatic NSCLC, and immunotherapy in elderly and frail patients. Collaboration with the newly founded SAKK working groups in molecular oncology and immunotherapy will be strengthened.

Project group lymphoma

President: Urban Novak, MD, University Hospital Bern

SAKK 39/13 (see also on page 10) was closed for accrual and, following an extra effort by all participating sites and the SAKK Coordinating Center, the data was presented during an oral session at ASH 2016.

The secondary endpoints of SAKK 35/10 (a randomized multicenter phase II trial of rituximab plus lenalidomide versus rituximab monotherapy in untreated follicular lymphoma) was also presented in an oral session at ASH 2016. Continuing the concept of chemo-free options pioneered by SAKK, untreated patients in need of therapy can be enrolled in SAKK 35/14 to receive rituximab with or without ibrutinib. This trial was also activated in the Nordic countries.

The project group will maintain its established partnerships with various international groups. This ensures clinical trials in competitive fields and gives SAKK international visibility in various lymphoma entities. Collaboration with the European Mantle Cell Lymphoma network (EMCLN) has been strengthened. Thanks to the efforts of Ulrich Mey, MD, we will be the host country for the next EMCLN meeting in 2017. A priority is to launch a new clinical trial for patients with diffuse large B-cell lymphoma (DLBCL). Leading hematopathologists are actively involved in the discussions.

Project group new anticancer treatments

President: Markus Jörger, MD, PhD, ClinPharm, Cantonal Hospital St. Gallen

The group changed its name from new anticancer drugs to new anticancer treatments (NAT) to reflect the group's broad view on innovation in medical oncology, including cytotoxics, molecularly-targeted drugs, immunotherapeutics and medical devices. It is great to see that former phase I trials such as SAKK 65/08, which tested the combination of bortezomib and nelfinavir in patients with advanced myeloma, led to a successful phase II trial in the form of SAKK 39/13 and a presentation at this year's ASH annual meeting.

Portfolio is steadily growing

The group activated SAKK 67/15, a trial on the agent BAL101553 from Basilea Pharmaceutica in patients with solid tumors. BAL101553 is a new-in-class colchicine binding-site inhibitor and vascular disrupting agent, and is administered as a two-day continuous infusion via a wearable elastomeric pump device. SAKK 67/15 has successfully reached dosing cohort 2 and is proceeding without problems. Importantly, the NAT group's trial portfolio is growing strongly. After activating one clinical trial in mid-2016, four new trials are expected to be activated soon:

- SAKK 35/15 is testing the combination of the anti-CD20 monoclonal antibody GA101/obinutuzumab in combination with the BCL2 inhibitor venetoclax in patients with newly diagnosed follicular lymphoma. This is a very innovative study as it is going directly into first-line treatment, and should continue into phase II testing if safety is proven in SAKK 35/15.
- SAKK 41/16 (RECAP) is testing the combination of regorafenib and capecitabine as radiosensitizers in patients receiving radiotherapy for locally advanced rectal cancer. SAKK 41/16 builds on a sound collaboration with Bayer Pharmaceuticals.
- SAKK 11/16 is testing a personalized, cell-based vaccine (MVX-ONCO-1). Read more on this trial on page 14).
- SAKK 19/16 is a collaborative project between the new anticancer treatments and lung cancer groups (see also above). SAKK has long been planning the trial SAKK 19/16, and with MEK-162 being transferred back to the company Array Pharmaceutics, the way was opened for the development of SAKK 19/16.

Further innovative clinical trials are at the advanced planning stage and the group is strongly committed to collaboration with other SAKK project and working groups. SAKK's partnership with Novartis was reinvigorated at the NORD meeting in Basel in November 2016, and several proposals for an investigator-initiated trial (IIT) have been submitted to Novartis. Moreover different partnerships with other companies were started in 2016, and these will lead to new trials in 2017.

Networking between phase I centers is crucial

The NAT group is looking forward to the system of patient referrals that has recently been introduced. The concept will support referral of trial patients to another hospital and allows both the referring and the treating center to earn accrual points. It is a clear commitment to the important strategy of networking between phase I centers in particular (all approved phase I centers can be found here: http://sakk.ch/en/about-sakk/organization/sakk-centers/).

Project group urogenital tumors

President: Richard Cathomas, MD, Cantonal Hospital Graubünden
Vice-President: Cyrill Rentsch, MD, University Hospital Basel

Continued high accrual in 2016

The urogenital tumors project group achieved the highest accrual of all SAKK project groups for the second year in a row. In total, over 462 patients were included in the six open trials being run by our group. As a result, the group was responsible for over 40 % of all patients accrued to SAKK trials in 2016.

The most successful trial was the biobank study SAKK 63/12 (for patients in different stages of prostate cancer) which enrolled over 300 new patients. This trial shows the commitment of the urological community to both the group and SAKK, and we hope to build on this in the future.

Another success story in 2016 was the completion of the phase I part of bladder cancer trial SAKK 06/14 using a genetically modified BCG strain in non-muscle invasive bladder cancer for the first time in humans. The results have already been presented at two different meetings and were very well received.

Advancing to new frontiers in 2017
In 2017, our trial portfolio will be further enhanced by the addition of a trial for salvage radiotherapy for patients with localized prostate cancer, a perioperative trial using a tumor check point inhibitor/chemotherapy combination for localized bladder cancer as well as a new trial in metastatic renal cell carcinoma using an innovative design.

By adding these newly planned trials, our group will not only be offering interesting trials for all stages of prostate cancer, but also important trials for patients with testicular carcinoma, urothelial carcinoma and renal cell carcinoma covering the most important research areas in the urogenital tumors field.

Working group head and neck cancers

President: Marco Siano, MD, Cantonal Hospital St. Gallen

Since taking over the group's presidency, one of my most important tasks has been to establish and continue collaboration with the European Organisation for Research and Treatment of Cancer EORTC and GORTEC (Groupe d'Oncologie Radiothérapie Tête et Cou). Therefore, we have already invited speakers and investigators who are involved in important initiatives in head and neck cancers.

Involvement of surgical colleagues is crucial
The interdisciplinary involvement of our surgical colleagues is very important for the development of further surgical trials. It is intended to bring forward a concomitant study in locally advanced head and neck cancer and an innovative induction or dose reduction trial for radiotherapy. Furthermore, a project with the outcomes research group is planned and a proposal in thyroid cancer is also under discussion. In summary, it remains a major goal to have 3 to 5 projects that will enable us to become a project group.

Working group molecular oncology

President: Sacha Rothschild, MD, PhD, University Hospital Basel

The newly founded working group ensures high-quality, comprehensive molecular testing with routine quality assurance for cancer patients in Switzerland. It fosters personalized therapy so that patients receive the best possible treatment based on the molecular characterization of their tumor. This is especially relevant for patients with rare malignant diseases and/or who have recently received established standard therapies. Furthermore, this newly established network will make it possible to allocate more patients to clinical trials investigating molecularly targeted therapies.

The group should be an interdisciplinary platform for specialists involved in molecular oncology and personalized therapy in medical oncology/hematology. The main stakeholders will be medical oncologists, hematologists and (molecular) pathologists. However, molecular biologists, geneticists and specialists for bioinformatics will also be encouraged to actively participate. Moreover, the group aims to coordinate activities under the umbrella of the federal Swiss Personalized Health Initiative and foster personalized healthcare in the field of oncology.

Working group sarcoma

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

The working group is a small team of motivated sarcoma experts in Switzerland. Due to the rarity of sarcomas it is rather difficult to run trials in this diverse disease setting.

Silvia Hofer, MD, presented the German Interdisciplinary Sarcoma Group (GISG) 11 trial to the SAKK Board in January 2016: quality of life in patients with soft-tissue sarcoma (STS) with palliative chemotherapy or pazopanib – a randomized controlled trial. The trial was accepted in initial assessment under certain conditions.

The international randomized controlled trial for the treatment of newly diagnosed Ewing's Sarcoma Family of Tumors (Euro Ewing 2012) was accepted by the SAKK Board and the project can start as soon as negotiations with EORTC are concluded.

Antonia Digklia received a KFS grant for NAPAGE: A phase IIa clinical trial of gemcitabine and nab-paclitaxel in advanced soft tissue sarcoma. However, the support of the pharmaceutical company is not yet assured. Every effort has been made to open an SAKK trial in sarcoma and other funding opportunities are being evaluated.

Network for outcomes research

President: Konstantin Dedes, MD, University Hospital Zurich

The first health economic analyses accompanying SAKK clinical trials were finalized and the results published. Two literature-based health economic analyses were performed, and attracted considerable attention. Nine peer-reviewed publications appeared in renowned journals (see page 47 for details). In addition, a poster was presented at the ASCO Annual Meeting in Chicago (Palbociclib as a first-line treatment in estrogen receptor-positive, HER2-negative, advanced breast cancer not cost-effective with current pricing: a health economic analysis of the Swiss Group for Clinical Cancer Research (SAKK) and the World Conference on Lung Cancer WCLC in Vienna (P3.07-001 nivolumab for patients with advanced non-squamous non-small cell lung cancer: a cost-effectiveness analysis including PD-L1 testing).

Network for cancer predisposition testing and counseling CPTC

President: Sheila Unger, MD, FRCPC,
University Hospital Vaud (CHUV)

Genetic testing in the context of oncological diseases/predispositions has increased tremendously in recent years. The network has several important roles, mainly in:

1) supporting harmonization of genetic counseling and testing in clinical practice;
2) informing SAKK and network members about new developments in the field;
3) providing policies in the field of cancer predisposition testing and the care of individuals with a genetically conferred high risk of cancer.

The network elected a new president, Sheila Unger, MD, from Lausanne, who will ensure that the different task forces of the network advance projects in this fast-evolving field. The CPTC network will include representatives of different healthcare disciplines, including medical genetics, medical oncology, pathology, hematology, radio-oncology and surgery, laboratory medicine and other healthcare professions.

Markus Hasenfratz, PhD
Head of Clinical Trial Management

Peter Durrer, PhD
Head of Quality Assurance & Regulatory Affairs

Christine Biaggi Rudolf
Deputy Head of Clinical Trial Management

	2016	2015
Total patients from Switzerland	1075	826
Total patients from foreign countries	16	93
Total	**1091**	**919**

	Patients 2016	Trials 2016	Patients 2015	Trials 2015
Total patients in SAKK trials	806	24	655	21
Total patients in trials of cooperative groups (without IBCSG)	268	18	262	17
Total patients in IBCSG trials	17	3	2	2
Total	**1091**	**45**	**919**	**40**

Retrospective studies, cohort studies and biobanks	Patients 2016	Patients 2015
EORTC 10085 PRO	19	16
T-Cell Project	8	5
SAKK 63/12	324	179
Total	**351**	**200**

Further increase in patient numbers
We recorded a pleasing rise in patient numbers in 2016 – a total of 1091 patients recruited into the open trials run by the SAKK represented a substantial increase of 19 %. The Swiss member hospitals contributed 1075 of these patients. We therefore achieved the target we set ourselves in 2015 of again recruiting more than 1000 patients into trials. In addition, four new foreign trial protocols and six SAKK protocols in Switzerland were activated.

More submissions in the same processing time
The launch of the BASEC (Business Administration System for Ethics Committees) web portal and the necessary adaptation of our processes went smoothly in spite of significantly more submissions being made to the Ethics Committees than in the previous year.

2016	2015
11 trial protocols	10 trial protocols
23 amendments	23 amendments
24 changes of investigator	9 changes of investigator
40 additional centers	15 additional centers

The numbers clearly show that we dealt with more than twice as many submissions, particularly with respect to changes of investigator and additional centers, without increasing the time needed to process them. Our thanks go to the experienced Regulatory Affairs Team who certainly played a part in this achievement.

SAKK Safety Office has demonstrated its value
The switch from IBCSG to the SAKK Safety Office has demonstrated its value and fulfilled our expectations. Reaction times are now shorter and internal cooperation has become significantly easier. 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.

Simona Berardi Vilei, PhD
Head of Innovation
& Development

Dirk Klingbiel, PhD
Head of Statistics

In the department's first year the new team comprising Dr Katrin Eckhardt, Dr Milica Enoiu and Silvia Stüdeli was put together and held its first discussions with start-ups. The Innovation & Development team aims primarily to systematically acquire innovations and expand phase I activities.

A number of new trial projects were started and promise to deliver interesting results (SAKK 06/14, SAKK 36/13, SAKK 35/15, SAKK 11/16 and SAKK 67/15, details on page 40). Discussions also took place with major pharmaceutical companies and corresponding phase I projects are under consideration. The fact that these companies are actively seeking to collaborate with the SAKK can be seen as a major success, and we are confident that this will be advantageous for all partners and patients alike. It will provide them with access to new, innovative medicines and therapies at an early stage of development.

Last year 43 articles involving SAKK appeared in various scientific journals. The full list can be found on page 47.

Presence at international congresses
SAKK was well represented at the major oncology congresses, including the meeting of the American Society of Haematology ASH and the World Conference on Lung Cancer WCLC. The two presentations on SAKK trials 35/10 and 39/13 at the ASH Meeting were a particular highlight. A full list of presentations can be found on page 53.

As part of our statistical advisory work, we were also able to assist with several non-SAKK projects and contribute to publications. One of them was a publication in the Journal of Clinical Oncology by Dr Stefanie Fischer for which she won the SAKK/ Astellas GU-Oncology Award 2016 (for details see page 8).

The statistics team produced 17 clinical trial reports, including nine final reports for the authorities. One particular success was the rapid reopening of trial SAKK 25/14 – within ten days the report was written, approved by internal quality assurance, evaluated by the Board, and the trial was reopened for patent recruitment.

Flurina Hoffmann
Head of Fundraising
& Communications

Some 70 applications and preliminary inquiries were submitted to various foundations in 2016. Ten applications met with a positive response and the funding will be assigned to individual projects during the coming years. This represents a marked increase compared with the previous year and shows that it is worth investing in getting foundations on board and liaising with them, as well as in processing applications. Against this background, a full-time fundraising position was approved in 2016.

The service level agreements with the Swiss Cancer League and the Swiss Cancer Research Foundation were renewed for a further three-year period in 2016. We would like to thank both organizations for their confidence in us and their willingness to continue our longstanding partnership. We would also like to thank the Swiss Foundation for Clinical Cancer Research (SSKK) for its regular, generous support. We also greatly appreciate the continuing collaboration with the Rising Tide Foundation for Clinical Cancer Research. In 2016 this foundation made a substantial contribution to supporting the patient advisory board set up in 2015. Our thanks also go to the foundations who repeatedly provide ad hoc support for our important work: Promedica, the Werner and Hedy Berger-Janser Foundation and others.

In addition to our institutional partners we also engage in a lively exchange with the members of our Industry Pool (all members listed on page 37). The Industry Pool Meeting held annually with the aim of optimizing collaboration provides a forum for discussing issues and sharing information. We are also grateful to our partners in industry for their interest in our work and for co-sponsoring academic projects whose funding would otherwise be uncertain.

Regular, professional media work is continuing to pay dividends. We have a prominent position in the professional journals, where we can report both on our trials and on our events and cooperation projects. In comparison with the previous year, the work done by our network was mentioned much more frequently in the lay press, particularly in themed supplements. The many media enquiries we receive show that journalists regard us as a competent contact for matters relating to clinical cancer research.

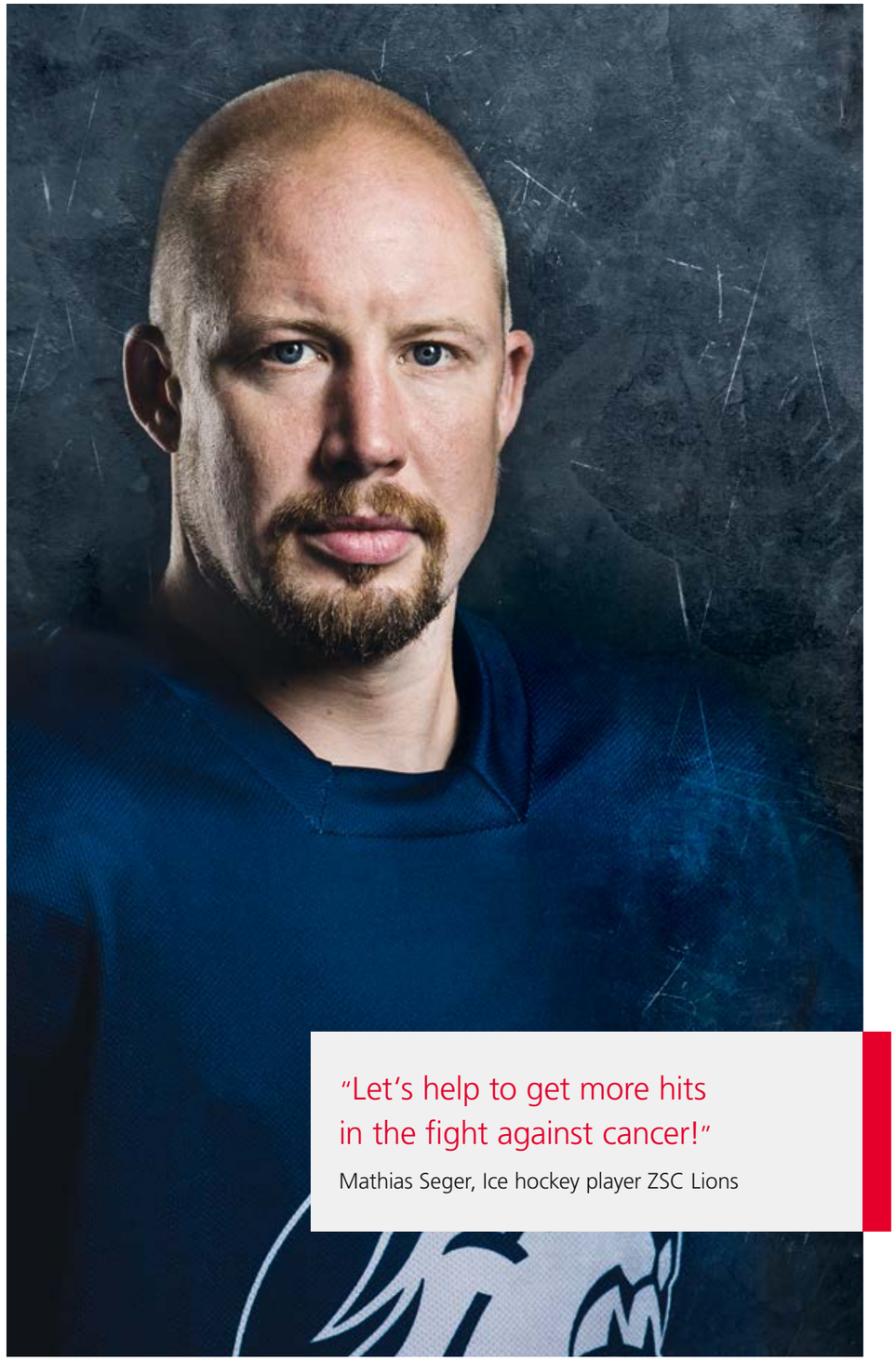
Our website is an important calling card, enabling us to present our expertise and credibility to interested members of the public in both words and images. Professional management of our online media is also paying off: we have more than 12,000 visitors every month and more than 1000 followers on Twitter.

Hans-Peter Röthlisberger
Head of Services

Finances
SAKK closed 2016 with profit for the year of CHF 800,149. This is indicative of a successful financial year, even though the ambitious budget was not quite met. Delays in the activation of trials were the main reason for this, resulting in lower expenditure and leaving us with a surplus.

Relocation
The IT department was integrated into the Services department at the start of 2016, permitting better use of resources and creating new synergies. The value of this step was particularly apparent in the major project to move to new offices. In May 2016, our team had to relocate around 80 workplaces to the new site on Effingerstrasse 31–35. We also had to set up and launch at the new site all the services that we previously sourced from the Swiss Cancer League, such as reception, building management, telephone and postal services. We have written new site regulations and devised a comprehensive security concept. This includes fire prevention training, which was attended by some of our employees in 2016.

"House of Clinical Research"
In June 2016, SAKK and three other cooperative groups, SPOG, IBCSG and ETOP, joined forces to lay the foundation for a "House of Clinical Research". Their geographical proximity facilitates dialogue and strengthens the collaboration. Synergies in IT and in building management are being exploited, with a beneficial impact on costs. The start of a new era was celebrated with a small inauguration party in early June.



"Let's help to get more hits in the fight against cancer!"

Mathias Seger, Ice hockey player ZSC Lions

Stéphanie Mohler
Responsible of Human Resources

The SAKK offers its 74 employees an attractive working environment with good benefits. In 2014, the annualized working time regulations were approved and came into force on 1 January 2015. The annualized working time system offers employees significantly greater scope for organizing their working hours, with the particular advantage of making it easier for them to tailor their job to the demands of family or to their individual goals. To further enhance our employees' work-life balance, in 2016 the management reviewed the issue of overtime and took steps to optimize employees' workloads. Employees in a managerial role are required to review employees' time management on a regular basis as well as during the annual performance appraisal interviews, to ensure that individual employees have neither too much nor too little work. The necessary changes have been made to the performance appraisal form.

Optimized working conditions also have an impact on the average length of employment. Turnover rates are very low at the SAKK, particularly in light of the flat hierarchy and generally very young SAKK workforce. Lots of new employees come to the SAKK straight from university, receive excellent training with us and gain valuable experience, making them extremely attractive to other employers and increasing the risk that they will be enticed away from us.

We have been supporting our trainee, Timon Galeazzi, since 2013. In 2016, he successfully completed his qualification process. We warmly congratulate him and wish him all the best in both his personal and professional life. Our new trainee, Andrina Altmann, began her training with us in 2016. She will be working in the various departments in rotation, to familiarize herself with the diverse working environment at the SAKK. We are proud that our commitment to training helps safeguard the availability of qualified young specialists.

2016	**1. January**	**31. December**	**Average for year**
Full-time employees (FT)	60.8	62.0	62.2
Employee headcount (HC)	72	74	74

Balance sheet

As of December 31 (in CHF)	**2016**		**2015**	
Assets				
Cash and cash equivalents	9'614'150		8'088'479	
Accounts receivable	2'533'345		2'654'071	
Prepaid expenses and deferred income	914'076		335'534	
Total current assets	**13'061'572**	59.6 %	**11'078'083**	56.3 %
Financial assets	8'854'960		8'612'580	
Total fixed assets	**8'854'960**	40.4 %	**8'612'580**	43.7 %
Total assets	**21'916'532**	100.0 %	**19'690'663**	100.0 %
Liabilities				
Accounts payable	2'586'603		1'334'695	
Deferred income and accrued expenses	5'595'303		4'333'044	
Total short-term liabilities	**8'181'906**	37.3 %	**5'667'739**	28.8 %
Provisions for liability claims	608'156		608'156	
Other Provisions	90'000		300'000	
Total long-term liabilities	**698'156**	3.2 %	**908'156**	4.6 %
«Education Grant» fund	30'000		30'000	
«Special purpose» fund	17'932		44'747	
«Hubacher» fund	9'708'590		10'560'223	
Total special purpose fund capital	**9'756'522**	44.5 %	**10'634'971**	54.0 %
Organizational capital				
Free capital as at 1 January	2'479'798		2'196'912	
Group result	800'149		282'886	
Free capital as at 31 December	3'279'947		2'479'798	
Total organizational capital	**3'279'947**	15.0 %	**2'479'798**	12.6 %
Total liabilities	**21'916'532**	100.0 %	**19'690'663**	100.0 %

Statement of operations

January 1 to December 31 (in CHF)	**2016**		**2015**	
Operating income				
Research contributions SERI[1]	5’885’400		5’648’772	
Research contributions CLS[2]	352’650		200’000	
Research contributions CRS[3]	1’152’800		1’146’800	
Research contributions SSKK[4]	50’000		-	
Research contributions, third parties	723’345		1’013’719	
Research contributions, Swiss health insurers	1’711’296		998’947	
Income from industry partnerships	3’830’843		4’602’228	
Income from foreign study groups	66’348		28’165	
Income from Cancer Bulletin	298’285		287’038	
Donations, bequests, legacies	1’860’978		598’957	
Miscellaneous income	517’212		762’059	
Losses on receivables	-372’000		-	
Total operating income	**16’077’156**	100.0 %	**15’286’684**	100.0 %
Operating costs				
Miscellaneous study-related expenses	-1’337’110		-960’734	
Research contributions IBCSG[5], ETOP	-163’333		-159’996	
Research contributions, centres	-4’084’423		-3’672’416	
Travel, hospitality expenses	-414’798		-396’507	
Other operating expenses	-147’033		-146’232	
Total operating expenses	**-6’146’698**	-38.2 %	**-5’335’884**	-34.9 %
Interim result 1	**9’930’459**	61.8 %	**9’950’799**	65.1 %
Coordination expenses				
Personnel expenses	-7’794’782		-7’787’140	
Other coordination expenses	-1’313’788		-1’856’723	
Total coordination expenses	**-9’108’570**	-56.7 %	**-9’643’863**	-63.1 %
Interim result 2	**821’889**	5.1 %	**306’937**	2.0 %
Financial result				
Financial income	4’578		10’021	
Financial expenses	-26’040		-37’271	
Total financial result	**-21’463**	-0.1 %	**-27’251**	-0.2 %
Interim result 3	**-800’426**	5 %	**279’686**	1.8 %
Out-of-period result				
Out-of period income	-		3’200	
Out-of period expenses	-277			
Total out-of-period result relating to a different accounting period	**-277**	0.0 %	**3’200**	0.0 %
Annual result	**800’149**	5.0 %	**282’886**	1.9 %

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, European Thoracic Oncology Platform

Notes to the 2016 annual financial statements

As of December 31	**2016**	**2015**
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	8’854’960 CHF	8’612’580 CHF
Auditors’ fee		
Fee for auditing services	7’500 CHF	8’000 CHF
Fee for other services	0.00 CHF	6’500 CHF

These annual financial statements have been prepared in accordance with the requirements of Swiss law, in particular the articles on commercial accounting and financial reporting in the Code of Obligations (Art. 957 to 962).

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 2016 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 2016 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, 23. März 2017

BDO AG

Matthias Hildebrandt
Zugelassener Revisionsexperte

Simon Kehrli
Leitender Revisor
Zugelassener Revisionsexperte

Advisory Board

General Assembly

Aargau	Baden	Basel	Bern	Biel
Fribourg	Genève	Graubünden	Hirslanden	Solothurn
St. Gallen	Thun	Thurgau	Ticino	Valais
Vaud	Winterthur	Zentralschweiz	Zürich Triemli	Zürich USZ
	Budapest	Strasbourg	Freiburg i. B.	

Chairman

SAKK Board

Working Groups

General Nervous System Tumors
Patrick Roth, MD

Head and Neck Cancer
Marco Siano, MD

Imaging in Diagnostics and Therapy Monitoring
Prof Hendrik von Tengg-Kobligk, MD

Melanoma
Prof Olivier Michielin, MD

Sarcoma
Christian Rothermundt, MD

Supportive Care & Palliative Cancer Care
Prof Manuela Eicher, MD

Gynecological Cancers
Prof Viola A. Heinzelmann-Schwarz, MD

Working Group Immuno-Oncology
Prof George Coukos, MD

Molecular Oncology
PD Sacha Rothschild, MD, PhD

Project Groups

Breast Cancer
PD Thomas Ruhstaller, MD

Gastrointestinal Cancer
Andreas Wicki, MD, PhD

Leukemia
PD Georg Stüssi, MD

Lung Cancer
Prof Oliver Gautschi, MD

Lymphoma
PD Urban Novak, MD

New Anticancer Treatments
PD Markus Jörger, MD

Urogenital Tumors
PD Richard Cathomas, MD

Sections

Network for Cancer Predisposition Testing and Counseling
PD Sheila Unger, MD

Network for Outcomes Research
Konstantin Dedes, MD

Pathology
Prof Rupert Langer, MD

Radio-Oncology
Prof Frank Zimmermann, MD

Surgery
Prof Christoph Kettelhack, MD

SAKK Coordinating Center

CEO

Executive Board

- Clinical Trial Management
- Innovation & Development
- Statistics
- Quality Assurance & Regulatory Affairs
- Fundraising & Communications
- Services

SAKK board from left to right: Prof Bernhard Pestalozzi, MD University Hospital Zurich **Prof Gabriela Baerlocher, MD** University Hospital Bern **Prof Cristiana Sessa, MD** Oncology Institute of Southern Switzerland (IOSI) Bellinzona **Prof Ludwig Plasswilm, MD** Cantonal Hospital St.Gallen **Prof Roger von Moos, MD, (President)** Cantonal Hospital Chur **Prof Stefan Aebi, MD** Cantonal Hospital Lucerne **Viviane Hess, MD** University Hospital Basel (Vice-President) **Prof Christoph Driessen, MD** Cantonal Hospital St.Gallen **Ellen Obermann, MD** University Hospital Basel **Prof Walter R. Marti, MD** Cantonal Hospital Olten. **Absent: Prof Miklos Pless, MD** Cantonal Hospital Winterthur, **Prof Arnaud Roth, MD** University Hospital Geneva.

The Swiss Group for Clinical Cancer Research SAKK expresses its gratitude!
In 2016 we were again able to conduct trials in over 50 centers in Switzerland and at various hospitals in other countries. A total of 1091 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 2016
Sincere thanks go to the supporting pharmaceutical companies:

- AbbVie AG
- Amgen Switzerland Ltd
- Astellas Pharma Ltd
- AstraZeneca 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
- Shire
- Spectrum Pharmaceuticals
- Takeda Pharma AG
- Teva Pharma Ltd
- Vifor Ltd.

Contributions from the public sector and third parties:
- State Secretariat for Education, Research and Innovation (SERI)
- Swiss Cancer Research Foundation
- Swiss Cancer League

- Bern Cancer League
- Bequests
- Foundation for the fight against cancer
- Gateway for Cancer Research
- Private donors
- Promedica
- Rising Tide Foundation for Clinical Cancer Research
- Swiss Clinical Cancer Research Foundation
- Werner & Hedy Berger-Janser Foundation

Address
Swiss Group for Clinical Cancer Research (SAKK)
SAKK Coordinating Center
Effingerstrasse 33
3008 Bern
Phone +41 31 389 91 91
Fax +41 31 508 41 42
sakk.ch
info@sakk.ch

Account for donations to SAKK:
PC 60-2954422-0

"Cancer can affect anyone,
which makes associations like SAKK
all the more important."
Wendy Holdener, Ski-racer

Conducted trials 2016

Trials activated in 2016

Trial name	Trial title	Coordinating Investigator	Activated
Breast Cancers			
SAKK 24/14	Anti-EGFR-immunoliposomes loaded with doxorubicin in patients with advanced triple negative EGFR positive breast cancer – A multicenter single arm phase II trial.	Ralph Winterhalder	20.10.2016
SAKK 28/12	Standardization project for Ki-67 assessment in G2 breast cancer. A retrospective study (samples only).	Zsuzsanna Varga	02.03.2016
IBCSG 52-15 PALLAS	PALbociclib CoLlaborative Adjuvant Study: A randomized phase III trial of Palbociclib with standard adjuvant endocrine therapy versus standard adjuvant endocrine therapy alone for hormone receptor positive (HR+)/human epidermal growth factor receptor 2 (HER2)-negative early breast cancer.	Marcus Vetter	08.11.2016
Gastrointestinal Cancers			
SAKK 41/13	Adjuvant aspirin treatment in PIK3CA mutated colon cancer patients. A randomized, double-blinded, placebo-controlled, phase III trial.	Ulrich Güller	26.04.2016
SAKK 41/14	Physical activity program in patients with metastatic colorectal cancer who receive palliative first-line chemotherapy. A multicenter open label randomized controlled phase III trial.	Viviane Hess	29.01.2016
Leukemias			
GRAALL 2014	Treatment of adult acute lymphoblastic leukemia (ALL), evaluating the addition of a second late intensification course in B-lineage PH-negative ALL, the addition of Nelarabine in high-risk T-lineage ALL, and the reduction of chemotherapy intensity in Ph+ ALL.	Yves Chalandon	03.05.2016
HOVON 135	A randomized phase II multicenter study to assess the tolerability and efficacy of the addition of ibrutinib to 10-day decitabine in UNFIT (i.e. HCT-CI ≥ 3) AML and high risk myelodysplasia (MDS) (IPSS-R > 4.5) patients aged ≥ 66 years. A study in the frame of the master-protocol of parallel randomized phase II studies in UNFIT-older AML/high-risk MDS patients.	Sabine Blum	26.10.2016
Lung Cancers			
SAKK 16/14	Anti-PD-L1 antibody MEDI4736 in addition to neoadjuvant chemotherapy in patients with stage IIIA(N2) non-small cell lung cancer (NSCLC). A multicenter single-arm phase II trial.	Sacha Rothschild	11.04.2016
EORTC PEARLS	A randomized, phase 3 trial with anti-PD-1 monoclonal antibody pembrolizumab (MK-3475) versus placebo for patients with early stage NSCLC after resection and completion of standard adjuvant therapy (PEARLS).	Alessandra Curioni	08.02.2016
New Anticancer Treatments			
SAKK 67/15	An open-label Phase 1/2a study of BAL101553 administered as intravenous 48-hour infusions in adult patients with advanced solid tumors.	Markus Joerger	19.08.2016
Urogenital Cancers			
SAKK 08/14	Investigation of Metformin in patients with castration resistant Prostate Cancer in combination with Enzalutamide vs. Enzalutamide alone (IMPROVE TRIAL). A randomized, open label, phase II trial.	Christian Rothermundt	20.05.2016

Trials open for accrual in 2016

Trial name	Trial title	Coordinating Investigator	Activated
Breast Cancers			
SAKK 21/12	A 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.	Martin Zweifel	14.04.2014
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.	Patrik Weder	29.04.2013
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.	Walter Weber	18.03.2015
SAKK 24/14	Anti-EGFR-immunoliposomes loaded with doxorubicin in patients with advanced triple negative EGFR positive breast cancer – A multicenter single arm phase II trial.	Ralph Winterhalder	20.10.2016
SAKK 25/14	Eribulin as 1st line treatment in elderly patients (≥ 70 years) with advanced breast cancer: a multicenter phase II trial.	Ursula Hasler-Strub	11.08.2015
SAKK 96/12	Prevention of symptomatic skeletal events with denosumab administered every 4 weeks versus every 12 weeks – a non-inferiority phase III trial.	Roger von Moos	16.07.2014
EORTC 10085 PRO	EORTC 10085 prospective part, clinical and biological characterization of male breast cancer: an international EORTC, BIG and NABCG intergroup study.	Stefan Aebi	02.07.2014
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 (POSITIVE).	Olivia Pagani	02.12.2014
IBCSG 50-14 OLYMPIA	A randomised, double-blind, parallel group, placebo-controlled multi-centre Phase III study to assess the efficacy and safety of olaparib vs placebo as adjuvant treatment in patients with high risk germline BRCA1/2 mutations and high risk HER2 negative primary breast cancer who have completed definitive local treatment and neoadjuvant or adjuvant chemotherapy.	Urban Novak	23.11.2015
IBCSG 52-15 PALLAS	PALbociclib CoLlaborative Adjuvant Study: A randomized phase III trial of Palbociclib with standard adjuvant endocrine therapy versus standard adjuvant endocrine therapy alone for hormone receptor positive (HR+) / human epidermal growth factor receptor 2 (HER2)-negative early breast cancer.	Marcus Vetter	08.11.2016

Trial name	Trial title	Coordinating Investigator	Activated
Gastrointestinal Cancers			
SAKK 41/13	Adjuvant aspirin treatment in PIK3CA mutated colon cancer patients. A randomized, double-blinded, placebo-controlled, phase III trial.	Ulrich Güller	26.04.2016
SAKK 41/14	Physical activity program in patients with metastatic colorectal cancer who receive palliative first-line chemotherapy. A multicenter open label randomized controlled phase III trial.	Viviane Hess	29.01.2016
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.	Michael Montemurro	02.07.2015
Gynaecological cancers			
INOVATYON	Phase III international, randomized study of trabectedin plus pegylated liposomal doxorubicin (PLD) versus carboplatin plus PLD in patients with ovarian cancer progressing within 6-12 months of last platinum.	Cristiana Sessa	28.03.2014
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.	Cristiana Sessa	17.12.2013
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.	Jakob Passweg	23.04.2015
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).	Olivier Spertini	08.04.2008
CML-V	Treatment optimization of newly diagnosed Ph/BCR-ABL positive patients with chronic myeloid leukemia (CML) in chronic phase with nilotinib vs. nilotinib plus interferon alpha induction and nilotinib or interferon alpha maintenance therapy.	Gabriela Baerlocher	14.02.2014
EBMT HCT vs CT	Compare conventional chemotherapy to low dose total body irradiation-based conditioning and hematopoietic cell transplantation as consolidation therapy.	Yves Chalandon	12.07.2011
GRAALL 2014	Treatment of adult acute lymphoblastic leukemia (ALL), evaluating the addition of a second late intensification course in B-lineage PH-negative ALL, the addition of Nelarabine in high-risk T-lineage ALL, and the reduction of chemotherapy intensity in Ph+ ALL.	Yves Chalandon	03.05.2016
HOVON 103 - TOS	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 chemotherapy in AML and high risk myelodysplasia (MDS) (IPSS-R > 4.5) in patients aged ≥ 66 years.	Georg Stüssi	12.11.2014
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).	Thomas Pabst	04.05.2015
HOVON 135	A randomized phase II multicenter study to assess the tolerability and efficacy of the addition of ibrutinib to 10-day decitabine in UNFIT (i.e. HCT-CI ≥ 3) AML and high risk myelodysplasia (MDS) (IPSS-R > 4.5) patients aged ≥ 66 years. A study in the frame of the masterprotocol of parallel randomized phase II studies in UNFIT-older AML/high-risk MDS patients.	Sabine Blum	26.10.2016
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.	Hansjörg Vees	11.07.2014
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.	Solange Peters	03.05.2010
SAKK 16/14	Anti-PD-L1 antibody MEDI4736 in addition to neoadjuvant chemotherapy in patients with stage IIIA(N2) non-small cell lung cancer (NSCLC). A multicenter single-arm phase II trial.	Sacha Rothschild	11.04.2016
EORTC PEARLS	A randomized, phase 3 trial with anti-PD-1 monoclonal antibody pembrolizumab (MK-3475) versus placebo for patients with early stage NSCLC after resection and completion of standard adjuvant therapy (PEARLS).	Alessandra Curioni	08.02.2016
ETOP SPLENDOUR	A randomised, open-label phase III trial evaluating the addition of denosumab to standard first-line anticancer treatment in advanced NSCLC.	Roger von Moos	12.01.2015
Lung ART EORTC	LungArt: 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.	Riesterer Oliver	18.05.2015
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.	Emanuele Zucca	15.10.2015
SAKK 36/13	Combination of ibrutinib and Bortezomib followed by ibrutinib maintenance to treat patients with relapsed and refractory mantle cell lymphoma. A multicenter Phase I/II trial	Urban Novak	11.08.2015
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.	Felicitas Hitz	23.02.2012
SAKK 39/13	Nelfinavir as Bortezomib-sensitizing drug in patients with proteasome inhibitor-nonresponsive myeloma. A multicenter phase II trial.	Christoph Driessen	02.12.2014
HD 17	Treatment optimization trial in the first-line treatment of intermediate stage Hodgkin lymphoma; treatment stratification by means of FDG-PET.	Andreas Lohri	13.02.2013
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).	Emanuele Zucca	15.11.2011

Trial name	Trial title	Coordinating Investigator	Activated
New Anticancer Treatments			
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.	Reinhard Dummer	28.03.2013
SAKK 66/13	INC280 combination with BKM120 for glioblastoma patients, phase I/II trial.	Markus Joerger	16.12.2013
SAKK 67/15	An open-label phase 1/2a study of BAL101553 administered as intravenous 48-hour infusions in adult patients with advanced solid tumors.	Markus Joerger	19.08.2016
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.	Cristiana Sessa	21.02.2014
Urogenital Cancers			
SAKK 01/10	Carboplatin chemotherapy and involved node radiotherapy in stage IIA/B seminoma.	Alexandros Papachristofilou	15.06.2012
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.	Cyrill Rentsch	07.09.2015
SAKK 08/14	Investigation of Metformin in patients with castration resistant Prostate Cancer in combination with Enzalutamide vs. Enzalutamide alone (IMPROVE TRIAL). A randomized, open label, phase II trial.	Christian Rothermundt	20.05.2016
SAKK 63/12	Prospective cohort study with collection of clinical data and serum of patients with prostate disease.	Daniel Engeler	15.10.2014
SAKK 96/12	Prevention of symptomatic skeletal events with denosumab administered every 4 weeks versus every 12 weeks – a non-inferiority phase III trial.	Roger von Moos	16.07.2014
STAMPEDE	Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy A multi-arm multi-stage randomised controlled trial.	George Thalmann	11.01.2010

Trials closed for accrual in 2016

Trial name	Trial title	Coordinating Investigator	Activated	Closed
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.	Patrik Weder	29.04.2013	21.01.2016
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.	Walter Weber	18.03.2015	28.12.2016
Gastrointestinal Cancers				
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.	Cristiana Sessa	17.12.2013	30.10.2016
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.	Jakob Passweg	23.04.2015	09.02.2016
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).	Olivier Spertini	08.04.2008	10.05.2016
HOVON 103 - TOS	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 chemotherapy in AML and high risk myelodysplasia (MDS) (IPSS-R > 4.5) in patients aged ≥ 66 years.	Georg Stüssi	12.11.2014	01.07.2016
Lung Cancers				
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.	Solange Peters	03.05.2010	13.01.2016
Lymphomas				
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.	Felicitas Hitz	23.02.2012	20.12.2016
SAKK 39/13	Nelfinavir as Bortezomib-sensitizing drug in patients with proteasome inhibitor-nonresponsive myeloma. A multicenter phase II trial.	Christoph Driessen	02.12.2014	14.04.2016
New Anticancer Treatments				
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.	Reinhard Dummer	28.03.2013	06.06.2016
SAKK 66/13	INC280 combination with BKM120 for glioblastoma patients, phase I/II trial.	Markus Joerger	16.12.2013	02.05.2016
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.	Cristiana Sessa	21.02.2014	19.02.2016

Accrual numbers per disease and member

Urogenital Cancers	Lung Cancers	Breast Cancers	Leukemias	Lymphomas	Gastrointestinal Cancers	Gynaecological cancers	New Anticancer Treatments*	**Total**		
462	**85**	**278**	**133**	**78**	**33**	**15**	**18**	**1091**	Members	Hospitals
8	0	10	9	3	0	2	0	**32**	**Aargau**	**Aarau Kantonsspital**
19	0	6	2	2	2	0	0	**31**	**Baden**	**Kantonsspital**
51	4	15	12	6	4	4	3	**96**	**Basel**	**Bruderholz Claraspital Liestal Kantonsspital Universitätsspital**
67	7	13	33	11	0	1	0	**132**	**Bern**	**Engeriedspital Inselspital**
2	0	6	0	0	0	0	0	**8**	**Biel**	**Spitalzentrum AG**
61	7	7	7	2	0	0	0	**84**	**Fribourg**	**Hôpital Fribourgeois**
44	2	4	8	1	0	0	3	**59**	**Genève**	**Hôpital Universitaire Genève**
45	11	26	0	4	1	1	3	**91**	**Graubünden**	**Chur Kantonsspital**
4	2	26	0	1	3	0	0	**36**	**Hirslanden**	**Aarau Hirslandenklinik Brustzentrum Zürich Seefeld Zürich Hirslandenklinik Zürich im Park**
5	0	2	0	4	0	1	0	**12**	**Solothurn**	**Olten Kantonsspital**
83	12	57	9	17	8	1	5	**189**	**St. Gallen**	**Kantonsspital Onkologie am Bahnhofpark ZeTuP**
2	2	6	0	3	2	0	0	**15**	**Thun**	**Radio-Onkologie Berner Oberland Thun Simmental AG**
5	0	15	0	0	1	2	0	**23**	**Thurgau**	**Brustzentrum Frauenfeld Kantonsspital Münsterlingen Kantonsspital Spital Thurgau**
13	0	13	9	3	2	2	2	**44**	**Ticino**	**Bellinzona IOSI Clinica Luganese Fondazione Oncologia Varini&Calderoni Oncology**
10	0	11	0	0	0	0	0	**21**	**Valais**	**Brig SZO Sion CHCVS**
2	5	4	14	0	2	0	0	**27**	**Vaud**	**CCAC Lausanne Lausanne CHUV**
9	13	17	0	3	0	1	0	**43**	**Winterthur**	**Kantonsspital**
13	5	5	8	9	4	0	2	**44**	**Zentralschweiz**	**Luzern Kantonsspital**
6	0	6	0	2	0	0	0	**14**	**Zürich Triemli**	**Zürich Triemli Spital Limmattal**
2	15	28	22	6	1	0	0	**74**	**Zürich USZ**	**Frauenklinik Spital Männedorf Zürich Universitätsspital**
11	0	1	0	1	3	0	0	**16**	**Foreign countries**	

*incl. 11 patients from SAKK 06/14, 36/13 (are counted for both project groups)

Publications of SAKK and cooperative groups 2016

Trial name	Trial title	Authors	Journal	IF*
Breast Cancers				
SAKK 22/99	Swiss Group for Clinical Cancer Research (SAKK). Do all patients with advanced HER2 positive breast cancer need upfront-chemo when receiving trastuzumab? Randomized Phase III trial SAKK 22/99.	Pagani O, Klingbiel D, Ruhstaller T, Nolè F, Eppenberger S, Oehlschlegel C, Bernhard J, Brauchli P, Hess D, Mamot C, Munzone E, Pestalozzi B, Rabaglio M, Aebi S, Ribi K, Rochlitz C, Rothgiesser K, Thürlimann B, Moos RV, Zaman K, Goldhirsch A.	Ann. Oncol.	7.04
SAKK 24/09	SAKK 24/09: safety and tolerability of bevacizumab plus paclitaxel vs. Bevacizumab plus metronomic cyclophosphamide and capecitabine as first-line therapy in patients with HER2-negative advanced stage breast cancer – a multicenter, randomized phase III trial.	Rochlitz C, Bigler M, von Moos R, Bernhard J, Matter-Walstra K, Wicki A, Zaman K, Anchisi S, Küng M, Kyung-Jae N, Bärtschi D, Borner M, Rordorf T, Rauch D, Müller A, Ruhstaller T, Vetter M, Trojan A, Hasler-Strub U, Cathomas R, Winterhalder R.	BMC Cancer.	3.36
BIG 1-98	International Breast Cancer Study Group and the BIG 1-98 Collaborative Group. Outcomes of special histotypes of breast cancer after adjuvant endocrine therapy with letrozole or ta-moxifen 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, Mac-Grogan G, Bibeau F, Lelkaitis G, Price KN, Gelber RD, Coates AS, Goldhirsch A, Colleoni M.	Ann. Oncol.	7.04
IBCSG 22-00	Tumor-infiltrating lymphocytes (TILs) are a powerful prognostic marker in patients with triple-negative breast cancer enrolled in the IBCSG phase III randomized clinical trial 22-00.	Pruneri G, Gray KP, Vingiani A, Viale G, Curigliano G, Criscitiello C, Láng I, Ruhstaller T, Gianni L, Goldhirsch A, Kammler R, Price KN, Cancello G, Munzone E, Gelber RD, Regan MM, Colleoni M.	Breast Cancer Res. Tr.	3.94
IBCSG 22-00	Low-Dose Oral Cyclophosphamide and Methotrexate Maintenance For Hormone Receptor-Negative Early Breast Cancer: International Breast Cancer Study Group Trial 22-00.	Colleoni M, Gray KP, Gelber S, Láng I, Thürlimann B, Gianni L, Abdi EA, Gomez HL, Linderholm BK, Puglisi F, Tondini C, Kralidis E, Eniu A, Cagossi K, Rauch D, Chirgwin J, Gelber RD, Regan MM, Coates AS, Price KN, Viale G, Goldhirsch A.	J. Clin. Oncol.	18.4
IBCSG 25/02	Impact of CYP19A1 and ESR1 variants on early-onset side effects during combined endocrine therapy in the TEXT trial.	Johansson H, Gray KP, Pagani O, Regan MM, Viale G, Aristarco V, Macis D, Puccio A, Roux S, Maibach R, Colleoni M, Rabaglio M, Price KN, Coates AS, Gelber RD, Goldhirsch A, Kammler R, Bonanni B, Walley BA.	Breast Cancer Res.	3.94
IBCSG I-V	Annual Hazard Rates of Recurrence for Breast Cancer During 24 Years of Folow-Up: Results From the International Breast Cancer Study Group Trials I to V.	Colleoni M, Sun Z, Price KN, Karlsson P, Forbes JF, Thürlimann B, Gianni L, Castiglione M, Gelber RD, Coates AS, Goldhirsch A.	J. Clin. Oncol.	18.4
IBCSG TEXT & SOFT	Are SOFT and TEXT results practice changing and how?	Pagani O, Regan MM, Francis PA.	Breast.	2.38

Trial name	Trial title	Authors	Journal	IF*
Surgery and Gastrointestinal Cancers				
SAKK 40/00	Prospective multicenter registration study of colorectal cancer: signifi-cant variations in radicality and oncosurgical quality – Swiss Group for Clinical Cancer Research Protocol SAKK 40/00.	Maurer CA, Dietrich D, Schilling MK, Metzger U, Laffer U, Buchmann P, Lerf B, Villiger P, Melcher G, Klaiber C, Bilat C, Brauchli P, Terracciano L, Kessler K.	Int. J. Colorectal Dis.	2.38
SAKK 60/00	Reduced expression of SMAD4 is associated with poor survival in colon cancer.	Yan P, Klingbiel D, Saridaki Z, Ceppa P, Curto M, McKee T, Roth A, Tejpar S, Delorenzi M, Bosman FT, Fiocca R.	Clin. Cancer Res.	8.72
SAKK 77/08	Sorafenib with or without everolimus in patients with advanced hepato-cellular carcinoma (HCC): A rand-omized multicenter, multinational phase II trial (SAKK 77/08 and SASL 29).	Koeberle D, Dufour JF, Demeter G, Li Q, Ribi K, Samaras P, Saletti P, Roth AD, Horber D, Buehlmann M, Wag-ner AD, Montemurro M, Lakatos G, Feilchenfeldt J, Peck-Radosavljevic M, Rauch D, Tschanz B, Bodoky G.	Ann. Oncol.	7.04
Head and Neck Cancers				
SAKK 10/94	Haemoglobin and creatinine values as prognostic factors for outcome of concurrent radiochemotherapy in locally advanced head and neck cancers: Secondary results of two European randomized phase III trials (ARO 95-06, SAKK 10/94).	Ghadjar P, Pöttgen C, Joos D, Hayoz S, Baumann M, Bodis S, Budach W, Studer G, Stromberger C, Zimmer-mann F, Kaul D, Plasswilm L, Olze H, Bernier J, Wust P, Aebersold DM, Budach V.	Strahlenther. Onkol.	2.91
Leukemias				
CLL10	First-line chemoimmunotherapy with bendamustine and rituximab versus fludarabine, cyclophosphamide, and rituximab in patients with advanced chronic lymphocytic leukaemia (CLL10): an international, open-label, randomised, phase 3, non-inferiority trial.	Eichhorst B, Fink AM, Bahlo J, Busch R, Kovacs G, Maurer C, Lange E, Köppler H, Kiehl M, Sökler M, Schlag R, Vehling-Kaiser U, Köchling G, Plöger C, Gregor M, Plesner T, Trneny M, Fischer K, Döhner H, Kneba M Wendtner CM, Klapper W, Kreuzer KA, Stilgenbauer S, Böttcher S, Hallek M; international group of investigators; German CLL Study Group (GCLLSG).	Lancet Oncol.	24.69
CML IIIA	Long-term outcome of patients with newly diagnosed chronic myeloid leukemia: a ran-domized compari-son of stem cell transplantation with drug treatment.	Gratwohl A, Pfirrmann M, Zander A, Kröger N, Beelen D, Novotny J, Nerl C, Scheid C, Spiek-ermann K, Mayer J, Sayer HG, Falge C, Bunjes D, Döh-ner H, Ganser A, Schmidt-Wolf I, Schwerdtfeger R, Baurmann H, Kuse R, Schmitz N, Wehmeier A, Fischer JT, Ho AD, Wilhelm M, Goebeler ME, Lindemann HW, Bormann M, Herten-stein B, Schlimok G, Baerlocher GM, Aul C, Pfreundschuh M, Fabian M, Staib P, Edinger M, Schatz M, Fauser A, Arnold R, Kindler T, Wulf G, Ros-selet A, Hellmann A, Schäfer E, Prümmer O, Schenk M, Hasford J, Heimpel H, Hossfeld DK, Kolb H, Bü-sche G, Haferlach C, Schnittger S, Müller MC, Reiter A, Berger U, Sau-ßele S, Hochhaus A, Hehlmann R; SAKK; German CML Study Group.	Leukemia.	4.31
GRAALL 2005	Rituximab in B-Lineage Adult Acute Lymphoblastic Leukemia.	Maury S, Chevret S, Thomas X, Heim D, Leguay T, Huguet F, Cheval-lier P, Hunault M, Boissel N, Escoffre-Barbe M, Hess U, Vey N, Pignon JM, Braun T, Marolleau JP, Cahn JY, Cha-landon Y, Lhéritier V, Beldjord K, Béné MC, Ifrah N, Dombret H; for GRAALL.	N. Engl. J. Med.	55.9
HOVON/ SAKK	Comparative value of post-remission treatment in cytogenetically normal AML subclassi-fied by NPM1 and FLT3-ITD allelic ratio.	Versluis J, In't Hout FE, Devillier R, van Putten WL, Manz MG, Vekemans MC, Legdeur MC, Passweg JR, Maer-tens J, Kuball J, Biemond BJ, Valk PJ, van der Reijden BA, Meloni G, Schou-ten HC, Vellenga E, Pabst T, Willemze R, Löwenberg B, Ossenkoppele G, Baron F, Huls G, Cornelissen JJ.	Leukemia.	10.4
HOVON/ SAKK	Relationhip between event-free survival and overall survival in acute myeloid leukemia: A report from SWOG, HOVON/SAKK, and MRC/ NCRI.	Othus M, van Putten W, Lowenberg B, Petersdorf SH, Nand S, Erba H, Appelbaum F, Hills R, Rus-sell N, Burnett A, Estey E.	Haemato-logica.	5.81
Lung Cancers				
SAKK 16/01	Preoperative chemoradiotherapy with cisplatin and docetaxel for stage IIIB non-small cell lung cancer: 10-year follow-up of the SAKK 16/01 trial.	Früh M, Ris HB, Xyrafas A, Peters S, Mirimanoff RO, Gautschi O, Pless M, Stupp R.	Ann. Oncol.	7.04
SAKK 19/09	Bevacizumab Plus Pemetrexed Ver-sus Pemetrexed Alone as Mainte-nance Therapy for Patients With Advanced Nonsquamous Non-Small-cell Lung Cancer: Update From the Swiss Group for Clinical Cancer Research (SAKK) 19/09 Trial.	Gautschi O, Rothschild SI, Li Q, Mat-ter-Walstra K, Zippelius A, Betticher DC, Früh M, Stahel RA, Cathomas R, Rauch D, Pless M, Peters S, Froesch P, Zander T, Schneider M, Biaggi C, Mach N, Ochsenbein AF; Swiss Group for Clinical Cancer Research.	Clin. Lung Cancer.	3.104
ETOP EM-PHASIS	Randomized phase III trial of erloti-nib versus docetaxel in patients with advanced squa-mous cell non-small cell lung cancer failing first line plati-num-based doublet chemotherapy stratified by Veristrat good versus Veristrat poor. The European Thoracic Oncology Platform (ETOP) EMPHA-SIS-lung trial.	Peters S, Stahel RA, Dafni U, Ponce Aix S, Massutí B, Gautschi O, Coate L, López Martín A, van Heemst R, Berghmans T, Meldgaard P, Cobo Dols M, Garde Noguera J, Curioni-Fontecedro A, Rauch D, Mark MT, Cuffe S, Biesma B, van Henten AM, Juan Vidal Ó, Palmero Sanchez R, Villa Guzmán JC, Collado Martin R, Peralta S, Insa A, Summers Y, Láng I, Horgan A, Ciardiello F, de Hosson S, Pieterman R, Groen HJ, van den Berg PM, Zielinski CC, Chittazhathu Kurian Kuruvilla Y, Gasca-Ruchti A, Kassapi-an M, Novello S, Torri V, Tsourti Z, Gregorc V, Smit EF; EMPHASIS-lung Collaborative Group.	J Thorac. Oncol.	5.282

Trial name	Trial title	Authors	Journal	IF*
Lymphomas				
SAKK 37/05	Y90 -Ibritumomab tiuxetan (Y90 -IT) and high-dose melphalan as conditioning regimen before autologous stem cell transplantation for elderly patients with lymphoma in relapse or resistant to chemotherapy: a feasibility trial (SAKK 37/05).	Voegeli M, Rondeau S, Berardi Vilei S, Lerch E, Wannesson L, Pabst T, Rentschler J, Bargetzi M, Jost L, Ketterer N, Bischof Delaloye A, Ghielmini M.	Hematol. Oncol.	3.08
SAKK 38/08	Rituximab, bendamustine and lenalidomide in patients with aggressive B-cell lymphoma not eligible for anthracycline-based therapy or intensive salvage chemotherapy – SAKK 38/08.	Hitz F, Zucca E, Pabst T, Fischer N, Cairoli A, Samaras P, Caspar CB, Mach N, Krasniqi F, Schmidt A, Rothermundt C, Enoiu M, Eckhardt K, Berardi Vilei S, Rondeau S, Mey U.	Br. J. Haematol.	4.71
HD 10/13	Bleomycin in older early-stage favorable Hodgkin lymphoma patients: analysis of the German Hodgkin Study Group (GHSG) HD10 and HD13 trials.	Böll B, Goergen H, Behringer K, Bröckelmann PJ, Hitz F, Kerkhoff A, Greil R, von Tresckow B, Eichenauer DA, Bürkle C, Borchmann S, Fuchs M, Diehl V, Engert A, Borchmann P.	Blood.	10.5
HD 13/14	Cancer-related fatigue in patients with and survivors of Hodgkin's lymphoma: a longitudinal study of the German Hodgkin Study Group.	Kreissl S, Mueller H, Goergen H, Mayer A, Brillant C, Behringer K, Halbsguth TV, Hitz F, Soekler M, Shonukan O, Rueffer JU, Flechtner HH, Fuchs M, Diehl V, Engert A, Borchmann P; German Hodgkin Study Group.	Lancet Oncol.	24.69
HD 13, 14, 15	Cancer-Related Fatigue in Patients With and Survivors of Hodgkin Lymphoma: The Impact on Treatment Outcome and Social Reintegration.	Behringer K, Goergen H, Müller H, Thielen I, Brillant C, Kreissl S, Halbsguth TV, Meissner J, Greil R, Moosmann P, Shonukan O, Rueffer JU, Flechtner HH, Fuchs M, Diehl V, Engert A, Borchmann P.	J. Clin. Oncol.	18.43
Melanomas				
EORTC 18952	Long term follow up of the EORTC 18952 trial of adjuvant therapy in resected stage IIB-III cutaneous melanoma patients comparing intermediate doses of interferon-alpha-2b (IFN) with observation: Ulceration of primary is key determinant for IFN-sensitivity.	Eggermont AM, Suciu S, Rutkowski P, Kruit WH, Punt CJ, Dummer R, Salès F, Keilholz U, de Schaetzen G, Testori A; EORTC Melanoma Group.	Eur. J. Cancer.	5.42
Outcomes Research				
SAKK 41/06	Bevacizumab continuation versus treatment holidays after first-line chemotherapy with bevacizumab in patients with metastatic colorectal cancer: a health economic analysis of a randomized phase 3 trial (SAKK 41/06).	Matter-Walstra K, Schwenkglenks M, Betticher D, von Moos R, Dietrich D, Baertschi D, Koeberle D.	Clin. Colorectal. Canc.	2.82
	Clinical Outcome of ALK-Positive Non-Small Cell Lung Cancer (NSCLC) Patients with de novo EGFR or KRAS Co-Mutations Receiving Tyrosine Kinase Inhibitors (TKIs).	Schmid S, Gautschi O, Rothschild S, Mark M, Froesch P, Klingbiel D, Reichegger H, Jochum W, Diebold J, Martin F.	J. Thorac. Oncol.	5.282
	Outcome of Men With Relapse After Adjuvant Carboplatin for Clinical Stage I Seminoma.	Fischer S, Tandstad T, Wheater M, Porfiri E, Fléchon A, Aparicio J, Klingbiel D, Skrbinc B, Basso U, Shamash J, Lorch A, Dieckmann KP, Cohn-Cedermark G, Ståhl O, Chau C, Arriola E, Marti K, Hut-ton P, Laguerre B, Maroto P, Beyer J, Gillessen S.	J. Clin. Oncol.	18.43
	A cost-effectiveness analysis of nivolumab versus docetaxel for advanced non-squamous non-small cell lung cancer including PD-L1 testing.	Matter-Walstra K, Schwenkglenks M, Aebi S, Dedes K, Diebold J, Pietrini M, Klingbiel D, von Moos R, Gautschi O; Swiss Group for Clinical Cancer Research.	J. Thorac. Oncol.	5.282
	Palbociclib as a first-line treatment in oestrogen receptor-positive, HER2-negative, advanced breast cancer not cost-effective with current pricing: a health economic analysis of the Swiss Group for Clinical Cancer Research (SAKK).	Matter-Walstra K, Ruhstaller T, Klingbiel D, Schwenkglenks M, Dedes KJ.	Breast Cancer Res. Tr.	3.94
	Is the EQ-5D suitable for use in oncology? An overview of literature and recent developments.	Schwenkglenks M, Matter-Walstra K.	Expert Rev. Pharmacoecon Outcomes Res.	1.67
	Treatment specific utility-weightings are needed for cost-utility analysis in metastatic melanoma: reply from the authors.	Matter-Walstra K, Braun R, Kolb C, Ademi Z, Dummer R, Pestalozzi BC, Schwenkglenks M.	Br. J. Dermatol.	4.275
Urogenital Cancers				
SAKK 08/11	Orteronel switch maintenance therapy in metastatic castration resistant prostate cancer after first-line docetaxel: A multicenter, randomized, double-blind, placebo-controlled trial (SAKK 08/11).	Cathomas R, Crabb SJ, Mark M, Winterhalder R, Rothermundt C, Elliott T, von Burg P, Kenner H, Hayoz S, Berardi Vilei S, Rauch D, Roggero E, Mohaupt MG, Bernhard J, Manetsch G, Gillessen S; Swiss Group for Clinical Cancer Research SAKK.	Prostate.	3.78
SAKK 09/10	Importance and outcome relevance of central pathology review in prostatectomy specimens: data from the SAKK 09/10 randomized trial on prostate cancer.	Ghadjar P, Hayoz S, Genitsch V, Zwahlen DR, Hölscher T, Gut P, Guckenberger M, Hildebrandt G, Müller AC, Putora MP, Papachristofilou A, Stalder L, Biaggi-Rudolf C, Sumila M, Kranzbühler H, Najafi Y, Ost P, Azinwi NC, Reuter C, Bodis S, Khanfir K, Budach V, Aebersold DM, Thalmann GN.	Bju. Int.	4.34
SAKK 09/10	Reply to C. Cozzarini et al.	Ghadjar P, Hayoz S, Bernhard J, Zwahlen DR, Aebersold DM.	J. Clin. Oncol.	18.428
Other, Consulting				
	Role of Dose Intensification for Salvage Radiation Therapy after Radical Prostatectomy.	Beck M, Barelkowski T, Kaul D, Wecker S, Thieme AH, Zwahlen DR, Wust P, Aebersold DM, Bu-dach V, Ghadjar P.	Front. Oncol.	4.59
	Network Meta-Analysis in Locally Advanced Cervical Cancer: Evaluation of Outcomes With Chemoradiation Therapy or Thermoradiation Therapy Versus Radiation Therapy Alone.	Datta NR, Rogers S, Hutton B, Klingbiel D, Gomez SR, Puric ER, Bodis SB.	Int. J. Radiat. Oncol.	4.258

Trial name	Trial title	Authors	Journal	IF*
	Hyperthermia and radiotherapy with or without chemotherapy in locally advanced cervical cancer: A systematic review with conventional and network meta-analyses.	Datta NR, Rogers S, Klingbiel D, Gómez S, Puric E, Bodis S.	Int. J. Hyperther.	2.645
	In Regard to Pisansky et al.	Ghadjar P, Hayoz S, Zwahlen DR, Thalmann GN, Aebersold DM; Swiss Group for Clinical Cancer Research (SAKK).	Int. J. Radiat. Oncol. Biol. Phys.	4.495
	Tumor genotype and immune microenvironment in POLE-ultramutated and MSI-hypermutated Endometrial Cancers: New candidates for checkpoint blockade immuno-therapy?	Gargiulo P, Della Pepa C, Berardi S, Califano D, Scala S, Buonaguro L, Ciliberto G, Brauchli P, Pignata S.	Cancer Treat. Rev.	7.56
	Thirty-Month Complete Response as a Surrogate End Point in First-Line Follicular Lymphoma Therapy: An Individual Patient-Level Analysis of Multiple Randomized Trials.	Shi Q, Flowers CR, Hiddemann W, Marcus R, Herold M, Hagenbeek A, Kimby E, Hochster H, Vitolo U, Peterson BA, Gyan E, Ghielmini M, Nielsen T, De Bedout S, Fu T, Valente N, Fowler NH, Hoster E, Ladetto M, Morschhauser F, Zucca E, Salles G, Sargent DJ.	J. Clin. Oncol.	18.4
	Improved survival of older patients with multiple myeloma in the era of novel agents.	Mey UJ, Leitner C, Driessen C, Cathomas R, Klingbiel D, Hitz F.	Hematol. Oncol.	3.084

* Impact factor

Presentation of SAKK trials (without cooperative groups)

European Lung Cancer Conference 2016 in Geneva

Poster discussion

Gautschi O. et al. Bevacizumab and pemetrexed versus pemetrexed alone as maintenance therapy for patients with advanced nonsquamous NSCLC: results of the expanded SAKK19/09 trial.

Poster

Rothschild SI et al. SAKK 16/14 – Anti-PD-L1 antibody durvalumab (MEDI4736) in addition to neo-adjuvant chemotherapy in patients with stage IIIA(N2) non-small cell lung cancer (NSCLC). A multicenter single-arm phase II. trial.

103. Annual congress of the Swiss society for surgery in Lugano

Oral presentations

Hamel C. et al. Clinical function after total mesorectal excision and rectal replacement. Primary results of the Swiss prospective randomized multicenter trial (SAKK 40/04) comparing side-to-end anastomosis, colon-J-pouch and straight coloanal anastomosis.

Ribi K. et al. Quality of life after total mesorectal excision and rectal replacement. Early results of the Swiss prospective randomized multicenter trial (SAKK 40/04) comparing side-to-end anastomosis, colon-J-pouch and straight coloanal anastomosis.

AACR Annual Meeting in New Orleans

Poster

Wicki A. et al. Final results of the pharmacodynamic (PD) data of PQR309-001, a first-in-human trial of a combined PI3K/mTOR inhibitor in advanced solid tumors.

ASCO Annual Meeting 2016 in Chicago

Poster

Rothschild SI et al. SAKK 16/14: Anti-PD-L1 antibody durvalumab (MEDI4736) in addition to neo-adjuvant chemotherapy in patients with stage IIIA(N2) non-small cell lung cancer (NSCLC)-A multicenter single-arm phase II trial.

Matter-Walstra K. et al. A cost-effectiveness analysis of palbociclib plus letrozole as first-line treatment for estrogen receptor-positive, HER2-negative, metastatic breast cancer.

SASRO/SSRMP annual meeting 2016 in Sursee

Oral presentation

Datta NR. et al. Hyperthermia and radiotherapy with or without chemotherapy in locally advanced cervical cancer: A systematic review with conventional and network meta-analyses.

ESUR16 in Parma

Poster

Rentsch C. et al. Results of the phase I open label clinical trial SAKK 06/14 assessing safety of intravesical instillation of VPM1002BC, a recombinant mycobacterium Bacillus Calmette Guérin (BCG), in patients with non-muscle invasive bladder cancer and previous failure to conventional BCG therapy.

IBCN annual meeting in Bochum

Oral presentation

Rentsch C. et al. 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.

17th World Conference on Lung Cancer (WCLC) in Vienna

Poster

Matter-Walstra K. et al. A Cost-Effectiveness Analysis of Nivolumab versus Docetaxel for Advanced Nonsquamous NSCLC Including PD-L1 Testing.

58th ASH Annual Meeting in San Diego

Oral presentations

Driessen C. et al. SAKK 39/13: The HIV protease inhibitor nelfinavir in combination with bortezomib and dexamethasone (NVd) has excellent activity in patients with advanced, proteasome inhibitor-refractory multiple myeloma. A multicenter phase II trial SAKK 39/13.

Kimby E. et al. Rituximab plus lenalidomide versus rituximab monotherapy in untreated follicular lymphoma patients in need of therapy. First analysis of survival endpoints of the randomized phase-2 trial SAKK 35/10.

Poster

Drexler B. et al. Effects of the Sympathicomimetic Agonist Mirabegron on Disease Course, Mutant Allele Burden, Marrow Fibrosis, and Nestin Positive Stem Cell Niche in Patients with JAK2-Mutated Myeloproliferative Neoplasms. a Prospective Multicenter Phase II Trial SAKK 33/14.

SAKK Coordinating Center
Effingerstrasse 33
3008 Bern
Tel. +41 31 389 91 91
Fax +41 31 508 41 42
sakk.ch
info@sakk.ch