Mission Statement

- Creating a NETWORK of EXCELLENCE, creating research clusters bridging different centres and disciplines

- CONSENS as a starting point: "COllaborative Network of ReSearch Clusters for Enhanced Dissemination of New Technologies in European CentreS needed to Generate Evidence of Improved Outcome"

- NOT directly focusing on research itself, but structuring collaborative efforts
Key Goals

- Improving cancer research by creating clusters in new technologies, surpassing specific disciplines.

- Supporting multi-disciplinary translational research, focusing on relevant new technologies, aimed at the development of improved patient-oriented strategies from prevention to diagnosis and treatment.

- Accelerating the translation of EXISTING RESEARCH into clinical applications.

- Providing a framework/infrastructure, aimed at validating new technology, particularly in view of clinical trials.
**Benefits to OECI Community**

- A faster and more cost-effective integration of “New Technologies” into clinical practice

- Create a general platform for QA and data communication to facilitate clinical trials
**Activity/Project Description**

- A data base with key-persons linked to key-activities in OECI member centres has been established.

- However, ...

- Motivating individual OECI members to actively participate is hampered by POOR VISIBILITY of OECI
  - “what’s the direct return for my centre/department?”
  - Competition with many on-going “small circle, specialization-based” collaborations (often with direct return!!)
Activity/Project Description

Examples:

- **2002-2003**: attempt to establish database on research clusters among OECI members in preparation of EoI FP6 “CoTeCanc” (13/66 responses).
  - Resulted in a participation with EuroMedIm

- **2003**: Core group meeting in Brussels (9/66 centres attending of which 2 non-OECI members)

- **2004-2005**: 5 workshops!
  - White paper “CONSENS” with core group members

- **2006**: Proposal for COST based on CONSENS

- **2007**: new call for collaborative effort FP7 (only 5 responses for workshop)
WG Participants

Core group members

- **UZ Brussel, Brussels**: D. Verellen
- **Charité, Berlin**: J. Schlenger
- **DKFZ, Heidelberg**: W. Schlegel, G. Hartmann
- **Gliwice, Poland**: B. Maciejewski
- **Princess Royal Hospital, Hull**: A. Beavis
- **San Raffaele, Milano**: C. Fiorino
**WG Participants**

- **Participants last workshop (June 13th, 2007)**
  - *UZ Brussel, OECI*: D. Verellen
  - *ESTRO-EQUAL*: M. Tomsej, V. Grégoire
  - *St Raffaele (Milano)*: C. Fiorino
  - *Istituto di biostrutture e bioimmagini C.N.R. (Napoli)*: R. Pacceli
  - *National Institute of Oncology (Budapest)*: Z. Takacsi-Nagy
  - *St. Catherine (Avignon)*: N. Pourel
  - *Institute of Oncology (Sr. Kamenica)*: B. Petrovic
Clearly the top-to-bottom approach does not function

- Radiotherapy currently used as a seed, to create the structure for a network

**Rationale:**

- Radiotherapy is in a continuous evolution, which hampers randomized trials to prove the clinical benefit of new technologies

- Careless implementation of new technologies will result in bad results, (re)introducing a bad reputation (e.g. current situation in France)

- Radiotherapy-arm in most clinical trials IS NOT STATE-OF-THE-ART radiotherapy
3 tracks are being followed:

- External audits in RT, possible input in WGA, accreditation for clinical trials
- Previous work on “CONSENS” will be applied into BIRTH project, FP7
- Collaboration with ESTRO-EQUAL in generating a QA-label of radiotherapy techniques to be used for clinical trials.
WG-NT activities

❖ **BIRTH project:**

❖ Biological and Innovative combination with RadioTHERapy

❖ FP7, HEALTH-2007-2.4.1-9: Innovative combination clinical trials for multimodal therapy

❖ "Collaborative efforts combining novel radiation therapy strategies with either chemotherapy, immunotherapy and/or biological-based therapy strategies in a phase I or II setting should result in improving quality of life and/or survival of patients suffering from cancer"
**WG-NT activities**

**Birth project (cont’d):**

- **11 WP:**
  - WP1: General and scientific management
    
    **Coordinator:** IGR
  
- **Pre-clinical**
  
    - WP2: Radiation biological modifiers
      
      **Coordinator:** NKI
  
    - WP3: Multimodal receptor targeting
      
      **Coordinator:** Dresden/DKFZ
  
- **Clinical**
  
    - WP4: Phase I and I/II clinical trials
      
      **Coordinator:** Leuven / EORTC
  
    - WP5: Phase II clinical trials
      
      **Coordinator:** Leuven
Birth project (cont’d):

Transversal WP

WP6: Optimized radiotherapy & Quality assurance
Coordinator: UCL

UCL, ESTRO-EQUAL, OECI

WP7: Biomarker surrogate endpoints & biomics
Coordinator: Karolinska

WP8: Imaging surrogate endpoints
Coordinator: MAASTRO
WG-NT activities

- **Birth project (cont’d)**
  - Additional Clinical WP
    - WP9: incorporating highly conformal RT in a new strategy for metastatic disease
      Coordinator: Karolinska
    - WP10: Radio-immunotherapy
      Coordinator: Rotterdam
  - **Dissemination**
    - WP11: Dissemination and education
      Coordinator: ESTRO
WG-NT activities

✦ **ESTRO-EQUAL**

✦ Officially recognized for accreditation of Radiotherapy in France

✦ Strong collaboration with PHARMA for radiotherapy QA in function of clinical trials (currently involved in 3 trials)

✦ Data manager

✦ External postal-based audits for QA

✦ Clinical review by web-based upload of clinical plans

✦ Strong IT support

✦ 16 international clinical reviewers and 4 trial coordinators
Strengths

- Existing initiatives (e.g. ESTRO, EORTC) start from specific problems and are limited to one specialization.

- OECI has the potential to create a GENERAL INFRASTRUCTURE or FRAMEWORK surpassing/connecting different disciplines.
WG-NT SWOT analysis

◆ **Weaknesses**

- **VISIBILITY!!!!**

- Difficult to explain the direct benefit in motivating potential participants

- OECI is not known in lower levels of Cancer Centres
WG-NT SWOT analysis

◆ **Opportunities**

- To create an infrastructure for QA of New Technologies from within the network of Cancer Centres.

- not limited to specific disciplines, but surpassing disciplines.

- Possibility for labelization/accreditation facilitating clinical trials.
◆ **Threats**

- Many existing and comparable initiatives exist
- A strong request for QA-accreditation exists, especially from PHARMA to harmonize radiotherapy-arm in trials. If OECI is not involved now, others will take the initiative (e.g. ESTRO)
WG-NT ACTIVITY ROADMAP

♦ Milestones
  ● Principle partner in EuroMedIm proposal FP6
  ● White paper on CONSENS
  ● Proposal COST, 31 May 2006
  ● FP7 compatible with “Clinical Trials”: BIRTH project

♦ Deliverables
  ● Possible collaboration with WGA in QA-programme.
  ● Collaboration with ESTRO-EQUAL
  ● Working Package description BIRTH (FP7) in collaboration with ESTRO-EORTC?