International Collaboration in Cancer Research

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Disclosure

I have no relevant commercial interest to disclose. Cancer Clinical Trials: 21st Century

Landscape

Cancer genomics Fragmentation in cancer subtypes 12.7 millionnew cases;7.6 milliondeaths

Need for International Cancer Research

Ethnicity
Pharmacogenomics

Multiple
new diagnostic
and therapeutic
procedures



Need for Large Scale Multi-National Trials

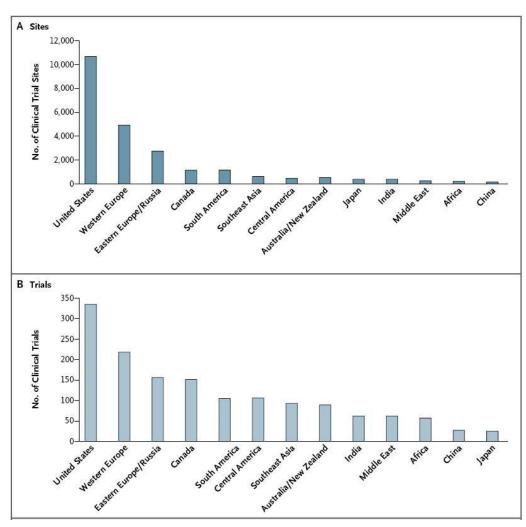
- In <u>common and devastating malignancies</u> where even a small improvement in survival will have a major impact on public health
- In <u>rare tumors</u> where multinational effort is necessary to reach required sample size
- To discourage national/small sized trials that are inconclusive, unethical and concomitantly conducted in several countries

International Clinical Cancer Research (CCR): 2012 Landscape

- Good news
 - □ Slow but gradual increase of international CCR
 - □ Higher level of ethical standards (GCP, Declaration of Helsinki)
 - Higher transparency of CCR (web based clinical trials platforms, ClinicalTrials.gov; etc.)
- Bad news
 - Regulatory hurdles (lack of harmonization, increased costs and bureaucracy)
 - Lack of independent funding
 - Predominance of industry-driven international research

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International Participation in Phase 3 Industry-Driven Clinical Trials

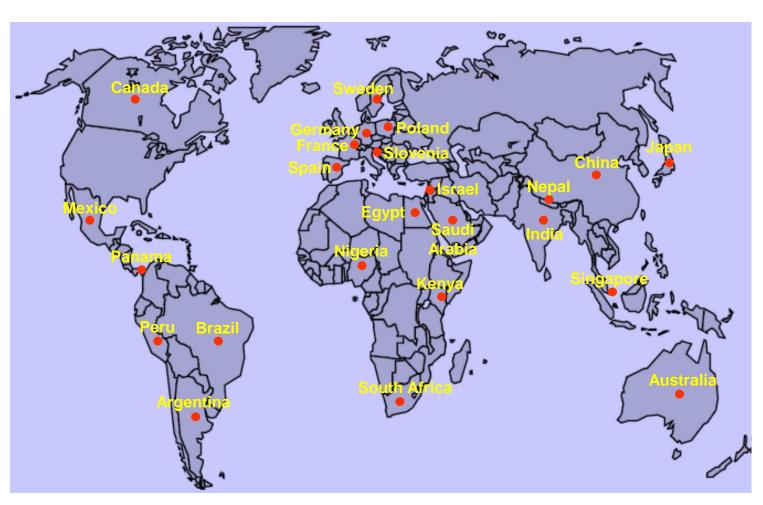


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Harmonization of Technical and Ethical Standards

- ICH –GCP (International Conference on Harmonization Good Clinical Practice guidelines, 2001)
- Adverse event reporting (NCI CTCAE), tumor response assessment (RECIST criteria, 2000,2008)
- Declaration of Helsinki (adopted 1964, 2008, Ethics Committees, Informed Consent)
- Transparency of clinical research (Public trials registry, International committee of Medical Journals Editors, 2005)
- Guidelines and best practice for organization of the biobank core processes (OECD, NCI guidelines, TuBaFrost project)

ASCO IAC (International Affairs Committee) Survey on Challenges to Clinical Cancer Research



ASCO IAC Survey: Major Obstacles for ADCT

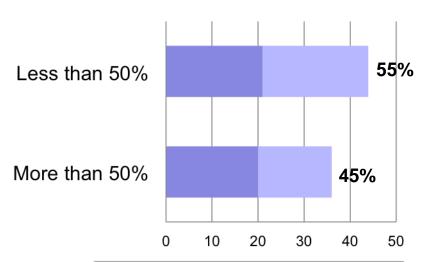
ranked from 1 (most) to 8 (least) important

	Average rank	HIC (n=41)	LMIC (n=39)
Competent authorities procedures	4.25	4.61	3.87
Ethics committee procedures	4.55	4.80	4.28
Insurance/indemnification coverage	4.55	4.54	4.56
Lack of patients/patient accrual	5.43	5.27	5.59
Lack of funding	3.16	3.15	3.18
Lack of research materials, e.g. drugs	4.49	4.49	4.49
Lack of trained personnel	5.00	4.90	5.10
Lack of time or competing priorities	4.58	4.24	4.92

funding vs. rest significant; patients vs. rest (except personnel) significant marks change in obstacle distribution when stratified by country income

ASCO IAC Survey: Estimated percentage of ADCT/IDCT conducted with international collaboration

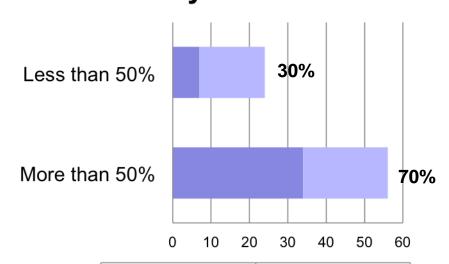
Academia-driven CT



	More than 50%	Less than 50%
HIC	20	21
LMIC	16	23

p=0.509

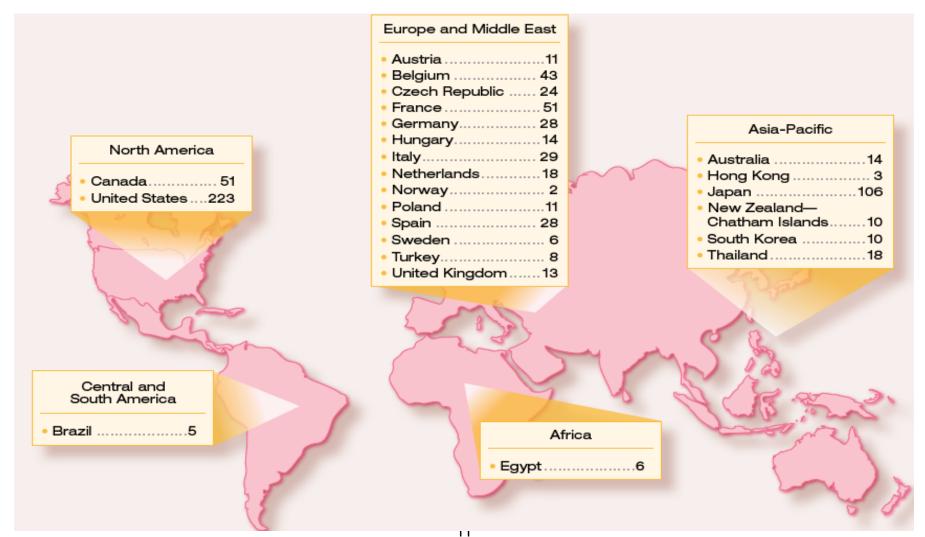
Industry-driven CT



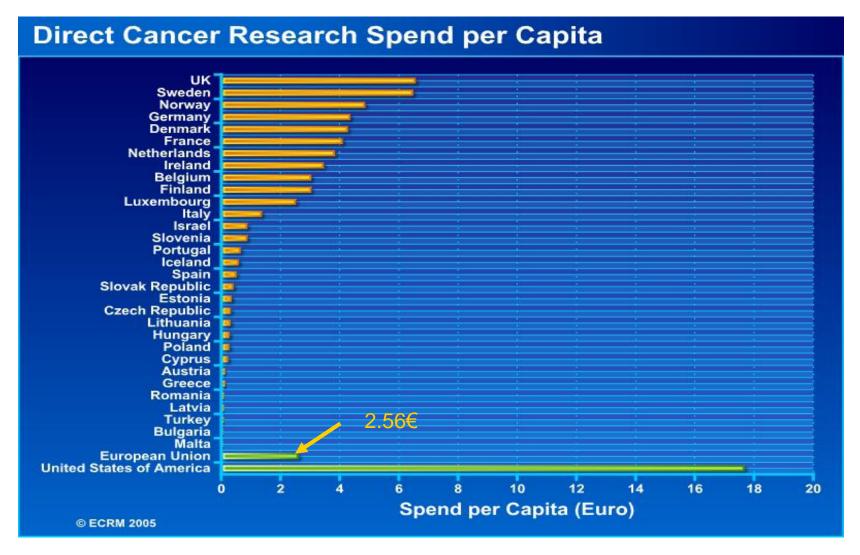
	More than 50%	Less than 50%
HIC	34	7
LMIC	22	17

p=0.014

BOLERO-2: Everolimus in Postmenopausal HR-positive Advanced Breast Cancer

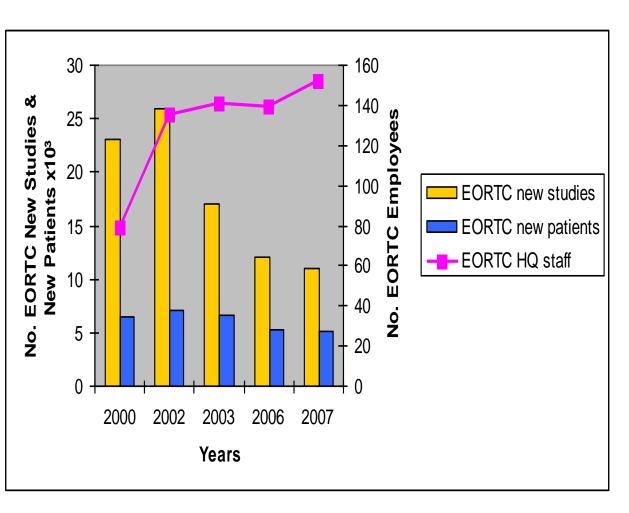


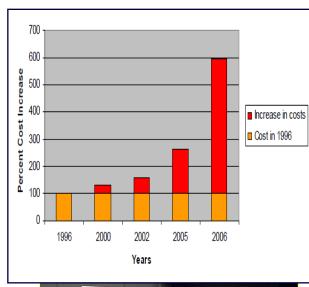
Lack of Independent Funding Spending on cancer research Per capita in 2002-2003



ECRM: European Cancer Research Managers Forum 2005

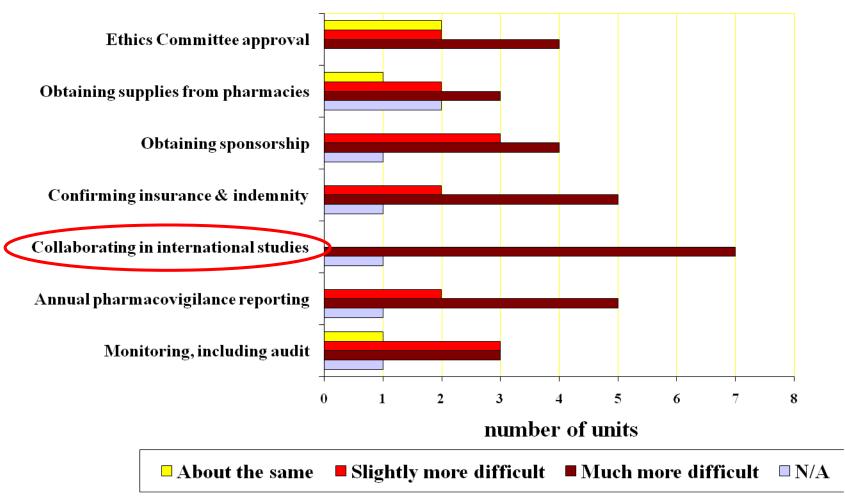
Regulatory Hurdles to Cancer Research - 2001/20/EC CTD







Impact of EU/CTD on Starting and Conducting Trials in UK



Strenghten International Research Through Partnership

- Industry is the prime sponsor of approx. 50% of clinical trials
- ... and approx. 70% of drug trials in oncology
- 93% of industry sponsored trials are drug development trials



Transparency of data Improved care/outcome/



Pharma

Academia

Drug development

Publishing of results

of drug

Regulatory approval Further exploration of treatment efficacy,



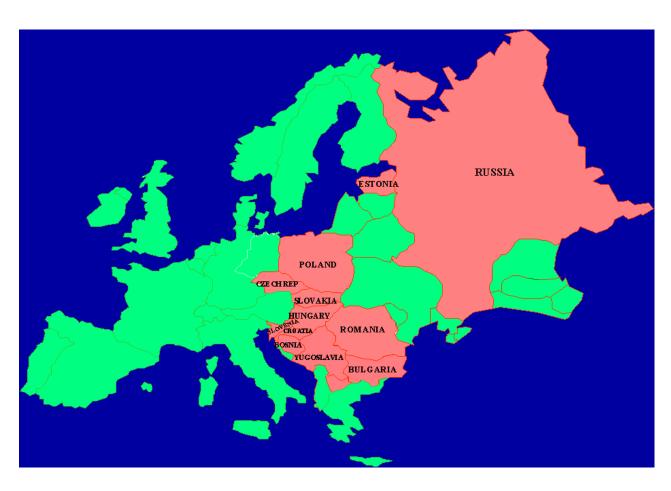
International Collaborative Groups



1983: South and East European Oncology Group (SEEOG);

1988: Central and East European Oncology Group (CEEOG)

Scientific activity: 12 countries, 36 centres



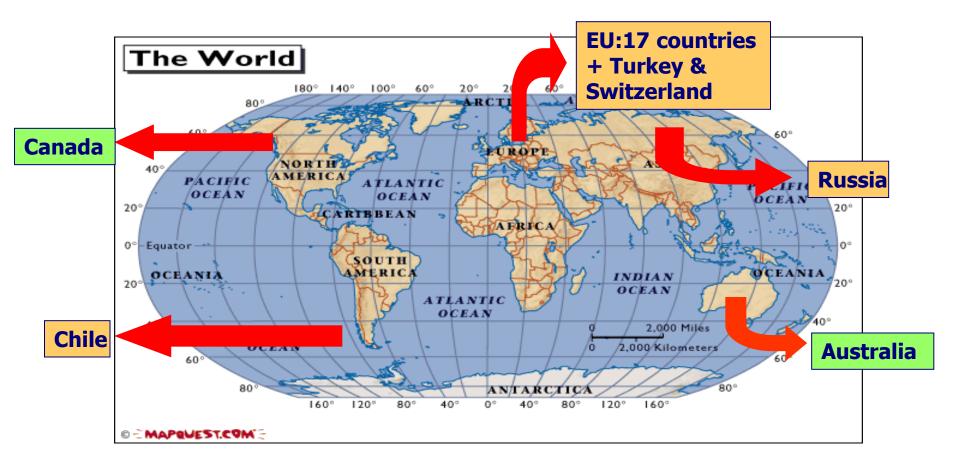
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International Collaborative Groups

- EORTC (35 institutions, 11 European countries, Turkey, Egypt)
- NCIC-CTG
- International Network for Cancer Treatment and Research
- IAEA (International Atomic Energy Agency)
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39 PARTNERS, 21 COUNTRIES





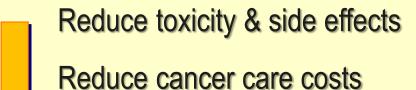
MINDAGE



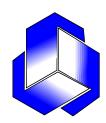
CLINICAL APPLICATION OF GENOMICS FOR IMPROVED TREATMENT TAILORING

BENEFITS:

Only women who NEED chemotherapy RECEIVE it!



Reduce burden on health care systems



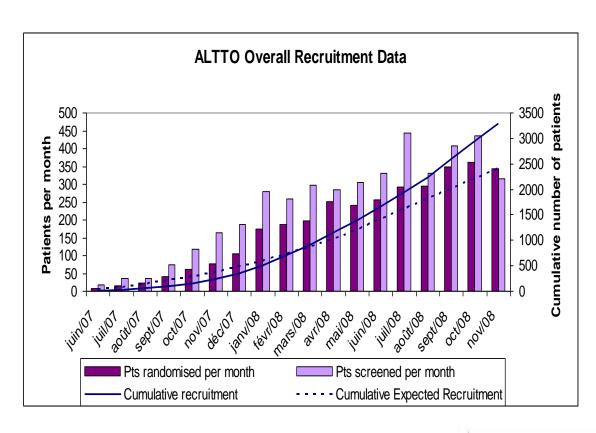
MINDACT trial: Example of a Successfull Partnership

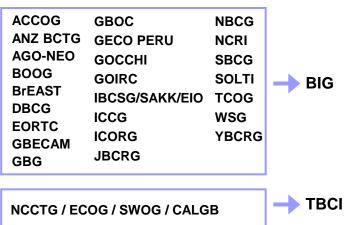


- Fast accrual
- Successful tissue collection
- Common SOPs on tissue handling
- Data collection, analysis and reporting in academia hands
- Tissue in academia hands
- Policy for access to data and/or sample
- Publication policies

















Improving International Collaboration

- Harmonization of regulatory issues
 - Fast review and approval of trials
 - > Insurance requirements
 - Biobanking
- Increased independent funding
- Uniform criteria on academia and industry collaboration
 - Data collection, analyses and reporting (IDMC)
 - Tissue collection, storage and usage (TR SC)
- Set a common academic platform for clinical cancer research
- Train the next generation of oncologists on independent clinical cancer research





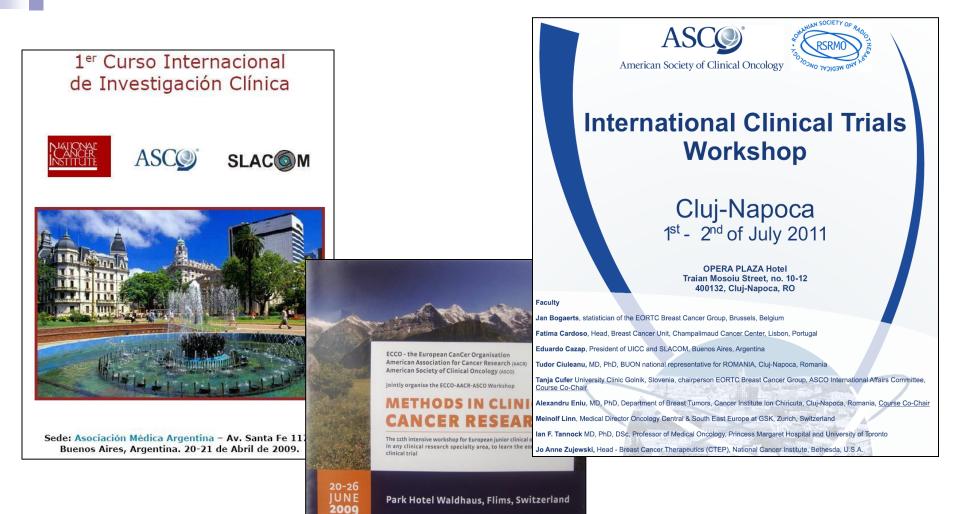
Slovensko predsedstvo EU 2008 Slovenian Presidency of the EU 2008 La Présidence slovène de l'UE 2008

European Conference THE BURDEN OF CANCER – HOW IT CAN BE REDUCED

Workshop IV CANCER RESEARCH – FINDING NEW SOLUTIONS IMPROVED COOPERATION

- •Cancer research in Europe is still very fragmented and heterogeneous; more clinical/translational research needs to take place across Member State boundaries
- ➤ Member states and EU commission should encourage closer collaboration between different research centres in Europe and pan-European cancer research through formation of the network of cancer research centres and through increased financial stimulation of pan-European projects.

The Burden of Cancer – How Can it be Reduced?



Thank you and cordially invited to ICTW, Opatija-Croatia, June 12-13th, 2013!