Building breast cancer research
The Breast International Group (BIG) is an international not-for-profit organisation that represents the largest global network of academic research groups dedicated to finding cures for breast cancer. BIG was founded as a network of collaborative groups in 1999 to address fragmentation in European breast cancer research. However, groups from other parts of the world rapidly expressed interest in joining BIG, and by 2017 it represented 59 like-minded research groups from around the world and reached across more than 55 countries and 6 continents. BIG connects thousands of hospitals and world-class breast cancer experts who collaborate on pioneering breast cancer research.

BIG's mission is to facilitate and accelerate breast cancer research at an international level. We are proud to be both global AND local, helping breast cancer patients from all over the world.

www.BIGagainstbreastcancer.org

Message from the Chair

In the early 1990s, breast cancer research in Europe and the rest of the world was highly fragmented, with academic groups running many similar trials, but not yet interacting in a way to facilitate collaboration, which is crucial to make significant advances in breast cancer research. Driven by a common passion, Dr Aron Goldhirsch and I shared the same vision for the future: groups debating the latest research findings, sharing ideas for new clinical trials and working in harmony to conduct these trials together. Based on this vision, we created the Breast International Group (BIG) in 1996. Our mission: facilitate and accelerate breast cancer research at the international level. The not-for-profit organisation became a legal entity in 1999. Since then, 59 member groups have joined BIG, and more than 50 clinical trials have been run under the BIG umbrella. These include several landmark trials that have had a real impact on the lives of patients around the world.

2017 was another year of hard work to prepare the ground and sow the many seeds needed to launch new trials. In the section "Building breast cancer research", we give an insight into some of BIG's key studies and programmes, among them AURORA (BIG 14-01), an international research programme totally devoted to metastatic breast cancer; the International Programme of Breast Cancer in Men (BIG 2-07), and clinical trials testing immunotherapies, such as PANACEA (BIG 4-13), PALLAS (BIG 14-03) and ULTIMATE (BIG 16-01).

Over the past two decades, BIG has grown steadily. In recent years, its fundraising team, through events, corporate partnerships and support from charitable foundations, has secured significant funding that directly benefits studies such as POSITIVE (BIG 8-13, or the BIG Time for Baby study) and EXPERT (BIG 16-02). Every act of support contributes to building research. Everything that we achieve is possible because we do it together.

In 2017, BIG saw some important changes: four new BIG member groups joined and BIG's Executive Board expanded to include more cancer disciplines and better represent the geographies covered by the network. Following almost 20 years of commitment to BIG, Dr Aron Goldhirsch stepped down from the Executive Board to leave way for the next generation of leadership.

We wish to extend our heartfelt thanks to Dr Goldhirsch for his tireless determination and contribution, and for his unfailing commitment to international cooperation. "All for one and one for all" is his motto. This has been key to the development and extension of what is now considered to be the largest international academic network of collaborative groups dedicated to breast cancer research. We have an obligation to continue his work, joining forces and succeeding together in the future.

In addition, just as importantly, we wish to say THANK YOU to our member groups, partners, ambassadors, donors and staff for their support and strong collaborative spirit to help advance breast cancer research. We also wish to thank and honour the thousands of patients who participate in our trials and work with us to develop tomorrow's cures.

Together, we have the opportunity to make a real difference in patients' lives, both today and in the future.

Prof Martine Piccart-Gebhart
BIG Chair

About BIG

The Breast International Group (BIG) is an international non-for-profit organisation that represents the largest global network of academic research groups dedicated to finding cures for breast cancer.

BIG was founded as a network of collaborative groups in 1999 to address fragmentation in European breast cancer research. However, groups from other parts of the world rapidly expressed interest in joining BIG, and by 2017 it represented 59 like-minded research groups from around the world and reached across more than 55 countries and 6 continents.

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BIG's mission is to facilitate and accelerate breast cancer research at an international level. We are proud to be both global and local, helping breast cancer patients from all over the world.

www.BIGagainstbreastcancer.org
To build that road to curing breast cancer, we need to continue to join forces. More than 20 years ago BIG’s first building blocks were placed. Today BIG is the largest international network of academic research groups dedicated to finding cures for breast cancer. Together with the support of donors and partners, BIG keeps on building its network of world leading breast cancer specialists. Global collaboration is crucial to make significant advances in breast cancer research. Reducing unnecessary duplication of efforts and sharing ideas and data contribute to the faster development of better treatments and increase the chances of curing patients.

This less fragmented and more efficient research approach leads to results with important impact. Findings from international clinical trials reach the whole medical community and thereby benefit breast cancer patients locally.

Only together we can build a world with fewer breast cancer deaths, improved treatments and better quality of life for patients. Ultimately, it is about giving people more time with their loved ones.

WHY build BIG?

Why breast cancer research?

Although significant progress has been made in recent decades, breast cancer incidence continues to grow. Recent statistical evidence indicates almost 1.7 million new diagnoses per year. Breast cancer is by far the most common cancer in women worldwide.

1.7 million new cases yearly

Meanwhile, the number of treatments has grown and their quality has significantly improved. Thanks to research, we better understand breast cancer, how and why it progresses, and how it can be better treated.

Yet today, in absolute numbers, breast cancer still is the #1 cancer killer among women. It causes more than 522,000 deaths annually worldwide. The road to finding cures for this disease is still long…

Why build an international network?

To build that road to curing breast cancer, we need to continue to join forces. More than 20 years ago BIG’s first building blocks were placed. Today BIG is the largest international network of academic research groups dedicated to finding cures for breast cancer. Together with the support of donors and partners, BIG keeps on building its network of world leading breast cancer specialists. Global collaboration is crucial to make significant advances in breast cancer research. Reducing unnecessary duplication of efforts and sharing ideas and data contribute to the faster development of better treatments and increase the chances of curing patients.

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Only together we can build a world with fewer breast cancer deaths, improved treatments and better quality of life for patients. Ultimately, it is about giving people more time with their loved ones.

What makes BIG unique?

BIG is the only truly international body focused exclusively on developing, conducting and coordinating patient-centred breast cancer research;

BIG focuses on finding cures and is distinguishable from many charities by the fact that it does not redistribute funding to third parties but conducts its own research;

BIG follows strict principles of research conduct that aim to eliminate bias from the research process, both when working with the pharmaceutical industry and when working in a purely academic environment;

BIG has the ability to achieve faster results and greater patient benefit through its global collaboration approach.

Progress has been made, but the incidence continues to grow.

While research has made huge strides in recent decades to improve and significantly extend the lives of patients with breast cancer, mainly in early stage, the disease still represents the second most common cancer in the world, the most common cancer in women, and the leading cause of cancer death in less developed countries. Breast cancer is not one but several diseases, with biological profiles, aggressiveness and evolution that vary. Today, new powerful technologies, such as gene sequencing, enable scientists to dig more deeply into the heterogeneity and complexity of tumours and uncover the mechanisms driving cancer development and resistance.

For almost 20 years, BIG’s member groups have directed their efforts towards building novel treatment approaches. BIG’s research includes using the latest molecular-targeted drugs, testing immunotherapies, exploiting de-escalation of treatment, and integrating sophisticated technologies into trial designs; all with the aim of improving and saving the life of each and every person affected by the disease.

2017 was a year of hard work to prepare the ground and sow the many seeds needed to launch new trials aiming to better understand breast cancer, test promising treatments and take care of patients with more advanced or rarer forms of breast cancer.
Metastatic breast cancer is treatable, but remains incurable. Several studies suggest that, when breast cancer spreads (1 breast cancer patient out of 3 develops metastases), it develops genetic mutations that differ from those present when the disease first appeared. In addition, cancer cells may become resistant to treatments over time. There is a strong need to understand how disease evolves in order to stop it. That is where BIG's academic research can make a difference.

Since 2013, BIG has been running AURORA (BIG 14-04), an international research programme totally devoted to metastatic breast cancer. The programme uses molecular screening technology to characterise each cancer on the genetic level in great detail and identify the mechanisms that drive disease evolution over time. A unique aspect of AURORA is that the molecular tests – based on a panel of 411 cancer-related genes – are done on samples available from the primary tumour (when the disease first appeared), as well as on samples taken after the cancer has metastasised. These cases will provide valuable insights into the mechanisms of drug sensitivity.

Exceptional Responders (BIG 16-04) is an international academic programme set up by BIG in 2017. It aims to identify breast cancer patients with an exceptionally favourable response to anticancer treatments, and to characterise their tumours molecularly. The hope is to discover clinically useful biomarkers, which could predict a patient's sensitivity to a specific drug and potentially lead to new targeted therapies.

Because BIG is a large, multi-continental network, its member physicians collectively encounter many exceptional responders. This capacity of BIG's network, not to mention its exclusive focus on breast cancer, will enable us to identify patients with anticancer treatments and to identify immune tumour cells. Today, immune-oncology drugs hold great potential to improve the treatments offered to breast cancer patients.

A few years ago, BIG created a task force aiming to develop studies of immunotherapies combined with anticancer treatments and to identify immune biomarkers that can predict which patients will most likely respond to these treatments. By 2017, several BIG clinical studies had started recruiting patients with metastatic HER2-positive breast cancer.

The study's first results, presented at the San Antonio Breast Cancer Symposium in 2017, suggested that this combination could be a well-tolerated and effective approach. Although further research is required, this gives an encouraging message regarding the potential of PD-1 inhibitors to treat postmenopausal women with advanced HER2-positive breast cancer.

Our goal is to understand what's causing each cancer to grow and spread, and to develop treatments that target these specific mutations.
Building research

Boosting endocrine therapy against luminal breast cancer

The standard treatment for early stage luminal breast cancer is endocrine therapy, i.e. a treatment that prevents breast cancer cell growth by blocking estrogen stimulation. Despite its success, some patients still face disease recurrence. Recent clinical studies suggest that combining the CDK4/6 inhibitor palbociclib, which plays a role in cell growth regulation, with endocrine therapy provides better disease control.

The main objective of PALLAS (BIG 14-03) is to compare the clinical benefits of this combination with standard endocrine therapy alone. The study started in 2015 and is now run, coordinated and sponsored by the Austrian Breast & Colorectal Study Group (ABCG) and Alliance Foundation Trials (AFT, sponsor in the USA) in collaboration with BIG.

By the end of 2017, thanks to the determination and collaboration of all study partners and participating hospitals, PALLAS had been recruiting well ahead of schedule. This trial, which involves 20 research groups across Europe. The study is funded by a grant from Astrazeneca.

Reinforcing treatment before surgery

International guidelines recommend the use of pre-surgery endocrine therapy in postmenopausal women with oestrogen receptor-positive (ER+)/HER2- breast cancer and tumour ≥ 2 cm, to reduce tumour size and to maximise the chances of performing breast conserving surgery.

ULTIMATE (BIG 16-01) is an international study launched in 2017 to evaluate whether adding the drug durvalumab, whose role is to activate the immune system (precisely a type of white blood cells called T lymphocytes), to the standard endocrine therapy (axamostatone) given before surgery can achieve those objectives. Since ER+ tumours present very few T lymphocytes, the first phase of the ULTIMATE trial is to attract T lymphocytes within the tumour using different immune-attractant drugs, and only then to activate these lymphocytes against the tumour with durvalumab. The scientists leading this research not only want to test the efficacy of durvalumab, their aim is also to determine the best immune-attractant drugs, and only then to activate these lymphocytes against the tumour with durvalumab. The scientists leading this research not only want to test the efficacy of durvalumab, their aim is also to determine the best immune-attractant drugs, and only then to activate these lymphocytes against the tumour with durvalumab.

By December 2017, about 200 women from more than 170 hospitals had decided to participate in POSITIVE (BIG B-13). This study aims to evaluate whether it is safe for women with hormone-sensitive (ER+) breast cancer who wish to become pregnant to interrupt their endocrine treatment in order to try to have a pregnancy. In line with the international collaboration of BIG member groups, in total about 500 young women from over 20 countries worldwide will ultimately participate in POSITIVE through their local cancer research centres and hospitals. Launched in 2017, this purely academic study is run by the International Breast Cancer Study Group (IBCSG) in collaboration with BIG.

For more information on the study and how to participate, please visit www.BIGtimeforbaby.org.

Young women: pregnancy and breast cancer

Taking care of patients with specific needs

By December 2017, about 200 women from more than 170 hospitals had decided to participate in POSITIVE (BIG B-13). This study aims to evaluate whether it is safe for women with hormone-sensitive (ER+) breast cancer who wish to become pregnant to interrupt their endocrine treatment in order to try to have a pregnancy. In line with the international collaboration of BIG member groups, in total about 500 young women from over 20 countries worldwide will ultimately participate in POSITIVE through their local cancer research centres and hospitals. Launched in 2017, this purely academic study is run by the International Breast Cancer Study Group (IBCSG) in collaboration with BIG.

For more information on the study and how to participate, please visit www.BIGtimeforbaby.org.

Raising funds for a beautiful cause

POSITIVE represents a unique opportunity to allow young women with breast cancer to plan a pregnancy without waiting many years after completion of their treatment.

POSITIVE is funded exclusively by grants and donations, including generous support from Fonds Bullet Latran. The BIG fundraising team, working closely together with the BSCG, has made it a priority to raise funds for this study. Various events around the ‘BIG Time for Baby’ campaign (the lay public name for POSITIVE) took place throughout 2017 to support the study and all patients involved (cfr page 21). A moving video was also developed by the BSCG to raise awareness about the study, better inform patients and doctors, and sensitise health providers about issues related to breast cancer and pregnancy.

www.BIGtimeforbaby.org
www.bscg.org

Immunotherapy is about working with the patient’s immune system, to strengthen it and stimulate its response against the tumour.
Building research

Men with breast cancer: a rare disease with no adequate treatment

Male breast cancer is a rare disease accounting for less than 1% of all breast cancers diagnosed worldwide, and for less than 5% of all breast cancer cases in women. In 2017, researchers involved in the International Programme of Breast Cancer in Men (BIG 2-07) presented promising findings. By building both retrospective and prospective registries of male breast cancer cases, and by analyzing samples and clinical data from patients over several years, they were able to confirm that male breast cancers are different and that 1 out of 5 men affected by the disease is not treated appropriately. Their findings also corroborate the existence of a breast cancer subtype that seems to occur only in men and needs to be characterised better.

The study partners are now striving to identify the appropriate pharmaceutical partner with whom to conduct a clinical trial that will likely focus on a drug blocking the androgen receptor, a protein frequently present in male breast cancers.

The International Programme of Breast Cancer in Men arose in 2006 from the collaboration between BIG and the North American Breast Cancer Group (NABCG) to better understand this rare disease. The programme is funded by numerous grants, including significant support from the Breast Cancer Research Foundation®, the Susan G. Komen®. The study partners are now striving to identify the appropriate pharmaceutical partner with whom to conduct a clinical trial that will likely focus on a drug blocking the androgen receptor, a protein frequently present in male breast cancers.

The programme is headed by the European Breast CanCer Council, the Swedish Breast Cancer Association (BRO), and Susan G. Komen®.

In parallel, they set up a well-structured and functional research network ready to run a clinical trial that could generate meaningful results. Researchers involved in the European Organisation for Research and Treatment of Cancer (EORTC), in collaboration with the North American Breast Cancer Trials Group, ANZBCTG in collaboration with BIG.

There is growing concern about the overtreatment of patients with early breast cancer who, according to the current practice, receive additional (adjuvant) treatment after surgery to avoid the risk of cancer recurrence. Indeed, in some cases, this post-surgery treatment might do more harm than good, when we compare the real benefits with the side effects and impact on quality of life. How can doctors identify which patients will really benefit from adjuvant therapy, and which could safely be spared?

Several studies with this objective have emerged in recent years, including those aiming to evaluate the utility of genetic tests to characterise the biological profile of tumours and shed more light on their potential aggressiveness. The idea is that these tests, used in combination with the standard clinical-pathological observations, could help doctors better predict the risk of cancer recurrence and identify which patients are prone to chemotherapy or radiotherapy.

This is the case of MINDACT (BIG 2-04), a large academic study run to evaluate the utility of adding the 70-gene test (Mammaprint®) to the traditional method of assessing the likelihood of breast cancer recurrence: for women with node-negative or 1-to-3 node positive early breast cancer. However, since every tumour is different, the benefit of radiation therapy may vary from one patient to another. About 1,170 patients will participate in this trial launched in 2017 and coordinated by the Breast Cancer Trials (formerly known as the Australia and New Zealand Breast Cancer Trials Group, ANZBCTG) in collaboration with BIG.

Each patient deserves the best possible treatment. BIG’s research on prognostic genomic tests aims to offer more personalised cancer care to every woman and man affected by the disease.

In EXPERT (BIG 16-02), researchers use a 50-gene test (Prosigna®) to identify those patients who will most benefit from post-surgery radiation therapy, which is currently the standard of care for most women with early breast cancer. However, since every tumour is different, the benefit of radiation therapy may vary from one patient to another. About 1,170 patients will participate in this trial launched in 2017 and coordinated by the Breast Cancer Trials (formerly known as the Australia and New Zealand Breast Cancer Trials Group, ANZBCTG) in collaboration with BIG.

Research to validate the utility of prognostic multigene tests is essential and could lead to a substantial change in clinical practice. Equipped with these tools, doctors and patients will be able to better evaluate the risk of cancer recurrence and take well-informed decisions.

The ultimate goal is to offer more personalized treatments to each woman and man affected by the disease.

De-escalating therapies: sometimes, less is more

Still today, male breast cancer is not well understood, and how to best treat it is unknown. Further research is needed to better understand this rare disease and find adequate treatments for men.

Each patient deserves the best possible treatment. BIG’s research on prognostic genomic tests aims to offer more personalised cancer care to every woman and man affected by breast cancer.

Research to validate the utility of prognostic multigene tests is essential and could lead to a substantial change in clinical practice. Equipped with these tools, doctors and patients will be able to better evaluate the risk of cancer recurrence and take well-informed decisions.

The ultimate goal is to offer more personalized treatments to each woman and man affected by the disease.
Since establishing BIG as a not-for-profit organisation in 1999, more than 50 clinical trials have been run under the BIG umbrella. These include several landmark trials that have had a real impact on breast cancer treatments worldwide and the lives of patients affected by the disease.

Today’s treatments are the results of yesterday’s research.

Let us share with you three trials that, amongst others, represent real progress thanks to the hard work of researchers and the support of all donors and partners.

WHAT is the impact?

Clinical trials as a driver

Since establishing BIG as a non-for-profit organization in 1999, more than 50 clinical trials have been run under the BIG umbrella. These include several landmark trials that have had a real impact on breast cancer treatments worldwide and the lives of patients affected by the disease.

Today’s treatments are the results of yesterday’s research.

Patients’ needs at the heart of our activities

Our aim is to find the right treatment for every patient. That’s why BIG’s trials introduce innovative designs, contributing to significant breakthroughs or paving the way towards more personalized treatment of the disease.

Let us share with you three trials that, amongst others, represent real progress thanks to the hard work of researchers and the support of all donors and partners.

BIG brings together the world’s leading breast specialists to combine resources and multiply results worldwide. Every outcome of BIG’s global research has a BIG local impact.
Impact on patients

**What?** This trial aims to tailor the use of radiotherapy according to the risk of cancer relapse for each patient, ultimately hoping to identify those patients who can safely avoid this treatment. For each of the 1,170 patients to be enrolled, their relapse risk will be calculated using a genomic test (Prosigna®) analysing the genes that make up different breast cancer subtypes.

**What have we accomplished so far?** By 31 December 2017, our efforts to avoid overtreatment and expose patients to unnecessary side effects have already been rewarded with the MINDACT trial, where we were able to demonstrate that up to 46% of patients could be spared chemotherapy in the future. BIG wants to keep focusing on this kind of therapeutic de-escalation. In this spirit, the "Radio-Tuning" trial was launched in Australia and New Zealand in 2017; the expansion to other countries in the world is planned for 2018.

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**BIG Time for Baby**

**Scientific name:** POSITIVE

**What?** In this trial we evaluate whether it is safe for women to interrupt their hormonal therapy to attempt pregnancy after breast cancer.

**What have we accomplished so far?** By 31 December 2017, 197 patients (of 500 needed) had been enrolled in the study. Among them, 67 were pregnant and 19 women have seen their dreams come true with the wonderful experience of becoming a mother. Lots of women wish to follow the same path after having survived breast cancer. BIG’s goal is to make sure this path is paved safely, underpinned by the most reliable research results.

**What?** In this trial we want to improve our understanding of metastatic breast cancer. The GPS programme aims to identify "breakdowns" (genetic alterations) and to map the routes that cancer cells take to invade other organs or become resistant to current treatments. Knowing this, we could stop them, or change their route to ensure the best possible journey for each patient.

**What have we accomplished so far?** By 31 December 2017, researchers had already analysed nearly 300,000 copies of cancer genes, and identified over 500 gene variants of potential interest. We hope to discover those among them that give us accurate insight into the metastatic process, so that doctors and patients can make better decisions and we can save more lives.
Growing, thanks to BIG’s donor community

BIG is an internationally recognised non-for-profit organisation that can only continue to exist with the help of a BIG family of supporters.

We are different from many breast cancer charities, because we conduct our own research; we do not redistribute funding to third parties.

Moreover, many studies run within the BIG network hold great promise for patients despite not holding particular interest for commercial partners.

We need your help to find reliable answers and give hope.

How can you support BIG, its researchers and patients? Whether you donate, participate in a BIG event or start a fundraiser, there are countless ways to support research against breast cancer. 

BIG or small, every act of support contributes to building research, crucial for finding cures for breast cancer:

DONATE MONEY: 
Research is long-term work and costs a lot of money. We have already made big progress, but several studies still need your financial support. 

Online: www.BIGagainstbreastcancer.org/donate. 

Offline: donate via BIG’s account BE08 0689 0916 0213.

DONATE TIME: 
Introduce BIG to your personal network: to continue its work, BIG needs to keep building a network of supporters globally. As a donor, you can help us expand this network to make an even BIGGER difference.

Organise an event you can support BIG by volunteering to host a meeting or dinner with your friends and a scientist, or other types of events to raise awareness and funds for BIG.

PARTICIPATE IN AN EVENT: 
BIG regularly organises fundraising events with a specific theme that offer you a chance to support innovative research while connecting with like-minded people and having a good time. A unique concert, a visit to a special exhibition, a gala evening, a sport challenge...

INVOLVE YOUR COMPANY: 
On pages 22 and 23, you will discover our corporate network and collaboration opportunities.
Every act of support contributes to building research

PRIVATE CONCERT WITH MARC LAVOINE
8 MARCH 2017

160 guests enjoyed the special opportunity to attend an exclusive moment in Brussels, Belgium, with famous French singer and actor Marc Lavoine: inspiring songs, delicious dining and cocktails, and a magnificent ambiance—all to express solidarity with patients and their families.

TAKE THE PLUNGE FOR BIG
16 SEPTEMBER 2017

Motivated by the love of their wives, mothers and daughters, a group of six entrepreneurs called ‘Over our Top’ took up a swimming challenge to push their limits for a good cause.

They crossed Lake Léman in Switzerland, swimming five hours in 14°C water.

BIG’S SHADOW & LIGHT
25 OCTOBER 2017

For the first time, BIG organised a gala dinner in Milano, Italy, in support of the BIG Time for Baby trial. This very special evening gathered not only Italian and Swiss supporters but also BIG’s international board of directors and the crème de la crème of Italian breast cancer experts.

Linda and Simona—two young women, both breast cancer survivors—gave moving testimonials on their personal experience and the joy of holding their newborn baby girls.

UNDER THE CHRISTMAS TREE
15 NOVEMBER 2017

Each year BIG invites its donors to a gala event, combining solidarity and gastronomy. In 2017, the 5th edition took place at the ‘Cercle de Lorraine’ in Brussels, Belgium, and united close to 300 supporters.

Thanks to all participants and their generosity, we made another BIG difference in finding cures for breast cancer.

#BABYLOADING
2017

This campaign invited donors to become the parents of the first virtual baby, born with the help of donations via social networks, creating a chain of solidarity. This was another way to raise funds and awareness for the ‘BIG Time for Baby’ trial.

In 2017, the campaign received support from Belgian personalities such as Gerald Winder, Eric Boschman and Pierre Marcolini. The study is not completely funded yet, so BIG will continue to spread the word, in the name of all young breast cancer patients hoping to see their wish as future mothers come true.

Together we invest in hope for all patients and their loved ones.
Supporting BIG’s projects brings us one step closer to the main goal: finding cures against breast cancer.

Donations to BIG are tax-deductible in many countries
CSR PATRONAGE PACKAGES

Having your company associated with a leading international organisation in breast cancer research can only be positive for your stakeholders, employees and customers. Such a partnership helps refine your corporate identity.

As a corporate partner you share BIG’s values (sharing and combining resources, expertise, accountability, innovation) and embrace the cause. Not only intending to do good, the companies adopting this package wish to save lives by supporting breast cancer research.

This package entails a long-term, stable engagement between your company and BIG.

MY-EMPLOYEES-COUNT PACKAGES

With such a high incidence (1 in 8 women), breast cancer greatly impacts business life! Your company undoubtedly has employees or their family members confronted by the disease. Sharing solidarity and mobilising your employees can stimulate their motivation and enhance retention.

Many different options have been assembled to offer truly attractive packages, including the “adopt-a-future mother” programme, in-house information sessions, sport activities and challenges, teambuilding, the surprising “Boobs’ Art” exhibition, private concerts, and special events.

PINK MARKETING PACKAGES

What about taking the opportunity to engage your customers with your brand? If you are selling to women, you will touch their hearts. If you are selling to men, you give them an extra way to show they care about the women they love.

Simply allocate a percentage of your total turnover or a percentage of the sales of a specific product or service to support breast cancer research.

This package offers you the opportunity to communicate your support for a cause that touches many women in the world.

BIG VISIBILITY PACKAGES

BIG has designed special packages with different media.

You can access interesting visibility in mass media at a preferential rate, while the medium donates part of your investment to support breast cancer research.

Not only do you serve your business, but you also contribute to the cause.

BIG EVENT PACKAGES

To cultivate our relationship with a growing network of donors, partners and ambassadors, each year BIG organises several events in Belgium and abroad.

As a sponsor, your company can become a preferred partner of BIG events by providing financial support (covering part of our communication, venue, or catering costs) or giving in-kind (raffle prizes, products/services, consumables).

In 2017, BIG expanded the number and types of collaborations with the corporate world. We are very thankful for all the support received. Supporting BIG is supporting researchers who work hard to find cures for breast cancer patients all over the world.

With the following packages, your company can support breast cancer research in general or one project in particular, with the main goal to improve treatments and find cures for all.

CSR PATRONAGE PACKAGES

Growing, thanks to BIG’s corporate community

Do you have a question or an idea that you would like to discuss with us? Please contact partnerships@BIGagainstbc.org and let’s make plans to change the future.

Donations to BIG are tax-deductible in many countries
A growing family

Growing, thanks to BIG’s ambassadors

“Breast cancer affects women and men of all ages. This is why prevention is crucial. When breast cancer is diagnosed, the impact on a patient’s life and loved ones is devastating and causes intense stress. Appropriate psychological and moral support is needed and can really make a big difference.

It is crucial to identify the most appropriate and personalised therapies to increase the chances of recovery and cure.

BIG is fortunate to be supported by a generous and dedicated Committee of Ambassadors.

They are passionate about the cause, and strong believers in the difference that BIG makes in breast cancer research.

Since 2014, the members of the Committee have brought their diverse experience and expertise to BIG and have actively promoted BIG’s fundraising initiatives and activities.

They have worked to grow BIG’s network of supporters and driven through introductions and events, playing a key role in the organisation of BIG’s annual gala dinners, our flagship event in Belgium.

Furthermore, the Committee of Ambassadors provides us with invaluable advice to help us expand our activities globally, to convey our message to a wide international audience.

In 2017, BIG organised its first fundraising gala dinner in Milan, Italy. The Committee reached out to friends and connections abroad and set up an Italian Dinner Committee, whose members strongly contributed to the success of our event.

In 2017, Nathalie de Merode replaced Jessica Parser as president of the Committee of Ambassadors. Thank you to Jessica for playing a tremendous role and for setting up such a fabulous Committee and welcome to Nathalie, who will be an excellent and dynamic president.

BIG is extremely grateful for their generosity and time spent to support BIG’s life-changing breast cancer research.

BIG would like to also thank the Ambassadors’ families and close friends for their involvement, time and energy on so many occasions. All have helped us increase BIG’s profile and awareness around breast cancer research in the community. This has greatly benefited BIG and our cause.

Thank you!”

Words of encouragement from Nathalie de Merode, new president of the Committee of Ambassadors.

“By supporting BIG against breast cancer, we all help the world’s best researchers unite their expertise for the fight against one of the most devastating cancers worldwide. This global approach ultimately saves many lives.

We also have the privilege of participating in a real challenge: making treatments less invasive and giving comfort and hope to many patients.

They are numerous, all the people who contributed to the cause in 2017, whether it was through their expertise or their generosity. In the name of the entire Committee of Ambassadors, I would like to thank them warmly.”
BIG’s mission is to facilitate and accelerate breast cancer research at an international level, acting both globally and locally. Its network now embodies 59 like-minded research groups from around the world and reaches across more than 50 countries and 6 continents.

Each of BIG’s member groups plays a crucial role in today’s research. Their expertise, collaborative spirit, dedication and hard work are essential to improving the lives of women and men confronted with breast cancer.

Each group is associated with one to several hundred hospitals and breast cancer specialists, which represents a collaboration between thousands of institutions and investigators worldwide.

To fight breast cancer, it is necessary to tackle common global challenges while being aware of the specific needs of each population and using all the expertise, knowledge and resources available.

BIG provides a platform to think globally and to foster research collaborations that help patients worldwide.

BIG and the North American Breast Cancer Group

For over a decade BIG has been collaborating closely with its American counterpart, the North American Breast Cancer Group (NABCG) – a network of major US and Canadian-based research groups supported by the US National Cancer Institute. BIG and NABCG have been meeting annually to identify and address difficult aspects of breast cancer research, focus on research areas not supported by the pharmaceutical industry, and collaborate to improve treatments and cures for patients around the world.

In 2017 the group focussed on the challenges and opportunities of precision medicine, but the experts involved in the forum have also been tackling the following topics: novel immunotherapies, data sharing in the context of molecular screening programmes, and the analysis of circulating biomarkers (tumour cells and DNA). This collaboration is supported by the generous help of the Breast Cancer Research Foundation®.

BIG looks forward to increased Asian input in the development and conduct of future international studies. Breast cancer incidence in East Asia has been moving ever closer to that of western populations. Today, 40% of women with breast cancer live in Asia, and the growing interest in research by breast cancer specialists across the region has the potential to speed up advances in treatment for patients in both local and global levels. In the 20 years since BIG was established, Asian researchers have more than tripled their contribution to the organisation’s registration studies, from 9% to 30% of participants, and there is a strong desire to increase participation in purely academic studies too.

“International collaboration is crucial to moving breast cancer research forward, moving more rapidly and efficiently towards one goal: to find better treatments and cures for all people affected by breast cancer.”

Prof Martine Piccart, BIG Chair

BIG reinforced its presence in East Asia. Challenges and opportunities

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**Growing, thanks to BIG’s network**

**2017 saw some important changes**

**Four new BIG member groups**

In June 2017, BIG welcomed into its network four new academic research groups based in China, Georgia, South Korea and Thailand.

### China

- **North American Breast Cancer Group (NABCG)**
- **the Breast Disease Professional Committee of CMEA (BDPCC)**

### Georgia

- **the Georgian Cancer Study Group (GCSG)**

### South Korea

- **the Korean Cancer Study Group (KCSG)**

### Thailand

- **the Thai Society of Clinical Oncology (TSCO)**

**BIG and the North American Breast Cancer Group**

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Prof Martine Piccart, BIG Chair
In 2017, BIG’s Executive Board expanded from nine to 15 members to include more cancer disciplines and better represent the geographies covered by the network. The expanded board embodies a broad range of cancer expertise such as medical oncology, gynaecological oncology, surgical oncology, radiation oncology, biostatistics, clinical trials methodology, translational research and business. One of the most important roles of BIG’s Executive Board is to ensure that clinical trials and research programmes under the BIG umbrella are conducted to the highest quality standards and meet the organisation’s principles of research conduct.

As of 1 July 2017, the BIG Executive Board is represented by the following world-class breast cancer specialists:

BIG’s expanded Executive Board

BIG’s co-founder, Dr Aron Goldhirsch, retires from BIG

In 1996, breast cancer research in Europe was highly fragmented, with academic groups running many similar trials, but not yet interacting in a way to facilitate collaboration. Dr Aron Goldhirsch (co-founder and former vice-chair of BIG; European Institute of Oncology, Milan, Italy; International Breast Cancer Study Group (IBCSG), Switzerland) and Dr Martine Piccart (co-founder and chair of BIG; Scientific Director Institut Jules Bordet, Brussels, Belgium) were convinced that the only way forward was to foster global collaboration between academic breast cancer research groups; it is thanks to this shared vision that the Breast International Group was created.

Following almost 20 years of commitment to the organisation, Dr Goldhirsch stepped down from the Executive Board in order to leave way for the next generation of leadership. During the years spent with BIG, and together with the other members of the Executive Board, he has shaped BIG’s research strategy and objectives, always keeping patients’ interests at the heart. Sharing a spirit of openness and collaboration, Dr Goldhirsch’s contribution and unfailing commitment to international cooperation have been key to the development and expansion of what is now considered to be the largest international academic network of collaborative groups dedicated to breast cancer research.

BIG is built on international collaboration, which is depicted in its logo by the people holding hands. By facilitating breast cancer research internationally, and by stimulating cooperation worldwide, we will find a cure for breast cancer.
59 Member Groups to form the largest international network dedicated to breast cancer research

BIG Member Groups’ activities

BDPCC (China) Breast Disease Professional Committee of CMEA

The Breast Disease Multidisciplinary Symposium and the Great Wall Breast Cancer Conference

Community Education, China Tour

To improve breast disease diagnostic skills and treatments in the community hospitals of China, BDPCC launched the “Community Education, China Tour” on 27 March 2016, providing physicians with free ongoing education and training.

In 2017, BDPCC provided educational training on clinical skills to more than 2,000 physicians from the provinces Hubei, Shanxi, Guangdong, Hubei, Shanxi, Sichuan and the Inner Mongolia Autonomous Region.

In 2018, BDPCC launched the “Community Education China Tour” for physicians from all over the country.

This initiative will continue until November 2020, and cover more than 90 provinces, cities and autonomous regions in China. The Community Education China Tour will reach out to Chinese people from the fields of breast disease who shared their experiences with colleagues from all over the country.

The Breast Disease Multidisciplinary Symposium and the Great Wall Breast Cancer Conference, hosted by BDPCC, and held over a two-week period in Changzhou, from 24 to 27 February 2017. The event was attended by leading Chinese personalities from the field of breast disease who shared their experiences with colleagues from all over the country.

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A growing family

Translational research
To further elucidate the underlying mechanisms of breast cancer development and progression, the trials conducted by the GBG (German Breast Group) are accompanied by extensive translational research, which can help in developing therapies tailored to the individual needs of patients. The analysis of biomaterial within the framework of the GBG scientific projects carried out in cooperation with national and international partners.

Germline BRCA mutations confer a significant increase in the risk for breast cancer, but also have a direct influence on tumour biology. Thus, the efficacy of a given treatment regimen may depend on the BRCA mutation status. The recently published mutational analysis of the TNBC patient subset from the GeparQuattro trial showed that addition of standard chemotherapy to neoadjuvant treatment significantly increased the pCR rate in patients without BRCA 1/2 mutations. By contrast, the response rates overall were higher in patients with BRCA 1/2 mutations and there was no additive effect observed for carboplatin (Hahnen et al. 2017).

Women below the age of 45 receiving breast cancer chemotherapy are at risk of premature ovarian failure. To define the risk of ovarian failure and loss of fertility with modern chemotherapy regimens, the trials performed outside of the stringent procedures associated with lower quality standards. Regulatory authorities and pharma companies have always been particularly cautious about quality assurance in clinical trials carried out outside of the rigorous procedures of industry sponsors. In this regard, GEICAM understood years ago that quality assurance would be a key feature of the group’s future success.

GBG (Germany)
German Breast Group

Ongoing trials and future research focus
Besides GeparNuevo, several other GBG trials are currently ongoing in the neoadjuvant setting. GeparX is evaluating the addition of the RANK-ligand antagonist denosumab to neoadjuvant chemotherapy, while GeparOLA is investigating the addition of the PARP-inhibitor olaparib to preoperative treatment in patients with homologous recombination-deficient tumours. Again, these trials are accompanied by an extensive translational research programme. In metastatic breast cancer, several trials of CABEAM, inhibition in different settings are about to start, and a registry study on breast cancer brain metastases with it was shown that the presence of CTCs in peripheral blood taken before neoadjuvant therapy was significantly associated with worse disease-free survival, whereas CTCs detected after chemotherapy were not (Riethdorf et al. 2017).

Hormone (FSH) and Anti-Mullerian Hormone (AMH), in addition to antral follicle counts measured by ultrasound were assessed in five GBG trials (GeparQuattro, GeparGeneVE, GeparOolo, GeparOoo and Gain-2). The first results showed that the majority of young women aged ≤45 years experienced chemotherapy-induced ovarian failure (CIOF) after anthracycline or taxane-based chemotherapy (CT) (85.5% at end of treatment). Parameters such as older age, longer CT duration and dose-dense regimen were significantly associated with worse disease-free survival, while GeparOLA is investigating the addition of the RANK-ligand inhibitor denosumab to neoadjuvant chemotherapy (CT) for breast cancer (BC). GeparOLA’s poster discussion (FOT 4).

References

GEICAM (Spain)
Spanish Breast Cancer Group

ISO quality certificate
We all know that, when it comes to clinical trials that are going to change patient care, quality is paramount. Quality goes far beyond good scientific ideas or nicely designed trials. Quality must be at the standard in all the procedures involved in clinical research.

From that perspective, academia has traditionally been associated with lower quality standards. Regulatory authorities and pharma companies have always been particularly cautious about quality assurance in clinical trials carried out outside of the rigorous procedures of industry sponsors. In this regard, GEICAM understood years ago that quality assurance would be a key feature of the group’s future success.

GEICAM received ISO 9001: 2015 certification from the global certification group BSI (British Standards Institution) in January 2015 and since then has been in continuous quality improvement. BSI requires compliance with ISO 9001 requirements for Clinical, Epidemiological and Translational Research, Training and Biobanking in Breast Cancer.

In November 2017, GEICAM successfully passed the recertification audit and implementation of the new ISO 9001: 2015 standards and obtained its new certificate.

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Dr Miguel Martin, founder of GEICAM, wins the 2017 ESMO Award

The European Society for Medical Oncology (ESMO) honoured its prestigious 2017 ESMO Award on breast cancer expert Dr Miguel Martin, medical oncologist in Madrid, Spain.

Dr Miguel Martin is the chair-person of the Spanish Society of Medical Oncology (SEOM), co-founder of the Spanish Breast Cancer Group (GEICAM), professor of medicine at the Complutense University of Madrid, and Head of the Medical Oncology Service at the Hospital General Universitario Gregorio Marañon, Madrid, Spain.

In 1995, Martin created GEICAM, a network of more than 180 Spanish institutions. Since then, GEICAM has carried out upwards of 120 clinical, translational and epidemiological studies in the field of breast cancer, including more than 47,000 patients. GEICAM’s clinical trials or recommended therapy is the product of translational research work. GEICAM’s interest in conducting breast cancer research is mainly on translational research projects.

HeCoG (Greece)

Hellenic Cooperative Oncology Group

HeCoG’s founder in conducting breast cancer research is ongoing and growing. As we have a very large biobank of both blood and tissue from patients treated in HeCoG’s clinical trials or recommended therapy programmes, last year our publications have been the product of translational research work.

HeCoG’s activity in 2017 led to the publication of nine papers on breast cancer, mainly on translational research projects.

At the same time, members of HeCoG were involved in organizing conferences and educational seminars such as “The 3rd Seminar on the Interdisciplinary Approach to Breast Cancer and Gynaecological Cancer: From Theory to Practice”, which took place in December 2017, in Athens, and “The Pharmacological Seminar on Breast Cancer and Gynaecological Cancer, from Gene to Therapy”, which also took place in Athens, in May 2017.

Finally, in collaboration with the Greek chapter of Women for Oncology (WFO), whose founding members are also members of HeCoG, we organized the “6th Public Awareness Meeting on Cancer in Women and Heredity” in Athens on 20 May 2017.

JBCRG (Japan)

Japanese Breast Cancer Research Group

A glimpse of JBCRG’s clinical trials, publications and events in 2017

JBCRG launched four new clinical studies in Japan: JBCRG-22, JBCRG-M06 (Enzalutamide), JBCRG-M07 (Futurist) and JBCRG-S01.

Also, under the BIG umbrella, JBCRG cooperated in the following studies: ALTO (BIG 2006), SUPREMO (BIG 2-04), SOLIS (BIG 1-07),捨石薬 (JBCRG-M05), PALLAS (BIG 14-01) and PENETO-B (BIG 1-19).

Several papers were accepted for publication from our original studies, including JBCRG-C06 (Safari) by Breast Cancer Research and Treatment; JBCRG-22, JBCRG-M06 (Emerald), JBCRG-M07 and JBCRG-S01.

JBCRG launched four new clinical studies in Japan: JBCRG-M06 (Enzalutamide), JBCRG-M07 (Futurist) and JBCRG-S01.

In December, representatives of seven Asian countries (Hong Kong, South Korea, Thailand, China, Taiwan, South Korea and Japan) gathered at the BIG-ASIA Lunch Meeting organised during SACCR 2017. The BIG member groups discussed the future collaboration of clinical trials in Asia. Together with its neighbour countries, JBCRG expressed its wish to strengthen the structure of clinical trials in Asia.

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LACOG (Latin America) Latin American Cooperative Oncology Group

In November 2017, represented by group chair Dr. Gustavo Werutsky, LACOG participated in the UICC World Lung Cancer Leaders’ Summit held in Mexico City. This summit is a high-level policy meeting dedicated exclusively to furthering global cancer control.

MICHELANGELO (Italy)

Foundazione Michelangelo per l’Avanzamento dello Studio e della Cura dei Tumori designs and promotes the conduct and management of clinical trials in Latin America. This follows from the BIG-Latina Traineeship programme to develop personal capacity in mentorship, which aims to nurture future cancer expert leaders in the region.

LACOG and BIG continued to pursue the idea of a mentorship programme to develop personal capacity in the conduct and management of clinical trials in Latin America. A major event in Brazil dedicated to patient advocacy, Clinical Research at “Todos Juntos Contra o Cancer”, Latin America, LACOG organised a panel on Cancer Control.

In November 1999, it was formally established as Foundation and, in March 2001, the Italian authorities legally recognised it as a non-profit organisation. Fondazione Michelangelo has always been very active in the area of neoadjuvant trials in breast cancer:

- The NeoNH trial – launched in 2012 – tested the possible benefit of adding trastuzumab to chemotherapy for women with HER2+ locally advanced breast cancer.
- The Neophase trial – launched in 2007 – compared the benefits of dual HER2 blockade with trastuzumab and pertuzumab with or without docetaxel.
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The 5-year results of these studies were respectively published in Lancet Oncology in 2014 and in 2016.

In 2013, Fondazione Michelangelo promoted a phase III, international multicentre study in collaboration with GECAM, and BGH-MN, known as ETNA (Evaluating Treatment with Neoadjuvant Abiraterone). It was aimed at comparing the rate of pathologic complete response for abiraterone vs. paclitaxel for four cycles and was followed by an anthracycline-containing regimen for four cycles before surgery in patients with early or locally advanced HER2-negative breast cancer. The results of the primary analysis were published in a peer-reviewed journal.

In 2015, a neoadjuvant exploratory Phase II trial (NA-PHER2) was activated in seven Italian centers to study changes of Ki67 from baseline before therapy, at two weeks and at surgery. Eligible patients had invasive unilateral non-metastatic ER-positive breast cancer overexpressing HER2 and had to be suitable for neoadjuvant therapy. They were treated every three weeks with trastuzumab and pertuzumab for six cycles combined with palbociclib 125 mg p.o. q.d. x 21 q. four weeks and letrozole t.i.d. 2.5 mg both given for five cycles. The results of this exploratory study were published in Lancet Oncology.

In 2017, Fondazione Michelangelo launched a new neoadjuvant study in patients with early or locally advanced triple negative breast cancer (NeoTRIPaPDL1 – Neoadjuvant therapy in TRIPLE negative breast cancer with antiPDL1). The recruitment is still ongoing and the primary aim is to compare the event-free survival after eight cycles of carboplatin and abiraxane with or without anastrozole.

In 2018, a new neoadjuvant study (APTrico - Atezolizumab, Pertuzumab and Trastuzumab with chemotherapy as neoadjuvant treatment of HER2 positive early high-risk and locally advanced breast cancer) will be activated. The primary aim is to compare the five-year event-free survival in patients receiving trastuzumab, pertuzumab, carboplatin and paclitaxel with or without anastrozole.

Fondazione Michelangelo is also committed to the development of personalised medicine: patients with similar diseases do not always obtain the same benefit from the same treatment.

LACOG and BIG continue to pursue the idea of a mentorship programme to develop personal capacity in the conduct and management of clinical trials in Latin America.
A growing family

SOFT (Spain)
Brest Cancer Research Group

SOFT draws the portrait of the future therapeutic strategies in breast cancer in its annual “Envision Summit”

Under the title of “Drawing the portrait of the future therapeutic strategies in breast cancer”, SOFT brings together national and international experts in its annual Envision Summit to discuss the latest scientific developments in some of the current therapeutic strategies in breast cancer research.

Immunotherapy, DNA repair, P53 pathway modulation and downstream molecules were the hot topics discussed during this annual scientific conference that took place in Madrid on 24 November 2017. SOFT is already working on a wide range of clinical trials based on these research strategies, some with other national and international academic groups and companies. This allows several “lines” of breast cancer research to be conducted in parallel, for a more effective fight against the disease.

Clinical experts from around the world brought the latest research findings during this annual scientific conference that took place in Madrid on 24 November 2017. SOFT is already working on a wide range of clinical trials based on these research strategies, together with national and international experts in its annual “Envision Summit”.
A growing family

The UNICANCER-NeoPal trial is an innovative approach, combining the most recent therapeutic opportunities in high risk ER+ breast cancer with diagnostic approaches such as the PAM50 signature and the residual cancer burden (RCB) tumour response evaluation method. NeoPal is a phase II trial coordinated by Dr. Paul Costa, Inmaculada Cara (Paris). This trial enrolled postmenopausal women with stage II or III ER-positive, HER2-negative breast cancer who were not candidates for breast conserving surgery (BCS). All patients were required to have either a PAM50 luminal A or luminal B profile with proven lymph node involvement. 106 patients with stage II-IIIa, PAM50-ascertained luminal BC underwent parallel node surgery at week 20. The NeoPal study was presented at ESMO 2017 in Madrid and has been submitted for publication.
## Overview of the clinical studies run within the BIG Network

### Open, recruiting patients

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<td>J. Garber - C. Geyer</td>
<td>Supporter trial</td>
<td>Coordinating group: IBCSG (sponsor)</td>
<td>Pfizer</td>
</tr>
<tr>
<td>BIG 11-02</td>
<td>ULTIMATE: neoadjuvant chemotherapy plus trastuzumab for patients with HER2-positive early breast cancer - NCT02578699</td>
<td>A phase II trial of ULTIMATE in patients with HER2-positive early breast cancer</td>
<td>A. Tutt - B. Kaufman</td>
<td>Supporter trial</td>
<td>Coordinating group: IBCSG (sponsor)</td>
<td>Novartis (sponsor)</td>
</tr>
<tr>
<td>BIG 12-01</td>
<td>PYTHIA: nab-Paclitaxel chemotherapy plus bevacizumab for patients with HER2-negative primary breast cancer with high relapse risk - NCT02891742</td>
<td>A phase II trial of PYTHIA in patients with HER2-negative primary breast cancer</td>
<td>F. Cardoso</td>
<td>Supporter trial</td>
<td>Coordinating group: GBG (sponsor)</td>
<td>Pfizer</td>
</tr>
</tbody>
</table>

### Follow-up or post-study activities

<table>
<thead>
<tr>
<th>Study name</th>
<th>BIG number</th>
<th>Short description</th>
<th>Principal Investigator(s)</th>
<th>Lead trial</th>
<th>Supporter trial</th>
<th>Pharma partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEO-ALTTO</td>
<td>NCT00066690</td>
<td>NEO-ALTTO: short (9 weeks) versus long (1 year) treatment of early HER2-negative, endocrine responsive breast cancer</td>
<td>H. Joensuu</td>
<td>Supporter trial</td>
<td>Coordinating group: FBCG (sponsor) - Pharma partner: Roche</td>
<td>Pfizer</td>
</tr>
<tr>
<td>NEO-PHOEBE</td>
<td>NCT02889874</td>
<td>Neo-PHOEBE: neoadjuvant chemotherapy plus bevacizumab for early breast cancer</td>
<td>O. Pagani</td>
<td>Supporter trial</td>
<td>Coordinating group: IBCSG (sponsor)</td>
<td>Pfizer</td>
</tr>
</tbody>
</table>

Over the years, BIG has built close collaborations with various pharmaceutical partners.

Together we develop and run clinical trials that will benefit most patients’ needs, while following BIG’s principles of research conduct. In 2017 BIG conducted clinical trials in collaboration with: Novartis, Roche, Teva, Servier, Amgen, Genta, Astra, Roche, Astra, Pfizer, Merck, Celgene.
Financials

Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>5,904</td>
<td>0</td>
</tr>
<tr>
<td>Intangible fixed assets</td>
<td>194,757</td>
<td>207,420</td>
</tr>
<tr>
<td>Financial fixed assets</td>
<td>147,477</td>
<td>72,627</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td>348,138</td>
<td>280,047</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables up to one year</td>
<td>8,816,530</td>
<td>3,864,923</td>
</tr>
<tr>
<td>Current investments</td>
<td>534,901</td>
<td>5,910,218</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>8,034,099</td>
<td>5,361,575</td>
</tr>
<tr>
<td>Deferred charges and accrued income</td>
<td>390,657</td>
<td>343,189</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>17,816,187</td>
<td>15,481,805</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>18,166,325</td>
<td>15,741,812</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets</td>
<td>3,002,714</td>
<td>5,493,549</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>5,002,714</td>
<td>5,493,549</td>
</tr>
<tr>
<td>Debts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts payable within one year</td>
<td>13,131,681</td>
<td>10,236,372</td>
</tr>
<tr>
<td>Trade debts</td>
<td>12,778,395</td>
<td>9,847,170</td>
</tr>
<tr>
<td>Tax, remuneration and social security</td>
<td>353,286</td>
<td>389,202</td>
</tr>
<tr>
<td>Deferred charges and accrued income</td>
<td>31,930</td>
<td>31,930</td>
</tr>
<tr>
<td><strong>Total Debts</strong></td>
<td>13,163,612</td>
<td>10,268,302</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>18,166,325</td>
<td>15,741,812</td>
</tr>
</tbody>
</table>

Between 2012 and 2017, we invested over **83,500,000 €** in breast cancer research, making a huge difference in the lives of patients. A heartfelt thank you to all our partners and donors for making this possible.

From 2012 through 2017,
94.8% of BIG's income was invested in breast cancer research.

Income & Expenses Statement

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Income &amp; Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover research</td>
<td>20,903,057</td>
<td>9,563,551</td>
</tr>
<tr>
<td>Other goods &amp; services</td>
<td>-18,637,682</td>
<td>-6,742,845</td>
</tr>
<tr>
<td><strong>Operating margin</strong></td>
<td>2,267,375</td>
<td>2,820,706</td>
</tr>
<tr>
<td>Remuneration, social security &amp; pension costs</td>
<td>-2,784,181</td>
<td>-2,730,817</td>
</tr>
<tr>
<td><strong>Operating result</strong></td>
<td>-513,807</td>
<td>88,889</td>
</tr>
<tr>
<td>Financial result</td>
<td>318,841</td>
<td>243,874</td>
</tr>
<tr>
<td>Extraordinary income (+)</td>
<td>318,841</td>
<td>0</td>
</tr>
<tr>
<td>Extraordinary expenses (-)</td>
<td>-8,870</td>
<td>-10,061</td>
</tr>
<tr>
<td><strong>Result for the financial year</strong></td>
<td>-490,835</td>
<td>322,702</td>
</tr>
</tbody>
</table>
“By supporting BIG and breast cancer research, you not only give money, you also give HOPE. That is so much more important for all people confronted with breast cancer.”

Nathalie Schampaert, BIG supporter and breast cancer survivor
BIG is about giving people more time with their loved ones

Support BIG
IBAN BE08 0689 0916 0213 (communication: building BIG)
or donate online: www.BIGagainstbreastcancer.org/donate