SAKK

Rapport annuel 2007

SPOG
VSKR

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

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Éditorial

Actualités 2007

■ Par Prof. Richard Herrmann | Président du SAKK

L'année 2007 entrera dans les annales du SAKK comme une année majeure. Dans ce contexte, il convient de souligner notamment trois événements:

- La simplification des structures
- L'adhésion de plusieurs nouveaux membres
- La révision des statuts

En outre – et il s'agit bien sûr pour nous d'une question de survie – la Confédération nous a accordé son soutien financier pour quatre années supplémentaires.

La simplification des structures, qui s'est accompagnée de la dissolution de l'Institut Suisse pour la Recherche Appliquée sur le Cancer (SIAK), facilite non seulement le travail et les processus de la recherche clinique sur le cancer en Suisse, mais aussi celui des comités, des commissions et autres instances. Nous entendons clore nos réformes, et notamment la restructuration des instances supérieures, dans le courant de l'année 2008.

L'initiative «Centres de taille moyenne» du SAKK a remporté un franc succès. En effet, suite à un appel d'offres et grâce au soutien de la Ligue suisse contre le cancer, sept nouveaux membres du SAKK peuvent désormais mettre en place leur propre infrastructure dédiée à la recherche clinique sur le cancer dans leur région ou dans leur hôpital. Le SAKK en attend une contribution substantielle au recrutement de patients pour les études en cours et futures. En effet, le nombre de patients participant aux études du SAKK continue à être un indicateur majeur, si ce n'est le seul indicateur, du succès des activités de notre association.

D'autre part, il était indispensable, pour plusieurs raisons, de remanier les statuts de l'association. Les pouvoirs de décision des organes de l'association ont été adaptés pour respecter les Directives en matière de gouvernance institutionnelle destinées aux organisations suisses à but non lucratif (code NPO suisse) et la réglementation concernant l'adhésion de nouveaux membres (voir ci-dessus) a été modifiée: l'association a désormais officiellement la possibilité d'accueillir des centres étrangers en tant que membres. Pour finir, la durée de la présidence a de nouveau été limitée à deux mandats de trois ans chacun.

En outre, en novembre 2007, le SAKK a élu un nouveau Comité qui va prendre ses fonctions début 2008. Ce Comité est l'organe suprême de direction de l'association SAKK et assume toute une série de responsabilités et de missions dont vous pourrez lire le détail dans le statuts: www.sakk.ch.

À mes yeux, le choix de la stratégie et les décisions sur les activités de recherche soutenues revêtent une importance capitale. Ces importantes missions incomberont donc aux nouveaux membres du Comité. Mais je ne doute pas que le nouveau Comité sera rapidement opérationnel et qu'il pourra alors apporter une contribution considérable au développement futur du SAKK.

Je profite de cette occasion pour remercier ici toutes les personnes qui, en 2007, se sont personnellement engagées, au-delà de leurs attributions habituelles, pour mettre en place les nouveautés dont je viens de parler. C'est toujours très motivant d'être entouré de collaborateurs qui poursuivent un objectif ambitieux avec élan et enthousiasme.

Maintenant, certains pourraient penser que l'année 2008 sera plus calme. Pourtant, nous devons nous atteler sans plus attendre à plusieurs tâches. D'une part, le recrutement de patients pour nos études est loin d'être satisfaisant. Pour améliorer cet état de fait, nous devons continuer à motiver nos membres. Nous devons répéter sans relâche que nous faisons de la recherche coopérative, c'est-à-dire que nous devons établir avec chacun de nos membres une relation équilibrée où personne n'est lésé. Nous devons offrir un portefeuille d'études suffisamment large et faire en sorte que la recherche clinique soit mieux acceptée et reconnue au sein de la population. Pour y parvenir, nous devons fournir un effort de sensibilisation de l'opinion publique en intégrant également d'autres disciplines médicales. Dans l'idéal, j'aime à imaginer que la population suisse serait si bien informée sur la recherche clinique que les patients chercheraient activement à participer à une étude clinique. Pour atteindre cet objectif, le SAKK doit se présenter au public comme une organisation de recherche clinique sur le cancer novatrice et de grande qualité dont le seul souci est de servir les intérêts de la population. À cet égard, la collaboration avec la Ligue suisse contre le cancer et les ligues cantonales contre le cancer, notamment, s'impose.

L'échange de vues avec nos collègues étrangers nous paraissant indispensable, nous voulons motiver et inciter notamment nos jeunes collègues à effectuer de courts séjours de recherche à l'étranger et à participer à des ateliers de travail internationaux.

La Confédération nous a certes assuré son soutien financier jusqu'en 2011, mais nous devons dès aujourd'hui entreprendre des actions sur le terrain pour assurer un soutien suffisant de notre travail au-delà de cette date.

Voilà quelques-uns des thèmes que nous traiterons en 2008. Le travail au sein du SAKK reste passionnant et je suis persuadé que le jeu en vaut la chandelle.

Institut Suisse de Recherche Appliquée sur le Cancer SIAK

De la maladie néoplasique à l'essai clinique

■ Par Prof. Felix Niggli l Vice-président du SIAK

Nul n'est à l'abri d'une affection néoplasique qui peut toucher tant les enfants que les adultes, tant les hommes que les femmes. Toutefois, tous les cancers ne se ressemblent pas: il existe en effet plusieurs centaines d'affections néoplasiques différentes. Les enfants ont des cancers différents de ceux des adultes. En outre, la maladie diverge en fonction de l'âge, mais aussi en fonction du sexe. Dans la majorité des cas, les enfants sont atteints de leucémies, alors que cette maladie touche rarement les adultes. Ceux-ci développent par contre plus souvent un carcinome (tumeur maligne). Les femmes souffrent le plus souvent de cancers du sein, les hommes de cancers de la prostate. La fréquence des maladies néoplasiques augmente chez les enfants et touche particulièrement les personnes d'âge avancé.

Aujourd'hui, nous savons que le cancer est une maladie du génome, c'est-à-dire qu'elle apparaît suite à la modification de certains gènes humains au cours de la vie. Alors que, chez les enfants, ces mutations génétiques peuvent éventuellement être déclenchées avant la naissance par des mécanismes en grande partie encore inconnus, on présume qu'elles sont acquises par les adultes au cours de leur vie. Ces mutations sont à l'origine d'une croissance incontrôlée des cellules qui finit par entraîner l'apparition d'une tumeur. L'une des principales missions de la recherche fondamentale dans la lutte contre le cancer est de comprendre et d'influencer ces mécanismes. L'âge, la prédisposition et des influences extérieures sont les principaux facteurs favorisant l'apparition d'une maladie néoplasique. Les objectifs de la recherche clinique sur le cancer sont de lutter contre ce type de maladies en se basant sur les découvertes de la recherche fondamentale ou, éventuellement, de prévenir ces maladies par des mesures adéquates. Dans ce contexte, les études d'optimisation thérapeutique, qui incluent les dernières découvertes de la recherche, jouent un rôle central dans la vérification de l'efficacité des concepts modernes de traitement. Ces études d'optimisation thérapeutique sont des programmes de recherche médicale au cours desquels de nouvelles formes de traitement, par exemple de nouveaux médicaments ou l'association de médicaments et de mesures thérapeutiques, sont testées sur les patients. Elles font partie d'un processus de longue haleine soigneusement planifié et contrôlé qui vise à trouver des réponses aux questions que se posent les scientifiques et à améliorer les résultats des traitements contre certaines affections. Sans de telles études, il est quasiment impossible d'améliorer les traitements de manière sensible. On peut prétendre à juste titre que l'oncologie, en raison de sa longue expérience en matière de recherche clinique coopérative et multicentres, tient lieu d'exemple pour d'autres disciplines médicales qui encouragent la recherche clinique axée sur le patient.

Mais il n'est depuis longtemps plus seulement question d'améliorer les taux de guérison; la recherche sur les résultats («Outcomes Research») qui traite tant les problèmes liés à la qualité de vie après une maladie néoplasique que l'efficacité des coûts d'un certain traitement, gagne de plus en plus de terrain.

La fin de l'ère du SIAK

Le SIAK, fondé en 1991, faisait office, au-delà de ses propres activités, d'organisation faîtière pour ses trois membres, l'Association suisse des registres des tumeurs (ASRT), le Groupe d'oncologie pédiatrique suisse (SPOG) et le Groupe Suisse de Recherche Clinique sur le Cancer (SAKK). La création du SIAK a donné naissance à une plateforme nationale interdisciplinaire de recherche clinique sur le cancer, dotée d'un centre de coordination chargé de la régulation et de la fourniture de prestations de services. Cet organisme a été restructuré au cours des deux dernières années, avec pour objectif principal de continuer à renforcer la recherche sur le cancer au moyen de structures plus transparentes et efficaces, et de fournir un profil propre aux trois organisations membres.

Au printemps 2007, la fondation du National Institute for Cancer Epidemiology and Registration, NICER a vu le jour. La création de cet institut doit contribuer à renforcer l'épidémiologie du cancer en Suisse. L'ASRT qui, après s'être détachée du SIAK, a été intégrée à cet institut doit en constituer la pierre angulaire. Le SPOG, en tant qu'association autonome, a également quitté le SIAK mais continue à collaborer étroitement avec le SAKK, notamment dans le domaine administratif.

L'Assemblée des délégués, qui s'est tenue en automne 2007, a donné son accord à la fusion entre le SIAK et le SAKK. Après 16 ans d'existence, l'ancien organisme SIAK a donc été intégré au partenariat de fusion qui est désormais géré sous le nom du SAKK. Les deux principaux réseaux du SIAK «Outcomes Research» et «Cancer Predisposition Testing and Counseling» font désormais également partie du SAKK. Pour sa part, le SAKK s'est restructuré et a adapté ses statuts de manière à refléter ces changements. Les pouvoirs de décision des organes du SAKK y ont été ajustés pour satisfaire aux critères actuels et la base de ses membres a été élargie. Lors de ce processus, le Conseil de la recherche et le Comité exécutif ont été remplacés par l'Assemblée générale et le Comité.

Un grand merci aux protagonistes du SIAK

Le Comité du SIAK tient à profiter de cette occasion pour remercier tous les protagonistes qui, au cours des années passées, se sont engagés en faveur du SIAK et de ses organisations membres pour encourager la recherche clinique contre le cancer.

Bien que les principaux objectifs n'aient, en grande partie, pas changé, il est plus que nécessaire de s'adapter constamment aux nouvelles réalités. Le SAKK, le SPOG et le NICER continueront à œuvrer pour maintenir élevé, voire pour encore améliorer, le niveau de la recherche clinique sur le cancer en Suisse.

Groupe Suisse de Recherche Clinique sur le Cancer SAKK

Activités du Centre de coordination

■ Par Dr. Peter Brauchli I Directeur du SAKK

Développement du Centre de coordination du SAKK

Nous avons développé de manière systématique notre mission principale qui consiste à élaborer et à mener des études cliniques de grande qualité sur les maladies oncologiques. Pour ce faire, nous avons élargi les capacités et les compétences des services Coordination des études et Statistique.

Le nouveau poste de Directrice GCP (ou «Good Clinical Practice», bonnes pratiques cliniques) et Assurance-qualité, désormais occupé par Madame Doris Lanz, a pu être pourvu en interne. Ainsi, nous sommes en mesure de gérer de manière ciblée les domaines de l'élaboration et de la révision des procédures normalisées d'exploitation (SOP), les mesures de formation professionnelle et continue pour les médecins investigateurs et les «Clinical Research Coordinators (CRC)» ainsi que le contrôle de gestion.

En raison de la coopération renforcée avec le SPOG, celui-ci est désormais doté d'un propre secrétariat au sein du Centre de coordination du SAKK.

La collaboration avec des institutions externes et la prise en charge de prestations de services à l'adresse de tiers a conduit à la création de nouveaux postes. Mais pour que le Centre de coordination puisse continuer à répondre aux besoins de ses membres, nous devons également louer de nouveaux bureaux. 5 nouveaux collaborateurs permanents ont été employés au SAKK, qui compte désormais 33 salariés (2780 pour cent de poste) au total.

Parallèlement au développement, à la réalisation et à l'évaluation d'études, les deux événements dominants au Centre de coordination ont été la dissolution du SIAK et la révision des statuts du SAKK. Outre les préparatifs de fusion, de nouveaux processus, comme le fonctionnement du Comité et le choix parmi les études proposées, ont dû être mis en place.

Coopérations

Parallèlement aux coopérations existantes entre le SAKK et la SENDO, («Southern Europe New Drug Organisation») dans le domaine des études de phase I, ou encore l'Institut de statistique et de mathématiques actuarielles (ISVM) de Berne, d'autres coopérations ont été convenues ou mises au point.

Le Centre de coordination du SAKK travaille également avec un nombre croissant de prestataires de services dans le domaine de la recherche clinique. Par ce biais, nous mettons à disposition d'instituts de recherche universitaires nos compétences en oncologie et autres disciplines. Pour nous, il s'agit d'une contrepartie au soutien que le Secrétariat d'État à l'éducation et à la recherche nous a apporté jusqu'à présent.

Les projets dans le cadre du réseau «Outcomes Research» (Recherche sur les résultats) seront dorénavant menés en coopération avec le «European Center for Pharmaceutical Medicine (ECPM)» de Bâle. Dans ce contexte, nous ferons désormais appel aux services du Dr. Klazien Matter-Walstra en tant que chercheuse senior.

En outre, nous avons rédigé un accord avec la CTU («Clinical Trial Unit») de Berne concernant la formation de médecins investigateurs et de «CRCs», l'échange de procédures normalisées d'exploitation (SOPs) et le développement commun d'une banque de données. Dans le domaine informatique, le Centre de coordination collabore également avec la fondation Biobank Suisse, un réseau virtuel de différentes banques de données de matériel biologique. De plus, une coopération avec l'Institut Suisse de Bioinformatique (SIB) de Lausanne a été mise sur pied pour mener à bien un projet d'analyse des données relatives aux marqueurs tumoraux. Pour finir, la demande d'adhésion du SAKK au «Swiss Clinical Research Network (SCRN)» en tant que membre de l'«European Clinical Research Infrastructures Networks (ECRIN)» est en cours de traitement.

Projets

Le Centre de coordination propose désormais des prestations de services à l'adresse de tiers, notamment dans les domaines de la statistique et de la coordination d'études. L'objectif de cette démarche est d'apporter aux médecins au sein du réseau du SAKK un soutien qu'ils ne trouvent nulle part ailleurs. Ces services profitent en particulier à des projets régionaux. En outre, la prise en charge de projets ne concernant pas le SAKK permet au Centre de coordination d'acquérir de nouvelles compétences, en participant par exemple à des études n'ayant pas trait à l'oncologie, à des travaux sur la bioinformatique ou dans le domaine de la recherche sur les résultats.

Comme prévu, le nouveau site Internet du SAKK a été mis en ligne le 20 juin 2007 (www.sakk.ch). Basé sur le système de gestion du contenu CMS, il permet aux utilisateurs détenant une autorisation d'en actualiser le contenu. Un de nos objectifs est en effet d'utiliser ce site en tant que source d'informations mais aussi en tant que plateforme de travail pour les groupes de projets et les autres organes du SAKK.

La nouvelle infolettre du SAKK est publiée à intervalles réguliers et informe le réseau des nouveautés quatre fois par an. Ce flux continu d'information est la condition sine qua non au bon fonctionnement d'un réseau multimodes tel que le SAKK.

D'autre part, les études cliniques sont un aspect important de la formation des médecins. En 2007, une formation de deux jours présentant les principes de base des bonnes pratiques cliniques (GCP) ainsi que des aspects de la réalisation d'études propres au SAKK a été proposée.

Pour la première fois, le service Statistique a organisé son propre congrès intitulé «Communication between Clinicians and Statisticians: Nasty pitfalls – Great opportunities» (Communication entre les médecins hospitaliers et les statisticiens: pièges dangereux – grandes opportunités). Ce congrès, dont le thème a suscité un grand intérêt, s'est tenu le 1er novembre 2007 à l'Institut de médecine sociale et préventive (ISPM) de l'Université de Zurich.

Stratégies

Le Conseil scientifique («SAKK Advisory Board», SAB) s'est réuni pour la première fois en février 2007. La marche à suivre a été déterminée sur la base des discussions et des évaluations du Conseil scientifique.

Pour sa part, le Comité exécutif s'est réuni en juillet pour évaluer les recommandations du Conseil scientifique.

À cette occasion, plusieurs des recommandations émises par le SAB ont été acceptées, les décisions suivantes entérinées et les étapes nécessaires pour leur mise en œuvre initiées :

- La lutte contre le cancer de la prostate est désignée comme l'une des priorités du SAKK et le groupe de travail sur les tumeurs uro-génitales élevé au rang de groupe de projet. Cette décision implique un mandat visant à réaliser des études sur ce sujet.
- La section Médecine interne est chargé d'élaborer et de présenter au moins un projet d'études sur le thème du traitement de soutien ou du post-traitement.
- Les groupes de projet doivent désormais faire régulièrement l'objet d'une évaluation.
- Des experts internationaux doivent être nommés pour accompagner le travail des groupes de projets.

Lors de l'assemblée semestrielle de novembre, le Comité exécutif et les présidents des groupes de projets ont discuté de questions d'organisation et stratégiques.

Les directives en matière de stratégie ont pour leur part été le thème principal de la discussion correspondante sur le développement futur des services et du Centre de coordination, et ont été reprises dans les objectifs 2008.

Études

L'objectif principal du SAKK, qui est une organisation d'utilité publique, est d'améliorer les traitements contre le cancer au profit des patientes et patients.

Parallèlement à nos priorités stratégiques actuelles qui consistent à réaliser nos propres études pour les maladies plus répandues et de collaborer avec d'autres groupes pour les maladies plus rares, certains nouveaux aspects déterminent nos activités d'études.

Nous sommes parvenus à poursuivre de manière systématique les études portant sur plusieurs maladies, telles que le lymphome non hodgkinien (LNH) folliculaire et le cancer de l'œsophage opérable, qui existaient depuis des années. Pour ce qui est du cancer de l'œsophage opérable, les premiers résultats de l'étude lancée en 2002 ont pu être présentés lors d'un congrès. Sur la base de ces résultats et d'une autre étude de phase I/II, une étude de phase III est désormais en cours de planification. Quant au lymphome non hodgkinien folliculaire, le SAKK a déjà réalisé deux études internationales de phase III visant à optimiser le traitement par rituximab. Nous planifions actuellement une autre étude de phase III.

En outre, plusieurs études testant les effets de nouvelles substances ont pu être lancées. Étant donné que le cancer hépatocellulaire et le lymphome du manteau sont des affections plutôt rares, les études portant sur ces maladies sont menées en coopération avec d'autres centres européens. Malheureusement, cette coopération a montré que l'activation d'études cliniques au sein de l'UE est très coûteuse et comporte de nombreuses incertitudes.

Avec l'étude 41/06, le SAKK a lancé pour la première fois un projet en collaboration avec santésuisse. Cette étude examine s'il est sensé de prescrire un traitement d'entretien par bevacizumab aux patients atteints d'un cancer colorectal avancé après interruption de la chimiothérapie.

Pour de nombreux types de tumeurs, on essaie d'instaurer une stratégie de traitement adaptée aux risques. Pour traiter les patients atteints de LNH conformément à leur risque, l'étude 38/07, qui examine la valeur prédictive d'une tomographie par émission de positrons (TEP) précoce, a été lancée.

L'étude 95/06 du SAKK étudie la manière dont le traitement des patients peut être optimisé par des soins palliatifs.

Membres du Comité

- Prof. Richard Herrmann
  Universitätsspital, Basel

- Prof. Daniel Betticher
  Kantonsspital, Freiburg

- Prof. Christoph Renner
  Universitätsspital, Zürich

- Prof. Stephan Bodis
  Kantonsspital, Aarau

- PD Dr. Arnaud Roth
  Hôpital Cantonal Universitaire, Genève

- PD Dr. Yves Chalandon
  Hôpital Universitaire, Genève

- Prof. Beat Thürlimann
  Kantonsspital, St. Gallen

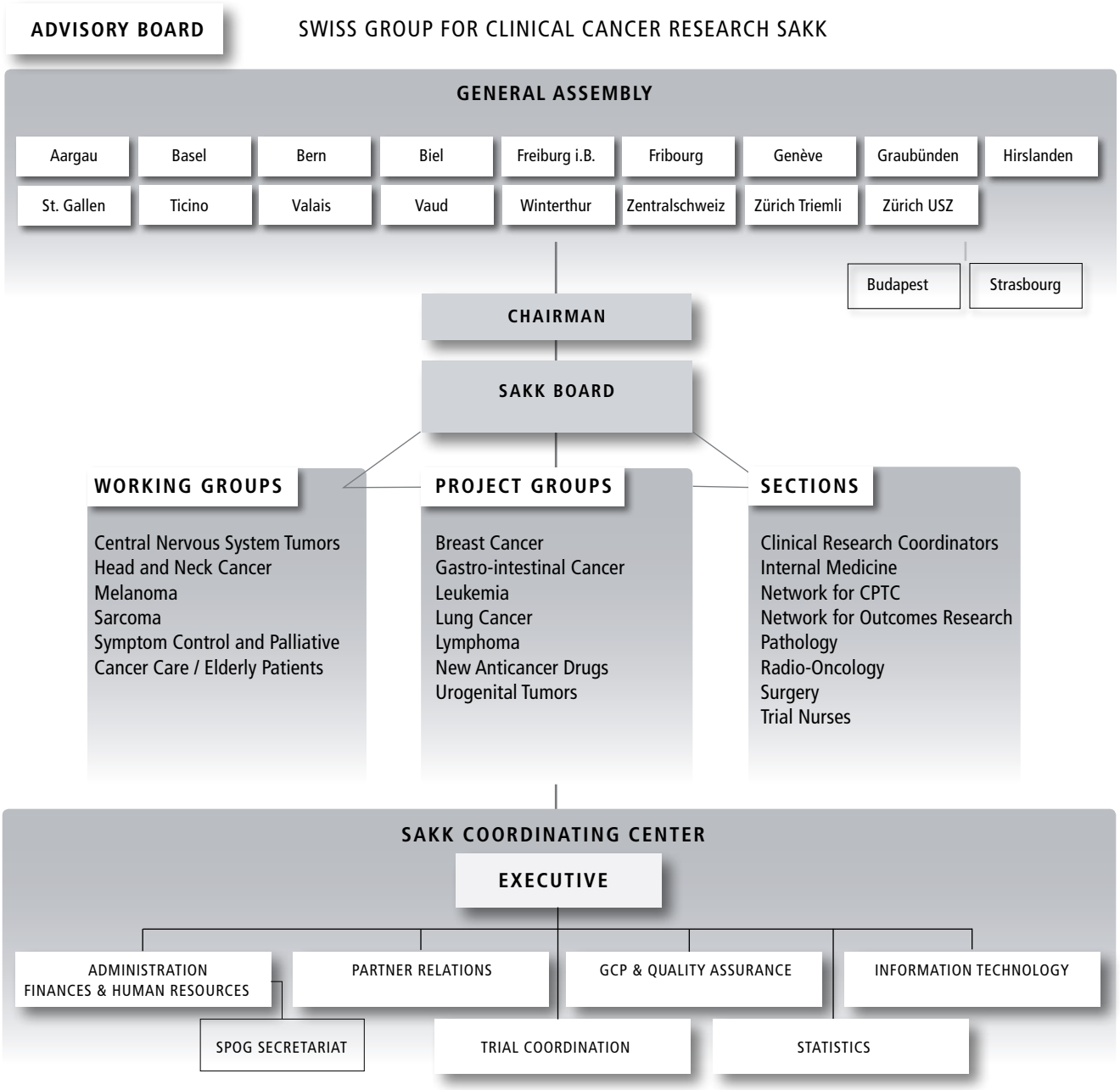
- Prof. Martin Fey
  Inselspital, Bern

- Dr. Roger von Moos
  Kantonsspital, Chur

- Prof. Holger Moch
  Universitätsspital, Zürich

- Prof. Markus Zuber
  Kantonsspital, Olten

Organigramme



Portrait succinct

■ Par Chantal Britt | Collaboratrice Partner Relations

Le SAKK est une organisation d'intérêt général qui réalise, depuis plus de 40 ans, des études cliniques sur les cancers en Suisse. Elle promeut, soutient et coordonne des projets de recherche initiés par des médecins et autres professionnels de la santé qui perfectionnent des traitements existants ou étudient de nouveaux traitements.

Le SAKK jouit d'une grande notoriété dans le milieu médical en raison de ses recherches ayant un solide fondement scientifique. Plus de 500 médecins travaillant dans d'importants hôpitaux suisses ont participé à près de 90 études au cours des six dernières années. L'année passée, plus de 600 patientes et patients ont pris part à des études coordonnées par le SAKK. Dans ce contexte, notre organisation s'est fixé comme objectif de jouer un rôle prépondérant également dans les projets de recherche internationaux.

Le SAKK coordonne et soutient la coopération entre les chercheurs, les organisations de lutte contre le cancer et les institutions publiques. Elle représente et défend les intérêts des scientifiques qui réalisent des études sur le cancer dans les hôpitaux suisses. Le SAKK espère ainsi améliorer l'efficacité des traitements contre les tumeurs et la qualité de vie des patients. Elle s'engage pour que les traitements qui présentent un bon rapport entre les coûts et prestations supplémentaires et leur utilité pour les personnes souffrant de cancer soient pris en considération.

Le SAKK est une organisation dont les membres sont les principaux centres suisses de recherche sur le cancer. Son Comité statue sur les projets de recherche qui sont ensuite mis en œuvre au sein des groupes de projets divisés par maladie. Le Centre de coordination fait, pour sa part, office de plaque tournante pour toutes les prestations de services du SAKK.

Grâce à une convention sur les prestations conclue avec la Confédération, le SAKK est en mesure de réaliser des études cliniques conformément aux directives universitaires et scientifiques, et ce, indépendamment de tout intérêt financier. Le SAKK finance en grande partie ses activités grâce à ces fonds versés par le Secrétariat d'État à l'éducation et à la recherche. De plus, le SAKK reçoit le soutien de l'association Oncosuisse, de la Recherche suisse contre le cancer, de l'industrie pharmaceutique et d'autres bailleurs de fonds privés.

Cadres, distinctions, promotions du SAKK

Président

En juin 2007, Prof. Richard Herrmann a été réélu pour un deuxième mandat de président du SAKK.

Médecins-chefs

- Dr. Dieter Köberle et PD Dr. Silke Gillessen : médecins-chefs à l'hôpital cantonal de Saint-Gall (à compter du 1/01/2008)
- PD Dr. Arnaud Roth: médecin-chef, département d'oncochirurgie du HUG Genève

Privat-docent

- Dr. Sergio Cogliatti, Institut de pathologie, hôpital cantonal de Saint-Gall

Chaire universitaire

- PD Dr. Christoph Renner, Clinique et Polyclinique d'oncologie, hôpital universitaire de Zurich

Groupes de projet du SAKK

- PD Dr. Georges Vlastos, HUG Unité Sen. et Oncogynécologie Chirurgicale Genève : vice-président du groupe de projet «Cancer du sein» (succédant au Dr. Olivia Pagani).
- Prof. Walter Weder, Département de chirurgie / d'oncochirurgie de l'hôpital universitaire de Zurich : vice-président du groupe de projet «Cancer du poumon».
- PD Dr. Silke Gillessen Oncologie / Hématologie de l'hôpital cantonal de Saint-Gall : vice-président du groupe de projet «Tumeurs urogénitales».
- Prof. George Thalmann, médecin-chef de la Clinique et Polyclinique d'urologie de l'Anna Seiler-Haus/Hôpital de l'île de Berne : vice-président du groupe de projet «Tumeurs urogénitales».

Présidents de sections

- Dr. Sabine Balmer Majno, Div. Radio-oncologie HUG Genève : vice-présidente de la section «Radio-oncologie».
- PD Dr. Ludwig Plasswilm du service de radio-oncologie de l'hôpital universitaire de Saint-Gall : vice-président de la section «Radio-oncologie».
- Julia Rengier, Clinical Research Coordinator, Centre Pluridisciplinaire d'Oncologie CHUV Lausanne : vice-présidente de la section «Clinical Research Coordinators CRC» (succédant à Emmie Okkinga).
- Christine Biaggi Rudolf, Centre de coordination SAKK Berne : vice-présidente de la section «Clinical Research Coordinators CRC» (succédant à Emmie Okkinga).

Divers

Madame Anita Margulies, centre d'oncologie de l'hôpital universitaire de Zurich (USZ), section «Groupe de soins spécialisés Recherche clinique / Infirmières spécialisées en études cliniques» : membre du Bureau exécutif de l'EONS («European Oncology Nursing Society»)

Summary of Activities

■ By Dr. Stefanie Lerch and Dr. Ori Schipper I Heads of Trial Coordination SAKK

In 2007, a total of 296 patients were included into 19 SAKK trials (compared to 348 patients in 2006). Additionally, 113 patients were included into IBCSG trials and 168 into trials of foreign groups. This results in a total of 632 patients (729 in 2006) that were included in clinical cancer trials coordinated by SAKK. 8% of the patients (48) included in SAKK trials (88 in 2006) came from foreign centers.

Reasons for the observed decline in accrual are:

- Several trials were closed for accrual during 2006 or in the course of 2007, but no follow-up trials could be implemented.
- Several trials have been closed temporarily for accrual due to interim analysis.

Trials open for accrual in 2007 (activated before 2007)

Lung Cancer

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

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

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

Breast Cancer

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

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

SAKK 24/06 – Bevacizumab and pegylated liposomal doxorubicin as first-line therapy for locally recurrent or metastatic breast cancer. A multicenter, single-arm phase II trial

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

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

IBCSG TRIAL 24-02/ BIG 2-02/ SOFT – Suppression of Ovarian Function Trial (SOFT). A Phase III Trial Evaluating the Role of Ovarian Function Suppression and the Role of Exemestane as Adjuvant Therapies for Premenopausal Women with Endocrine Responsive Breast Cancer

IBCSG TRIAL 25-02/ BIG 3-02/Tamoxifen and Exemestane Trial (TEXT) – A Phase III Trial Evaluating the Role of Exemestane Plus GnRH Analogue as Adjuvant Therapy for Premenopausal Women with Endocrine Responsive Breast Cancer

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

IBCSG TRIAL 31-03 / IBIS II – International Breast Cancer Intervention Study. A randomised double blind control trial divided into two strata

Leukemia

SAKK 30/00 / HOVON42 – Randomized induction and post induction therapy in adult patients with acute myelocytic leukemia or refractory anemia with excess of blasts (RAEB, RAEB-t) with IPSS score >/= 1.5

CML IV – Randomized Controlled Comparison of Imatinib vs. Imatinib/Interferon – vs. Imatinib 800 mg and Determination of the Role of Allografting in Newly Diagnosed Chronic Phase CML

GRAALL 2005 – Protocole multicentrique de traitement des leucémies aiguës lymphoblastiques (LAL) de l'adulte jeune (18-59 ans)

Lymphoma

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

CORAL 50-03B – Randomized study of ICE plus rituximab versus DHAP plus rituximab in previously treated patients with CD20 positive diffuse large B-cell lymphoma, eligible for transplantation followed by randomized maintenance treatment with rituximab

HD 13 – Morbus Hodgkin in adults, limited stages

HD 14 – Morbus Hodgkin in adults, intermediate stages

HD 15 – Morbus Hodgkin in adults, advanced stages

IFM 2005-02 – Relevance of maintenance therapy using Lenalidomide (REVLIMID®) after autologous stem cell transplantation in myeloma patients under the age of 65 (Open, randomised, multi-centric trial versus placebo)

Gastro-intestinal Cancer

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

SAKK 76/02 – Docetaxel and cisplatin chemotherapy followed by radiochemotherapy in patients with inoperable, locally advanced esophageal cancer. A multicenter phase II trial

Sarcoma

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

Supportive Care

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

Central Nervous System Cancer

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

Trials activated in 2007

The following seven SAKK trials were opened for accrual in 2007. In addition, three trials of foreign cooperative groups as well as two IBCSG trials were activated within the SAKK network.

Breast Cancer

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

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

Leukemia

CLL 7 – Randomized phase III trial comparing early treatment with fludarabine, cyclophosphamide + rituximab versus deferred treatment in untreated Binet stage A patients with high risk of progression

HOVON 81 – Assessment of the tolerability and efficacy of the addition of bevacizumab to standard induction therapy in AML and high risk MDS

Lymphoma

SAKK 36/06 – Everolimus (RAD001) for the treatment of patients with newly diagnosed and relapsed or therapy resistant mantle cell lymphoma

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

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

Gastro-intestinal Cancer

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

SAKK 75/06 – Cetuximab in combination with radiation therapy and chemotherapy prior to surgery in patients with resectable, locally advanced esophageal carcinoma. A multicenter phase Ib-II trial

SAKK 77/06 – Continuous sunitinib treatment in patients with unresectable hepatocellular carcinoma. A multi-center phase II trial

Melanoma

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

Supportive Care

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

Trials closed in 2007

Breast Cancer

IBCSG TRIAL 26-02/ BIG 4-02/ PERCHE Premenopausal Endocrine Responsive Chemotherapy Trial (PERCHE) – A Phase III Trial Evaluating the Role of Chemotherapy as Adjuvant Therapy for Premenopausal Women with Endocrine Responsive Breast Cancer Who Receive Endocrine Therapy

IBCSG TRIAL 30-06 / MA.27 – A randomized Phase III Trial of Exemestane versus Anastrozole in Postmenopausal Women with Receptor Positive Primary Breast Cancer

IBCSG TRIAL 32-05/ BIG 1-05/ CASA – Chemotherapy Adjuvant Study for women at advanced Age (CASA) Phase III Trial Evaluating the Role of Adjuvant Pegylated Liposomal Doxorubicin (PLD, Caelyx®, Doxil®) for Women (age 66 years or older) with Endocrine Nonresponsive Breast Cancer Who Are NOT Suitable for Being Offered a «Standard Chemotherapy Regimen»

Leukemia

APL 2000 – A randomized trial assessing the role of AraC in combination to ATRA, anthracyclines and maintenance chemotherapy in newly diagnosed acute promyelocytic leukemia (APL)

IFM 2005-01 – Etude multicentrique randomisée de phase III en ouvert comparant l'association Velcade® Dexaméthasone à la chimiothérapie de type VAD pour le traitement des patients porteurs de myélome multiple de novo jusqu'à l'âge de 65 ans

Lymphoma

SAKK 35/03 – Comparing two schedules of rituximab maintenance in rituximab-responding patients with untreated, chemotherapy resistant or relapsed follicular lymphoma

EBMT CLL – The value of autografting younger patients with high risk chronic lymphatic leukemia (CLL). A randomized phase III intergroup trial

Gastro-intestinal Cancer

SAKK 41/03 – Oxaliplatin, irinotecan and capecitabine as a combination regimen for first line treatment of advanced or metastatic colorectal cancer. A multicenter phase I-II trial

Project Group Reports

Breast Cancer Project Group

■ By Dr. Olivia Pagani, MD, Breast Cancer Consultant for the Breast Unit, Oncology Institute of Southern Switzerland, IOSI, Lugano | President (until March 31, 2008)

■ Prof. Stefan Aebi, Associate Professor of Medical Oncology,
University Hospital, Bern | President

■ PD Dr. Georges Vlastos, Department of Gynecology, Breast Unit, University Hospital, Genève | President (starting April 1, 2008)

Objectives of the Project Group

The Breast Cancer Project Group (BCPG) aims to promote and conduct clinical and translational research in breast cancer and to pursue an active collaboration with international research groups, in particular with the International Breast Cancer Study Group (IBCSG). In addition, it provides its members with an opportunity to get updates on the developments in breast cancer research.

Activities and Achievements

The Breast Cancer Project Group held two public and two closed meetings with broad member participation. It is conducting a successful phase II trial of PEG-liposomal doxorubicin in combination with bevacizumab for patients with advanced breast cancer (SAKK 24/06). The group continues to enroll patients in earlier studies, notably into SAKK 22/99 with renewed participation from centers in northern Italy. The group's members play an important role in the activities of the International Breast Cancer Study Group both on a practical level by contributing patients and on an intellectual and leadership level by serving as study chairs.

Projects/Strategies for the Next Years

With the support of SAKK and with the new bylaws and regulations to be developed, the group will strengthen its identity by defining membership criteria intended to promote and facilitate the participation in clinical trials. The Project Group will work with the Board and the SAKK CC to provide a platform for the professional empowerment of younger physician/researchers.

The group will maintain a core activity of cancer drug trials with a preference for investigator-driven studies. For instance, a follow-up trial is being planned for SAKK 24/06. The group will focus on developing non-drug studies (e.g. diagnostic procedures, patient preferences, surgical procedures, economic questions, etc.); to this end a gynecologic surgeon/senologist has been named as one of the co-presidents.

Collaboration with Working Groups, Sections and Other Groups

The group will maintain its traditional affiliation with IBCSG for trials of adjuvant therapy and will try to establish stronger links with the SAKK New Anticancer Drugs Group and other collaborative research organizations such as the European Organisation for Research and Treatment of Cancer (EORTC).

Gastro-intestinal Cancer Project Group

■ By Prof. Markus M. Borner, Head, Clinical Research Unit of the Oncology Department, Inselspital, University of Bern & Head, Oncology Unit, Hospital of Biel I President

Objectives of the Project Group

The logical trial development program for various cancer entities of the GI tract remains a focus of the group. Successful examples are colorectal cancer, gastric cancer or esophageal cancer (see below). The challenge of the near future will be to integrate translational research into clinical treatment protocols. Basically, each treatment protocol, especially if investigating a so-called molecular targeted drug, should ask for tissue sampling for molecular analyses. Such an effort will become a core commitment of SAKK and thus should be orchestrated and organized by centralized efforts in collaboration with Swiss pathologists. The size of Switzerland and its freedom from some restrictive EU laws provide an advantage for internationally competitive clinical research. Colorectal cancer is one of the first cancers where basic molecular understanding will translate into predictive tools (KRAS mutational status for the efficacy of EGFR antibodies). Accordingly, two protocols of the group on differential treatment approaches for rectal cancer according to KRAS mutational status are in preparation. In addition, SAKK is already instrumental in analyzing the large PETACC 3/EORTC 40993/SAKK 60/00 database for molecular markers.

Activities

In esophageal cancer, several papers on different aspects of study 75/02 docetaxel + cisplatin chemo- and radiochemotherapy followed by surgery) have now been submitted. The follow-up protocol 75/06, which is again chaired by Thomas Ruhstaller, includes targeted treatment with cetuximab in the same treatment strategy and is accruing fast. 76/02 is looking at the same chemoradiotherapy combination as 75/02 in inoperable patients and has recently been temporarily closed for accrual. It will be decided in early 2008 whether the accrual can be reopened again. An exciting collaboration with the German group led by Michael Stahl on a randomized study including a molecular targeted molecule is under discussion in the group.

Various proposals are under discussion in metastatic gastric cancer.

Various proposals are under discussion in metastatic pancreatic cancer.

In advanced biliary tract cancer, the results of trial 44/02 (capecitabine + gemcitabine) have now been submitted by Dieter Koeberle. In collaboration with NCI Canada a randomized trial comparing gemcitabine with gemcitabine + capecitabine (SAKK regimen) with strong focus on Quality of Life (QoL) will probably open for accrual in 2008 (local lead Viviane Hess).

In metastatic colorectal cancer, the group has opened its conceptual randomized phase III study 41/06 on the question of maintenance bevacizumab after chemo-immunotherapy under the leadership of Dieter Köberle. Protocol requirements are lean and simple to stimulate rapid accrual. Because of the health economical rationale, the study is supported by santésuisse. Study 41/03 (oxaliplatin + irinotecan + capecitabine) has finally reached its accrual goal for phase I. The phase II part will not be opened.

In the curative neoadjuvant setting of rectal cancer, a protocol by Daniel Helbling is under discussion using a panitumumab combination in KRAS wildtype tumors. In tumors with KRAS mutations, an alternative protocol is planned using an oral multitargeted drug in combination with standard treatment (Roger von Moos and Richard Cathomas).

An innovative protocol on the use of dasatinib in GIST (gastrointestinal stromal tumors) (Michael Montemurro and Serge Leyvraz) will be opened in 2008 (56/07).

Several interesting efforts in hepatocellular carcinoma (HCC) are under way. The study 77/06 of Dieter Koeberle examines the use of sunitinib and shows rapid accrual. Radio-oncologists under the lead of Ilja Ciernik are finalizing an innovative phase I/II protocol on the use of radiotherapy in HCC. Due to the rapid accrual of 77/06, the group is now in the process of exploring new research ideas, possibly in collaboration with Jean-Francois Dufour, who is currently performing a local (Bern) phase I/II protocol combining sorafenib with TACE.

Achievements (for details please refer to SAKK Publications)

Roth et al: 42/99, JCO 2007. For details please refer to «SAKK Publications».

Herrmann et al: 44/00, JCO 2007. For details please refer to «SAKK Publications».

Projects/Strategies for the Next Years & Collaboration with Working Groups, Sections and Other Groups

- Strategical reflections are summarized in the «Objectives of the Project Group».
- Newly established collaboration with the group of Michael Stahl (Germany) for a randomized trial in esophageal cancer.
- The group has institutionalized a close contact to its member Prof. Bodoky in Budapest.
- Close contacts with EORTC and the PETACC group.
- Proposal to participate in a phase III study of the NCI Canada on capecitabine and gemcitabine in advanced biliary tract cancer.
- The group is in close contact with the phase I group of the SAKK (Cristiana Sessa, Piercarlo Saletti) to work on various project proposals.

Leukemia Project Group

■ By PD Dr. Yves Chalandon, Attending Physician, Hematology Service, University Hospital Geneva (HUG) | President

Objectives of the Project Group

The aim of the group is to have active members working in the field of acute and chronic leukemia, offer clinical studies covering the main topics in leukemia, develop phase I-II trials testing new compounds and combinations, intensify translational research, especially in molecular biology, collaborate with international study groups in developing and performing phase III trials, establish a national and international network, be present in international working groups, offer a platform for younger clinical researchers, motivate all Swiss centers in activating their studies.

Activities and Achievements

Activity in clinical phase III trials:

In Acute Myeolid Leukemia (AML)/ high risk myelodysplastic syndromes (MDS): the SAKK 30/00/HOVON 42 is ongoing and testing the value of priming leukemic cells with G-CSF during induction and post-induction chemotherapy in pts ≤60 years. The trial will be closed by mid 2008 and a new phase II-III trial will follow:

The HOVON 92/SAKK 30/08 testing a new alkylating agent VNP40101M (Cloretazine®) in combination with standard AML induction chemotherapy cycle I and II. The phase II will test different doses of Cloretazine® in association with standard chemotherapy in a randomized comparison. Then the feasible dose of Cloretazine® of the phase II will be used in the phase III randomized trial.

The SAKK 30/01/HOVON 43 has been closed in 2006. It was testing the value in a randomized trial, first of increased doses of induction chemotherapy with daunorubicine (anthracycline) and then in a second randomization the value of consolidation with gemtuzumab (anti-CD33) ozogamicin or not in elderly AML/high risk MDS patients (>60 years). The analysis of the results will be done by the end of 2008 – beginning of 2009.

Acute Lymphoblastic Leukemia (ALL): The GRAALL/ GRAAPH 2005 has been activated in November 2006 in Switzerland and is already active in France since May 2006, and 309 patients have been included. It is testing the value of intensive versus standard induction and intensification in a randomized comparison and for B-ALL in a second randomization the benefit of rituximab in addition to chemotherapy and for Ph+ ALL in a randomized comparison the non-inferiority of an imatinib based induction

therapy vs. a chemotherapy based induction combined with imatinib.

Acute Promyelotic Leukemia (APL): APL 2000 A randomized trial assessing the roles of AraC and arsenic trioxide (ATO) in newly diagnosed APL. The study has been closed in 2007, and in Switzerland the randomization with ATO or not for patients with > 10'000 white blood cells (WBC) could not be implemented due to non availability of the drug.

APL 2006 will soon be activated and follows the APL 2000 study. This is a randomized trial assessing the role of arsenic trioxide and/or ATRA during consolidation course in newly diagnosed APL.

Chronic Lymphotic Leukemia (CLL): The CLL-7 has been opened in 2007, it is a GCLLSG (German CLL Study Group) randomized trial comparing early treatment with Fludarabine-Cyclophosphamide-Rituximab (FCR) vs. deferred treatment in untreated high risk Binet stage A.

A new trial will be opened in 2008, the CLL-10. It is also a GCLLSG randomized trial that will compare fludarabine, cyclophosphamide, rituximab (FCR), the best standard chemo-immunotherapy at the moment for CLL, with bendamustine-rituximab (BR) in patients with previously untreated CLL. The aim of the study is to investigate the non-inferiority of BR vs. FCR in term of efficacy and to see if there is less toxicities and infection in the study arm.

The CLL/European Group for Blood & Marrow Transplantation EBMT-Trial has been closed without reaching the expected number of patients due to slow accrual. Nevertheless an analysis will be done (the number of patients accrued was close to the one desired). It was testing the value of autografting younger patients with high risk CLL. A randomized phase III intergroup trial.

Chronic Myeloid Leukemia (CML): The CML-IV study with the GCMLSG is ongoing and comparing 3 arms in newly diagnosed CML, imatinib vs. increased doses imatinib, vs. imatinib + IFN. The study will close by mid 2008. A new trial will follow the CML-V, the design of which is not yet finalized, but will compare the best arm of the CML-IV trial with second generation tyrosine kinase inhibitors (TKI) or third generation TKIs in a one-year induction treatment, and then maintenance therapy will depend on the level of response at one year (cytogenetic, molecular).

Multiple Myeloma (MM): The EBMT MMVAR trial has been activated in January 2007 comparing velcade + thalidomide + dexamethasone vs. thalidomide + dexamethasone in MM relapsing after autologous stem cell transplantation.

Activity in Clinical Phase II Trials

CLL: The SAKK 34/02 has been closed in 2006 and was testing the value of 2-CDA and rituximab as remission induction and rituximab as in vivo purging prior to peripheral stem cell mobilization in patients with chronic lymphocytic leukemia. A manuscript is going to be submitted soon.

AML: The HOVON 81 in patients > 60 yrs with AML/high risk MDS has been activated in 2007 and is testing the feasibility and CR rate of adding bevacizumab (anti-VEGF Mab) to induction chemotherapy in a randomized comparison.

Low/intermediate risk MDS: the SAKK 33/99 has been closed in 2006 and was testing the value of ATG + CSA in a phase II study vs. best supportive care.

ALL: The GRAALL 2003 and GRAAPH 2003 were closed in 2006. The GRAAPH 2003 study was published in Blood 2007; 109:1408: Adrienne de Labarthe et al., the GRAALL 2003 study manuscript has just been submitted.

Hairy Cell Leukemia (HCL): The SAKK 32/98 trial has been closed in 2006 and was testing in a randomized study the daily vs. the weekly administration of 2-CDA in patients with HCL.

Translational Research

Cell banking project: the SAKK 63/03 blood and bone marrow banking in SAKK leukemia trials is activated. Now the majority of SAKK centers could activate the study and the hope is that it will finally reach the expected participation in 2008.

Projects/Strategies for the Next Years

- Emphasis on initiation of SAKK phase II trials in elderly patients with acute leukemias (AML, ALL) with new targeted drug therapy (combination, sequential) or vaccines
- Create a Swiss registry database for leukemic patients
- Stimulation of translational research projects (prognostic, MRD as well as study of leukemic stem cells, leukemogenesis, genomic and proteomic, this is already done with collaborative groups, but should be stimulated at the SAKK level)
- Continue the collaboration with international study groups as far as clinical phase III trials are concerned and improve the input of SAKK in those groups as for example being the leader of a phase III trial
- AML: Activation of a SAKK protocol 5-Azacytidine for elderly patients in 2008 to assess the effect of 5-Azacytidine in elderly patients unfit to tolerate induction chemotherapy

- A relapse phase II protocol for AML patients is going to be finalized in 2008
- HCL: A first line protocol is well advanced and should be developed in 2008 testing the value of immunotherapy with rituximab prior to cladribine in randomized comparison.
- CLL: Prepare phase II protocols in pretreated CLL patients
- ALL: Prepare phase II protocols in relapsed ALL and elderly ALL patients

Collaboration with Working Groups, Sections and Other Groups

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

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

Lung Cancer Project Group

■ By PD Dr. Miklos Pless, Head of Medical, Oncology and Tumor Center, Kantonsspital Winterthur | President

■ Prof. Walter Weder, Chairman
Division of Thoracic Surgery
University Hospital Zurich | President

Objectives of the Project Group

The Lung Cancer Project Group is committed to conducting high-quality clinical research projects. It supports the interdisciplinary cooperation in the treatment and research of thoracic tumors. One main focus is the promotion of translational research within the clinical projects. Finally, it helps to advance the career of young clinical researchers.

Activities and Achievements

16/00: This randomized trial, which examines the value of neoadjuvant chemoradiation vs. chemotherapy in stage IIIA Non Small-Cell Lung Cancer (NSCLC) has almost reached its accrual goal (90%). Since all other international trials with the same question have been closed due to poor accrual, the 16/00 trial has become pivotal in trying to define the role of neoadjuvant radiotherapy in this setting. We hope to complete this study in 2008/2009.

16/01: This phase II trial, investigating the value of trimodality therapy in selected stage IIIB NSCLC has finished accrual 2006 and was published as an oral presentation at the world lung cancer meeting in Seoul in 2007. It showed excellent results with a median overall survival of 27 months.

17/04: A randomized phase II study, investigating the role of hemithoracic radiotherapy after neoadjuvant chemotherapy and surgery in mesothelioma, is accruing well. One problem is the relatively low number of patients randomized after induction chemotherapy and surgery, partly due to R1/2 resection, partly due to refusal of patients. In 2008 the first planned interim analysis will determine whether to continue with the randomized trial, or to switch to a single arm modus.

19/05: A phase II trial in first line (non-squamous) NSCLC with a combination of bevacizumab and erlotinib. The amendment to make fresh tissue sampling compulsory has been implemented. Since then the accrual has been

slightly slower. The study was also closed temporarily for the second efficacy analysis, but will be reopened early in 2008. 23 additional patients have to be included.

Projects/Strategies for the Next Years

Projects: In adjuvant NSCLC we plan to join the Eastern Cooperative Oncology Group (ECOG) study investigating the effect of adjuvant bevacizumab, negotiations are under way. For stage IIIA we are waiting for the 16/00 trial to complete accrual before developing a new protocol, several (cooperative) groups have expressed interest to work with us (EORTC, Erlangen, Belgian and Dutch lung cancer group). In stage IIIB a project was drafted last year using sorafinib and radiotherapy, but due to the unexpected high toxicity of sorafinib together with radiation in other pilot studies, this project was dropped. A new protocol is being written. In stage IV NSCLC several follow-up projects of the 19/05 trial are being pursued. One is to join the Spanish group in EGFR mutated patients, evaluating erlotinib vs. chemotherapy in first line NSCLC treatment. In SCLC we were unable to get an interesting new drug for evaluation so far (mTOR or other), we are still working on that project.

Strategies: We will keep focusing on stage III NSCLC and Mesothelioma. The bio-bank project is advancing well and we will continue to do trials with experimental drugs in first-line treatment of stage IV NSCLC, with the opportunity to define biomarkers in blood, tissue and by cDNA arrays.

Collaborations with Working Groups, Sections and Other Groups:

- Planned: ECOG: Bevacizumab in adjuvant NSCLC
- Planned: Spanish lung cancer group in stage IV NSCLC with EGFR mutation.

Lymphoma Project Group

■ By PD Dr. Nicolas Ketterer, Attending Physician, Centre Pluridisciplinaire d'Oncologie, Lausanne | President

Objectives of the Project Group

The Lymphoma Project Group's main objectives are to conduct innovative and valuable clinical research in onco-hematology, to activate and lead innovative trials, but also to participate in important international projects and collaborative studies. The group gets together people interested in this field and provides opportunities for young investigators to develop research in lymphoma or myeloma.

Activities and Achievements

Regarding certain aspects, last year may be considered as a pivotal year, insofar as some major trials were closed (35/03, IFM 05-01), but yet were not replaced by new generation trials. At the same time, very important new trials were activated.

In **follicular lymphoma**, the SAKK 35/03 trial (short versus prolonged rituximab maintenance) closed in September 2007, confirming the presence of our group in this field and its ability to successfully lead a critical international trial.

In **diffuse large B cell lymphoma**, the SAKK 38/07 trial (prospective evaluation of PET in patients treated with R-CHOP14) was activated in October 2007. For patients in first relapse, the CORAL study is still open and a first interim analysis was presented at the ASH meeting in December. Our Group's contribution is significant with 21 patients included in Switzerland. For elderly patients in relapse (SAKK 37/05), the 1st dose-level of melphalan/Zevalin was completed.

SAKK 36/06 trial testing everolimus in patients with mantle cell lymphoma was activated last summer, and represents a very challenging trial with international collaboration.

In **Hodgkin lymphoma**, the final results of the HD 7 and HD 8 trials were published in 2007 in the JCO and in the Annals of Oncology, respectively. The HD 13, 14 and 15 trials continued to accrue very well last year in Switzerland.

Concerning **multiple myeloma**, the IFM 2005-01 trial closed early in 2007. Unfortunately, regulatory issues and a very rapid accrual in France prevented our group from including more than 13 patients. The post-autologous stem-cell transplantation (ASCT) maintenance 2005-02

trial started to recruit in 2007. It may include patients who were not treated in the 2005-01 protocol. Another collaborative myeloma study (EBMT MMVAR trial) was activated in May 2007 and compares Thal/Dex to Velcade/Thal/Dex in patients relapsing after ASCT. Two papers were published last year and acknowledged the SAKK contribution. One analyzes survival according to genetic abnormalities (Avet-Loiseau H, Blood), and the other reports on patients with t(4;14) treated in the IFM99 trial (Moreau P, Leukemia).

Projects/Strategies for the Next Years and Collaboration with Working Groups, Sections and Other Groups

Considering the international competition, our Project Group cannot be the leader in every field of onco-hematology, but has to develop a few key studies. The most important challenge in 2008 is to start the new SAKK 35/08 trial for untreated follicular lymphoma. This will be a very important and ambitious intergroup trial led by the SAKK, with the collaboration of the Nordic group and other foreign countries.

Our second focus this year will be to develop a trial for elderly patients with diffuse large B cell lymphoma. There is a continuous increase in the number of elderly patients diagnosed each year with DLBCL, and the management of these remains frequently a difficult issue. A group of young investigators started to work on a project, knowing that very few protocols exist in other countries.

Strategies for the next years will also be for the group to work on translational research and to develop a project that could be led together with the New Drugs/Phase I Project Group.

In parallel to these main areas of research, our group must continue to have international visibility through active cooperation with other collaborative groups like the GHSG (German Hodgkin Study Group), GELA (Groupe d'Etude des Lymphomes de l'Adulte), IFM (Intergroupe Francophone du Myélome), and EBMT (European Group for Blood and Marrow Transplantation).

New Anticancer Drugs / Phase I Trials

■ By PD Dr. Cristiana Sessa, Vice-Head Oncology Institute of Southern Switzerland (IOSI) I President

Objectives of the Project Group

The primary aim of the group is to increase the active participation of selected centers to Phase I trials so that the same drugs could be proposed for Phase II trials within SAKK; the group also aims to increase its experience in early drug development and set up a central coordination in this field. The group also aims to strengthen its collaboration with SENDO (Southern Europe New Drugs Organization).

Activities and Achievements

During the second year of activity four institutions (IOSI, Bellinzona; KSSG, St. Gallen; CePO, CHUV, Lausanne; KSS, Basel) were full members while the Department of Medical Oncology, Kantonsspital, Chur started its participation as probationary member by activating a Phase I trial.

The group held two general meetings during the SAKK semi-annual meetings, each with a public session open to all interested parties with one drug company presenting its pipeline and the compounds of interest for the group (Novartis in Bern and Eli Lilly in Basel). Two interim meetings took place in May and October 2007.

A joint evaluation among the involved parties after two years of collaboration of SAKK and SENDO was held in November 2007 before the SAKK semi-annual meeting. Overall, the evaluation was positive, and it was agreed to continue the collaboration; aspects to be improved (mainly the process of planning and implementation of new trials, monitoring, budgeting of trials and collaboration with sites) were pointed out and proposals for changes were defined.

The Investigator Supported Studies (ISS) logistics and system proposed by SENDO Foundation was presented during the SAKK semi-annual meeting in June and was partly implemented in the two Phase IB trials activated in 2007.

The SAKK SENDO Association was legally recognized in December 2007.

Trials

The Phase I trial with the oral platinum compound satraplatin in combination with capecitabine was completed; 36 patients overall (24 in 2007) were accrued in four centers over a period of 18 months, therefore with only three months delay over the expected date of closure (July 2007). An abstract on behalf of SAKK SENDO has been submitted to ASCO.

The Phase I trial with the FAS ligand APO010, a recombinant heptameric peptide developed by Apoxis, now Topotarget (Copenhagen) has accrued 20 patients by December 2007. No dose-limiting toxicities (DLT) had been encountered at the highest dose level foreseen in the protocol and an amendment with three additional dose levels has been prepared and submitted.

The dose finding trial with the dual EGFR VEGFR inhibitor ZD6474 (Zactima) and gemcitabine in previously untreated patients with advanced pancreatic cancer had defined the recommended dose (RD); the dose finding evaluation of the three-drug combination with ZD6474, gemcitabine and capecitabine has been implemented as amendment of the trial.

The first in humans (FIH) Phase I trial of the new campthotecin analogue ST1968 by SigmaTau was started in Bellinzona and St. Gallen, and 11 patients were accrued by December 2007.

Two new phase IB studies were prepared and implemented in 2007 and will be activated in 2008: The combination of satraplatin and oral navelbine in patients with advanced solid tumors (Bellinzona and Chur) and, respectively, the combination of the oral histone deacetylase inhibitor Panobinostat (LBH 589) with paclitaxel and carboplatin (Bellinzona, Lausanne, Basel), the latter with a pharmacodynamic component with serial assessments of the histone and tubulin acetylation levels in peripheral blood mononuclear cells (PBMC) during the first cycle.

Achievements

Plans for 2008 had to be modified due to the Oncology Drugs Advisory Committee's (ODAC) negative evaluation of the randomized Phase III trial satraplatin versus best supportive care in advanced prostate cancer, that brought about a drastic decrease of the planned clinical development with cancellation of phase II projects, and the still ongoing discussion within the GI group of future Phase II studies in advanced pancreatic cancer.

The ISS system proposed by SENDO Foundation was partly implemented in the two Phase IB trials set up in 2007.

Projects

Two major objectives were set for clinical trials, the acquisition of new innovative molecules (at least one with molecular target) for Phase I trials (at least one with translational evaluation) and the introduction of new molecules for Phase II evaluation within the SAKK.

From an administrative and logistics point of view, the improvement of budgeting, implementation and monitoring of SAKK SENDO studies in collaboration with SAKK are the main objectives for 2008.

Strategies for the Next Years

Some of the strategies defined for 2007 are confirmed (activation of Phase II trials, acquisition of new compounds for Phase I), the new implemented system for ISS is to be verified in the two Phase IB trials recently started, the ongoing collaboration between the involved parties in SAKK SENDO is to be further improved.

Urogenital Tumors Project Group

■ By PD Dr. Silke Gillessen, Medical Oncology, Kantonsspital St. Gallen | President

■ Prof. George Thalmann, Department of Urology, Inselspital Bern | President

Objectives of the Project Group

This group was only upgraded from a Working Group to a Project Group in September 2007. The main objectives of the group are: to emphasize the importance of prostate cancer as a research topic in Switzerland and at SAKK; to conduct clinical trials, ideally associated with translational research mainly in patients with prostate cancer, but also with other types of urogenital cancer. In addition, the group should provide an interdisciplinary forum for discussions with colleagues from other specialties that will allow the initiation of collaborative research proposals in urogenital cancer.

A further aim of the group is to strengthen the bonds between the different academic and non academic clinics/hospitals in Switzerland to ensure inclusion of patients in joint trials, but also in clinical trials only available at certain centers.

Activities and Achievements in 2007

The Urogenital Tumors Project Group held two public and two closed meetings to outline the direction and strategies in research to be taken and started a task force for the interdisciplinary development of guidelines for the follow-up of patients with testicular cancer. This task force met three times in 2007.

New Clinical Trials

The SAKK protocol 08/07 was developed. This protocol investigates the safety and efficacy of cetuximab in combination with docetaxel as second-line treatment in patients with hormone-refractory prostate cancer resistant to docetaxel therapy.

Swiss guidelines for the follow-up for patients with testicular cancer were formulated by a task force with members of the group including urologists, radio-oncologists and oncologists.

Ongoing Clinical Trials

Currently there are no ongoing trials.

Projects/Strategies for the Next Years

After years of low participation of members, due to the fact that the Urogenital Tumors Project Group was a working group for many years now, the group first has to be built up again and a network established anew. The strategy of the group is to increase and enforce collaboration between the different disciplines, mainly urologists, oncologists and radio-oncologists, but also pathologists and basic researchers to strengthen the translational research aspects from the beginning of the development of a new clinical protocol.

Younger members will be encouraged to develop new ideas and supported in planning and writing of protocols for clinical trials. This involvement of younger colleagues should allow us to grow a strong network for the future.

The group will build up a core activity of cancer drug trials with a preference for investigator-driven studies. A strong focus will be on newer molecules, especially targeted therapies for patients with prostate cancer as this is a special population of older patients and often with serious co-morbidities.

Collaboration with Working Groups, Sections and Other Groups

The collaboration with the New Anticancer Drugs / Phase I trials Group will be enforced to facilitate the fast development of trials using interesting new drugs in different urogenital cancers. As novel therapeutic approaches are necessary, namely in prostate cancer but also in other types of urogenital cancer, the group will focus on new compounds.

Furthermore, efforts to collaborate on an international level are ongoing. The group is in contact with the Medical Research Council of the UK to participate in a clinical trial on primary treatment of locally advanced and metastatic hormone dependent prostate cancer.

Networks

Network for Cancer Predisposition Testing and Counseling

■ By PD Dr. Pierre O. Chappuis, and Prof. André-Pascal Sappino | Presidents of the Network

Summary of Activities

In accordance with the law regulating predictive genetic testing in Switzerland (cf. KLV/OPAS/OPre art. 12, let. v and the new Law on Human Genetic Analysis, April 1, 2007), 19 centers located in 11 cities throughout Switzerland provide appropriate genetic counseling and evaluation for cancer predisposition testing. More than 400 new families have been managed this year. Up to December 2006, 520 complete screenings of the BRCA1/BRCA2 genes have been completed in 505 distinct families in the Swiss reference molecular laboratory located in Geneva. Pathogenic mutations have been identified in 18.5% of these families and unclassified variants were characterized in 14.5% of index cases tested. We initiated a research project to describe the characteristics of all these breast/ovarian cancer families with screening of BRCA1/BRCA2 germ-line mutations. The national reference laboratory for BRCA1/BRCA2 screening (Laboratory of Molecular Oncology, HUG, Geneva) was associated with 2 other European laboratories of molecular genetics (Leuven and Leiden Universities) to validate a promising new method, the high-resolution melting curve analysis, for the screening of BRCA1/BRCA2 alterations. The draft of the Swiss referral guidelines for genetic counseling and evaluation for BRCA1/BRCA2 testing has been approved by the Swiss Society for Medical Oncology, the Swiss Society of Medical Genetics and the Swiss Society for Senology. The final approval by the Swiss Society of Gynecology & Obstetrics is pending. These guidelines have been prepared for the clinicians to help them identify situations where a syndrome of hereditary breast/ovarian cancer should be suspected, and an adequate management could be proposed.

The two IBIS II breast cancer prevention trials are open in some centers in Switzerland. In 2007, eight women have been included in St. Gallen, Bern, Ticino, and Geneva. The IBIS II-Prevention trial is designed to evaluate anastrozole vs. placebo as an effective method of preventing breast cancer in postmenopausal women at increased risk of the disease. The IBIS II-DCIS trial compares anastrozole vs. tamoxifen as an effective breast cancer preventive drug for postmenopausal women with conservatively-treated ductal in situ cancer. The Network for CPTC has joined the Orphanet database as a professional network, as well as some oncogenetic counseling centers in Switzerland (cf. www.orpha.net).

Network for Outcomes Research

■ By Dr. Klazien Matter-Walstra, European Center for Pharmaceutical Medicine, Basel | Senior research scientist

Summary of Activities

Since November 2007 Dr. Klazien Matter-Walstra has taken up the newly created position of a senior researcher in outcomes research, located at the European Center of Pharmaceutical Medicine (ECPM). Dr. Matter-Walstra will work in close cooperation with the SAKK on outcomes and health economics research in ongoing and upcoming clinical trials. Research projects on the basis of observational, retrospective or published data are also envisaged.

Initial activities focus on the assessment of the current status of ongoing projects and on those SAKK protocols which require immediate outcomes research-related or health economic activity (e.g., SAKK trials 16/00, 35/03, 35/08).

Primary tasks include(d) acquiring an overview of existing materials concerning health economic data for the above-mentioned trials, assigning priorities and defining health economic research designs. In close collaboration with the trial chairpersons, study coordinators and various data providers, data collecting and processing procedures are now initiated in a pilot phase for the studies SAKK 16/00 and SAKK 35/03. Contacts to several health insurance companies and health care providers such as treating hospitals have been established and first patient data from these data providers are currently being evaluated.

As a secondary task, the feasibility and necessity of retrospective health economic analyses of nearly closed or closed trials will be assessed in the near future. For newly initiated trials, in which health economic or other outcomes research activities are planned or required, a close and early cooperation with all involved parties will be sought.

In order to coordinate and bring together the members of the Network Outcomes Research and other interested researchers, a first network meeting has been scheduled for March 26, 2008.

Dr. Matter-Walstra is primarily based at the ECPM office in Basel but is also present on a regular basis at the SAKK Coordinating Center in Bern.

Publications 2007

SAKK and Collaborating Groups

■ By Dr. Shu-Fang Hsu Schmitz | Head of Statistics
and Dr. Peter Brauchli | Director SAKK

Impact Factors

SAKK trials (9 publications) obtained a total of 58.8 Impact Factor points (based on Impact Factor 2006). IBCSG trials (9 publications) obtained 121.5 Impact Factor points. The participation in further international trials (11 publications) resulted in 105.6 Impact Factor points.

Urogenital Cancer

SAKK 08/91-08/00

Münger-Beyeler C, Bernhard J, Rufibach K, Morant R, Schmid HP. Quality of analgesic treatment in patients with advanced prostate cancer: do we do a better job now? The Swiss Group for Clinical Cancer Research (SAKK) experience. Support Care Cancer. 2007 Oct 2: 17909864. [Epub ahead of print]. (Journal impact factor 1.905)

EORTC trial 22911

van der Kwast TH, Collette L, Van Poppel H, Van Cangh P, Vekemans K, DaPozzo L, Bosset JF, Kurth KH, Schröder FH, Bolla M for the EORTC Radiation Oncology and Genito-Urinary Tract Cancer Groups. Identification of patients with prostate cancer who benefit from immediate postoperative radiotherapy (EORTC trial 22911). J Clin Oncol 25 (27): 4178-86, 2007. (Journal impact factor 13.598)

Lung Cancer

SAKK 17/00

Weder W, Stahel RA, Bernhard J, Bodis S, Vogt P, Ballabeni P, Lardinois D, Betticher D, Schmid R, Stupp R, Ris HB, Jermann M, Mingrone W, Roth AD, Spiliopoulos A for the Swiss Group for Clinical Cancer Research. Multicenter trial of neoadjuvant chemotherapy followed by extrapleural pneumonectomy in malignant pleural mesothelioma. Annals of Oncology 18: 1196-1202, 2007. (Journal impact factor 5.179)

SAKK 19/03

D'Addario G, Rauch D, Stupp R, Pless M, Stahel R, Mach N, Jost L, Widmer L, Tapia C, Bihl M, Mayer M, Ribi K, Lerch S, Bubendorf L, Betticher DC. Multicenter phase II trial of gefitinib first-line therapy followed by chemotherapy in advanced non-small-cell lung cancer (NSCLC): SAKK protocol 19/03. Ann Oncol. 2007 Dec 19; [Epub ahead of print] PMID: 18096565 [PubMed – as supplied by publisher] (Journal impact factor 5.179)

Breast Cancer

SAKK 21/00

Perey L, Paridaens R, Hawle H, Zaman K, Nolé F, Wildiers H, Fiche M, Dietrich D, Clément P, Köberle D, Goldhirsch A, Thürlimann B. Clinical benefit of fulvestrant in postmenopausal women with advanced breast cancer and primary or acquired resistance to aromatase inhibitors: final results of phase II Swiss Group for Clinical Cancer Research Trial. Annals of Oncology 18: 64-69, 2007. (Journal impact factor 5.179)

SAKK 26/00

Gick U, Rochlitz C, Mingrone W, Pestalozzi B, Rauch D, Ballabeni P, Lanz D, Hess V, Aebi S. Efficacy and Tolerability of Capecitabine with Weekly Paclitaxel for Patients with Metastatic Breast Cancer: A Phase II Report of the SAKK. Oncology 5; 71(1-2): 54-60, 2007. (Journal impact factor 2.252)

IBCSG Trial 12 and 14

Colleoni M, Gelber S, Simoncini E, Pagani O, Gelber RD, Price KN, Castiglione-Gertsch M, Coates AS, and Goldhirsch A. 2007. Effects of a treatment gap during adjuvant chemotherapy in node-positive breast cancer: results of International Breast Cancer Study Group (IBCSG) Trials 13-93 and 14-93. Ann Oncol 18:1177-1184. (Journal impact factor 5.179)

IBCSG Trial 16-98

Coombes RC, et al.; Intergroup Exemestane Study. Survival and safety of exemestane versus tamoxifen after 2-3 years' tamoxifen treatment (Intergroup Exemestane Study): a randomised controlled trial. Lancet 369:559-570, 2007. (Journal impact factor 25.8)

IBCSG Trial 18-98

Coates AS, et al. Five years of letrozole compared with tamoxifen as initial adjuvant therapy for postmenopausal women with endocrine-responsive early breast cancer: update of study BIG 1-98. J Clin Oncol 25: 486-492, 2007. (Journal impact factor 13.598)

Keshaviah A, Dellapasqua S, Rotmensz N, Lindtner J, Crivellari D, Collins J, Colleoni M, Thurlimann B, Mendiola C, Aebi S, et al. 2007. CA15-3 and alkaline phosphatase as predictors for breast cancer recurrence: a combined analysis of seven International Breast Cancer Study Group trials. Ann Oncol 18:701-708. (Journal impact factor 5.179)

Mouridsen H, Keshaviah A, Coates AS, Rabaglio M, Castiglione-Gertsch M, Sun Z, Thurlimann B, Mauriac L, Forbes JF, Paridaens R, et al. 2007. Cardiovascular adverse events during adjuvant endocrine therapy for early breast cancer using letrozole or tamoxifen: safety analysis of BIG 1-98 trial. J Clin Oncol 25:5715-5722. (Journal impact factor 13.598)

Viale G, Regan MM, Maiorano E, Mastropasqua MG, Dell'Orto P, Rasmussen BB, Raffoul J, Neven P, Orosz Z, Braye S, et al. 2007. Prognostic and predictive value of centrally reviewed expression of estrogen and progesterone receptors in a randomized trial comparing letrozole and tamoxifen adjuvant therapy for postmenopausal early breast cancer: BIG 1-98. J Clin Oncol 25:3846-3852. (Journal impact factor 13.598)

Mauriac L, Keshaviah A, Debled M, Mouridsen H, Forbes JF, Thurlimann B, Paridaens R, Monnier A, Lang I, Wardley A, et al. 2007. Predictors of early relapse in postmenopausal women with hormone receptor-positive breast cancer in the BIG 1-98 trial. Ann Oncol 18:859-867. (Journal impact factor 5.179)

IBCSG Trial VIII

Bernhard J, Zahrieh D, Castiglione-Gertsch M, Hürny C, Gelber RD, Forbes JF, Murray E, Collins J, Aebi S, Thürlimann B, Price KN, Goldhirsch A, Coates AS, for the IBCSG. Adjuvant chemotherapy followed by goserelin compared with either modality alone: the impact on amenorrhea, hot flashes, and quality of life in premenopausal patients - the International Breast Cancer Study Group Trial VIII. J Clin Oncol 25:263-270, 2007. (Journal impact factor 13.598)

IBIS-I trial

Cuzick J, Forbes JF, Sestak I, Cawthorn S, Hamed H, Holli K, Howell A; International Breast Cancer Intervention Study I Investigators. Long-term results of tamoxifen prophylaxis for breast cancer-96-month follow-up of the randomized IBIS-I trial. J Natl Cancer Inst. 2007 Feb 21;99(4):272-82. (Journal impact factor 15.271)

IBCSG Trial 28-02

Smith I, Procter M, Gelber RD, Guillaume S, Feyereislova A, Dowsett M, A. Goldhirsch A, Untch M, Mariani G, Baselga, Kaufmann JM, Cameron D, Bell R, Berg J, Coleman R, Wardley A, N. Harbeck, Lopez RI, Mallmann P, Gelmon K, Wilcken N, Wist E, Sanchez Rovira P, Piccart-Gebhardt MJ, for the HERA study team. 2-year follow-up of trastuzumab after adjuvant chemotherapy in HER2-positive breast cancer: A randomized controlled trial. Lancet 369 (9555): 29-36, 2007. (Journal impact factor 25.8)

EORTC 10994/BIG 00-01 substudy

Bonnefoi H, Potti A, Delorenzi M, Mauriac L, Campone M, Tubiana-Hulin M, Petit T, Rouanet P, Jassem J, Blot E, Becette V, Farmer P, André S, Acharya CR, Mukherjee S, Cameron D, Bergh J, Nevins JR, Iggo RD. Validation of gene signatures that predict the response of breast cancer to neoadjuvant chemotherapy: a substudy of the EORTC 10994/BIG 00-01 clinical trial. Lancet Oncol 8 (12): 1071-1078, 2007. (Journal impact factor 10.119)

Leukemia

SAKK 37/95

Laurencet F, Ballabeni P, Rufener B, Hess U, Cerny T, Fey M, Luthi J-M, Plancherel C, Zulian G B for the Swiss Group for Clinical Research (SAKK). The Multicenter Trial SAKK 37/95 of Cladribine, Cyclophosphamide and Prednisone in the Treatment of Chronic Lymphocytic Leukemias and Low-Grade Non-Hodgkin's Lymphomas. Acta Haematol 2007;117:40–47. (Journal impact factor 1.564)

HOVON-SAKK

Cornelissen JJ, van Putten WL, Verdonck LF, Theobald M, Jacky E, Daenen SM, van Marwijk Kooy M, Wijermans, P, Schouten H, Huijgens PC, van der Lelie H, Fey M, Ferrant A, Maertens J, Gratwohl A, Lowenberg B. Results of a HOVON/SAKK donor versus no-donor analysis of myeloablative HLA identical sibling stem cell transplantation in first remission acute myeloid leukemia in young and middle-aged adults: benefits for whom? Blood. 2007 May 1;109(9):3658-66. (Journal impact factor 10.37)

LALA-94 Trial

Tavernier E, Boiron JM, Huguet F, Bradstock K, Vey N, Kovacsovics T, Delannoy A, Fegueux N, Fenaux P, Stamatoullas A, Tournilhac O, Buzyn A, Reman O, Charrin C, Boucheix C, Gabert J, Lhéritier V, Vernant JP, Dombret H, Thomas X; GET-LALA Group; Swiss Group for Clinical Cancer Research SAKK; Australasian Leukaemia and Lymphoma Group. Outcome of treatment after first relapse in adults with acute lymphoblastic leukemia initially treated by the LALA-94 trial. Leukemia. 2007 Sep; 21(9):1907-14. (Journal impact factor 6.146)

GRAAPH-2003

Labarthe de A, Rousselo Ph, Huguet-Rigal F, Delabesse E, Witz F, Maury S, Réa D, Cayuela J-M, Vekemans M-C, Reman O, Buzyn A, Pigneux A, Escoffre M, Chalandon Y, MacIntyre E, Lhéritier V, Vernan J-P, Thomas X, Ifrah N, and Dombre H for the Group for Research on Adult Acute Lymphoblastic Leukemia (GRAALL). Imatinib combined to induction or consolidation chemotherapy in younger patients with de novo Philadelphia chromosome-positive acute lymphoblastic leukemia. Blood. 2007 Feb 15;109(4):1408-13. (Journal impact factor 10.37)

CML

Hehlmann R, Berger U, Pfirrmann M, Heimpel H, Hochhaus A, Hasford J, Kolb H J, Lahaye T, Maywald O, Reiter A, Hossfeld, D K, Huber C, Löffler H, Pralle H, Queisser W, Tobler A, Nerl C, Solenthaler M, Goebeler ME, Griesshammer M, Fischer T, Kremers S, Eimermacher H, Pfreundschuh M, Hirschmann WD, Lechner K, Wassmann B, Falge C, Kirchner HH, Gratwohl A, the SAKK and the German CML-Study Group. Drug Treatment is Superior to Allografting as First Line Therapy in Chronic Myeloid Leukemia. Blood. 2007 Jun 1;109(11):4686-92. (Journal impact factor 10.37)

Lymphoma

IFM

Avet-Loiseau H, Attal M, Moreau P, Charbonnel C, Garban F, Hulin C, Leyvraz S, Michallet M, Yakoub-Agha I, Garderet L, Marit G, Michaux L, Voillat L, Renaud M, Grosbois B, Guillerm G, Benboubker L, Monconduit M, Thieblemont C, Casassus P, Caillot D, Stoppa A-M, Sotto J-J, Wetterwald M, Dumon-

tet C, Fuzibet J-G, Azais I, Dorvaux V, Zandecki M, Bataille R, Minvielle S, Harousseau J-L, Facon T, and Claire Mathiot C. Genetic abnormalities and survival in multiple myeloma: the experience of the Intergroupe Francophone du Myélome. Blood. 2007 Apr 15;109(8):3489-95. (Journal impact factor 10.37)

IFM 99 Trials

Moreau P, Attal M, Garban F, Hulin C, Facon T, Marit G, Michallet M, Doyen C, Leyvraz S, Mohty M, Wetterwald M, Mathiot C, Caillot D, Berthou C, Benboubker L, Garderet L, Chaleteix C, Traullé C, Fuzibet JG, Jaubert J, Lamy T, Casassus P, Dib M, Kolb B, Dorvaux V, Grosbois B, Yakoub-Agha I, Harousseau JL, Avet-Loiseau H. Heterogeneity of t(4;14) in multiple myeloma. Long-term follow-up of 100 cases treated with tandem transplantation in IFM99 trials. Leukemia. 2007 Sep;21(9):2020-4. (Journal impact factor 6.146)

HD7

Engert A, Franklin J, Eich HT, Brillant C, Sehlen S, Cartoni C, Herrmann R, Pfreundschuh M, Sieber M, Tesch H, Franke A, Koch P, de Wit M, Paulus U, Hasenclever D, Loeffler M, Müller RP, Müller-Hermelink HK, Dühmke E, Diehl V. Two cycles of doxorubicin, bleomycin, vinblastine, and dacarbazine plus extended-field radiotherapy is superior to radiotherapy alone in early favorable Hodgkin's lymphoma: final results of the GHSG HD7 trial. J Clin Oncol. 2007 Aug 10;25(23):3495-502. (Journal impact factor 13.598)

HD8

Klimm B, Eich H, Haverkamp H, Lohri A, Koch P, Boissevain F, Trenn G, Worst P, Duhmke E, Muller R, Muller-Hermelink K, Pfistner B, Diehl V, Engert A. Poorer outcome of elderly patients treated with extended-field radiotherapy compared with involved-field radiotherapy after chemotherapy for Hodgkin's lymphoma: an analysis from the German Hodgkin Study Group. Annals of Oncology. 18(2):357-63, 2007. (Journal impact factor 5.179)

Gastro-intestinal Cancer

SAKK 42/99

Roth AD, Fazio N, Stupp R, Falk S, Bernhard J, Saletti P, Köberle D, Borner MM, Rufibach K, Maibach R, Wernli M, Leslie M, Glynne-Jones R, Widmer L, Seymour M, de Braud F; Swiss Group for Clinical Cancer Research. Docetaxel, cisplatin, and fluorouracil; docetaxel and cisplatin; and epirubicin, cisplatin, and fluorouracil as systemic treatment for advanced gastric carcinoma: a randomized phase II trial of the Swiss Group for Clinical Cancer Research. J Clin Oncol. 2007 Aug 1;25(22):3217-23. (Journal impact factor 13.598)

SAKK 44/00

Herrmann R, Bodoky G, Ruhstaller T, Glimelius B, Bajetta E, Schüller J, Saletti P, Bauer J, Figer A, Pestalozzi B, Köhne CH, Mingrone W, Stemmer S M, Tàmas K, Kornek G V, Koeberle D, Cina S, Bernhard J, Dietrich D, Scheithauer W. Gemcitabine Plus Capecitabine Versus Gemcitabine Alone in Advanced Pancreatic Cancer: a Randomized, Multicenter, Phase III Trial of the Swiss Group for Clinical Cancer Research (SAKK) and the Central European Cooperative Oncology Group (CECOG). J Clin Oncol. 25(16):2212-17, 2007. (Journal impact factor 13.598)

Neuro-Oncology

EORTC

Mauer M, Stupp R, Taphoorn MJB, Coens C, Osoba D, Marosi C, Wong R, De Witte W, Cairncross JG, Efficace F, Mirimanoff RO, Forsyth P, Van Den Bent MJ, Weller M, Bottomley A. The prognostic value of health-related quality-of-life data in predicting survival in glioblastoma cancer patients: Results from an international randomised phase III EORTC Brain Tumour and Radiation Oncology Groups, and NCIC Clinical Trials Group study. Br J Cancer 97 (3): 302-307, 2007. (Journal impact factor 4.459)

Network for CPTC

More H, Humar B, Weber W, Ward R, Christian A, Lintott C, Graziano F, Ruzzo AM, Acosta E, Boman B, Harlan M, Ferreira P, Seruca R, Suriano G, Guilford P. Identification of seven novel germline mutations in the human E-cadherin (CDH1) gene. Hum Mutat. 2007 Feb;28(2):203 (Journal impact factor 6.473)

Further publications

C-PET

Ribi K, Bernhard J, Rufibach K, Thürlimann B, von Moos R, Ruhstaller T, Glaus A, Böhme C. Endocrine symptom assessment in women with breast cancer: what a simple «yes» means. Support Care Cancer. 2007 Dec;15(12):1349-56. (Journal impact factor 1.905)

Groupe Suisse d'Oncologie Pédiatrique SPOG

La recherche clinique sur le cancer de l'enfant

■ Par PD Dr. Nicolas von der Weid | Président du SPOG

Progrès en 2007

L'amélioration des résultats thérapeutiques dépend essentiellement de la recherche clinique. Au vu de la rareté des néoplasies pédiatriques, la collaboration à l'échelon national et international avec l'enregistrement et le traitement dans le cadre d'études cliniques est indispensable. En 2007, 65% des patients traités par les centres SPOG ont été officiellement inclus dans l'un de ces protocoles de recherche internationaux ; notre but pour 2008 est d'arriver à un pourcentage de 75% au moins. Cet objectif réaliste nécessite une motivation extraordinaire des équipes sur le terrain. Le SPOG a décidé d'augmenter considérablement le budget alloué à la rémunération de ses centres régionaux selon leur performance. Ces fonds supplémentaires doivent permettre d'assurer l'activité des Attachés de Recherche Clinique locales ainsi que couvrir les coûts des notifications des protocoles de recherche aux Comités d'Éthique locaux. Malheureusement, une unification des comités au niveau national (un comité d'éthique pédiatrique suisse, p.ex.) reste pour l'instant une utopie.

Hormis la recherche clinique, le SPOG a mis l'accent ces dernières années sur la recherche sur les résultats (Outcomes Research) ainsi que la recherche épidémiologique. L'instrument central en est le Registre national du cancer de l'enfant (SCCR) qui a reçu, en juin 2007, une autorisation générale similaire à celle des Registres cantonaux membres de l'ASRT lui permettant de collecter des données provenant de plusieurs sources et non plus seulement des centres SPOG. Ceci devrait permettre d'une part, de combler les lacunes d'enregistrement constatées dans diverses analyses de « linkage » avec les Registres cantonaux et d'autre part, de repérer quelles maladies ne sont pas traitées dans l'un de nos centres et pourquoi pas. Le SPOG reste de l'avis que tous les enfants et adolescents atteints d'une maladie maligne doivent être traités et suivis par l'un de nos neuf centres spécialisés.

Sur le plan administratif, le SPOG a développé son propre site web et a continué sa collaboration avec le SAKK, principalement avec le Centre de Coordination. Finalement, sur un plan plus personnel, j'aimerais féliciter Mme PD Dr. Claudia Kühni et M. PD Dr. Roland Ammann pour l'obtention de leur titre de privat-docent, les deux à la Faculté de Médicine de l'Université de Berne. Bravo !

SPOG: Summary of Activities

■ By PD Dr. Nicolas von der Weid | President SPOG

Clinical Studies

Between November 1st 2006 and October 31st 2007 (cut-off date), 195 children and adolescents under the age of 16 years were newly diagnosed, 85% of them being Swiss residents. Additionally, in the same period, 29 patients had a relapse of their former disease. From the 195 newly diagnosed patients, 127 (65%) have been registered on SPOG-approved collaborative international clinical studies. This result is slightly better than the one obtained in 2006 and is due to the continuous efforts and strong motivation of all SPOG institutions to pass the study protocols through the 14 different cantonal ethics committees as well as the notification procedure of Swissmedic. Overall, about 2000 patients were in active treatment or follow-up in one of the 9 Swiss pediatric oncology units in 2007.

Ongoing clinical research activities of SPOG stayed closely bound to the well established and very active cooperation with international collaborative groups: (Children Oncology Group) COG, BFM/GPOH, SIOP and others: 11 new studies were activated in 2007 resulting in a total of more than 60 open studies; 4 studies were closed to accrual and a total of 33 amendments had to be considered, 22 of which were submitted to both Swissmedic and local ethics committees for approbation.

Two SPOG studies are being conducted on the national level: the first one is the SPOG FN 2003 (PI is PD Dr. Roland Ammann, Kinderklinik Inselspital Bern) started in January 2004. Having reached its planned accrual, the study was closed on December 31st, 2007. Patients have been recruited from all Swiss pediatric oncology units as well as from three German centers (Bonn, Freiburg, Munich). The total recruitment of episodes of fever in neutropenia reached 434; out of them 124 were considered low-risk FN and 70 episodes were randomly assigned to the in- or outpatient regimen. Results are still pending. Within the randomized group, there have been no treatment-associated adverse events reported during the whole course of the study.

The second study is the Late Effects study conducted by SPOG (PI PD Dr. med. Nicolas von der Weid, CHUV, Lausanne) in close collaboration with the Swiss Childhood Cancer Registry (1st Co-PI PD Dr. med. Claudia Kühni, ISPM der Universität Bern). It's a questionnaire-based survey of more than 2500 long-term survivors of childhood cancer, looking at late effects of tumor and its therapy, as well as different aspects of quality of life and type of medical follow-up. Up to now, the response rate is about 65% and

Translational Research: SPOG Tumor bank

Tumor samples collected

Tumor group	2003	2004	2005	2006	2007	Total
Bone tumors	3	9	3	2	1	**18**
CNS tumors	16	18	26	13	11	**84**
Germ cell tumors	–	2	–	1	4	**7**
Kidney tumors	6	9	6	11	5	**37**
Liver tumors	–	3	–	–	2	**5**
Lymphomas	7	6	5	10	9	**37**
Neuroblastomas	5	9	4	6	6	**30**
Normal tissues	2	5	2	–	–	**9**
Pulmonary tumors	–	1	–	–	–	**1**
Rhabdomyosarcoma	2	3	3	2	3	**13**
Other tumors	10	10	12	11	7	**50**
Total	**51**	**75**	**61**	**56**	**48**	**291**

Institutions having sent tumor samples

Origin	2003	2004	2005	2006	2007	Total
Aarau	2	–	–	–	–	2
Bern	10	21	10	4	4	49
Basel	–	2	4	1	2	9
Luzern	–	6	2	1	6	15
St. Gallen	–	–	–	11	10	21
Zurich	39	46	45	39	26	195
Total	**51**	**75**	**61**	**56**	**48**	**291**

data from 950 adult survivors are available, but the study is ongoing. Four abstracts looking at health habits (drug tobacco, alcohol consumptions), educational level and employment status, psychological distress and preferences for follow-up care will be presented shortly at an international conference in Canada as well as at the next congress of SIOP in Berlin in October 2008.

Epidemiological Research

Swiss Childhood Cancer Registry (SCCR)

In 2007, SCCR conducted a series of linkage analyses between its own data and Association of Cancer Registries (ASRT) datasets in the cantons running a registry for more than 10 years. The main findings were that about 15% of all Swiss pediatric cancer patients had been treated outside of comprehensive pediatric oncology centers (i.e. SPOG centers) and that about 6% of all cancer cases known from ASRT were not registered in SCCR. Risk factors for not being treated at a SPOG center were older age (adolescents), bone and soft tissue sarcomas and melanomas. The proportion of patients treated in a SPOG center increased over time. A series of abstracts have been presented on this topic and a summary paper is in preparation.

The quality of SCCR has been recognized at an international level, SCCR being Associate Member of the International Agency for Research on Cancer (IARC). In Switzerland, SCCR is willing to collaborate tightly with the newly created National Institute for Cancer Epidemiology and Registration (NICER). SCCR has been in the limelight, following the paper from the German Registry demonstrating a higher incidence of pediatric cancer, especially acute leukemia, in the vicinity of nuclear power plants in Germany. The Federal Office of Public Health (FOPH) and the Swiss Cancer League (SCL) mandated SCCR to undertake a similar study in Switzerland. With appropriate funding, SCCR will surely be able to satisfy the request but would like to go further as the German study, looking also for possible confounders which could better explain the observed increased risk.

Miscellaneous

At the end of 2007, SPOG activated its own website (http://spog.ch). The layout is similar to the one of SAKK and offers both a public and a private area reserved to SPOG members that is password protected. This internet presence of SPOG is expected to increase its publicity vis-à-vis third parties and stakeholders, especially political authorities, insurance companies, media and pharmaceutical companies, as well as to build a strong link between and a common forum for the nine SPOG institutions.

After the dissolution of SIAK, SPOG decided to maintain its scientific identity and independence from adult medical oncology, while looking for close collaboration

with SAKK in every domain which could be considered equally important for both organizations. A collaboration contract has been established and signed by the executives of SAKK, SPOG and the Coordinating Center.

The traditional SPOG scientific meeting was held again in Locarno on January 25th and 26th, 2007 and was very successful. Twenty papers, mostly from young clinical or lab investigators working in the different SPOG institutions, were presented in short addresses. The scientific level was, as usual, very good and the diversity of presented topics, from epidemiological to clinical and translational research, impressive. SPOG would like to thank the sponsoring companies: CSL Behring, Essex and Glaxo.

The SPOG Scientific Committee met four other times during 2007, once at the Paul Scherrer Institute (PSI) with a very interesting visit of the proton-therapy facility in Villigen. Main discussion topics were related to the collaboration with SAKK, the future NICER and SPOG preferences regarding the future organization of cancer research in Switzerland (Swiss Cancer Network). Another important but somewhat difficult and emotional topic concerned the switch of our Center in Ticino from Locarno to Bellinzona, which became effective on January 1st, 2008. I would like to acknowledge here the great work done by Dr. Luisa Nobile Buetti over the past decades in Locarno. Thanks to her continuous dedication, she was able to offer children and adolescents with cancer the best available therapy enrolling them on clinical studies of the BFM (Berlin-Frankfurt-Munster) and GPOH (Gesellschaft für Pädiatrische Onkologie und Hämatologie), in close collaboration with the SPOG Center in Zurich. On behalf of SPOG, I thank her warmly for all her accomplishments over all these years. I also would like to welcome the new Principal Investigator of SPOG Ticino, Dr. Pierluigi Brazzola, who will take the lead of the unit in Bellinzona at the Pediatric Department. Welcome to the Group!

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Association suisse des registres des tumeurs VSKR/ASRT

Des registres des tumeurs pour faciliter les décisions politiques en matière de santé

■ Par Dr. Silvia Ess l Présidente de l'ASRT

Les registres cantonaux et régionaux des tumeurs, couvrant environ 60% de la population suisse, répertorient des données primaires relatives à des affections néoplasiques (incidence) ainsi que les caractéristiques des tumeurs et des patients correspondantes. Les registres des tumeurs constituent une base essentielle pour les prises de décisions politiques en matière de cancer. Pour ce faire, il est nécessaire de fournir des données d'excellente qualité.

Fondée en 1992, l'Association suisse des registres des tumeurs (ASRT) poursuit comme objectif d'exploiter les données recensées par les registres régionaux pour établir des statistiques nationales. À partir de 2008, il est prévu que la fondation de l'Institut national pour l'épidémiologie et l'enregistrement des cancers («National Institute for Cancer Epidemiology and Registration», NICER) assume ce rôle de coordination. C'est la raison pour laquelle les membres de l'ASRT ont décidé de dissoudre l'association et de faire don des actifs de l'ASRT à la fondation.

La fondation NICER a été créée conjointement par l'Association suisse des registres des tumeurs et Oncosuisse, le 11 mai 2007. Le but de cette fondation est de promouvoir et de soutenir l'enregistrement des tumeurs au niveau de la population ainsi que la recherche épidémiologique sur le cancer en Suisse. Les organes de la fondation sont le Conseil de fondation, le Conseil scientifique, le Conseil des registres, le Centre de coordination en tant qu'instance scientifique et administrative centralisée ainsi qu'un organe de révision externe. Le professeur Giorgio Noseda préside la fondation, tandis que le PD Dr. Nicole Probst a été élue à la tête du Centre de coordination. Il est en outre prévu de rattacher le Centre de coordination à l'Institut de médecine sociale et préventive (ISPM) de l'Université de Zurich.

Entre 2004 et 2007, le Secrétariat d'État à la formation et à la recherche a apporté son soutien financier au travail de l'ASRT par le biais du SIAK. Pour la période à venir (2008–2011), les fonds seront transférés à l'Office fédéral de la santé publique (OFSP) conformément au Message relatif à l'encouragement de la formation, de la recherche et de l'innovation pendant les années 2008 à 2011 avec pour mission de faire avancer la consolidation des registres des tumeurs et de la clôturer d'ici la fin de la période en collaboration avec l'Office fédéral de la statistique (OFS) et les cantons directement responsables de la saisie des données. L'OFS doit garantir le respect de normes nationales et l'harmonisation des données, et doit se charger de publier les données tendancielles importantes pour tout le pays. D'autre part, les statistiques relatives à l'incidence des cancers devraient être intégrées à l'Ordonnance sur les statistiques.

La concrétisation du Message a fait l'objet d'une convention entre l'OFSP et le NICER. L'OFS et l'OFSP disposent au total d'une enveloppe de 5,3 millions de francs, dont 4,6 millions iront au NICER pour la période de 2008 à 2011. Selon cette convention, les fonds doivent être impérativement utilisés pour harmoniser et garantir la qualité des données épidémiologiques sur le cancer. Cette démarche permet de garantir l'étroite collaboration entre le NICER et l'OFS.

Summary of Activities

■ By Dr. Jean-Michel Lutz | Epidemiologist Coordinating Center VSKR/ASRT

Monitoring Cancer in Switzerland

The ASRT/VSKR database has been regularly updated. These data are continuously checked and validated and can be considered definitive when published. Complete data incidence and mortality including the year 2005 has been available on the website www.asrt.ch since the end of 2007. Swiss data are regularly updated in the World Health Organization/International Association of Cancer Registries WHO/IARC database (e.g. Cancer Incidence in Five Continents, Globocan, etc.).

In addition to these routine tasks, many requests for specific data or analysis are frequently received (e.g. incidence, mortality, trends for subsites, prevalence estimates) from registries, cancer leagues, Federal Social Insurance Office FSIO, cantons or individuals. Details on complete ASRT activities can be found on the website (www.asrt.ch).

Meetings, Seminars, Workshops 2007

- Forum on skin melanoma, Geneva, March
- ASRT organized/participated at some major national/international meetings: Group of Latin Language Registries (GRELL) Montreal (Canada), May
- ASRT Workshop in Bern (Treatment coding and Methodology for estimating survival), June
- International Association of Cancer Registries (IACR) and European Network of Cancer Registries (ENCR) annual meeting, Lubljana (Slovenia), September.

On-going Collaborative Projects

- Patterns of Care in Breast Cancer: This study, supported by Oncosuisse-Swiss Cancer League, follows the results of breast cancer survival in Switzerland published by ASRT. The goal is to analyze the reasons for the observed heterogeneity. The data collection phase is still on-going.
- Survival after prostate cancer in Switzerland: comparisons between seven cantons. Communication at the XXXIIe GRELL meeting (Montreal, May).
- EUROCARE 4 and CONCORD programs (European and worldwide comparisons of cancer survivals). Results will be published by the end of this year.

Future of Cancer Registries in Switzerland

After the launch of a National Program against Cancer (2005), we hope to settle the future of cancer epidemiology and cancer registration in Switzerland. With the strong support of Oncosuisse and the Swiss Cancer League, discussions reached a global agreement for setting up the National Institute for Cancer Epidemiology and Registration (NICER), founded in May 2007, which should actively begin its activities in 2008.

NICER will have three objectives. First, to produce basic statistics on cancer surveillance and monitoring (cancer observatory), and second, to allow public health actors to take strategic decisions through evaluation of prevention programs, access to care and care practices. Third, the Institute will support education and training in epidemiology, as well as in collaborative epidemiologic research.

Publications 2007 – ASRT

This does not represent all publications of all ASRT members, but only those including authors from (at least) two different registries and/or those including several registries in the working group.

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Virgili G, Gatta G, Ciccolallo L, Capocaccia R, Biggeri A, Crocetti E, Lutz JM, Paci E: Incidence of Uveal Melanoma in Europe. Ophthalmology 114(12) 2309-2315, 2007.

In addition, Swiss Cancer Registries are involved in all publications using WHO/IARC incidence data (e.g. ACCIS, EUCAN, EUROCIM, GLOBOCAN, Cancer Incidence in Five Continents, etc.), and all publications from EUROCARE and CONCORD programs.

Assemblées semestrielles SIAK 2007

■ Par Dr. Stephanie Züllig | Responsable Partner Relations

Les deux assemblées semestrielles du SIAK ont eu lieu le 19 juin 2007 au Centre de conférences Blumenberg de Berne et les 22 et 23 novembre au Congress Center de la Foire Suisse de Bâle. Ces manifestations ont été l'occasion de redéfinir les priorités à venir de la recherche clinique sur le cancer en Suisse.

Pour la première fois, une assemblée semestrielle d'une journée s'est tenue au Centre de conférences Blumenberg de Berne. En raison de la tenue parallèle d'une réunion de l'Assemblée des délégués du SIAK et de réunions de divers groupes scientifiques, les exigences en matière de locaux sont toujours très élevées. Bien qu'il ait été difficile de trouver un centre de congrès convenable, le Centre de conférences Blumenberg, qui dispose d'une grande salle et de plusieurs salles de réunion pour des séminaires de petite et moyenne taille, s'est avéré être une alternative adéquate au Centre des Congrès et de la Culture de Berne. Les réunions des groupes scientifiques ont été l'occasion de présenter de nouveaux résultats d'études et de discuter de nouveaux projets. La participation aux assemblées semestrielles sont également reconnues comme mesure de formation complémentaire en hématologie/oncologie et radio-oncologie par la FMH. Le nouveau site Internet du SAKK a pu être mis en ligne à temps pour l'assemblée semestrielle. Outre sa nouvelle présentation, il propose désormais une plateforme d'échange de documents et une fonction de recherche (www.sakk.ch).

Comme l'année précédente, l'assemblée semestrielle des 22 et 23 novembre s'est, elle, déroulée au Congress Center de Bâle. Parallèlement aux réunions des groupes scientifiques, cette manifestation a été entièrement consacrée à la réorganisation et à la restructuration de la recherche clinique sur le cancer. Après de brefs débats, l'Assemblée des délégués du SIAK a donné son feu vert au contrat de fusion entre le SIAK et le SAKK, et ainsi, à la dissolution du SIAK sans liquidation. La veille, le Conseil de recherche du SAKK avait approuvé la révision des statuts du SAKK, si bien que le lendemain, l'Assemblée générale constituante a pu élire le Comité. Et au plus tard à midi, la recherche scientifique avait repris le devant de la scène. Lors du symposium satellite, Dr. Nathalie Le Bail, Directrice adjointe Pharmacologie oncologique et exploratoire de sanofi-aventis S.A., et Dr. Michael Lahn, Conseiller médical Sciences et Technologies d'Eli Lilly, ont présenté de nouvelles substances utilisées dans le traitement du cancer.

Un autre moment fort de cette assemblée a été la remise du prix SIAK/Pfizer 2007 et du SAKK/AMGEN Research Grant. Le prix SIAK/Pfizer, qui récompense des résultats exceptionnels en matière de recherche sur le cancer, a été attribué au Dr. Martin Buess, spécialiste de l'oncologie médicale à Bâle, pour son travail «Characterization of heterotypic interaction effects in vitro to deconvolute global gene expression profiles in cancer». Dans ce travail, le Dr. Bues s'est penché sur l'interaction des cellules cancéreuses du sein avec les cellules du stroma environnantes (cellules du tissu conjonctif). Certains indicateurs laissent penser qu'en raison de la poursuite de la libération de messagers chimiques, ces interactions sont susceptibles de favoriser la progression de la tumeur. Le SAKK/AMGEN Research Grant a été délivré aux Dr. méd. Dr. phil. Andreas Wicki et PD Dr. Christoph Mamot, tous deux chercheurs à l'hôpital universitaire de Bâle. Le travail récompensé intitulé «Targeting of VEGFR-3 expressing endothelial tip cells as a novel anti-angiogenic approach» s'est penché sur l'utilisation d'une technique (= liposomes immunologiques) mise au point par les deux chercheurs pour transporter les agents chimiothérapiques et les gènes thérapeutiques de manière ciblée vers les cellules exprimant le VEGFR-3. Ces cellules endothéliales localisées à l'extrémité des réseaux capillaires («tip cells») semblent jouer un rôle capital lors de l'oncogenèse. Leur hypothèse est qu'elles pourraient représenter un site idéal pour l'attaque par un traitement ciblé. Toutes nos félicitations aux lauréats!

Dr. Andreas Wicki et PD Dr. Christoph Mamot (en avant-plan), lauréats du prix SAKK/AMGEN Research Grant

Lors du symposium intitulé «LE NOUVEAU SAKK Stratégies, structures et avenir » qui s'est tenu juste après, le Pr Richard Herrmann, président du SAKK, a expliqué au public intéressé les modifications structurelles et organisationnelles qui ont été entérinées lors de cette assemblée semestrielle. Dans son intervention, il a présenté les structures simplifiées ainsi que les nouveaux membres du SAKK et son Comité. Son discours s'est terminé par la présentation des perspectives concernant l'orientation future du SAKK.

Pour clôturer la première journée de l'assemblée semestrielle, les participants ont assisté à une pièce de théâtre interactive, «Alles Liebe», traitant des thèmes existentiels qui tourmentent les patients atteints de cancer, leurs proches et amis ainsi que les médecins et personnels soignants. Dans une première partie, la troupe de théâtre «Knotenpunkt» de Zurich a présenté des scènes issues du quotidiens des patientes et patients, avant de donner au public la possibilité de modifier les scènes qu'il venait de voir. Les acteurs ont réagi en fonction de la situation en proposant aux spectateurs, devenus acteurs, de jouer directement les scènes en y intégrant leurs modifications. Cette pièce de théâtre a incité le public à mieux prendre conscience et à remettre en question son propre rôle et son propre comportement face aux personnes atteintes de cancer.

Le lendemain matin, le groupe de projet «Cancer du sein» et plusieurs autres groupes de travail du SAKK se sont réunis. Dans l'ensemble, la dernière assemblée semestrielle a été un grand succès, comme le montre également le nombre élevé de participants. Nous espérons que les prochaines assemblées semestrielles, qui seront entièrement placées sous le patronage du SAKK, seront toutes aussi réussies.

Dr. Martin Buess (au centre), lauréat du prix SIAK/Pfizer

Attribution du SAKK-Pfizer-Award 2008
Prix pour la qualité dans la recherche clinique sur le cancer

Le règlement de participation à l'attribution des prix SAKK/Pfizer 2008 peut être demandé à:
Prof. Richard Herrmann, Président SAKK
SAKK Koordinationszentrum
Effingerstrasse 40, 3008 Bern

Comptes annuels 2007

Résultats de l'exercice allant du 1er janvier au 31 décembre (en CHF)	**SAKK**	**VSKR**	**SPOG**
PRODUIT D'EXPLOITATION			
Contributions à la recherche SER*	5 266 800	900 900	449 460
Contributions à la recherche LSC/RSC**	295 000		
Contributions à la recherche SSKK***	100 000		
Contributions à la recherche Divers	145 865	251 451	
Oncosuisse	224 996		
Recettes issues de la coopération avec l'industrie	2 319 453		
Recettes issues du Bulletin Suisse du Cancer	352 655		
Recettes diverses	211 565		1 220
TOTAL PRODUIT D'EXPLOITATION	**8 916 334**	**1 152 351**	**450 680**
CHARGES D'EXPLOITATION			
Frais divers liés aux études	311 800		3 200
Contributions à la recherche SPOG [1]	449 460		
Contributions à la recherche ASRT [2]	900 900		
Contributions à la recherche IBCSG [3]	250 000		
Contributions à la recherche dans les régions, sections	2 198 918	882 841	244 625
Frais de déplacement, de représentation	199 902	5 510	1 085
Autres charges d'exploitation	154 902	4 000	
TOTAL CHARGES D'EXPLOITATION	**4 465 881**	**892 351**	**248 910**
Résultat intermédiaire 1	4 450 452	260 000	201 770
FRAIS DE COORDINATION			
Frais de personnel	3 160 505	332 117	100 855
Autres frais de coordination	975 575	12 032	33 323
TOTAL FRAIS DE COORDINATION	**4 136 080**	**344 149**	**134 178**
Résultat intermédiaire 2	314 372	–84 149	67 591
RÉSULTAT FINANCIER			
Produits financiers	50 619	398	237
Charges financières	–2 195	–97	–105
TOTAL RÉSULTAT FINANCIER	**48 424**	**301**	**132**
Résultat intermédiaire 3	362 796	–83 848	67 723
RÉSULTAT EXCEPTIONNEL ET HORS EXPLOITATION			
Dissolution de provisions qui ne sont plus nécessaires	77 900		
TOTAL RÉSULTAT EXCEPTIONNEL ET HORS EXPLOITATION	**77 900**	**–**	**–**
RÉSULTAT DE L'ASSOCIATION	**440 696**	**–83 848**	**67 723**

* Secrétariat d'Etat à l'éducation et à la recherche (SER)
(les fonds sont destinés, via le SIAK, aux associations respectives, selon le contrat de prestation avec la Confédération)

** Ligue suisse contre le cancer, Recherche suisse sur le cancer

*** Fondation suisse pour la recherche sur le cancer

[1] Groupe Suisse d'Oncologie Pédiatrique SPOG

[2] Association suisse des registres des tumeurs ASRT

[3] International Breast Cancer Study Group IBCSG

Contacts

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Groupe Suisse d'Oncologie Pédiatrique SPOG
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SPOG Sekretariat
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Contributions du secteur publique et d'autrui
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