

# Creating CCCs and Networks of Academic CCCs

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# GERMAN CCC PROGRAM

## Deutsche Krebshilfe

### Competitive Program

- **Round 1 (2005-2006)**
  - 23 applications
  - 12 visited
  - 4 CCCs recognized
- **Round 2 (2008-2009)**
  - 17 applications
  - 10 visited
  - 6 recognized
- **Round 3 (2010-2011)**
  - ? Applications
  - Another 4 ? recognized

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### RESEARCH (1)

- Number/quality of ongoing **peer-reviewed** research projects
- Development of internationally **competitive** research programs, particularly in the area of translational cancer research.
- Participation in local, national or European collaborative research **consortia**.
- Program in tumor **epidemiology** with **outcome research** and identification of **cancer risks** and **predictive factors**.

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### RESEARCH (2)

- Availability of a dedicated **clinical trial center** and participation in innovative clinical studies.
- The **fraction of patients** in trials should approach 90% for pediatric neoplasms, 50% for haematolymphoid and 10% for solid tumors.
- **Tumor- and bio-bank** with defined quality and documentation standards (**SOPs**)

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### DATA COLLECTION

- Documentation of diagnostic and therapeutic procedures and follow-up data in a clinical cancer registry that should be embedded in or associated with a population based cancer registry.
- Establishment of a validated system for data collection.

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### INTEGRATIVE MEDICINE

- **Obligatory multidisciplinary clinical oncology with a central entry port for patients.**
- **Establishment of interdisciplinary tumor boards for all organ sites and tumor entities.**
- **Patient Tumor Pathways:** For each patient development and implementation of standard operating procedures for diagnosis and treatment that reflect the current state of evidence-based oncology.

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### QUALITY ASSESSMENT

- Introduction of a quality assessment system for diagnostics, oncologic surgery, medical oncology and radiotherapy.
- Development of a centralized quality-controlled outpatient unit for chemotherapy.

### PALLIATIVE CARE

- Integrated psychosocial and palliative care.
- The center should interact with patient advocacy groups.

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- **REGIONAL Network**
  - Satellite Hospitals
- **NATIONAL Network**
  - CCCs Network
  - TR Network
- **INTERNATIONAL Network**
  - Partnerships, Exchange Programs

# INTERNATIONAL NETWORKS

- **ERANET**
- **Various CONSORTIA (GWAS, Genetics)**
- **FP6 and FP7 Networks**
- **EORTC NOCI (network of core institutes)**
  - 25 Institutes
  - TR in relationship to EORTC trials
- **EUROCANPLATFORM**
  - 20 CRIs + Academic CCCs
    - DKFZ, CNIO, Cambridge etc +
    - ErasmusMC, Cambridge, Oxford, Karolinska
    - IGR, NKI, Milano, IEO, Bordet, etc

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### Linking electronic patient files with

- **Institutional Databases**
- **Epidemiologic Databases / Cancer Registries**
- **Trial Databases**
- **Translational Research Databases**
- **Validated Datacollection Systems**
- **Legalized Procedures**

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### DATA COLLECTION

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# Your typical Melanoma Patient

## Primary + Sentinel Node

- Relapse

- Relapse

- Progression

- Progression

- EORTC Minitub Study

- EORTC 18071 Adjuvant Ipilimumab

- PLX4032 vs DTIC

- Tasisulam vs Taxane

- MEK + Pi3 Inhibitor

# Your typical Melanoma Patient

- **EORTC Minitub Study**
  - **EORTC 18071 Adjuvant Ipilimumab**
  - **PLX4032 vs DTIC**
  - **Tasisulam vs Taxane**
  - **MEK + Pi3 Inhibitor**
- **DNA, SNPs, TMA**
  - **DNA, HLA, SNPs**
    - TMA (host resp)
    - Tregs BI, Tissue
    - Proteomics
  - **Biopsies BRAF Mut**
    - **New Biomarkers**
  - **Biopsies**
    - **New Biomarkers**
  - **Biopsies, sur endp**
    - **Imaging studies**

# Your typical Melanoma Patient

## 4 years later:

- **New Biomarker**
- **New Treg subpopulation**
- **New BRAF mutation**
- **New Apoptotic pathway cascade**
- **How to get back to which collection, where etc.**