

# OECD WORKING GROUP HIGHLIGHTS



**Working Group New Technologies (WG-NT)**

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## ◆ 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, focussing 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 OECD 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 OECE member centres has been established**
- **However, ...**
- **Motivating individual OECE members to actively participate is hampered by POOR VISIBILITY of OECE**
  - ❖ “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 OECD 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-OECD 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 13<sup>th</sup>, 2007)

- ❖ *UZ Brussel, OECD*: 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.**

## ◆ **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"*

## ◆ 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, OECE

❖ *WP7: Biomarker surrogate endpoints & biomics*

**Coordinator: Karolinska**

❖ *WP8: Imaging surrogate endpoints*

**Coordinator: MAASTRO**

### ◆ 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**



## ◆ 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 problem limited to 1 specialization.
- OECE has the potential to create a **GENERAL INFRASTRUCTURE** or **FRAMEWORK** surpassing/connecting different disciplines



## ◆ Weaknesses

- **VISIBILITY!!!!**
- **Difficult to explain the direct benefit in motivating potential participants**
- **OEI is not known in lower levels of Cancer Centres**

## ◆ 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 OECE is not involved now, others will take the initiative (e.g. ESTRO)

## ◆ 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?