MISSING
Act before they’re gone!
Breast cancer research – saving lives

Co-funded by the European Union
“Breast cancer may break the circle of our lives, leaving gaps where loved ones once stood. But research holds the key to closing those gaps, unlocking answers to unanswered questions. Together, let’s keep the circle unbroken, and act to save lives before they’re missed.”

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MESSAGE FROM THE CHAIR

Dear reader,

Welcome to BIG’s Annual Report 2022, in which we explore the theme of “Missing”. In a world where we have all experienced loss and the absence of a loved one, we are more committed than ever to reducing the number of losses due to breast cancer, one of the most commonly diagnosed cancers worldwide. Through the dedicated research efforts of BIG's global network of academic research groups and breast cancer experts, we strive to save more lives and prevent the heartache of missing loved ones.

Our annual report showcases the network's activities and key achievements from the past year, with a special focus on the results of some of our clinical studies. These examples provide hope and, as has been the case for more than two decades, we remain confident that we will continue to deliver practice-changing results from our innovative, patient-centred research. Our aim is to address critical questions and fill knowledge gaps.

The highly encouraging results of the OlympiA trial were published and greeted with great interest and enthusiasm across the breast cancer community. For the first time, research showed that patients who carry a mutation in the BRCA1/2 genes and have developed breast cancer benefited from adjuvant treatment with the PARP inhibitor olaparib after completing local treatment and neoadjuvant or adjuvant chemotherapy. OlympiA led to olaparib being approved in 2022 by the US Food and Drug Administration, followed by regulatory agencies in Europe and Japan. This study has shown that olaparib can reduce the chance of dying for breast cancer patients who have a germline mutation in a BRCA1/2 gene.

The results of the APHINITY study, presented with 8.4 years of follow-up, demonstrate that adding pertuzumab to the standard treatment of trastuzumab and chemotherapy reduces the risk of HER2-positive early breast cancer returning in women who have operable breast cancer. Consistent with prior analyses confirming the durability of this combined treatment, the study will continue to follow each participant for a minimum of 10 years, highlighting the importance of ongoing monitoring for treatment efficacy and safety.

The first results of the DCIS (ductal carcinoma in situ) study show that, after breast conserving surgery, higher radiation doses to the part of the breast where the DCIS was found, in addition to radiotherapy of the whole breast, significantly reduced the risk of it returning in patients with higher-risk DCIS. It also indicates that the shorter period of 3 weeks of radiotherapy, compared to the standard of 5 weeks of whole breast radiotherapy, did not increase recurrence.

It is important for women with breast cancer to be able to lead normal lives, and for many this means having their own children. The POSITIVE study has shown that this is possible, as it explores the safety of pausing endocrine therapy for young women with breast cancer who want to become pregnant. The early results, presented at the 2022 San Antonio Breast Cancer Symposium (Texas/USA), show that women who interrupt their endocrine therapy for about two years have a similar risk of breast cancer recurrence to those who do not pause treatment. This is great news for many young women who want to start or expand a family after breast cancer treatment.

These are just a few examples of how BIG’s research efforts can impact the lives of countless people around the globe. With all that we have achieved in 2022, it’s reasonable to feel optimistic. The worst of the pandemic seems to be behind us, and despite facing its negative effects for over two years, those of us in the medical field have seen positive outcomes. We’ve adopted new technologies like video and phone consultations, digital initiatives, and virtual conferences and meetings. Social media has also helped us communicate scientific information more effectively. We’ve adapted to this new way of working, but we’ve also recognised the value of face-to-face interactions and human connection more than ever before. Ultimately, it’s important to remember that at the heart of these efforts are real people: us.

We’re in this together.

In name of everyone at BIG, I would like to extend our sincere gratitude and appreciation to our partners: all our member groups, loyal ambassadors, donors and other partners. Their unwavering support and collaborative efforts have been instrumental in driving forward breast cancer research and transforming its landscape. We also want to acknowledge and pay tribute to the tireless commitment of our colleagues at BIG Headquarters and the various teams who have worked relentlessly to make this possible.

But most importantly, we recognise the invaluable contribution of the tens of thousands of patients who have volunteered to participate in our clinical trials and so are also partners with us to develop the cures of tomorrow. Thank you!

Enjoy the reading.

Professor David Cameron
BIG Chair

Together, we have the power to transform the face of breast cancer and make a positive impact on the lives of millions
Amidst the turbulence of 2022 caused by the Covid-19 pandemic, the conflict in Ukraine, the resulting energy and other crises that have impacted the global community, we faced a multitude of challenges. Despite these hurdles, we, the BIG network, persisted and achieved noteworthy accomplishments, renewing our faith in a brighter future.

For well over two decades, BIG’s research has been dedicated to bridging the gaps in our understanding of breast cancer. Our research seeks to answer unanswered questions, providing valuable insights that will contribute to the development of more effective treatments, and ultimately lead to better outcomes for patients.

The work at BIG Headquarters, though often invisible, is essential to this progress. The R&D and research operations teams work with their counterparts in BIG’s member groups and in various working groups to develop new study ideas and bring them to fruition. The legal and finance teams contribute with their respective expertise to ensure that contracts are sound and payments are made. Association staff members ensure that BIG members continue to meet, in bi-annual scientific and general assembly meetings. The communications and philanthropy teams raise awareness about BIG’s successes and the importance of academic breast cancer research, and help to collect essential funds to support purely academic studies, such as AURORA, EXPERT and POSITIVE. Lastly, staff working in IT, HR and matters such as data privacy are all critical to the daily operations of an association like BIG.

We’re thrilled that in 2022, BIG’s philanthropic unit BIG against breast cancer was able to resume in-person events. With the precious support of our tireless Committee of Ambassadors, we successfully hosted a round-table event with Her Majesty the Queen of the Belgians, and held our annual Pink October Gala Dinner, along with other fundraising activities that took place throughout the year and during breast cancer awareness month. BIG Headquarters’ communications and philanthropy teams developed a captivating Pink October awareness campaign centred around the theme and visual concept “Missing”. The goal of the campaign was to encourage positive action by tapping into the emotions evoked by pictures and testimonials. We aimed to showcase the impact of breast cancer by highlighting the absence of loved ones who have lost their lives to this disease, and inspire people to support breast cancer research.

It’s crucial to recognise that research not only saves lives, but also heavily depends on funding, which remains a significant obstacle. With the launch of BIG’s new website and the optimisation of the MoveforBIG digital fundraising platform, we are committed to intensifying our efforts to raise funds to support BIG’s research.

I would like to express my heartfelt gratitude to the entire team at BIG HQ, as well as our colleagues throughout the BIG network around the globe, and the brave women and men who take part in our studies. Your tireless efforts enable us to face the challenges we encounter with courage and adaptability. Together, we will keep advancing our understanding of breast cancer, develop more effective treatments, and bring hope to the millions of individuals affected by this disease.

Warmest regards,

Theodora Goulioti, MD
BIG CEO

Together, we bridge gaps, develop new treatments, and change the lives of breast cancer patients and their families
THE GAPS IN OUR UNDERSTANDING OF BREAST CANCER REMIND US THAT RESEARCH IS A COLLECTIVE EFFORT, DRIVEN BY THE EXPERIENCES OF REAL PEOPLE: US
1 IN 8 WOMEN and 1 IN 800 MEN will be diagnosed with breast cancer over the course of their lifetime.

2.3 MILLION PEOPLE were diagnosed with breast cancer in 2020.

± 100,000 PATIENTS have participated in BIG trials, thus helping to develop better breast cancer treatments.

> 50 academic research groups make up the largest international network dedicated solely to breast cancer research.

> 30 patient-centred clinical trials and research programmes are run under the BIG umbrella at any one time.

± 10,000 breast cancer specialists within the BIG network.

PATIENTS ARE AT THE HEART OF BIG’S RESEARCH. The goal is to offer the best possible treatments to each patient.

78 PEOPLE / HOUR die from breast cancer.
For over 20 years, BIG’s global network of academic research groups have been working together to find better treatments and cures for breast cancer.

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.

In 1999, BIG was founded with the aim to address fragmentation in European breast cancer research. Research groups from other parts of the world rapidly expressed interest in joining BIG and, more than two decades later, BIG represents about 60 like-minded research groups from around the world and reaches across approximately 70 countries on 6 continents.

Through its network of groups, BIG connects thousands of hospitals and world-class breast cancer experts who collaborate in pioneering breast cancer research. BIG also works closely with the US National Cancer Institute (NCI) and the National Clinical Trials Network (NCTN), so that together they act as a strong integrating force in the breast cancer research arena.

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.

Thanks to this global collaboration, BIG enrolls large numbers of patients from around the world into clinical trials quickly, which, in turn, leads to faster results.

BIG’s research is supported in part by its philanthropy unit, known as BIG against breast cancer. This denomination is used to interact with the general public and donors, and to raise funds for BIG’s purely academic breast cancer trials and research programmes.

www.BIGagainstbreastcancer.org

“...The most common cancer in the world, breast cancer, affects both women and men. Much progress has already been made in improving patients’ quality of life and their chances of survival. Nonetheless, finding a cure is still one of the greatest challenges facing researchers everywhere.

The task has not been helped by the constraints of Covid-19. However, BIG’s innovative researchers have continued their work, undaunted, throughout the pandemic.

We must support their efforts to find a cure and to give hope to the countless women, men and families affected by this disease.”

Her Majesty the Queen of the Belgians is the Honorary President of the Breast International Group and has been supporting BIG’s initiatives since 2010.
Breast cancer treatment has significantly advanced in recent years, with a focus on both enhancing and de-escalating treatments. Enhanced treatments provide more targeted and effective therapies, while de-escalation treatments aim to reduce unnecessary interventions and their side effects. The Breast International Group (BIG) prioritises the patient and aims to offer more quality time, whether through improved therapies or by giving hope about starting a family.

BIG’s recent study updates we want to share with you focus on positive changes to the way women and men with breast cancer are treated. For example, the first results of the POSITIVE trial found that younger women who want to get pregnant after breast cancer diagnosis can safely interrupt their endocrine treatment to start a family without an increased risk of cancer returning. The APHINITY trial showed that adding pertuzumab to standard treatments improves survival in women with HER2-positive breast cancer. Additionally, the DCIS study looked at ways to tailor the use of radiation therapy according to individual risk, showing that a tumour bed “boost” after whole breast radiation significantly reduced the risk of recurrence in patients with higher-risk DCIS. The study also showed that a shorter 3-week course of radiotherapy could be given without increasing recurrence.

BIG has also been testing olaparib as an addition to standard treatments for patients with pathogenic or likely pathogenic variants in germline BRCA1 or BRCA2 and high-risk, human epidermal growth factor receptor 2-negative, early breast cancer in the OlympiA trial. The first results already show significant improvements in reducing recurrence and death. The ultimate aim is to increase the chances of a cure for patients with this inherited predisposition to cancer.

The combination of enhanced and de-escalation treatments has led to a more personalised and patient-centred approach to breast cancer treatment, resulting in better outcomes and improved quality of life. BIG’s work on these treatments has brought positive changes to breast cancer patients’ lives and offers hope.
PROMISING RESULTS

APHINITY (BIG 4-11)
APHINITY’S INTERMEDIATE UPDATE SHOWS PERTUZUMAB-BASED REGIMEN CONTINUES TO REDUCE THE RISK OF BREAST CANCER RETURNING

This phase III trial showed adding pertuzumab (Perjeta®) to the standard treatment of antibody trastuzumab (Herceptin®) given in combination with chemotherapy in women who have operable HER2-positive early breast cancer that has spread to lymph nodes, improves the outcome of patients. The study will continue to follow each participant for fifteen years from when the last patient was enrolled in the study.

In July 2022, the study partners, Roche, the Breast International Group, Institut Jules Bordet Clinical Trials Support Unit, and Frontier Science Foundation, released eight-year data from APHINITY. The study enrolled more than 4,800 people and shows that pertuzumab-based regimen continues to reduce the risk of disease returning for people with HER2-positive early breast cancer.

Greatest benefit seen in people with lymph node-positive disease

The study’s results indicate that the greatest benefit of pertuzumab-based treatment was seen in people with a high risk of recurrence, particularly those with lymph node-positive disease (a 28% reduction in the risk of recurrence or death, with an absolute benefit of 4.9% invasive disease-free survival). The treatment effect continued to be seen regardless of hormone receptor status, although overall survival data remain immature. The majority of HER2-positive breast cancer cases are diagnosed at an early stage, when the aim of treatment is a cure.

The findings also highlight the importance of continued follow-up and long-term monitoring of treatment efficacy and safety.

Adding pertuzumab to the standard therapy does not increase cardiac events

Dr Evandro de Azambuja and colleagues conducted an exploratory analysis of the cardiac safety of pertuzumab and trastuzumab in APHINITY. Trastuzumab is known to increase the incidence of cardiac events in patients with breast cancer. However, the standard of care for high-risk HER2-positive early breast cancer patients is dual blockade with pertuzumab and trastuzumab, which significantly improves outcomes. After more than 6 years of median follow-up, this exploratory analysis shows that adding pertuzumab to the standard trastuzumab and chemotherapy given after breast cancer surgery did not increase the rate of cardiac events. In case of a cardiac event, the majority of patients recovered (~81%). This finding is reassuring for patients and clinicians, as it provides strong evidence from a large, randomised phase III trial.

References:

OLYMPIA (BIG 6-13)
NEW HOPE FOR WOMEN AND MEN WITH BRCA MUTATIONS

The OlympiA trial is a double-blind randomised study evaluating the use of olaparib, an oral poly(adenosine diphosphate-ribose) polymerase inhibitor, as adjuvant therapy for patients with pathogenic or likely pathogenic variants in germline BRCA1 or BRCA2 and high-risk, HER2-negative, early breast cancer.

In 2021, important first results of this study were published in the New England Journal of Medicine, showing that patients who carried a mutation in the BRCA1/2 genes and developed a high-risk, HER2-negative, early breast cancer benefited from adjuvant treatment with the PARP inhibitor, olaparib (Lynparza®), after completing local treatment and neoadjuvant or adjuvant chemotherapy.
This study – a partnership between BIG, NRG Oncology, the US National Cancer Institute, Frontier Science & Technology Research Foundation, AstraZeneca and MSD – led to olaparib being approved in 2022 by the US Food and Drug Administration for the adjuvant treatment of patients with BRCA-mutated HER2-negative high-risk early breast cancer who have already been treated with chemotherapy either before or after surgery, followed by regulatory agencies in Europe and Japan.

The results of the second interim overall survival analysis were presented during the ESMO Virtual Plenary session on 16 March 2022 and further discussed on 17 March during the Virtual Plenary Expert Insights. In this second pre-specified interim analysis, with a median follow-up of 3.5 years, olaparib demonstrated a statistically significant improvement in overall survival relative to the placebo group. The four-year overall survival was 89.8% in the olaparib group and 86.4% in the placebo group. The study also showed continued improvement in invasive disease-free survival and distant disease-free survival without any new safety concerns.

These findings suggest that olaparib may be an effective adjuvant therapy for patients with BRCA1 or BRCA2 mutations and high-risk, HER2-negative, early breast cancer. Further research is needed to confirm these findings and determine the long-term effects of olaparib on patient outcomes.

A manuscript on the second survival analysis was published in *Anals of Oncology*, December 2022.

References:


**POSITIVE (BIG 8-13)**

**THE POSITIVE TRIAL ADDRESSES BURNING ISSUE FOR YOUNG WOMEN WITH BREAST CANCER**

Recent research has brought encouraging news for young women diagnosed with breast cancer who hope to have children in the future. The results of the POSITIVE trial, presented at the annual San Antonio Breast Cancer Symposium (SABCS, Texas, USA) in December 2022, showed that young women with hormone-receptor (HR) positive breast cancer can safely pause endocrine therapy for around two years to try to get pregnant. At the time of printing this annual report, we would like to take the opportunity to announce that these important findings have just been published in the prestigious medical journal *The New England Journal of Medicine* (NEJM, May 2023).

About one in five women with breast cancer is diagnosed at a young age, and this number is on the rise in many parts of the world. For young women with hormone-receptor (HR) positive breast cancer, endocrine therapy is often offered after surgery to reduce their risk of recurrence. However, this therapy can prevent conception at a time when some women want to start a family. Now, early results from the POSITIVE trial showed that women who paused endocrine therapy after 18-30 months had a similar risk of breast cancer recurrence to those in previous studies who did not interrupt treatment.

**Power of collaboration**

In 2013, the BIG-NCTN (National Clinical Trials Network) Endocrine Working Group, chaired at that time by the late Professor Aron Goldhirsch, proposed a prospective study, which became known as the POSITIVE trial (BIG 8-13). The trial aimed to investigate the pregnancy outcomes and safety of interrupting endocrine therapy for women with endocrine-responsive breast cancer. Despite the knowledge...
that significant pharmaceutical support for the trial was unlikely, the International Breast Cancer Study Group (IBCSG), BIG, the Alliance for Clinical Trials in Oncology, and other collaborative groups were committed to moving the study forward.

The POSITIVE trial included 518 patients in 116 hospitals in 20 countries and was sponsored and conducted by the IBCSG, a division of ETOP IBCSG Partners Foundation, and the Alliance for Clinical Trials in Oncology in North America, in partnership with BIG. David Cameron, BIG Chair, explained that the study was unusual in being carried out in both North America and the rest of the world. BIG was able to facilitate global recruitment and establish agreements with other collaborative groups within BIG, allowing the trial to reach a wide range of participants.

What is next for POSITIVE?

POSITIVE researchers are continuing to monitor study participants to assess recurrence over time, and a long term follow-up for 10 years is planned, as are multiple secondary analyses of factors related to outcomes ranging from pathology analysis (e.g., oestrogen/progesterone/HER2 receptor, triple negative), ctDNA levels in women who became pregnant and those who did not, reasons for failing to get pregnant and for use of assisted reproductive technology (ART) and fertility preservation, and the psychological effects of stopping treatment to try for a pregnancy.

Overall, the POSITIVE trial is a significant step forward in the treatment of young women with breast cancer, and the findings will have a positive impact on the lives of many patients and their families.

References:


SHORT UPDATES

AMEERA-6 (BIG 20-01)
STUDY TERMINATED

On 17 August 2022, the study sponsor, Sanofi, announced their intention to stop the global clinical development of amcenestrant and therefore to terminate the AMEERA-6 study in early breast cancer, which had randomised its first patient on 17 March. This decision was based on the outcome of a prespecified interim analysis and independent data monitoring committee recommendations of a different study involving the study drug, the phase III AMEERA-5 trial in advanced breast cancer. This trial showed that amcenestrant in combination with palbociclib did not meet the prespecified boundary for continuation in comparison with the control arm and consequently Sanofi decided to terminate their programme, including AMEERA-6.

AURORA (BIG 14-01)
EXTENSION OF THE PROGRAMME TO SPECIFIC SUBTYPES OF METASTATIC BREAST CANCER

With the tremendous support of the Breast Cancer Research Foundation*, in 2022 work focused on preparing for the extension of the study for specific subtypes of metastatic breast cancer, namely triple-negative, invasive lobular and patients with late relapses (at least 10 years after their primary breast cancer diagnosis).

This extension will run across a selected number of centres and countries, and will start in 2023.

Recruitment of the first 1,000 patients in the programme concluded in August 2020, and the initial results, based on the first 381 enrolled patients, were published in Cancer Discovery in 2021. As of March 2022, over 1,157 patients had been included in AURORA, and subsequent analyses and publications are in preparation.

https://cancerdiscovery.aacrjournals.org/content/11/11/2796
DCIS (BIG 3–07)
DCIS study finds higher radiation doses reduce risk of breast cancer returning

The DCIS study is investigating radiation doses and treatment schedules in patients with non-low risk DCIS (ductal carcinoma in situ) of the breast. DCIS is characterised by abnormal cells in the milk ducts that have not spread into the breast tissue.

The DCIS study shows that, after breast conserving surgery, higher radiation doses to the part of the breast where the DCIS was found, in addition to radiotherapy of the whole breast, significantly reduced its risk of returning in patients with higher-risk DCIS. It also indicates that the shorter period of 3 weeks of radiotherapy, compared to the standard of 5 weeks of whole breast radiotherapy, did not increase recurrence. These promising results were published in *The Lancet* on 6 August 2022.

This study, involving 1,608 patients from 11 countries, is one of the few large-scale clinical trials in DCIS that used highly standardised protocols for radiation treatment, detailed patient data collection, robust quality assurance, and development of one of the world’s largest DCIS tissue resources. Collectively, this comprehensive study has the potential to generate the high-quality evidence necessary for improving radiotherapy in patients with DCIS to improve patient outcomes. Research using the unique DCIS resource of the study may identify markers for recurrence, in particular invasive recurrence. If this future research is successful, it could lead to the development of a test to predict the recurrence risks of DCIS and guide treatment decisions by patients and clinicians.

The final analysis of the DCIS study is planned for 2024, but this achievement already ignites a lot of interest, since tailoring radiation doses and number of treatments to the recurrence risks in patients undergoing radiotherapy for DCIS after surgery is a high priority for many patients and researchers.

**Expert (BIG 16–02)**
Also open in the rest of the world through BIG groups

**MINDACT (BIG 04–03)**
Aligning breast cancer specialists on risk assessment and chemotherapy recommendations

During a poster session at the 2022 European Breast Cancer Conference (EBCC) in Barcelona, Spain, the results of a MINDACT-related survey on the usefulness of the MammaPrint® gene signature test on treatment for early breast cancer was presented: “Agreement on risk assessment and chemotherapy recommendations among breast cancer specialists: a survey within the MINDACT cohort”.

Tailored recommendations for adjuvant chemotherapy in breast cancer patients are of great importance. Gene signatures, such as the 70-gene MammaPrint® test, have been shown to provide additional prognostic information and are used to refine risk estimations and adjuvant chemotherapy recommendations for individual patients. These signatures have also been incorporated into international guidelines. The survey assessed agreement among oncologists on risk assessment...
and chemotherapy recommendations, as well as the impact of adding the 70-gene signature result to clinical-pathological characteristics, and any changes over time. The results showed that among breast cancer specialists, there is variability in the risk assessment of early-stage breast cancer patients.

The 70-gene signature provided valuable information, resulting in fewer patients being assessed as high risk and fewer recommendations for chemotherapy, which increased over time. Importantly, this survey also shows the impact that large clinical trials investigating the use of gene signatures have had on the international care of patients with early-stage breast cancer.

**NEO-ALTTO (BIG1-06)**
**LONG-TERM ANALYSES SHOWS DURABLE SURVIVAL BENEFIT OF NEOADJUVANT ANTI-HER2 THERAPY**

The NeoALTTO study was set up to investigate whether combining trastuzumab with lapatinib – given either alone, together, or one after the other – could benefit patients with HER2-positive breast cancer in the neoadjuvant setting.

In December 2022, the results of the final pre-planned 10-year survival analysis of NeoALTTO and the association between pathologic complete response (pCR) and survival outcomes were published in the European Journal of Cancer. The study found that patients with HER2-positive breast cancer showed a durable survival benefit of neoadjuvant anti-HER2 therapy, irrespective of treatment arm. Patients who achieved pCR have significantly sustainable better outcomes than patients without pCR. The result was numerically greater in women treated with the drug combination and those with hormone receptor-negative tumours. There were no new or long-term safety concerns. The clinical data and collected biomaterial represent a valuable resource for future translational research.

Reference:

**NEW BIG STUDY**

**RIBOLARIS (BIG 21-02)**
**EVALUATING CHEMOTHERAPY FOR PATIENTS WITH INITIALLY HIGH-RISK BREAST CANCER BUT A LOW GENOMIC RISK**

Although adjuvant endocrine therapy (ET) for early HR+ breast cancer can reduce the risk of recurrence and improve survival, recurrences are still frequent, particularly in patients with characteristics indicating an intermediate or high risk of recurrence, such as those in stages II and III and the intrinsic luminal B and non-luminal cancer subtypes. These recurrences typically take the form of distant metastases, which are generally incurable and lead to breast cancer-related deaths. Therefore, identifying new treatment strategies for patients with high-risk tumours is a medical necessity. While on the one hand we need to improve the prognosis of these patients, on the other hand, we need to identify patients with high-risk initial breast cancer whose clinicopathological characteristics are such that – to avoid short- and long-term toxicities – they do not really need chemotherapy. Looking for a common approach, the RIBOLARIS study was initiated.

The RIBOLARIS study is led and sponsored by SOLTI under the BIG umbrella. Launched in April 2022, it aims to evaluate whether chemotherapy could be avoided for patients with initially high-risk breast cancer (both clinically and pathologically) but a low genomic risk, as assessed by a low ROR score at 6 months of neoadjuvant treatment with letrozole-ribociclib. For these patients, the letrozole-ribociclib treatment would continue in the adjuvant context.

The results of RIBOLARIS could affect how some patients classified as having high-risk breast cancer are treated in the future, providing a better quality of life when spared from the potential toxicities of chemotherapy.

An abstract of the study was presented at ESMO Congress 2022 in Paris, France, with the title “Neoadjuvant and adjuvant RIBOciclib + endocrine therapy for Clinically high-RISK ER+/HER2-negative breast cancer.”
BIG PICTURE OF BIG AGAINST BREAST CANCER

- ± 3,000 community members
- € 1,048,370 funds raised or pledged
- 6 grants from foundations
- > 30 influential ambassadors

- 49 Facebook Fundraisers by you, our community
- ± 5,000 followers on Facebook
- ± 900 followers on Instagram
- ± 2,600 followers on LinkedIn

- 5 philanthropic events
- 2.5 MILLION people around the world touched by our messages on social media

THANK YOU FOR KEEPING IN TOUCH WITH US THROUGHOUT THE YEAR!

93.6%

OF ALL FUNDS BIG RECEIVED BETWEEN 2012 AND 2022, INCLUDING FROM BIG AGAINST BREAST CANCER’S PHILANTHROPIC ACTIVITY, WERE SPENT DIRECTLY ON BIG’S RESEARCH
BIG’S PHILANTHROPIC COMMUNITY

BIG’s dedicated philanthropy unit – BIG against breast cancer – conducts vital fundraising to help finance international academic clinical trials and research programmes that have no commercial interest but ask crucial questions for patients with breast cancer. These collaborative efforts lead to practice-changing achievements in the field of breast cancer care. The funds raised help BIG’s member groups (made up of breast cancer experts across the globe), their affiliated hospitals, and research staff at BIG Headquarters to finance their efforts and patients’ participation in one or more BIG studies.
ACADEMIC STUDIES NEEDING SUPPORT

THANKS TO BIG’S UNIQUE POSITION IN THE FIELD OF BREAST CANCER RESEARCH, INTERNATIONAL ACADEMIC STUDIES WITHOUT COMMERCIAL INTERESTS ARE DEVELOPED BY BIG RESEARCHERS AND CAN BE FINANCED IN-PART THROUGH OUR PHILANTHROPIC COMMUNITY.

Funding is still required for three studies, either to enrol the number of patients needed or to continue with follow-up, both essential to generate robust data and results, and to answer important questions!

AURORA

According to recent estimates, about 30% of patients with breast cancer will eventually develop an advanced form of the disease – metastatic breast cancer –, meaning that the disease will spread to other organs and parts of the body. This form of the disease is treatable but remains incurable. Metastatic breast cancer still represents the leading cause of death among people with this disease.

AURORA is an innovative international research programme involving 10 BIG member groups and more than 60 hospitals in 11 European countries.

AURORA is unique

Like a navigation device tracing the route to be followed, the programme aims to understand why breast cancer spreads by mapping the routes that cancer cells take to invade other organs. To do this, researchers collect tumour and blood samples regularly on each patient. These samples are analysed and compared in order to follow the genetic evolution of tumour cells through their journey in the body. This work is essential: if we can anticipate the paths taken by cancer cells and identify the genetic changes that occur over time, we will be able to block and slow down the metastatic process, and possibly stop it completely.

Through AURORA, researchers also aim to understand why some patients respond poorly to standard treatment while others respond very well.

Understanding metastatic breast cancer in great detail is our best chance of identifying how to best treat each patient and stop the disease.

Initially planned for 1,000 patients, the AURORA programme has already included over 1,157 patients.

Thanks to the BIG network and to the generosity of BIG’s supporters, the programme will be extended in 2023 to recruit about 260 additional patients with specific breast cancer types that are particularly difficult to treat, such as triple negative disease. This extension will involve 17 hospitals in 8 countries.

AURORA is made possible thanks to the generous financial support it has been receiving since 2013 from:
- The Breast Cancer Research Foundation® (BCRF) (€23,036,361),
- Fondation Cancer (Luxembourg) and Pfizer grant for non-drug research (each contributing with more than €500,000),
- Fondation contre le Cancer (Belgium), National Lottery (Belgium) and all its players, NIF Foundation, Barrie and Dena Webb, Candriam, Fund Friends of BIG, managed by the King Baudouin Foundation, Martine Piccart, the Hotimsky Family (each contributing with €50,001 - €500,000),
- Sogerim, Think Pink Belgium (SMART Fund), Cognizant Foundation, Eurofins Foundation (each contributing with €20,001 - €50,000),
- Fondation Futur 21 (contributing with €9,501 - €20,000),
- and many individual donors

Reference:

BCRF - BREAST CANCER RESEARCH FOUNDATION

Breast cancer is a complex disease with no simple solution. Research is the key to stopping it in its tracks.

Founded in 1993 by Evelyn H. Lauder, BCRF is the largest private funder of breast cancer research in the world.

Investing in the best minds in science—from those investigating prevention, diagnosis, treatment, survivorship, and metastasis—and fostering cross-disciplinary collaboration, BCRF’s approach accelerates the entire field and moves us closer to the answers we urgently need to be the end of breast cancer.

A loyal partner of BIG, BCRF has, over many years, provided generous funding to support the AURORA research programme, as well as many other projects.

www.bcrf.org
WHEN BREAST CANCER STRIKES, YOUR LIFE IS TURNED UPSIDE DOWN. BUT IT DOESN’T STOP. THANKS TO THE POSITIVE STUDY, I DIDN’T HAVE TO GIVE UP ON MY DESIRE TO HAVE A BABY. TODAY, I HAVE TWO WONDERFUL AND HEALTHY CHILDREN. THEY BRING ME SO MUCH HAPPINESS...”

SABRINA, ONE OF THE PATIENTS INCLUDED IN THE POSITIVE STUDY.
**OUR AMBASSADORS**

**COMMITTEE OF AMBASSADORS**

Each with a stake in the fight against breast cancer, the individuals making up the Committee of Ambassadors provide precious support to the work of the BIG against breast cancer philanthropy team. Through their networks of contacts, participation in events, search for new donors and partners, creative ideas and generosity, they contribute to move BIG’s research forward.

At the end of 2022, Nathalie de Merode transferred leadership of the Committee of Ambassadors to Nathalie Misson de Saint-Gilles, who has been on the committee for many years and is delighted to continue the wonderful work of Nathalie de Merode. She has surrounded herself with an extraordinary team of volunteers who work together to organise an annual exclusive and sumptuous gala dinner: Julia Carakehian, Vladimir Cardon de Lichtbuer, Corinne Hubinont, Mathy Kandiyoti, Melissa Kandiyoti and Kayali Spiller. Nathalie de Merode also remains very involved in the activities of BIG against breast cancer as Honorary President of the group.

"As time goes by, as an ambassador, you become increasingly aware of the exceptional impact of BIG’s work on the world around us. The progress made in recent years has been extraordinary, bringing so much hope in the face of what remains one of the most devastating cancers. I am very proud and happy to be able to make a modest contribution to BIG."

Nathalie de Merode
Honorary President, Committee of Ambassadors

"Ten years ago, the sky was falling down on my head: breast cancer. I was going to leave my loved ones forever. Thanks to Martine Piccart, and one of BIG’s studies named HERA, today I can say that I “survived”. Armed with this experience, I am convinced that bringing experts together to work on international trials – just the way BIG does – is the key to finding cures for breast cancer."

Nathalie Misson de Saint-Gilles
President, Committee of Ambassadors

"Research is the key to beating this terrible disease that is breast cancer, overcoming the devastating effects that chemotherapy has on millions of women and giving them hope.

BIG is vital to breast cancer research around the world. I am honoured to contribute in any small way I can as part of the Committee of Ambassadors."

Julia Carakehian

"I am honoured to serve the international BIG group, which is a unique research organisation focusing only on finding better treatments to cure and prevent breast cancer. The results of BIG studies are at the disposal of all breast cancer patients around the world. BIG has already achieved many successful results in terms of treatments. The drug Herceptin® being one of them. Today, the number of breast cancer patients is increasing, and many of them are affected by the metastatic form of the disease. Therefore, substantial and urgent additional research is needed in particular in the metastatic setting."

Vladimir Cardon de Lichtbuer
“Being a part of BIG is a way for me to honour family members and friends who have fought their own battles with cancer. Breast cancer, but also uterine cancer, testicular cancer, skin cancer and lymphoma, all have a loved one's name forever attached. I strongly believe that the international research that BIG facilitates brings necessary improvements in both treatments and outcomes. Each success story provides further inspiration and motivation to support BIG!”

Kayali Spiller

“I am very happy to be part of BIG’s Committee of Ambassadors because... Breast cancer is a frequent severe disease affecting one in eight women. I personally suffered from breast cancer and I benefited largely from medical research. Global network of research groups from all over the world working only on breast cancer research and using a large number of patients is a guarantee of rapidly finding new diagnostic tools and therapies for breast cancer.”

Corinne Hubinont

“It is with conviction that I adhere to this organisation. It's hard not to be concerned by this evil that affects so many women. This kind of initiative really gives hope to recover, and the assurance of not feeling lonely in front of adversity. It is so important to feel supported and understood. In fact, this is a real part of the therapy. I consider BIG as truly essential.”

Mathy Kandiyoti

“Never say it will never happen... How many people have said and thought that breast cancer would not touch them or women around them; a family member, a friend? It is for that reason that I have decided to join the BIG against breast cancer committee. Dr Martine Piccart has already proven how successful the research she has led has been. I strongly believe that BIG's current and future researches will help and cure more and more women.”

Melissa Kandiyoti

"TOGETHER WE ARE STRONGER TO SUPPORT RESEARCH, TO BRING HOPE AND SAVE LIVES!"

The Committee of Ambassadors also involves the following enthusiastic supporters:

PINK OCTOBER

Act before they’re / she’s / he’s gone!
Support breast cancer research now.

BIG’S “MISSING” CAMPAIGN

For Pink October 2022, BIG against breast cancer developed a powerful awareness campaign centred around the theme of “MISSING”, to remember those women (and men, in 1% of cases) who are no longer with us to attend events, enjoy parties and celebrations, or pose for group photos. It reminds us that, despite remarkable medical advances, there is still no sure cure for breast cancer.

Through the campaign, BIG aimed to increase awareness about the importance of global academic breast cancer research and the constant need for funding and support.

Breast cancer research aims to make love last, preserving the presence of those we cherish, so that family and friends can stay together.

A campaign for people and by people directly impacted by breast cancer

The idea for the “Missing” campaign was initiated by Nathalie Didden, who shared a moving testimonial with us:

“Almost two years ago, swiping through some pictures on my phone I (re)discovered a very sweet moment. Four friends surrounding a special woman, big smiles, happy faces, pure gold.
And yet, I was deeply sad that this cherished moment would never happen again…
Chantal, one of us, had sadly passed away because of an aggressive breast cancer…
The day after her death, by pure coincidence, I met BIG’s amazing philanthropy team.
The dedication, care and understanding they showed made me realise one thing…
Please don’t ask me why I support BIG against breast cancer and its breast cancer research…
Ask yourself why you don’t…”

Nathalie

Through a series of pictures highlighting the absence of a loved one who lost their life to breast cancer, our aim was to show the emotional impact of the disease. By emphasising the role that research plays to save lives, the aim was to encourage people to support BIG’s work and contribute to progress and hope against this disease.
PLEASE DON’T ASK ME WHY I SUPPORT BIG AGAINST BREAST CANCER AND ITS BREAST CANCER RESEARCH...ASK YOURSELF WHY YOU DON’T…”

NATHALIE

Act before she’s gone! Support breast cancer research now.

#BIGagainBBC #BIGMissingCampaign

Precious testimonials

Testimonial video for “Missing”

We are deeply grateful to all volunteers – women, men, and children – who are or have been impacted by breast cancer, whether through personal experience or the experience of a loved one, and who wholeheartedly participated in the “Missing” campaign to support the cause.

“At the moment the disease still takes too many women’s lives. And I’m getting to an age where you can be affected by the disease, where the disease doesn’t only happen to others. To continue prevention and research is extremely important...” Jill

“Research is important to me because I was personally affected by breast cancer, not myself but my mother. She fought it 10 years ago. [...] And recently, we learned that my sister-in-law also has metastatic breast cancer.” Damien
Campaign kick-off / Press conference

22 September 2022: Press conference and official kick-off of “Missing”

Held at BIG Headquarter offices in Brussels, the press event opened with a video message from BIG’s Chair, David Cameron. This was followed by presentations from the breast cancer experts Martine Piccart and Philippe Aftimos, as well as moving testimonials from individuals who have lost a loved one to the disease, emphasising the importance of continued research and awareness about the role that BIG plays.

BIG around the city

A BIG branded tram circulated through Brussels’ streets and the campaign was displayed on large digital boards during October and November.

BIG’S NEW WEBSITE JUST IN TIME FOR PINK OCTOBER

BIG was thrilled to launch its brand new website just in time for Pink October. The website was designed to provide an enhanced user experience with improved navigation and functionality all while highlighting BIG’s vision and mission effectively. The launch of the new website was an opportunity to reflect that patients are at the heart of not only BIG’s research, but everything we do.

It features a modern and light design and has been optimised for all devices, including desktops, laptops, tablets, and mobile phones, ensuring that users can access it from anywhere and on any device.

We invite everyone to check out BIG’s new website, support our fundraising efforts, and join us in the fight against breast cancer. Together, we will find cures for breast cancer.

www.BIGagainstbreastcancer.org
2022 marked a return to more normal social activities with fewer health restrictions. And yet, unfortunately, it was a year that once again proved to be challenging for philanthropy, with the war in Ukraine having a significant economic impact on society. Despite this new difficulty, with its wonderful and loyal community of supporters, BIG against breast cancer was still able to organise several beautiful events, all essential to support the research of the Breast International Group (BIG).

**20KM OF BRUSSELS**

On 29 May, a BIG against breast cancer team participated in the Brussels’ 20km run, a popular annual race through the city of Brussels. We are truly grateful and proud of the over 100 runners and walkers who decided to take up the 2022 challenge wearing BIG’s colours.

All participants of BIG’s team were welcomed at the BIG against breast cancer stand at Brussels’ Autoworld Museum near the starting point of the race. They received a goodie bag full of surprises and enjoyed refreshments, snacks, and relaxing massages after the race.

We thank the participants, supporters and generous sponsors who took part in this event.

**“THE FOUR SEASONS” GALA DINNER**

On 12 October, over 450 guests, dressed in their very finest, joined the exclusive gala dinner to benefit BIG’s research.

This year, Fanny Leeb, a French singer-composer, was our special guest. In addition to providing entertainment with her beautiful songs, she gave a moving testimonial about her own experience as a young woman confronted by breast cancer. Her determination and optimism were inspiring for all.

BIG against breast cancer is very grateful to the generous table presidents and individual benefactors who donated exclusive and usual prizes for the auction. With the dedication of BIG’s Committee of Ambassadors, the support of our partners, and the generosity of the attendees, we raised more than € 450,000.
ROUND TABLE WITH HER MAJESTY

On 29 September, BIG had the honour of hosting its Honorary President, Her Majesty the Queen of the Belgians, for a round table session with over 40 influential people representing scientists from the BIG network and BIG Headquarters, as well as patients and entrepreneurs active in a wide variety of areas.

This exclusive event, with tables in English, French and Dutch, was organised following an idea of Her Majesty, who wished to have a conversation with women and men directly touched by the disease and those working to cure it. Her Majesty took the time to exchange questions and ideas with all participants about topics such as metastatic breast cancer and male breast cancer, among others, and it was an opportunity to describe the breadth and impact of research conducted by the BIG Network over the last 23 years.
ART’IS BIG

During the whole month of October, the Art’is Big gallery, located in Waterloo, Belgium, exhibited the pictures of the “Missing” campaign. The opening was a great success, gathering the volunteers from the campaign, art lovers, and BIG supporters around a warm cocktail event. The artists chose to support breast cancer research by donating a percentage of the sales of their works of art.

We warmly thank Marianne Anciaux, artist and founder of Art’is Big, as well as all the artists who chose to support BIG: Valérie Alter, Sylvie Debray, Christophe de Fierlant, Marianne Goffard, Isou Painting, Catherine Malvaux, and Patricia Timmermans.

Carolyn Straehle, Prof Martine Piccart and Marianne Anciaux

Carolyn Straehle, Prof Martine Piccart and Marianne Anciaux
Every act of support contributes to BIG’s research, which is crucial for finding cures for breast cancer.

You can help the millions of patients around the world and thousands of researchers who – thanks to your support and donations – work tirelessly to develop new treatments and therapies that improve the quality of life of women and men with breast cancer.

There are many ways to contribute to the cause.

Make a donation
Research budgets seem huge and people often wonder if their support makes a real difference. Of course it does, no gift is too small!
Whether you contribute with a one-time donation or a recurrent donation (once per month for example), your precious gift helps us advance research against breast cancer and gives hope to the millions of women and men affected by the disease.
Your donations represent hope – your donations represent LIFE!
Remember, all donations made from a Belgian account equal to or above € 40 are subject to a 45% tax deduction. If you donate from another country and want to know if this donation can be tax deductible, please contact us at philanthropy@bigagainstbc.org.

Honour a loved one
Give the gift of hope to the millions of women and men whose lives have been impacted by breast cancer by making a donation to honour a loved one, mark a special event or celebrate someone important.

Legacy giving
Make a lasting gift. In choosing to make a legacy donation, you help ensure that our research will continue and bring us ever closer to accomplishing our mission of finding cures for breast cancer.

Attend a BIG event
Your presence and participation in BIG events is precious and represents hope and support to all women and men affected by breast cancer. They need us.

Give-in-kind
You could offer an artwork from your own collection or an exquisite experience for auction to benefit BIG, or you could even provide a special location to host a BIG event. This type of support is crucial to help us raise funds.

Join the BIG community
Sign up to our BIG Together newsletter for updates on ground-breaking research and news from the BIG community, or show your support to the cause by joining BIG’s social media and spreading awareness and HOPE.

Thank you from the bottom of our hearts to all our supporters who contributed in one way or another in 2022, and helped us advance research against breast cancer.

SUPPORT BIG’S RESEARCH, MAKE A DONATION

TO MAKE A DONATION: SCAN THIS QR CODE
OR MAKE A TRANSFER:
IBAN BE08 0689 0916 0213

FOLLOW US ON
Facebook @BIGagainstbreastcancer LinkedIn @BIGagainstbc Twitter @BIGagainstBC

TOGETHER, WE WILL FIND CURES FOR BREAST CANCER
Every cent counts, every action counts. By creating your own fundraiser, you are not only creating unforgettable memories, but you are also giving hope to the millions of women and men impacted by breast cancer.

Launching your own fundraiser is easy, and anything goes. No idea is too crazy or impossible. MoveforBIG.org is a user-friendly online crowdfunding platform that allows you to launch your own campaigns to support BIG’s research.

Taking on a new personal sports challenge? Celebrating a birthday or an anniversary? You can create your own MoveforBIG.org page that you can easily share with your friends and family and encourage them to support this important cause.

MoveforBIG.org – Inspiring “Movers”

Hilde Dosogne took on the international historic “Spartathlon” race, running an amazing 246km in less than 35 hours in support of BIG’s research via her MoveforBIG fundraiser.

Ten incredible runners from the TraKKs Marathon des Sables team united their efforts and ran 250km in 6 days across the Saharan desert, all while raising precious funds.

Iron woman Heidi Wouters honoured her beloved friend Nathalie, sadly taken away by her breast cancer, by having her friends and family support her training and participation in the Iron Man 2022 World Championship, which took place in Hawaii.

Amplifying her already strong message of support even further!

The determination and commitment of the BIG network, and the enthusiasm and creativity of the BIG against breast cancer community, show us that all our actions matter, whether they are small or BIG, taking place in the Sahara or even the streets of Brussels. By joining our efforts and working together we can achieve so much more!

We invite you to visit the MoveforBIG.org platform and see how other people are creatively raising funds for academic research.
Thank you to our supporters who “thought BIG” in 2022
Mr and Mrs Bernard Amory
Mrs Marianne Anciaux
Countess Amélie d’Archef Schoonhoven
Mrs Véronique Barbier
Mr Laurenz Bäumer
Mr and Mrs Jacques Berrebi
Mr John-Alexander Bogaerts
Mrs Efalia Bogaerts Daskalides
Mr and Mrs Patrice Bourg
Mrs Lucia Caggero
Mr and Mrs Alain Camu
Mr Vincent Carpenter
Mr and Mrs Yves Carakehian
Mr and Mrs Cardon de Lichtbuer
Mr Gilles Charpentier
Mrs Sylvia Chiche
Prince and Princess Philippe de Chimay
Mrs Patricia Decraemer
Mrs Virginie Devillez
Mrs Katia Dewitte
Mrs Christine Hennuy
Mr and Mrs Marc-Henri Decrop
Mr and Mrs Yves de le Court
Mr and Mrs Delgouffre
Mrs Nathalie Didden
Mr and Mrs Graham Edwards
Mrs Madeleine Everts Strivay
Mrs Mathilde Favier
Mr and Mrs Gilles de Fauconval
Mr and Mrs Olivier Fournier
Mrs Jessica Parser and Mr François Gérard
Family Frère
Mr Philippe Gillion
Baron et Baronesse Gillion Crowet
Mr Mike Goossens
Mr and Mrs Regnier Haelgelsteen
Maitre Karolien Haese
Mrs Estelle Hanet
Mrs and Mr Laurent Hayem
Mrs Laure Hilbert
Mrs Anja Hooogstrate
Mrs Ariane Hourdeau
Baronesse Corinne Hubinont
Mr and Mrs Nissim Israël
Mr and Mrs Xavier Isralson
Baronesse Janssen
Baronesse Jonet
Mr Mike Jungers
Mr and Mrs Erol Kandiyoti
Mrs Vanessa Kandiyoti
Mr Jan Lambrecht

Mr and Mrs David Lebard
Mr and Mrs Eric Leclercq
Mrs Fanny Leeb
Mr Arnaud Lefebvre
Mrs and Mr Charles-Henri Lhédieux
Mr Thibault Leonard
Mr Michael Lewis Anderson
Count and Countess Ferdinand de Lichtervelde
Count and Countess Hervé de Liedekerke
Prince and Princess de Ligne
Baron and Baronesse Miguel del Marmol
Donna Matilde de’ Medici di Toscana di Ottajano
Prince and Princess Amaury de Merode
Prince Aurèle de Merode
Prince Félix de Merode
Mr and Mrs Thierry Misson de Saint-Gilles
Baronesse Isabelle de Moffarts
Count and Countess Philippe de Montmort
Mr Frédéric Mouraux
Mr and Mrs François Petersbroeck
Mrs Florence de Moreau de Villegas de Saint Pierre
Mrs Roseline d’Oreye
Mr and Mrs Cédric Pelgrims de Bigard
H.E. Ambassador and Mrs Juan Prat Y Coll
Mr Roland Polet
Mrs Bérengère Relecom
Mrs Maïté Relecom
Mrs Delphine Remy
Mr Patrick Renson
Mr the European Commissioner and Mrs Didier Reynders
Countess Christian de La Rochefoucauld
Count and Countess Gérard de Roquemaurel
Mr and Mrs Xavier Roland
Mr and Mrs Frédéric Van der Schueren
Mr and Mrs Eric Speckaert
Mr and Mrs Thomas Spiller
Mr Thierry Spilzman
Chevalier de Spot
Mr Claude Hubert Swaelens
Mr Daniel Thierry
Mrs Joëlle Thils
Mr and Mrs Walter de Toffol
Count and Countess Hubert d’Ursel
Mr Damien Van Bellinghen
Mr Emmanuel Van De Putte
Mrs Michèle van Dessel
Baron and Baronesse Raymond Vaxelaire
Baron Edouard Vermeulen
Baron and Baronesse Marc de Villenfagne de Vogelsanck
Mr and Mr Michel Wąs
Mr and Mrs Andy Wyckmans
In 2022, we were thankful to be able to continue to rely on the loyalty of our existing partners. We were also very grateful for the commitment and generosity of new partners for whom breast cancer research is essential.

We benefited from a number of initiatives, such as the online sale of necklaces by Hey Harper, Vichy’s end of year campaign or the pink containers shipped worldwide by Ocean Network Express.

TO ALL OUR PARTNERS, WE WOULD LIKE TO SAY A HEARTFELT THANK YOU.

You helped us in our efforts by involving your staff in our activities, by inviting them to raise funds, or by asking your clients and partners to support breast cancer research. All of these efforts in turn help support the work of our research groups, enabling patients to participate in our studies and results to be achieved more quickly.

BAOBAB COLLECTION

Baobab Collection wishes to show its love for women and its commitment to a cause that concerns us all in one way or another: breast cancer research. The “Women & Gentlemen” candles, created by Corinne Bensahel, creative director at Baobab Collection, will illuminate everyone’s conscience with their little flame, because research is essential to overcome this disease that takes away our loved ones.

www.eu.baobabcollection.com

BELGIAN NATIONAL LOTTERY

Diversity is a key element in the successful core strategy of the Belgian National Lottery. We are aiming to reach a large and diverse audience through different channels in retail and online, offering a wide range of appealing draw and scratch games. We want our players to feel connected to the Good Causes we can support thanks to them. Because our players are very diverse, we choose to support a very large variety of causes in our society, going from culture over civil society projects to extensive scientific research.

The Belgian National Lottery provided funding for the EXPERT study from 2018 to 2021 and renewed its commitment to BIG in 2021 and 2022 to support the AURORA research programme.

“BIG against breast cancer is one of those Good Causes which is dear to the hearts of many Belgians, including myself. The fact is that we all know someone in our surroundings that has been directly or indirectly affected by breast cancer or any other kind of cancer. It goes without saying that we will not hesitate to contribute to improving patient survival, quality of life and finding the most appropriate treatment for every patient. Thanks to all our players the Belgian National Lottery can offer much more than just games. Together, we can make a difference.” — Jannie Haek, CEO of Belgian National Lottery

www.loterie-nationale.be
www.nationale-loterij.be

IN 2022 COMPANIES THOUGHT BIG AND DONATED MONETARILY A TOTAL OF €161,296!
CANDRIAM

Candriam is a European multi-specialist asset manager, pioneer, and leader in sustainable investing with a broad and innovative range covering all asset classes. Sustainability and social impact are core to Candriam’s DNA. In late-2018, Candriam launched a strategy designed to contribute to the fight against cancer that invests in businesses around the world developing cancer treatment products and services (including diagnoses, tumour profiling, technology and treatments). In keeping with Candriam’s commitment to social impact and in order to support the fight against cancer, up to 10% of the yearly net management fees of the strategy are earmarked for institutes working in cancer research and prevention and support for patients and their families. It is in this respect that the Candriam Institute for Sustainable Investment – Candriam’s philanthropic body – supports the high-quality research projects that BIG facilitates.

www.candriam.com

SOGERIM

A few years ago, Laurent Delgouffre, Managing Director of Sogerim, was confronted with the breast cancer of his then 35-year-old wife. He remembers his reaction on hearing the news: “The world was slipping out from under us, and we felt overwhelmed by the thought of a year’s worth of treatments ahead of us.” On the anniversary of the end of treatment, he wanted to partner with BIG to celebrate her recovery and to support research. “Our support for BIG is a mark of gratitude to the entire medical profession and all those fighting on behalf of patients.” Laurent Delgouffre

www.sogerim.be

A BIG THANK YOU TO OUR EVENT SPONSORS AND PARTNERS WHO THOUGHT BIG IN 2022:

7 Dimanche • Autoworld Brussels • Art’s Big • AWCB • Baobab • Belgian National Lottery • Candriam • Caspian Tradition • Château Brande-Bergère • Château de Bioul • Choux de Bruxelles • Delvaux • Fanny Leeb • Galerie Frédérick Mouraux • Groupe Rossel • GSP2 • Have A Nice Life • Hey Harper • L’Eventail • Le Soir • NA Production • Ocean Network Express • Rothschild & Co Wealth Management • Sogerim • Sotheby’s • SteVaMed • Veluvins • Vichy • Vlan • Worldline
BIG IMPACT

HOW YOUR COMPANY CAN MAKE A DIFFERENCE

There are many areas of research that hold great promise for patients but have no particular interest for commercial partners. It is possible that many patients could be cured or otherwise benefit from a “lighter” exposure to traditional cancer treatments, for example by reducing the duration of drugs or radiation.

These studies hold tremendous potential for patients and promise long-term gains for society, in all regions of the world. The money raised by **BIG against breast cancer** is directly invested into these studies.

Every corporate partner helps drive BIG’s innovative academic research through their support, having a direct impact on the lives of patients, and their loved ones, today and in the future.

By joining our community of engaged corporate partners, not only is your organisation demonstrating that you are committed to bettering the lives of millions of people around the world, but you are also directly part of the solution.

There are many ways your company can support BIG and its research. Here are a few ways your company can get involved.

**> FINANCIAL CORPORATE SPONSORSHIP**

Your company can choose to become a yearly sponsor or donate money to support a specific event or campaign that is aligned with your corporate identity.

**> IN-KIND CORPORATE SPONSORSHIP**

An extremely helpful way your organisation could support us is by giving an in-kind donation related to an event, campaign, or BIG’s work in general. Examples of in-kind donations include graphic design services, goodies, raffle prizes, photography or translation services, and more.

**> MEDIA CORPORATE SPONSORSHIP**

Your company could lend a helping hand in giving more visibility to **BIG against breast cancer** by covering the cost of promoting philanthropic events and campaigns. This could include radio promotions, TV ads or printed advertisements.

**> CAUSE MARKETING**

What about taking the opportunity to engage your customers through your brand? Simply allocate a percentage of your total turnover, or a percentage of the sales of a specific product or service, to breast cancer research. It is the opportunity to communicate your support for a cause that impacts many women and men in our communities.

**> GIFT MATCHING PROGRAMME**

Are you looking for a way to engage your employees in a good cause? By setting-up a gift-matching programme you encourage your employees to be involved in a cause close to their heart. A gift matching programme works by encouraging your employees to make a donation while the company pledges to match all donations.

**> CORPORATE FUNDRAISING CHALLENGE**

Directly involve your employees in a company-wide fundraising challenge via the MoveforBIG.org platform. Not only is this a great way to foster team spirit, but it is also a fun way to raise funds for BIG and help push forward research against breast cancer.

In exchange for your support, **BIG against breast cancer** ensures that your brand is given visibility alongside an internationally recognised not-for-profit dedicated to breast cancer research (via social media, event communication tools, interviews shared among our community via newsletter, and much more!) We will also ensure that your CSR objectives are met.

“WHEN COMMUNITIES, COMPANIES AND INDIVIDUALS WITH BIG HEARTS UNITE FOR THE SAME CAUSE, SOMETHING BEAUTIFUL HAPPENS. TOGETHER, WE CAN MAKE A BIG DIFFERENCE IN THE LIVES OF PATIENTS WITH BREAST CANCER.”
FOUNDATIONS SUPPORTING BIG

BIG’s academic breast cancer research would not be possible without the precious support of Belgian and international foundations. Between 2012 and 2022, BIG received €164,777,712 in funds*.

93.6% was spent directly on research conducted under the BIG umbrella, making a huge difference in the lives of women and men with breast cancer.

* Funding for study collaborations involving pharmaceutical and other partners, as well as from the philanthropic work of BIG against breast cancer.

FONDS BAILLET LATOUR

For the sixth consecutive year, BIG was blessed with the significant support of the Baillet Latour Fund, specifically for the POSITIVE - BIG Time for Baby study. This charitable trust was created to encourage, promote, and foster human excellence in Belgium, with a diligent but open approach to social development. Over the years, and through the allocation of grants, prizes and scholarships, the organisation has increased its scope of action focusing on five pillars: health, culture, education, environment, and sports. All the projects and initiatives supported in each field have a Belgian dimension.

www.fondsbailletlatour.com

FONDATION NIF

Fondation NIF supports initiatives that increase the well-being of all men and women, irrespective of their age, origin, nationality, philosophical and religious views. It seeks to address needs that are felt in the social fabric in areas where public institutions are unable, not yet able or can no longer intervene. It contributes financially, in accord with its raison d’être and within its means, to humanitarian projects that are in-line with its mission statement. A generous supporter of many years, the Fondation NIF currently contributes to the AURORA research programme.

www.fondation-nif.com

THEY SUPPORTED BIG’S RESEARCH IN 2022

BCRF | Cognizant | DSZ | eurofins foundation

Baillet Latour | Fondation contre le Cancer | NIF
The Breast International Group (BIG) is extremely grateful for the long-standing and generous support of the Breast Cancer Research Foundation (BCRF)*, which has facilitated BIG’s practice-changing research in breast cancer for almost 20 years.

Founded in 1993 by Evelyn H. Lauder, BCRF is the largest private funder of breast cancer research—and metastatic breast cancer research—worldwide.

Investing in the best minds in science—from those investigating prevention, diagnosis, treatment, survivorship, and metastasis—and fostering cross-disciplinary collaboration, BCRF’s approach accelerates the entire field and moves us closer to the answers we urgently need to put an end to breast cancer.

A long-standing partner of BIG, BCRF has over the years generously provided approximately 23 million Euros in funding, to support BIG’s academic research. Currently, BCRF is the main funder of BIG’s large AURORA research programme dedicated to metastatic breast cancer (see page 14).

BCRF has been supporting the BIG-NCTN collaboration since 2005, which has shown to be crucial in the global fight against breast cancer.

BIG and the NCI National Clinical Trials Network (NCTN) – the latter being a network of major US and Canadian-based research groups supported by the US National Cancer Institute (NCI) – meet annually, gathering about 60 world-class researchers and involving breast cancer advocates to tackle unresolved issues of the disease.

Together they identify difficult and unresolved aspects of breast cancer treatment and care, focus on research areas not supported by the pharmaceutical industry, and collaborate to set up large international research programmes that always put patients’ needs first.

This collaboration was initiated by Martine Piccart and William Wood, co-Chairs of the first meetings, in partnership with Larry Norton (BCRF) and JoAnne Zujewski (NCI).

Among the main achievements that have already resulted from this collaboration, in addition to AURORA, are the POSITIVE study, investigating the safety of pausing endocrine therapy for breast cancer to try to conceive; the International Male Breast Cancer Programme, helping us better understand this rare disease and how we could treat men more optimally in the future; and the DECRESCENDO trial (with a US counterpart, COMPASS HER2-pCR), aiming to de-escalate adjuvant chemotherapy in HER2-positive breast cancer.

Learn more at BCRF.org.
“TOGETHER, THROUGH COLLABORATIVE EFFORTS, THE BIG NETWORK ENDEAVOURS TO CLOSE THE GAPS LEFT BY BREAST CANCER. WITH RESEARCH AND UNWAVERING DEDICATION, WE STRIVE TO PRESERVE THE UNBROKEN CIRCLE OF LIVES. WE EXTEND SOLACE AS WE NAVIGATE THE VOID CAUSED BY THE ABSENCE OF OUR LOVED ONES LOST TO BREAST CANCER, EASING THE PAIN OF MISSING THEM.”
The BIG network’s strength lies in its collaborative and innovative breast cancer research, which spans over two decades and extends to research groups from all corners of the world.

In 2022, BIG and its global network of approximately 60 like-minded research groups continued their mission to enhance patient outcomes and find a cure for breast cancer, solidifying their position as prominent contributors in the field of breast cancer research.

We finished 2022 with very positive and hopeful news! The POSITIVE - BIG Time for Baby study lives up to its name and brings positivity and real hope to young women with hormone-sensitive early breast cancer who dream to become pregnant one day. The first study results showed that pausing anti-hormone therapy to try to get pregnant can be done without additional risk of recurrence of their disease in the short term. This academic study wouldn’t have been possible without global collaboration.

Thanks to BIG’s global network of academic breast cancer research groups, studies without commercial interest, such as the POSITIVE study, can be developed by world-class breast cancer experts and can be financed in-part through BIG’s philanthropic community. The precious support of foundations, companies and private donors is vital to ensure the completion of the POSITIVE study for the benefit of many young women who wish to have a baby after breast cancer.

Together, we strive to close the gaps in our knowledge of breast cancer, uncovering answers to unexplored questions and providing invaluable insights that will lead to the development of more effective treatments, improved patient outcomes and, ultimately, a cure.

Our goal is to ensure that no one has to go through the pain of missing a loved one who has passed away due to breast cancer, and that we can provide hope for a future free from this disease. This is the driving force behind BIG’s “Missing” campaign, which aims to raise awareness and funds to address the gaps in clinical trial participation, ensuring that all patients have access to potentially life-saving treatments.

The Breast International Group is a global organisation, but with roots and headquarters firmly established in Europe. With the Russian / Ukrainian conflict at our doorstep, we wish to express our strong condemnation of war, and the senseless death, misery and destruction that it causes. This holds true regardless of where military conflict occurs in the world, and our hearts and thoughts go to all of its victims, wherever they may be. Moreover, as an organisation dedicated to cancer research, we are sensitive to the suffering experienced by all the people touched by this disease and who, as a result of this brutal war in Europe, can no longer access treatment for their cancer, further putting their lives at risk. It is with tremendous sadness that we write this in 2022, at a time when history has shown us so many times that wars do not resolve disagreements, but only deepen hatreds and intensify human suffering.

2022 WAS MARKED BY THE RUSSIAN / UKRAINIAN CONFLICT

The Breast International Group is a global organisation, but with roots and headquarters firmly established in Europe. With the Russian / Ukrainian conflict at our doorstep, we wish to express our strong condemnation of war, and the senseless death, misery and destruction that it causes. This holds true regardless of where military conflict occurs in the world, and our hearts and thoughts go to all of its victims, wherever they may be. Moreover, as an organisation dedicated to cancer research, we are sensitive to the suffering experienced by all the people touched by this disease and who, as a result of this brutal war in Europe, can no longer access treatment for their cancer, further putting their lives at risk. It is with tremendous sadness that we write this in 2022, at a time when history has shown us so many times that wars do not resolve disagreements, but only deepen hatreds and intensify human suffering.
The BIG Headquarters (HQ) are located in Brussels, Belgium. The team is made up of about 45 dynamic, passionate and committed people who work on behalf of BIG’s Executive Board and BIG’s General Assembly.

Together, they represent a talented group of physicians, scientists, project managers, and jurists, as well as financial, HR, IT, administration, communications and fundraising specialists. They work in teams to develop and conduct clinical trials together with BIG’s member groups, industry and other partners. To increase BIG’s visibility with the longer-term aim to increase the capacity to raise funds to support BIG studies, 2022 saw a closer working together of the philanthropy and communication teams, including a unit focussed exclusively on digital communications. Finally, BIG HQ also manages all aspects of BIG as an international not-for-profit organisation under Belgian law.

Together, united in our efforts, we are making significant progress towards discovering improved treatments and ultimately finding cures for breast cancer.
BIG remains committed to being at the forefront of breast cancer research, continuously adapting to new challenges, further professionalising and expanding its network of breast cancer experts. It’s important to remember that we started as a small initiative over 20 years ago, and now we have grown to become (quite) BIG: the largest worldwide network of academic research groups dedicated to finding cures for breast cancer.

The two co-founders of BIG, Martine Piccart and the late Aron Goldhirsch, made this possible. Global collaboration is key if we want to eradicate breast cancer.

BIG’s Executive Board represents the leadership of the organisation, reporting to the General Assembly of all member groups. The role of the BIG Executive Board is critical to ensure that all clinical trials and programmes carried out under the BIG umbrella are run according to BIG’s mission and principles of research conduct and that they fall within BIG’s strategy.

These principles aim to eliminate bias from the research process, protect academic freedom, and maintain integrity vis à vis patients, both when working with the pharmaceutical partners or when working alone.

particularly important is that BIG commits to prioritising research that otherwise would not be possible and cannot be done by one research group alone. Within this framework, BIG conducts research to advance treatments that make a real difference to women and men with breast cancer.

BIG’s Executive Board in 2022 consists of 14 individuals chosen from amongst its member groups, embodying a range of cancer expertise (medical oncology, radiation oncology, medical statistics / clinical trials methodology, and translational research) and covering different regions of the world.

Carlos Barrios
Medical oncologist
Brazil

Philippe Bedard
Medical oncologist
Canada

Judith Elisan
Medical Statistician & Trials methodologist
United Kingdom

David Cameron
BIG Chair
Medical oncologist
United Kingdom

Etienne Brain
Medical oncologist
France

Eva Carrasco
Medical oncologist
Spain

Boon Chuah
Radiation oncologist
Australia

New Zealand

Barbre Lindholm
Medical oncologist
Sweden

Sherene Loi
Medical oncologist
Australia

Seamus O’Reilly
Medical oncologist
Ireland

Evangelia Razis
Medical oncologist
Greece

Shigeno Saji
Medical oncologist
Japan

Ander Urruticoechea
BIG Treasurer
Medical oncologist
Spain

Ines Vaz-Luis
Medical oncologist
France
GRUPPO ITALIANO MAMMELLA (GIM) JOINED BIG

In 2022, the BIG network welcomed a new member: GIM is an independent breast cancer research group acting in more than 100 Italian centres and including more than 200 investigators. GIM studies are sponsored by Oncotech, a not-for-profit organisation and public-private consortium formed by the Department of Medicine & Oncology of the University of Naples Federico II (Italy) and a CRO (Clinical Research Technology).

Oncotech is dedicated to clinical research, training, dissemination and scientific communication in the oncology field. Its aims are:
> To foster collaboration and interaction between university institutions and national and international research bodies
> To promote advanced scientific training courses, from master’s degrees to continuing medical education
GIM’s main research efforts are:
> Dose-dense adjuvant chemotherapy
> Fertility preservation
> Optimising adjuvant endocrine therapy

GIM’s official representative for BIG is Dr Matteo Lambertini, MD PhD, Associate Professor Medical Oncology Department, U.O.C. Clinica di Oncologia Medica, IRCCS Policlinico San Martino Hospital – University of Genova (Italy).

For more information, visit: www.oncotech.org/gim

BIG now represents about 60 like-minded research groups from around the world and reaches across more than 70 countries on 6 continents. Through its network of groups, BIG connects several thousand specialised hospitals, research centres and world-class breast cancer experts who collaborate to design and conduct pioneering breast cancer research.

Each BIG group plays a crucial role. The combined expertise, collaborative spirit, dedication, and hard work are essential to improving the lives of patients confronted with breast cancer.

"WE ARE EXTREMELY HAPPY AND PROUD THAT GIM HAS JOINED THE BIG NETWORK. THIS IS A UNIQUE OPPORTUNITY FOR OUR NATIONAL GROUP TO BE MORE ACTIVELY INVOLVED IN INTERNATIONAL ACADEMIC TRIALS IN ORDER TO GIVE OUR PATIENTS THE OPPORTUNITY TO PARTICIPATE IN SUCH IMPORTANT STUDIES. WE WILL DO OUR BEST TO ADD OUR EXPERTISE TO SUCH AN EXTRAORDINARY NETWORK AND GROUP OF LEADING BREAST CANCER EXPERTS."

DR MATTEO LAMBERTINI
We are happy to share with you that the project Disparities in Access to Systemic treatment for Breast Cancer in Thailand and Major Asian Territories has been published in the Journal of Breast Cancer\textsuperscript{1}. This is an important achievement for the BIG-Asia Collaboration, and we applaud the authors and members of the BIG-Asia network who contributed to completing the project. A warm congratulations from BIG!

**KEY POINTS OF THE PAPER**

The aim of the project was to provide insights on the availability and access of important targeted drugs and molecular testing applicable for early-stage breast cancer in Thailand and other members of the BIG-Asia Collaboration.

National healthcare resources were correlated with cancer incidence to mortality ratio. A survey was conducted among five countries (Thailand, Japan, Singapore, Taiwan, Korea) and one special administrative region (SAR) (Hong Kong). There were 20 respondents from multidisciplinary specialties. Thailand is classified as upper-middle income country, while all the others are high income countries.

The questionnaire addressed national health reimbursement schemes, molecular testing for early breast cancer, and availability and accessibility of breast cancer drugs. They were classified either as fully, partially or not reimbursed.

**Key findings:**

> Genomic tests are not reimbursed in the participating countries/SAR.

> There are variable reimbursements or co-payment schemes across Asia. For example, accessibility of HER2-targeted therapy is generally lower than endocrine treatments or chemotherapy. There were varying reimbursements of the anti-HER2 drugs across countries depending on clinical characteristics such as lymph node and hormone-receptor status.

> In general, there are more similar reimbursements for drugs in the metastatic setting but newer drugs with proven clinical benefit have limited access: CDK 4/6 inhibitors, PARP inhibitors and TD-M1.

**IMPACT OF THE MANUSCRIPT**

Although this was a snapshot of the access and availability of important breast cancer treatments across Asia, it could be an important guide for policy makers to push for improving healthcare resources in Asia.

**BACKGROUND OF THE BIG-ASIA COLLABORATION**

East Asian groups actively contribute to patient recruitment in BIG trials. The BIG-Asia Collaboration was initiated to develop East Asian-led trials to be run under the BIG umbrella and to engage young investigators to the mission of BIG.

BIG-Asia was formed in 2016 by senior and junior members from China (BDPCC, CBCS), Hong Kong (HKBOG), Japan (JBCRG), Singapore (CTRG), Korea (KCSG), Taiwan (TCOG) and Thailand (TSCO), with the support of BIG Headquarters.

During the recent years, BIG-Asia conducted several focused group discussions to evaluate critical research priorities and challenges specific to the region.

**Reference:**

In 2022, three world-class breast cancer experts and long-time leaders in BIG, Dr. Martine Piccart, Dr. Etienne Brain, and Dr. Fatima Cardoso, were honoured with prestigious awards in the field of oncology. We extend our warmest congratulations to them!

**DR MARTINE PICCART RECEIVED “VICTORIA’S SECRET GLOBAL FUND FOR WOMEN’S CANCERS 2022 MERITORIOUS AWARD”**

On Sunday 10 April at the AACR Annual Meeting 2022, Dr Martine Piccart received the Victoria’s Secret Global Fund for Women’s Cancers 2022 Meritorious Award, in Partnership with Pelotonia & AACR. This new scientific award recognises the work and outstanding contributions of five prominent and influential female researchers to the fundamental understanding, prevention or treatment of breast or any form of gynaecologic cancers.

Each of the five awardees received a prize amounting to $100,000 and was invited to nominate 3 to 5 outstanding early-stage investigators to be considered for a broader cancer research grant programme funded by The Victoria's Secret Global Fund for Women's Cancers and administered by the AACR and Pelotonia, and for which they will serve as mentors.

“I'm grateful for this prize, which will support important research. We have definitely come a long way. Most women with early breast cancer are now able to get through it because they receive increasingly targeted treatments. However, the disease is not yet under control. It's our duty to continue carrying out research, in particular for advanced or rare forms of the disease. It’s vital, patients need us,” says Dr Martine Piccart.

**DR ETIENNE BRAIN RECEIVED “2022 B.J. KENNEDY GERIATRIC ONCOLOGY AWARD”**

At the ASCO Annual Meeting 2022 (June 3-7) Dr Etienne Brain received the B.J. Kennedy Geriatric Oncology Award for his longstanding commitment and contribution to improving the treatment and care of older patients with cancer.

Treating older patients with cancer is complex and requires specific treatment approaches that take into account the additional symptoms and specific health conditions related to age. Although older adults now represent the majority of patients with cancer, there is still a lack of research and robust data in geriatric oncology, and this patient group is...
underrepresented in clinical trials (at most, 15% of all patients enrolled in studies are older than 75).

In his lecture, Dr Brain called for more representation of these patients in clinical trials, more education in geriatric oncology, and better collaboration between oncologists and geriatricians in order to prioritise and coordinate treatments and care.

“We need more distributive research and specific education to fight ageism and improve cancer care in the older patients. They deserve it. The onus is on us!,” says Brain.

Dr Etienne Brain, MD, PhD, is a world-renowned oncologist and researcher, involved in both French and international studies on breast cancer in older women, such as ASTER 70s, one of the largest clinical trials conducted in the postoperative setting in women with breast cancer older than 70 (NCT01564056), and BIG’s APPALACHES (NCT03609047) study.

Dr Brain is senior medical oncologist at Institut Curie, in Saint-Cloud, France, and Secretary General of the European Organisation for Research and Treatment of Cancer (EORTC). He was President of the International Society of Geriatric Oncology (SIOG) from 2014 to 2016 and has been a member of BIG’s Executive Board since 2018.

Source: https://dailynews.ascopubs.org/do/dr-etienne-brain-calls-more-representation-older-patients-cancer-research-kennedy-award

DR FATIMA CARDOSO HONOURED WITH “ESMO WOMEN FOR ONCOLOGY AWARD 2022”

The 2022 ESMO Women for Oncology Award was presented to Dr Fatima Cardoso, Director of the Breast Unit of the Champalimaud Clinical Center (CCC) in Lisbon (Portugal) and President of the Advanced Breast Cancer (ABC) Global Alliance, for her outstanding commitment to oncology and patients. Cardoso forged her way in oncology, becoming a role model to a whole generation of women working in oncology in Portugal and beyond.

Dr Cardoso delivered her Award Lecture during the ESMO Congress 2022 Opening Ceremony on Friday, 9 September 2022, entitled “Women’s rights and gender balance: one step forward, two steps back!”

Upon receiving this award, Dr Cardoso said: “I am very honoured to receive the 2022 ESMO W4O Award.

Motivating, educating and helping other female oncologists and students has been a central part of my career, and one that has been very rewarding. It is a pleasure (and a little bit of pride) to see former fellows reaching leadership positions”.

And she continued: “Women now represent more than 80% of the workforce in healthcare but in leadership positions they still represent only about 20-30%. Gender balance is widely discussed but remains an unsolved problem. Why? I believe we all need to reflect carefully on the reasons and potential solutions. Are women really sufficiently helping each other, with real action, not just words?”

She added: “The last few years, we have also seen frightening steps back in women’s rights, from Afghanistan to the United States, and in the terrible Ukrainian situation.”

And she concluded: “I have dedicated my life to the fight against breast cancer, the most “gender imbalanced” cancer that exists! Whilst never forgetting the needs of the 1% of male breast cancer patients – both through research, quality of care and advocacy –, it has mostly been with all the wonderful women I have known that I have learnt the most important lessons as an oncologist and as a human being. Breast cancer has taken too soon the lives of so many friends! A reminder that there is still so much to be done. It is to each of them, specially to all women with advanced/metastatic breast cancer, that I dedicate this award and the continuous promise to keep on fighting.”

Visit also: https://www.esmo.org/about-esmo/awards/esmo-women-for-oncology-award
What progress have we seen in the field of de-escalation of early breast cancer therapy? Are these practice-changing?

Fatima Cardoso: I think that the best word is not really “de-escalation” but rather “optimisation”; it’s not always about providing less treatment, but optimising treatment based on several characteristics of the disease and the patient.

In the early breast cancer setting, there are various examples of de-escalation trials that have been practice-changing.

The MINDACT study (EORTC 10041 / BIG 3-04) is a typical example of treatment de-escalation. In this study we decreased the use of chemotherapy through the help of a genomic signature, the MammaPrint test. This study has been practice-changing, since it showed that patients considered as high-risk of cancer recurrence based on traditional factors, but identified as low risk by the MammaPrint test and treated with endocrine therapy alone (without chemotherapy), still had very good outcomes at 8 years of follow-up. Particularly for post-menopausal women, we see no clinically meaningful benefit from chemotherapy and, therefore, it can be safely omitted.

I think it’s important to emphasise that the notion of de-escalation should not be limited to the treatment of early breast cancer. We are seeing a shift in mentalities also in the metastatic setting. While the old way of thinking is that, since metastatic disease is incurable, you have to give everything and as much as you can in the hope that you can somehow control the disease and prolong the life of the patient. Doctors and researchers now understand the need to optimise treatments according to the characteristics of the disease and of each individual patient.

How have academic cooperative groups contributed to this process in the past and how can a network like BIG continue to contribute?

Cardoso: MINDACT was a great example of academic collaboration that led to practice-changing results and impacted the lives of many patients with early breast cancer.

For the future, I think that we, investigators, need to discuss with statisticians about how to run these de-escalations trials in an appropriate way that provides the level of evidence that we need, but without taking so many years as MINDACT did, for example (about 15 years).

We need to start changing mentalities in drug development itself, in terms of doses and in terms of trial design.

What we typically do is find the maximum tolerated dose. This traditionally comes from chemotherapy development. The problem is that we keep on trying to give the maximum tolerated dose even with targeted agents. But these agents were developed to hit a certain target and the efficacy is linked to “hitting
the target’. We should therefore be looking for the minimum dose required, sometimes called “minimum biological effective dose”, to hit the target. This would allow us to retain efficacy and greatly decrease toxicity.

We need to start changing this from the preclinical stage up until the way phase I and then phase III trials are run. As academic groups, I believe that we need to pay attention to that, particularly in the field of targeted and biological therapies.

From my perspective, to run effective de-escalation studies, we also need innovative trial designs, and this must be done in close collaboration with regulators and pharmaceutical companies. These studies have to be statistically sound and accurate, but they can’t be run as non-inferiority trials, which demand a huge patient population. The same happened in the field of biosimilars, and a new methodology was developed and is approved by regulators. I strongly support the development of an equally effective methodology, approved by regulators, for de-escalation trials as well as for trials that aim at approving a new drug formulation or the use of lower (but similarly effective) doses.

I think that an academic network like BIG has the potential to play a key role here, to help change mentalities from the beginning of drug development, and to raise a voice in the discussions with pharmaceutical companies and regulators.

The academic community took a long time to pay attention to metastatic breast cancer. There are now different research programmes dedicated to the metastatic disease, such as AURORA (BIG 14-01), but the majority of studies run in this setting are still pharma driven and that leaves a lot of important questions unanswered for the patients.

Because metastatic breast cancer clearly has fewer patients (about 1/3 compared to 2/3 of patients with early breast cancer), international cooperation between academic groups is crucial to run trials in the metastatic setting that may not have commercial interests but tackle questions that really matter to patients.

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ANNUAL EORTC-BIG WEBINAR FOR SCIENTIFIC AUDIENCE

PINK OCTOBER 2022

On 19 October 2022, and as part of the global Pink October campaign, BIG and the EORTC (the European Organisation for Research and Treatment of Cancer) organised for the fourth consecutive year a free one-hour webinar for a scientific audience.

The goal of the webinar was to foster collaboration and information-sharing among experts in breast cancer and geriatric oncology, with a particular emphasis on advancing research in the field. The webinar centred around the theme of “The unmet needs of older patients with breast cancer” to raise awareness about the importance of including more elderly patients in clinical trials.

The webinar provided facts and figures, focused on the importance of geriatric assessment, recommended screening tools, and highlighted examples of recent research being done in elderly patients, such as the phase 2 APPALACHES trial, carried out by the EORTC under the BIG network umbrella. This is the first study to compare palbociclib with chemotherapy in patients with high-risk ER-positive breast cancer treated with standard adjuvant endocrine therapy.

Speakers included breast cancer experts from the BIG and EORTC networks such as Dr Etienne Brain (France), Dr Hans Wildiers (Belgium), Dr Laura Biganzoli (Italy) and Tanja Spanic (Slovenia).

For further details, visit: [www.eortc.org/event/22441/](http://www.eortc.org/event/22441/)
OUR MISSION

BIG’s mission is to facilitate and accelerate breast cancer research at the international level.

IMPACTFUL

Our research changes practice in the treatment of women and men with breast cancer. We have a real impact on patients’ lives.

TRUSTED

We have been recognised for over 20 years to generate credible scientific results and safeguard patients’ interests.
GLOBAL AND LOCAL

BIG is the largest global network of breast cancer research groups and their affiliated experts. Their work benefits patients locally.

OUR VISION

Together we will find a cure for breast cancer through global research and collaboration.
BIG MEMBER GROUPS’ OTHER ACTIVITIES

ABCSG

An interview with Professor Michael Gnant, president of the Austrian Breast and Colorectal Cancer Study Group (ABCSG)

For the third time already, Austria’s internationally renowned cancer researcher Professor Michael Gnant, MD, FACS, FEBS has been named as one of the worldwide “Highly Cited Researchers 2022”. Frequently cited researchers have a great influence on the scientific community and study achievements. Thus, they make a significant contribution to new, far-reaching developments to improve therapeutic options. As a Highly Cited Researcher one ranks among the top one percent of all scientific researchers whose work can be found on the Web of Science™ (https://clarivate.com). In 2022, 6,938 scientists were listed. The publications in the Cross Field category, for which Dr Gnant received his award, are characterised by their strong influence on several scientific disciplines. In Austria, there were 25 Cross Field honourees, including only three within the field of clinical medicine.

Professor Gnant, why is research and its publication important and how do you think it affects or influences the general public?

Research determines our lives – whether we are aware of it or not. Creating knowledge plays a crucial role in all the advances to which mankind aspires. This applies to everyday life, technology, the hopefully successful fight against climate change, and, of course, in medicine. Unfortunately, especially in Austria, the public awareness of the importance of research is quite modest – as recently indicated by the Eurobarometer surveys results. This is distressing, given that, in some fields of science, Austrian researchers are among the world pioneers, as the current list of Highly Cited Researchers shows.

What value do you ascribe to interdisciplinary scientific discourse, especially in your field of research?

Contemporary science needs interdisciplinary discourse. By the way, the same pertains to medical excellence in clinical care. Especially in oncology, and particularly in breast cancer research,
significant progress has been made through interdisciplinary collaboration. By shaping the knowledge and innovations of individual disciplines involved in diagnosis and treatment, common improvements have been achieved for those affected.

What does it take, on a personal level, to achieve decisive success in research? Do you set milestones for yourself?

Successful research depends on diligence, creativity, and resilience. For instance, the ABCSG-16 study – one of our greatest joint research achievements, highly recognised on a global level – lasted more than 20 years! And since innovation cannot be directly planned, it requires constant attention. Always stay up to date, read a lot and, what’s most important: keep it up and don’t lose courage! Institutionally, research advances are not only promoted through diversity, but also by reaching a crucial mass of smart people. Furthermore, do not merely allow out-of-the-box thinking, but actively encourage it!

Which fundamental or most urgent problems do you see within your field of research?

In comparison with other countries, we still have an embarrassingly low research quota in Austria with respect to public funding, especially in basic research. However, clinical research as well is neglected by the public sector as well, with a lot of it being left to industry, which is of course also strongly influenced by commercial considerations when it comes to the choice of research topics. It definitively takes a national effort to make Austria an “innovation leader” in considerably more scientific fields. While I’m delighted for the great Anton Zeilinger on his well-deserved Nobel Prize, I also see the apparent danger of settling back and resting on one’s laurels, “since everything’s fine anyway...”. This also means that we need to keep an eye on academic careers, which must be sustainable, attractive, and characterised by academic freedom.

On a final note, how does it feel to once again rank among the world’s most cited research elite?

Personally, of course, such an honour is pleasant and appreciated, and is also the reward for many years of hard work and invested spare time. However, what is way more important to me is that it represents the appreciation for and success of a large group of Austrian enthusiasts. Decades of collaboration have come to fruition and, for that, I’m deeply grateful!
In 2022, Breast Cancer Trials – Australia & New Zealand (BCT-ANZ) conducted an independent study to reflect on the impact of our research organisation and all the achievements we have made. Queensland University of Technology's Australian Centre for Philanthropy and Nonprofit Studies examined the impact of BCT-ANZ's research, uncovering that our organisation has affected not just outcomes for breast cancer patients, but also delivered tangible and significant health and social benefits to the community, educated the public about clinical trials and the value of participating in this research, and empowered doctors in the treatment of their patients.

We also launched our 2022-2026 Research Strategy, which identifies key priority areas of research that are likely to make the greatest impact to people affected by breast cancer. The strategy ensures that our resources and the expertise of our research community are used optimally and that we can proactively respond and adapt to future research opportunities and needs.

Fantastic results were published and announced for several clinical trials in 2022:

- Primary results for the PROSPECT clinical trial showed that the use of breast magnetic resonance imaging (MRI) prior to breast surgery may be able to identify patients with a very low risk of breast cancer recurrence who can safely avoid radiotherapy.
- Primary results of the CHARIOT study found that the addition of dual immunotherapy treatment to standard chemotherapy have shown promising results in patients with treatment resistant, early-stage triple negative breast cancer.

2022 was the first year of our Clinical Fellowships programme, which provides support to develop new research ideas by the next generation of researchers. The programme is aimed at early career researchers with qualifications in medical oncology, pathology, psychology and other supportive care specialties, radiation oncology, radiology, and surgery. Six fellowships were awarded in the inaugural year.

BCT-ANZ also started a new International Fellowship programme to support junior research clinicians who have secured an international fellowship. Through this programme they can gain experience relevant to the work of BCT.

Dr Sheridan Wilson was elected to the Board of Directors and is a medical oncologist at Auckland City Hospital in New Zealand. Dr Nicholas Zdenkowski was appointed to the position of Chair of the BCT-ANZ Scientific Advisory Panel and is a medical oncologist and visiting medical officer at Maitland Private Hospital and Lake Macquarie Private Hospital in Australia.

In July, we held our 43rd Annual Scientific Meeting (ASM) in Melbourne, which saw the largest attendance in the event's history. Our international speakers were Professor Charlotte Coles (UK), Professor Laura Esserman (USA), Professor Hiroji Iwata (Japan), Professor Ann Partridge (USA) and Professor Hope Rugo (USA).

Winners of the 2022 Breast Cancer Trials awards were presented at the ASM. They recognise the valuable contribution of BCT-ANZ members to our research programme, as well as the outstanding achievements by researchers in their particular fields. The 2022 winners are:

- The Gold Medal – Professor Prue Francis AM
- The Alan Coates Award for Excellence in Clinical Trials Research – Associate Professor Nicholas Wilcken
- The Robert Sutherland Award for Excellence in Translational Research – Professor Laura Esserman
- The John Collins Medal and Travel Grant – Dr Yang Yang Huang
- The Study Coordinator Prize – Ms Nadia Ranieri
GEICAM

GEICAM’s Clinical Practice Guidelines for Neoadjuvant Treatment of Breast Cancer

In 2022 GEICAM launched its “Clinical Practice Guidelines for the Diagnosis and Neoadjuvant Treatment of Breast Cancer” (in Spanish), which provide a series of recommendations on some of the most controversial aspects of this clinical situation. This includes diagnosis, response assessment, optimisation of drug use based on tumoral subtype, and special situations such as pregnancy. The guidelines can be accessed on GEICAM’s website https://guia-cancerdemama-neoadyuvancia.geicam.org/ and are included in GuíaSalud, the Spanish National Catalogue of Clinical Practice Guidelines.

Improving patients’ quality of life

At GEICAM we are focused on developing research to improve the quality of life of cancer patients, while their survival rates continue to increase.

These projects include treatment de-escalation studies and the analysis of the impact of healthy lifestyle habits on the prevention and reduction of the risk of recurrence, among others.

Regarding patient information, in 2022 we launched a series of videos aiming to help patients better cope with the effects of menopause, which can be induced early by some therapies. They can be found on our YouTube channel (in Spanish).

On our podcast platform for patients (GEICAM T-habla), we covered the following topics: “chemo-brain”, liquid biopsy, nutrition and the current state of luminal breast cancer research and treatment. Listen to our podcast here.

As part of the GEICAM Program on Oncological Physical Exercise, we also presented an infographic that lists the benefits of physical activity for cancer patients and makes some recommendations for patients willing to start exercising. Take a look here.

GEICAM registries: real-life data on breast cancer

GEICAM is developing real-life data collection through different projects based on specific patient populations. These data will help the medical community learn about the current standard of care procedures and identify potential gaps that will drive the development of more efficient strategies:

> Male breast cancer (GEICAM/2016-04):
A retrospective registry with the participation of 54 sites (more than 700 cases registered so far). There is an associated translational project that will provide more evidence of the molecular differences between breast cancer in men and women.

> Metastatic breast cancer (GEICAM/2014-03_RegistEM):
The first prospective registry of clinical, anatomopathological and treatment data on metastatic breast cancer in Spain. It will provide detailed information on the current management of this condition, including subtypes, most frequent disseminations, and treatments used.

> Pregnancy and breast cancer (GEICAM/2017-07_EMBARCAM):
An ambispective observational study to collect data from three scenarios: gestational breast cancer (diagnosed during the gestation or within 1 year from delivery); pregnancy after breast cancer; and preservation of fertility in women diagnosed with breast cancer who will be treated with chemotherapy at GEICAM sites.

> BRCA carrier (GEICAM/2020-03):
An ambispective registry of people without cancer and patients with breast cancer and other solid tumours harbouring BRCA1/2 mutations. We are currently seeking funding to initiate this project.

GEICAM’s Annual Report 2021

GEICAM’s Annual Report summarises the group’s main achievements, activities and challenges during 2021. Read the report here.
The new Jules Bordet Institute, the central element in a cancer treatment pole unique in Belgium

The Jules Bordet Institute is a comprehensive cancer centre unique in Belgium with an international reputation. Its Clinical Trials Support Unit (IJB-CTSU) is fighting cancer through the design, set-up and conduct of innovative clinical trials that matter to patients.

In November 2021, the Jules Bordet Institute, a Brussels-based university hospital dedicated entirely to the fight against cancer, moved to a brand-new building on the Anderlecht campus (“New Bordet”). The new location, 90, rue Meylmeersch, is in the immediate proximity of the Erasmus Hospital and the Faculty of Medicine of the Free University of Brussels.

In the Old Bordet, the building area was around 35,000 m². The New Bordet now offers 80,000 m², thereby increasing by more than 50% its care capacity and its area dedicated to research. This extra space is devoted to its care, research and teaching mission in the field of oncology. In its present capacity, the New Bordet proposes 250 conventional hospitalisation beds and 43 beds for day hospitalisation. The New Bordet also includes a Novel Treatments Unit (12 beds), entirely dedicated to the patients included in clinical trials.

The New Bordet is an effective comprehensive cancer centre where researchers are able to exchange their ideas easily, design new projects in direct contact with clinicians and share the same tools in an optimal way. The translational research laboratories are grouped together on the same floor (10,000 m²) and benefit from brand-new infrastructure equipped with the most advanced technologies. All the staff specifically devoted to research activities are located in the immediate vicinity of the medical staff, in the heart of the action.

In summary, the New Bordet has all the resources required to pursue its mission as a reference centre in the field of oncology, at both national and international levels. This new building is also a perfect place to encourage innovation, collaboration, and excellence with Bordet teams and across projects.
**JBCRG**

**BIG studies**

The Japan Breast Cancer Research Group (JBCRG) is participating in the following studies run under the BIG umbrella: POSITIVE, ALEXANDRA/IMpassion030, OlympiA, PENELOPE-B and PALLAS.

**Activities**

With the aim to improve cancer care and raise further awareness about breast cancer and clinical trials, Dr Norikazu Masuda, JBCRG’s Representative Director, was interviewed by a women’s magazine in relation to an article about the Breast Cancer Awareness Campaign. The latter is driven by ELC Japan KK (a subsidiary of Estée Lauder Companies, Inc.), which continues to support JBCRG’s activities.

**Special Lecture**

On 14 December, we organised a special Zoom lecture entitled “Taking TILs into the next stage of daily practice and clinical trials: a proposal”, by Dr. Roberto Salgado, a pathologist at GZA-ZNA Hospitals in Antwerp, Belgium, and Peter MacCallum Cancer Centre in Melbourne, Australia. The lecture was well-received by the enthusiastic attendees.

**JBCRG’s Educational and Annual Meeting**

JBCRG’s 12th Educational Meeting took place on 23 February through a Zoom webinar. The theme of the meeting was “Past, Present, and Future of Clinical Trials”.

On 3 November, JBCRG’s Annual Meeting also took place via Zoom. The topic of the lecture was “Current Status and Prospects of ctDNA Research,” and a session entitled “The latest drug therapy for breast cancer – Considering the next clinical trial based on the ASCO/ESMO theme” was also organised.

Over 150 investigators attended both meetings, which, due to Covid-19, were held on-line. While it has become standard to organise virtual meetings, we look forward to meeting in person again soon. Additionally, we are exploring ways to engage young investigators and provide them with more opportunities to participate actively in these meetings. It is important to cultivate the next generation’s enthusiasm and gradually pass on our knowledge and experience to them.
The Brazilian Breast Cancer Conference 2022 – LACOG/GBECAM and Best of SABCS Brazil

The Brazilian Breast Cancer Conference 2022 was held on 29-30 April in São Paulo, alongside the official licensed event, Best of SABCS Brazil. The event was organised by the Latin American Cooperative Oncology Group (LACOG) and the Brazilian Group for Breast Cancer Studies (GBECAM). The conference was carried out in a hybrid format, with in-person participants and online transmission and had 34 national and 2 international speakers. 1,117 participants from different states in Brazil attended the scientific programme for two days.

1st LACOG Annual Scientific Meeting 2022

In October the 1st LACOG Annual Scientific Meeting took place in São Paulo. The event brought together more than 150 members of LACOG’s 10 oncology specialty groups from different Latin American countries. Among the discussions held during the meeting were the studies in progress, new proposals, and publications. During the Friday meeting, the LACOG team presented the group’s new organisational structure. The meeting was a great achievement for LACOG, reflecting its maturity and professionalism.

LACOG programme to develop new Brazilian research sites in remote areas

LACOG, in collaboration with “Instituto Vencer o Cancer”, presented the project “Amor à pesquisa contra o câncer”, which aims to structure research sites in remote areas from Brazil to bring cancer clinical trials to patients from these regions. The six cancer sites located in Manaus, Feira de Santana, Belém do Pará, Campo Grande, João Pessoa and São Luís, which are receiving support from LACOG during this project, were presented to CROs and the pharmaceutical industry during LACOG’s Annual Scientific Meeting, describing their structures, population, and readiness to receive clinical trials.

San Antonio Breast Cancer Symposium 2022

LACOG investigators presented two posters of ongoing breast cancer studies: LACOG 0221 - BRAVE - Real-World Data on First-line Treatment of Hormone Receptor-positive, HER2-negative, Metastatic Breast Cancer in Brazil, presented by the study PI, Dr. Gustavo Werutsky, and LACOG 0419 - NEOŠAMBA - Evaluation of Sequencing of Anthracyclines and Taxanes for Locally Advanced HER2-negative Breast Cancer, conducted in partnership with GBECAM, presented by Dr. Tomás Reinert and Dr. José Bines, study PIs.

BRAVE Study - recruitment completed

Recruitment for the LACOG 0221- BRAVE study “Real-World Data on First-line Treatment of Hormone Receptor-positive, HER2-negative, Metastatic Breast Cancer in Brazil” has been finalised. The study included 308 patients at 15 research sites in Brazil.

Publications 2022

The abstract “Delay in postoperative radiation in patients with breast cancer in Brazil: a sub-analysis of AMAZONA III” was presented at ESTRO (the European Society for Radiotherapy and Oncology Congress) by Dr. Gustavo Marta, LACOG Radiation Group Vice-Chair and other authors. Of the 582 patients evaluated, the majority (58.9%) had stage III cancer, were treated in the public health system (74.1%), and had a monthly household income of 1-3 minimum wages (45.9%). The majority of breast cancer patients in Brazil initiate postoperative radiation therapy (PORT) within an adequate timeline. However, patients from the public health system have a significantly higher risk of delayed PORT, and thus strategies to facilitate and streamline access to PORT must be implemented.

The article “Time interval between diagnosis to treatment of breast cancer and the impact of health insurance coverage: a sub analysis of the AMAZONA III Study (GBECAM 0115)” was published in Breast Cancer Research and Treatment by Dr. Daniela Rosa and Raíra Maschmann, LACOG and GBECAM investigators. This analysis included 1,709 stage I-III breast cancer patients from AMAZONA III, a prospective, observational study including 22 sites in Brazil. The diagnosis-to-treatment interval was higher in women treated in the public system compared to the private system (56 vs. 34 days, p < 0.0001). By characterising the delays in care delivery, the study will aid stakeholders in better designing interventions and allocating resources to improve timely treatment for breast cancer in Brazil.
SOLTI

SOLTI is a leading Spanish academic research group that conducts clinical trials in the field of breast cancer.

SOLTI closes its solidarity race HOPE-RUN with more than 1,000 participants

SOLTI’s HOPE-RUN initiative, a charity run that enabled runners to turn kilometres into resources for metastatic breast cancer research, raised more than €15,000

HOPE-RUN, the pioneering race against metastatic breast cancer promoted by SOLTI, brought together over 1,000 runners for both its on-site and virtual versions, raising over €15,000 to support the analysis of data being generated by the SOLTI-HOPE trial for patients with metastatic breast cancer.

As part of World Metastatic Breast Cancer Day, observed annually on 13 October, SOLTI launched HOPE-RUN, a solidarity run that took place both virtually and in-person. The event had a dual objective: to increase participants’ knowledge of how clinical research works while transforming kilometres into resources to accelerate the analysis of clinical and molecular data being generated by the HOPE study. This is the first clinical trial in Spain led by patients with metastatic breast cancer, and it includes patients from all the autonomous communities.

HOPE-RUN participants could count the kilometres they accumulated during their recurrent trainings, virtually from anywhere by uploading them to a digital platform, thereby “unlocking” educational content about breast cancer research. In addition, to mark the halfway point of the campaign, an on-site race was held in Gandía (Valencia) on 27 November, for all those HOPE-Runners who wanted to continue adding kilometres. Over 600 runners joined together to run through the city, while others chose to add kilometres virtually to their usual daily outings. With over 1,000 runners joining the cause, a total of 5,273 kilometres were accumulated, and more than €15,000 were raised.

In addition to the money raised directly through the participants’ contributions, the pharmaceutical company Pfizer collaborated in the launch of this campaign.

As a result of the campaign’s success, it was decided to keep open the “Dorsal cero” option for making donations online (through this modality on the web), despite the fact that the race itself was over. All donations received, will be allocated to accelerating the analysis of clinical and molecular data from the HOPE study for patients with metastatic breast cancer.

HOPE-RUN was made possible thanks to the support of several organisations, including the AECC of Valencia and Gandía and the Gandía City Council. Similarly, the HOPE study would not be possible without formal support and donations from the Metastatic Breast Cancer Association (CMM), Actitud Frente al Cáncer and the SARAY Association. The study, endorsed by the Asociación Española Contra el Cáncer and SEAP (Spanish Association of Pathological Anatomy) and conducted in collaboration with Novartis Spain, has been supported by the companies Guardant Health and Roche Farma through their Foundation Medicine solution, which provided their technologies for molecular analysis.
For over 20 years, BIG’s academic research groups have been working together to find better treatments and cures for breast cancer.

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. Its mission is to facilitate and accelerate breast cancer research at an international level.

In 1999, BIG was founded with the aim to address fragmentation in European breast cancer research. Research groups from other parts of the world rapidly expressed interest in joining BIG and, more than two decades later, BIG represents about 60 like-minded research groups from around the world and reaches across approximately 70 countries on 6 continents.

Through its network of groups, BIG connects several thousand specialised hospitals, research centres and world-class breast cancer experts who collaborate to design and conduct pioneering breast cancer research. Each BIG group plays a crucial role. The combined expertise, collaborative spirit, dedication and hard work are essential to improving the lives of patients confronted with breast cancer. BIG is thus global and local.

More than 30 clinical trials are run or are under development under the BIG umbrella at any one time. BIG also works closely with the US National Cancer Institute (NCI) and the National Clinical Trials Network (NCTN), so that together they act as a strong integrating force in the breast cancer research arena. Thanks to this global collaboration, BIG enrols large numbers of patients from around the world into clinical trials quickly, which in turn leads to faster results.

BIG’s research is supported in part by its philanthropy unit, known as BIG against breast cancer. This denomination is used to interact with the general public and donors, and to raise funds for BIG’s purely academic breast cancer trials and research programmes.

WWW.BIGAGAINSTBREASTCANCER.ORG
"TOGETHER, WE CAN WORK TO CHANGE THE WORLD."

HORG Hellenic Oncology Research Group
IBCG Icelandic Breast Cancer Group
IBCSG International Breast Cancer Study Group
IBIS International Breast Cancer Intervention Studies
ICCG International Collaborative Cancer Group
ICR-CTSU Institute of Cancer Research - Clinical Trials & Statistics Unit
IJB-CTSU Institut Jules Bordet Clinical Trials Support Unit
ITMO Italian Trials in Medical Oncology
MICHELANGELO Fondazione Michelangelo
NBCG Norwegian Breast Cancer Group
NCRI-BCSG National Cancer Research Institute - Breast Cancer Clinical Studies Group
SABO Swedish Association of Breast Oncologists
SAKK Swiss Group for Clinical Cancer Research
SLO Société Luxembourgeoise
d’Oncologie
SOLTIB Breast Cancer Research Group
SUCCESS Study Group
SweBCG Swedish Breast Cancer Group
UCBG Unicancer Breast Group
WSG Westdeutsche Studiengruppe

LATIN AMERICA
GAICO Grupo Argentino de Investigación Clínica en Oncología
GECO PERU Grupo de Estudios Clínicos Oncológicos Peruano
GOCCHI Chilean Cooperative Group for Oncologic Research
GOCUR Grupo Oncológico Cooperativo Uruguayo
LACOG Latin American Cooperative Oncology Group

MIDDLE EAST
IBG Israeli Breast Group
ICRC Iranian Cancer Research Center
SBCG Sheba Breast Collaborative Group

NORTH AMERICA
CCTG Canadian Cancer Trials Group
## Overview of the current clinical studies run within the BIG network

### Open trials / research programmes

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<th>Short description</th>
<th>Principal Investigator(s)</th>
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<td>ALPHABET</td>
<td>BIG 18-04</td>
<td>A randomised phase III trial of trastuzumab + ALpelisib +/- fulvestrant vs. trastuzumab + chemotherapy in patients with PIK3CA mutated previously treated HER2+ Advanced BrEasT cancer - NCT05063786</td>
<td>A. Pérez-Fidalgo, C. Crisciello, P. Bedard</td>
<td>Co-lead trial (Co-Leading partners: GEICAM (sponsor) / IBCSG and BIG HQ) Pharma partner: Novartis Funding: Novartis</td>
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<tr>
<td>AURORA (Metastatic Breast Cancer GPS)</td>
<td>BIG 14-01</td>
<td>The AURORA programme: aiming to understand the molecular aberrations in metastatic breast cancer - NCT02102165</td>
<td>P. Allimos, M. Benelli, A. Guerrero Zotano</td>
<td>BIG-sponsored programme (Co-Leading partners: BIG HQ (sponsor) / U8-CTSU / FSS) Pharma partner: N/A Funding: Breast Cancer Research Foundation® (BCRF) as the main funder, Fondation Cancer (Luxembourg), Pfizer grant for non-drug research, Fondation contre le Cancer (Belgium), National Lottery (Belgium), NF Foundation, Rhone Foundation, Barrie and Dena Webb, Candriam, Fondation Futur 21, Sogerim, Think Pink Belgium (SMART Fund), Cognizant Foundation, Eurofins Foundation and many individual donors. AURORA has also been supported by the Fund Friends of BIG, managed by the King Baudouin Foundation.</td>
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<tr>
<td>Breast Cancer in Pregnancy</td>
<td>BIG 2-03</td>
<td>Prospective registry of women treated for breast cancer while pregnant - NCT00196833</td>
<td>S. Loibl, G. von Minckwitz</td>
<td>Supporter study Coordinating group: GBG (sponsor) Pharma partner: N/A Funding: GBG, Deutsches Konsortium für Translationale Krebsforschung</td>
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<tr>
<td>DECRESCE NDO</td>
<td>BIG 19-02</td>
<td>De-escalation of adjuvant chemotherapy in HER2-positive, HR-negative breast cancer - NCT04675827</td>
<td>M. Piccart, G. Zoppoli</td>
<td>Co-lead trial (Co-Leading partners: U8-CTSU (sponsor) and BIG HQ) Pharma partner: Roche Funding: Roche (grant)</td>
</tr>
<tr>
<td>EXPERT (BIG Radio Tuning)</td>
<td>BIG 16-02</td>
<td>A randomised phase III trial of adjuvant radiation therapy vs observation after breast conserving surgery for patients with molecularly characterised low-risk luminal A early breast cancer - NCT02889874</td>
<td>B. Chua, G. Gruber</td>
<td>Co-lead trial (Co-Leading partners: BCT-ANZ (sponsor) and BIG HQ) Pharma partner: N/A Funding: BCT-ANZ, the National Health and Medical Research Council of Australia, National Lottery (Belgium) and BIG HQ fundraising initiatives</td>
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<tr>
<td>POLAR</td>
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<td>Palbociclib for HR+ isolated local or regional recurrence of breast cancer - NCT03820830</td>
<td>E. Munzone, S. Aebi</td>
<td>Supporter trial Coordinating group: IBCSG (sponsor) Pharma partner: Pfizer</td>
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<td>RIBOLARIS</td>
<td>BIG 21-02</td>
<td>Neoadjuvant and Adjuvant Ribociclib and ET for Clinically High-risk ER+ and HER2-Breast Cancer - NCT05296746</td>
<td>A. Paul Pratt, P. Cottu, J. Gavilla, Thibault de La Motte Roug</td>
<td>Supporter trial Coordinating group: SOLTI Pharma partner: Novartis Pharma AG</td>
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<tr>
<td>Study name</td>
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<tr>
<td>ALEXANDRA / IMpassion 030</td>
<td>BIG 16-05</td>
<td>A randomised phase III trial comparing atezolizumab (anti-PD-L1 inhibitor), given in combination with standard chemotherapy vs chemotherapy alone as adjuvant treatment in patients with operable TNBC - NCT03498716</td>
<td>M. Ignatiadis H. McArthur S. Saji</td>
<td>Lead trial (Co-Leading partners: BIG HQ / UB-CTSU / FSTRF and AFT Pharma partner: Roche/Genentech Funding: Roche / Genentech</td>
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<tr>
<td>ALTTO</td>
<td>BIG 2-06</td>
<td>Adjuvant Lapatinib and/or Trastuzumab Treatment Optimisation: sequence and combination for patients with HER2/ ErbB2 positive primary breast cancer - NCT00490139</td>
<td>M. Piccart A. Moreno-Aspitia</td>
<td>Lead trial (Co-Leading partners: BIG HQ / UB-CTSU / FSTRF / Alliance (former NCCTG; sponsor for the US) Pharma partner: Novartis (global sponsor for all countries with the exception of US) Funding: GSK (past) / Novartis</td>
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<tr>
<td>AMEERA-6</td>
<td>BIG 20-01</td>
<td>Amcenestrant in patients with HR+, HER2-negative/positive breast cancer who experienced toxicities with aromatase inhibitors - NCT05128773</td>
<td>D. Cameron E. Brain O. Metzger</td>
<td>Co-lead trial (Co-Leading partners: EORTC / AFT / BIG HQ Pharma partner: Sanofi Funding: Sanofi</td>
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<td>APHINITY</td>
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<td>Comparison of single-versus-dual anti-HER2 therapy (trastuzumab, pertuzumab) for patients with HER2-positive primary breast cancer - NCT01358877</td>
<td>M. Piccart S. Loibl J. Bines</td>
<td>Lead trial (Co-Leading partners: BIG HQ / UB-CTSU / FSTRF Pharma partner: Roche (sponsor) Funding: Roche</td>
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<td>APPALACHES</td>
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<td>A phase II study of Adjuvant PALbocilb as an Alternative to CChemotherapy in Elderly patients with high-risk ER+/HER2- early breast cancer - NCT03609047</td>
<td>H. Wildiers E. Brain K. Punie</td>
<td>Supporter trial Coordinating group: EORTC (sponsor) Pharma partner: Pfizer</td>
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<td>BRAVO</td>
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<td>Niraparib for patients with HER2-negative, germline BRCA mutation-positive, locally advanced or metastatic breast cancer - NCT01905592</td>
<td>N. Turner J. Balmaña D. Cameron J. Erban †</td>
<td>Co-lead trial (Co-Leading partners: EORTC / BIG HQ Pharma partner: Tesaro (sponsor) Funding: Tesaro</td>
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<tr>
<td>DCIS</td>
<td>BIG 3-07</td>
<td>Radiation doses and fractionation schedules for women with DCIS - NCT00470236</td>
<td>B. Chua</td>
<td>Supporter trial Coordinating group: TROG (sponsor) Pharma partner: N/A Funding: National Health &amp; Medical Research Council Project Grant, Susan G. Komen</td>
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<tr>
<td>Exceptional Responders</td>
<td>BIG 16-04</td>
<td>A global hunt for exceptional responders in the BIG network: aiming to identify breast cancer patients with a truly remarkable clinical response to anticancer treatments, and to characterise their tumours molecularly</td>
<td>A. Irthum (coordinator)</td>
<td>BIG-sponsored programme (Co-Leading partner: BIG HQ Pharma partner: N/A Funding: Breast Cancer Research Foundation</td>
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<td>FINESSE</td>
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<td>Oral lucitanib for patients with FGFR1 ER+ metastatic breast cancer - NCT02053636</td>
<td>F. André J. Cortès</td>
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<td>IBIS-II</td>
<td>BIG 5-02</td>
<td>Prevention study of anastrozole for postmenopausal women at increased risk of breast cancer; and of effects of tamoxifen vs. anastrozole in postmenopausal women with DCIS - NCT00072462</td>
<td>J. Cuzick</td>
<td>Supporter trial (Co-Leading partner: IBIS Pharma partner: AstraZeneca Sponsor: Queen Mary University of London Funding: Cancer Research UK, Queen Mary University of London</td>
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<tr>
<td>INTERNATIONAL MALE BREAST CANCER PROGRAMME</td>
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<td>Registration and biologic characterisation programme of breast cancer in men - NCT01010425</td>
<td>F. Cardoso S. Giordano</td>
<td>Supporter programme (Co-Leading partners: EORTC (sponsor) / NCTN (US) Pharma partner: N/A Funding: Breast Cancer Research Foundation</td>
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<tr>
<td>Study</td>
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<td>LORELEI</td>
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<td>Neoadjuvant letrozole plus taselisib versus letrozole plus placebo in postmenopausal women with ER+, HER2-negative, early-stage breast cancer - NCT02273973</td>
<td>C. Saura E. de Azambuja Co-lead trial (Co)-Leading partners: ABCSG, SOLTI and BIG HQ Pharma partner: Genentech (sponsor) Funding: Genentech</td>
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<td>MA.32 Metformin</td>
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<td>Effect of metformin on recurrence and survival in early stage breast cancer - NCT01101438</td>
<td>P. J. Goodwin Supporter trial Coordinating group: CCTG (sponsor) Pharma partner: Apotex Funding: NCI/NIH grants, Cancer Research UK, the Canadian Cancer Society, the Breast Cancer Research Foundation® (BCRF) and the Canadian Breast Cancer Foundation.</td>
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<tr>
<td>MINDACT</td>
<td>BIG 3-04</td>
<td>Can addition of 70-gene signature to common clinical-pathological criteria safely spare patients with 0 to 3 node positive breast cancer from adjuvant chemotherapy? - NCT00433589</td>
<td>E. Rutgers F. Cardoso M. Piccart Co-lead trial (Co)-Leading partners: EORTC (sponsor) / BIG HQ Commercial partners: Roche, Sanofi, Novartis and Agenda Funding: European Commission, Roche, Sanofi and Novartis grants, BCRF, Susan G. Komen for the Cure, Cancer Research UK, EORTC Charitable Trust, numerous national cancer societies and many other charitable grants*</td>
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<tr>
<td>NEO-ALITO</td>
<td>BIG 1-06</td>
<td>Comparison of dual HER2 inhibition (lapatinib,trastuzumab) plus chemotherapy before surgery versus single HER2-targeted therapy - NCT00553358</td>
<td>S. Di Cosimo J. Huober Co-lead trial (Co)-Leading partners: UB-CTSU / FSS / SOLTI / BIG HQ Pharma partner: Novartis (global sponsor for all countries with the exception of US, where Alliance is the sponsor) Funding: GSK (past) / Novartis</td>
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<td>OLYMPIA</td>
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<td>Olaparib vs. placebo for patients with BRCA-mutated, high-risk HER2-negative breast cancer, having completed local treatment and neoadjuvant chemotherapy - NCT02032823</td>
<td>A. Tutt D. Cameron B. Kaufman† J. Garber C. Geyer Lead trial (Co-Leading partners: NRG Oncology (sponsor in US), BIG HQ and FSTRF Pharma partner: AstraZeneca (sponsor in Rest of the World) and Merck Funding: AstraZeneca</td>
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<td>PALLAS</td>
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<td>PALbociclib CoLlaborative Adjuvant Study: palbociclib with standard adjuvant endocrine therapy versus standard adjuvant endocrine therapy alone for HR+ / HER2-negative early breast cancer - NCT02513394</td>
<td>E. Mayer M. Grant A. DeMichele Co-Lead trial (Co-Leading partners: ABCSG (RoW), AFT (US) (sponsors) and BIG HQ Pharma partner: Pfizer Funding: Pfizer grant</td>
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<td>PENELlope-B</td>
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<td>Post-neoadjuvant palbociclib for patients with HR+, HER2-normal primary breast cancer with high relapse risk after neoadjuvant chemotherapy - NCT01864746</td>
<td>G. von Minckwitz Supporter trial Coordinating group: GBG (sponsor) Pharma partner: Pfizer Funding: Pfizer grant</td>
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<td>POSITIVE (BIG time for Baby)</td>
<td>BIG 8-13</td>
<td>Endocrine therapy interruption to enable conception for young women with ER+ breast cancer - NCT02308085</td>
<td>O. Pagani Supporter trial Coordinating group: IBCSG (sponsor) Pharma partner: N/A Funding: IBCSG, Fonds Bolliet-Latour, national and local funding bodies, individual donors</td>
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<td>L. Matorni Co-lead trial (Co-Leading partners: IBCSG (sponsor) and BIG HQ Pharma partner: Pfizer Funding: Research grants and drugs from Pfizer and AstraZeneca. BIOVICA supplied support for sample handling and thymidine kinase assays.</td>
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<td>Schedules of nab-Paclitaxel: evaluation of different schedules of nab-paclitaxel for metastatic breast cancer - NCT01746225</td>
<td>A. Gennari G. Jerusalem Supporter trial Coordinating group: IBCSG (sponsor) Pharma partner: Celgene Funding: Celgene grant</td>
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<td><strong>SOFT</strong></td>
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<td>Evaluation of ovarian suppression and of exemestane as adjuvant therapy for premenopausal women with endocrine responsive breast cancer - NCT00066690</td>
<td>P. Francis, G. Fleming</td>
<td>Supporter trial</td>
<td>Coordinating group: IBCSG (sponsor)</td>
<td>Pharma partner: Pfizer</td>
<td>Funding: Grants from BCRF, Cancer Research CH, Pfizer, Ipsen, Debiopharm, TerSera Therapeutics, US NCI, IBCSG and many participating collaborative academic groups, as well as various charities. Pfizer and Ipsen provided the drugs for these studies.</td>
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<td><strong>SOLE</strong></td>
<td>BIG 1-07</td>
<td>A phase III trial evaluating the role of continuous letrozole versus intermittent letrozole following 4 to 6 years of prior adjuvant endocrine therapy for postmenopausal women with hormone-receptor positive, node positive early stage breast cancer (SOLE - Study Of Letrozole Extension) - NCT00965888</td>
<td>M. Calleoni, P. Karlsson, S. Aebi, J. Chirgwin</td>
<td>Supporter trial</td>
<td>Coordinating group: IBCSG</td>
<td>Pharma partner: Novartis</td>
<td>Funding: Novartis</td>
</tr>
<tr>
<td><strong>SUPREMO</strong></td>
<td>BIG 2-04</td>
<td>Selective Use of Postoperative Radiotherapy After Mastectomy: adjuvant chest wall irradiation for ‘intermediate risk’ breast cancer following mastectomy - NCT00965888</td>
<td>I. Kunkler, P. Canney</td>
<td>Supporter trial</td>
<td>Coordinating group: SCTBG</td>
<td>Pharma partner: N/A</td>
<td>Funding: UK Medical Research Council, EORTC, Cancer Australia, William and Elizabeth Davies Charitable Trust, Peter Chan Joe Yat Foundation, Yeung Ying Yin and May Yeung Foundation</td>
</tr>
<tr>
<td><strong>TEXT</strong></td>
<td>BIG 3-02</td>
<td>Tamoxifen and Exemestane Trial: evaluation of exemestane plus GnRH analogue for premenopausal women with endocrine responsive breast cancer - NCT00066703</td>
<td>O. Pagani, B. Walley</td>
<td>Supporter trial</td>
<td>Coordinating group: IBCSG (sponsor)</td>
<td>Pharma partner: Pfizer</td>
<td>Funding: Grants from BCRF, Cancer Research CH, Pfizer, Ipsen, Debiopharm, TerSera Therapeutics, US NCI, IBCSG and many participating collaborative academic groups, as well as various charities. Pfizer and Ipsen provided the drugs for these studies.</td>
</tr>
<tr>
<td><strong>TREAT-CTC</strong></td>
<td>BIG 1-12</td>
<td>TRastuzumab in HER2-negative Early breast cancer as Adjuvant Treatment for Circulating Tumor Cells (CTC) - (“TREAT-CTC” Trial) - NCT01548677</td>
<td>M. Ignatiadis, M. Piccart, J.-Y. Pierga, B. Rack, C. Sotiriou</td>
<td>Supporter trial</td>
<td>(Co)-Leading partners: EORTC BCG, SUCCESS, UNICANCER</td>
<td>Pharma partner: Roche, Janssen Diagnostics</td>
<td>Funding: Roche educational grant/medication, Janssen test kits</td>
</tr>
<tr>
<td><strong>ULTIMATE</strong></td>
<td>BIG 16-01</td>
<td>Immunotherapy combined with standard endocrine therapy as neoadjuvant treatment for women with ER+/HER2-negative breast cancer - NCT02997995</td>
<td>F. André, A. Prat</td>
<td>Co-lead trial</td>
<td>(Co)-Leading partners: French Breast Cancer Intergroup Unicancer (UCBG) (sponsor) and BIG HQ</td>
<td>Pharma partner: AstraZeneca Funding: AstraZeneca grant</td>
<td></td>
</tr>
</tbody>
</table>

* full information available on the BIG website.

**Abbreviations:**
- **AFT:** Alliance Foundation Trials, LLC
- **BCRF:** Breast Cancer Research Foundation
- **FSS:** Frontier Science Scotland, LTD
- **FSTRF:** Frontier Science and Technology Research Foundation, Inc
- **N/A:** not applicable
- **NCCTG:** North Central Cancer Treatment Group
- **NCI:** US National Cancer Institute
- **NCTN:** National Clinical Trials Network
- **SCTBG:** Scottish Cancer Trials Breast Group
- **TBCRC:** Translational Breast Cancer Research Consortium

**Note:** This table does not include the trials in development and all closed trials. For more information, please visit: [www.BIGagainstbreastcancer.org](http://www.BIGagainstbreastcancer.org)
BIG patients, researchers, and supporters share the same goal: to eradicate breast cancer. Together, we achieve more.
## BIG BALANCE SHEET

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible fixed assets</td>
<td>80</td>
<td>7,702</td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>2,830,588</td>
<td>2,891,604</td>
</tr>
<tr>
<td>Financial fixed assets</td>
<td>99,968</td>
<td>162,949</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td>2,930,636</td>
<td>3,062,255</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables up to one year</td>
<td>4,870,134</td>
<td>9,020,291</td>
</tr>
<tr>
<td>Current investments</td>
<td>8,543,404</td>
<td>64,436</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>6,652,383</td>
<td>14,701,981</td>
</tr>
<tr>
<td>Deferred charges and accrued income</td>
<td>18,641</td>
<td>134,348</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>20,084,562</td>
<td>23,921,056</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS**  
23,015,198  
26,983,311

### LIABILITIES

<table>
<thead>
<tr>
<th>Description</th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>12,754</td>
<td>229,148</td>
</tr>
<tr>
<td>Restricted net assets</td>
<td>4,716,025</td>
<td>4,679,698</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>4,728,779</td>
<td>4,908,846</td>
</tr>
<tr>
<td><strong>Debts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts payable after more than one year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amounts payable within one year</td>
<td>18,260,412</td>
<td>22,073,953</td>
</tr>
<tr>
<td>Current portion of amounts payable after more than one year falling due within one year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Trade debts</td>
<td>17,870,436</td>
<td>21,696,622</td>
</tr>
<tr>
<td>Tax, remuneration and social security</td>
<td>389,975</td>
<td>377,330</td>
</tr>
<tr>
<td>Deferred charges and accrued income</td>
<td>26,008</td>
<td>512</td>
</tr>
<tr>
<td><strong>Total Debts</strong></td>
<td>18,286,419</td>
<td>22,074,465</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES**  
23,015,198  
26,983,311
### INCOME & EXPENSES STATEMENT

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Income &amp; Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover (research)</td>
<td>12,119,585</td>
<td>19,501,571</td>
</tr>
<tr>
<td>Other goods &amp; services</td>
<td>-8,597,778</td>
<td>-15,739,499</td>
</tr>
<tr>
<td><strong>Operating margin</strong></td>
<td>3,521,807</td>
<td>3,762,072</td>
</tr>
<tr>
<td>Remuneration, social security &amp; pension costs</td>
<td>-3,961,819</td>
<td>-3,829,048</td>
</tr>
<tr>
<td><strong>Operating result</strong></td>
<td>-440,012</td>
<td>-66,976</td>
</tr>
<tr>
<td>Financial result</td>
<td>273,071</td>
<td>-25,102</td>
</tr>
<tr>
<td>Extraordinary income (+)</td>
<td>300</td>
<td>6,674</td>
</tr>
<tr>
<td>Extraordinary expenses (-)</td>
<td>-13,426</td>
<td>-18,339</td>
</tr>
<tr>
<td><strong>Result for the financial year</strong></td>
<td>-180,068</td>
<td>-103,742</td>
</tr>
</tbody>
</table>

Between 2012 and 2022, BIG received **€ 164,777,712** *

* funding for study collaborations involving pharmaceutical and other partners, as well as from the philanthropic work of **BIG against breast cancer**

93.6% was spent directly on research conducted under the BIG umbrella, making a huge difference in the lives of women and men with breast cancer.
BIG
Executive Board

BIG’s EB represents the leadership and the main scientific and decision-making authority of the organisation. It aims to reflect the geographical extent of the network, as well as its multiculturalism and the broad range of expertise among its members; such as medical oncology, gynaecological oncology, surgical oncology, radiation oncology, medical statistics, clinical trials methodology, translational research and business.

The EB members develop BIG’s scientific strategy. With BIG headquarters, they implement decisions of the General Assembly and provide oversight of the organisation.

CARLOS BARRIOS, MD
PHILIPPE BEDARD, MD
JUDITH BLISS, MSC
ETIENNE BRAIN, MD, PHD
DAVID CAMERON, BIG CHAIR, MD
EVA CARRASCO, MD
BOON CHUA, MD, PHD
BARBRO LINDEROHL, MD, PHD
SHERENE LOI, MD, PHD
SEAMUS O’REILLY, MD, PHD
EVA RAZIS, MD, PHD
SHIGEHIRA SAJI, MD, PHD
ANDER URRUTICOECHA, MD, PHD
INES VAZ-LUIS, MD, PHD
TOGETHER,
let’s celebrate our loved ones

ACT NOW, BEFORE THEY’RE GONE
#MISSING

SUPPORT BIG:
IBAN: BE08 0689 0916 0213
SWIFT (BIC): GEBABEBB
(communication: AR 2022)

OR DONATE ONLINE:
www.BIGagainstbreastcancer.org/donate

#BIGAGAINSTBC
WWW.BIGAGAINSTBREASTCANCER.ORG

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