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European Network of Comprehensive Cancer Centres

CANCER RESEARCH ECOSYSTEM SURVEY REPORT 2025

by
Task for Cancer Research

Co-funded by
the European Union

Summary

Introduction

The goal of EUnetCCC Task for Cancer Research (WP8.2.3) is to unlock cancer research collaborations and synergies in Europe. The task group designed and conducted Cancer Research ecosystem survey at EUnetCCC research institutions during the spring 2025. The objective was to identify institutional assets, needs, and bottlenecks to make strategies for resource sharing and collaborative problem-solving.

A key focus of the survey was to identify priority scientific areas for joint efforts. One such area, highlighted at the EUnetCCC Kick-off Meeting (Stockholm, November 2024), is **de-escalation studies**—aimed at reducing cancer treatment toxicity while maintaining efficacy. These studies also align with personalised medicine by tailoring treatments to individual patient needs. The survey explored institutional interest in collaboration on de-escalation in addition to other emerging research topics.

The survey received responses from 33 institutions across 21 European countries. The data were submitted by research directors in consultation with/or by internal stakeholders, such as research group leaders, researchers, clinicians, project coordinators, core facility stuff, and study nurses. The results were analysed by WP8.2.3 and the report was prepared in collaboration with Linn Bøhler from the Task for Dissemination and Communication (WP8.3).

Key Findings

- Most institutions are active in fundamental, translational, and clinical research, supported by robust infrastructure.
- Common challenges include limited human resources, administrative burdens, and insufficient funding.
- Top research priorities:
  - Bridging fundamental/translational and clinical research
  - Biobanking and data sharing
  - Application of AI in cancer diagnosis and treatment
  - Treatment resistance

Institutions expressed strong interest in joint funding applications, clinical data exchange, and collaborative activities such as workshops, training, and twinning programs. While patient involvement ranked lowest among eight collaboration options, WP8.2.3 recognises its value in enhancing research relevance, implementation, and funding success. Strategies will be developed to strengthen researcher–patient collaboration.

WP8.2.3 Core group members at Face-to-face workshop to analyse the results of the survey at Oslo University Hospital CCC, Norway, May 5-6th 2025. From the left: Arvīds Irmejs, Krystel Sias, Edita Baltruškevičienė, Annika Baan, Tatiana Michel, Peeter Karihtala, Sigita Liutkauskienė, Henri van Luenen, Neža Gros, Mia Wallin, Liselotte Bäckdahl, Eneko Madorran, Soňa Čierniková, Nina Adolfsen. Workshop participants not present in the picture: Stefina Milanova, Ieva Ailte and Kristin Austlid Taskén.

Summary

Next Steps

Based on the findings in the survey, four thematic working groups were established in June 2025. The groups will be working on developing the tools and activities on following topics:

- De-escalation symposium and network
- Biobanking and biomarkers
- Research twinnings
- Patient involvement in cancer research

Task 8.2.3 working groups will organise symposia, networking events, and twinning initiatives focused on de-escalation studies and other high-priority topics mentioned above. In collaboration with other tasks, we will also provide an online course for study nurses and investigators.

Our ambition

This joint action aims to reduce disparities and elevate cancer care across Europe. The vision of our Task is to improve cancer care across Europe by fostering collaborations and unlocking synergies in the cancer research eco-system. The survey has identified key barriers and opportunities at cancer research-performing institutions that will be addressed through coordinated knowledge exchange and collaboration. Strengthening collaborations across institutions is essential to advancing cancer research and improving patient outcomes in Europe.

Sincerely,

8.2.3 Task Leads and core group members

Kristin Austlid Taskén
Task lead

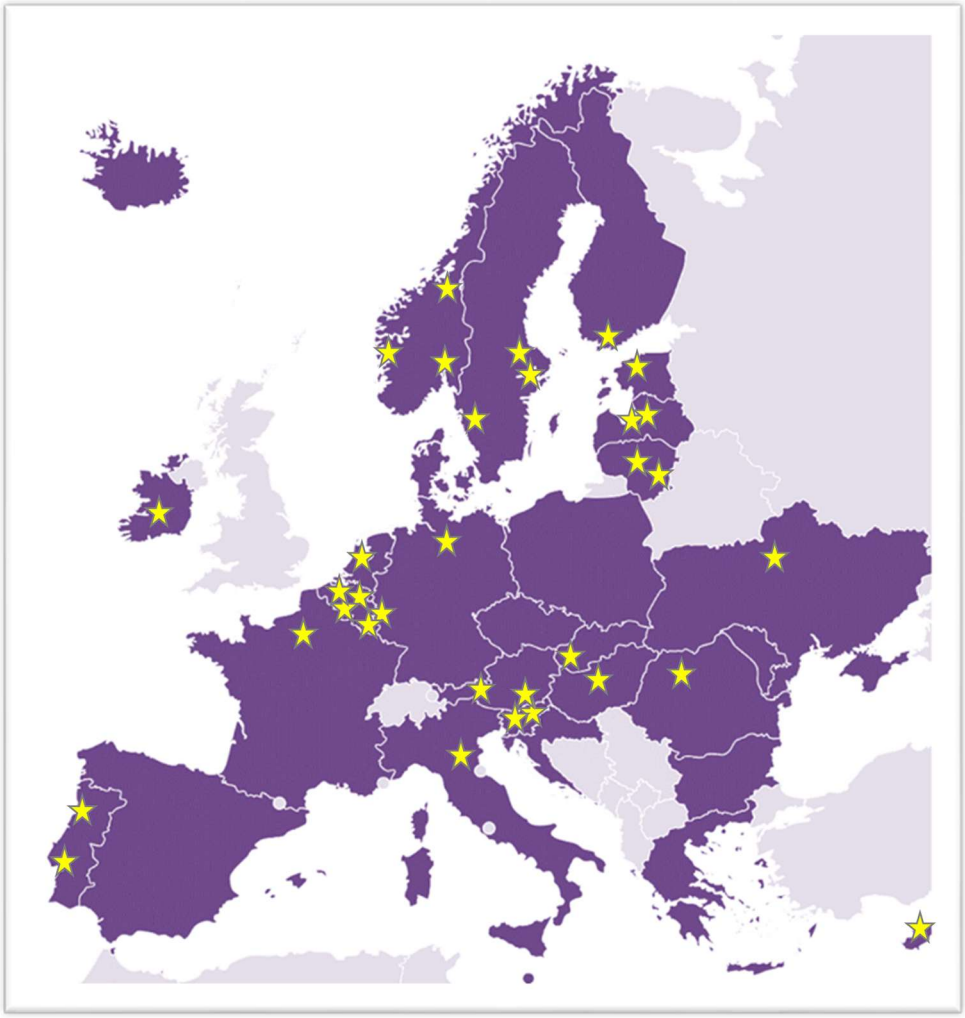
Ieva Ailte
Project manager

Peeter Karihtala
Task co-lead

Mia Wallin
Task co-lead

Participants of this survey

All members and participants affiliated to EUnetCCC work package 8.2.3 Cancer Research were invited to take part in Research Ecosystem Survey in February - April 2025. A total of 33 cancer research and health institutions from 21 European countries—represented by yellow stars on the map—confirmed their participation and submitted data during the spring 2025. See answers to Q3 and Q4 in the report for more detailed information about the institutions and countries that contributed data to this survey.



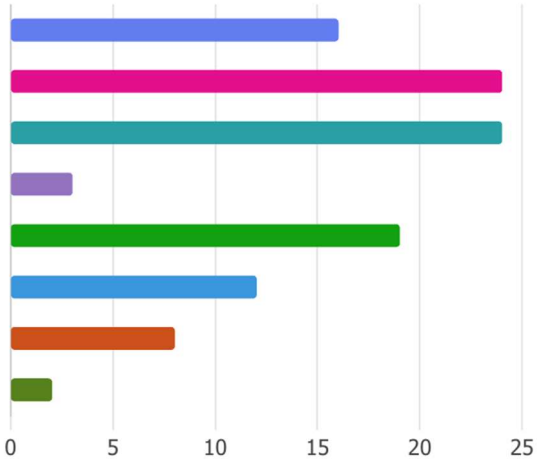
Abbreviations and acronyms

ATMP	advanced therapy medicinal products
BBMRI-ERIC	European research infrastructure for biobanking and biomolecular resources
CAR T	chimeric antigen receptor T cell
CCC	comprehensive cancer centre
CTU	clinical trial unit
EUnetCCC	European network of Comprehensive cancer centres
JA	joint action
MDT	multidisciplinary team
MTB	molecular tumour board
NCT	The national clinical trial number
PI	principal investigator
PR	public relations
RT	radiotherapy
RCT	randomised clinical trials
TIL	tumour infiltrating lymphocytes
TMB	tumour mutational burden

Institutional background

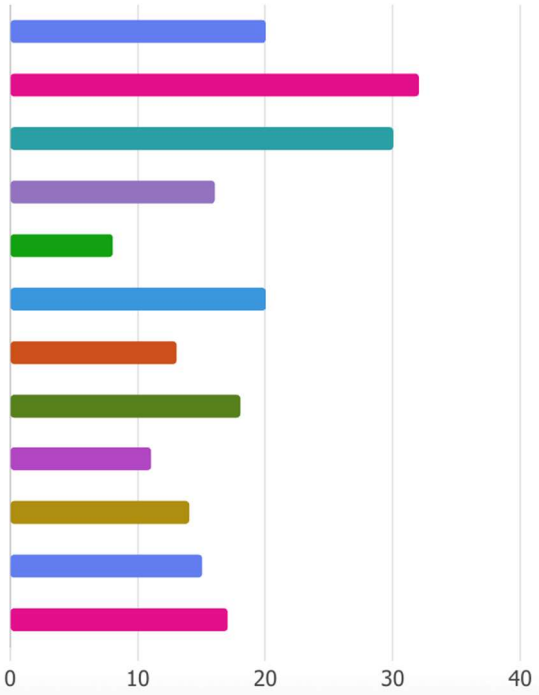
1. Verify all roles that have contributed to the survey responses

Director	16
Group or unit leader	24
Researcher	24
Study nurse	3
Clinician	19
Project coordinator	12
Core facility manager/stuff	8
Other	2



2. Expertise (check all that applies)

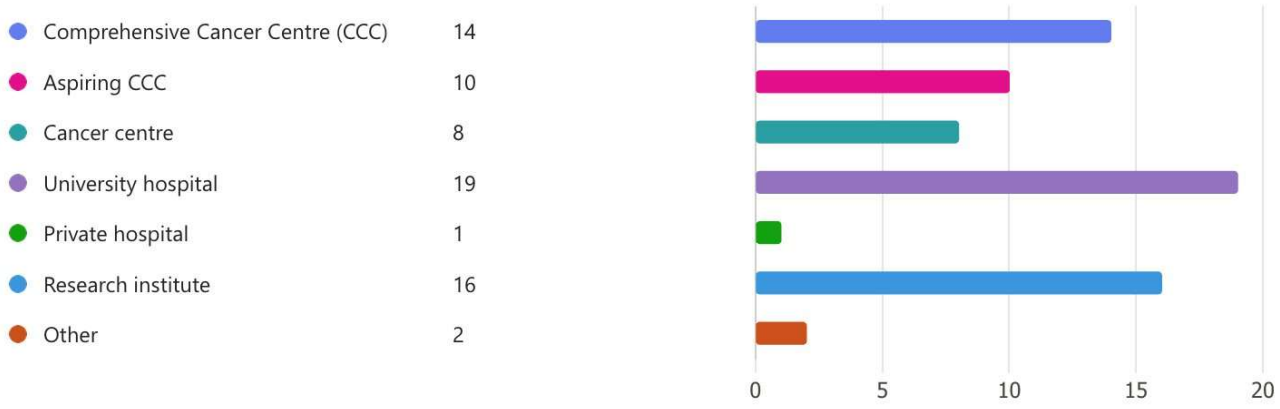
Fundamental research	20
Translational research	32
Clinical research	30
Epidemiological research	16
Nursing research	8
Research administration	20
Cancer prevention research	13
Cancer treatment-related side effects	18
Palliative cancer research	11
Survivorship research	14
Precision diagnostics discovery and development	15
Precision medicine trial	17



Institutional background

	3. Name of institution	4. Location (alphabetical order)
1	The Netherlands Cancer Institute	Amsterdam, The Netherlands
2	University of Luxembourg	Belval, Luxembourg
3	Haukeland University Hospital	Bergen, Norway
4	IRCCS Azienda Ospedaliero - Universitaria di Bologna Policlinico S.Orsola	Bologna, Italy
5	National Cancer Institute	Bratislava, Slovakia
6	UZ Brussel (University Hospital Brussels)	Brussels, Belgium
7	National Institute of Oncology, Hungary (Országos Onkológiai Intézet)	Budapest, Hungary
8	The Oncology Institute "Prof.Dr.Ion Chiricuta" Cluj-Napoca	Cluj-Napoca, Romania
9	Sahlgrenska University Hospital /SCCC	Gothenburg, Sweden
10	Medical University of Graz	Graz, Austria
11	University Cancer Center Hamburg @ University Medical-Center Hamburg-Eppendorf (UKE)	Hamburg, Germany
12	Helsinki University Hospital Comprehensive Cancer Center	Helsinki, Finland
13	Comprehensive Cancer Center Innsbruck, Tirol Kliniken GmbH	Innsbruck, Austria
14	Hospital of Lithuanian University of Health Sciences Kauno klinikos	Kaunas, Lithuania
15	National Cancer Institute	Kyiv, Ukraine
16	Environment and Health KU Leuven	Leuven, Belgium
17	University Hospital Limerick, Ireland	Limerick, Ireland
18	Gulbenkian Institute for Molecular Medicine and Unidade de Saude Local Santa Maria	Lisbon, Portugal
19	Institute of Oncology Ljubljana	Ljubljana, Slovenia
20	Luxembourg Institute of Health (LIH)	Luxembourg, Luxembourg
21	University of Maribor	Maribor, Slovenia
22	SCK CEN	Mol, Belgium
23	Ogkologiko Kentro Trapezas Kyprou (BOCOC)	Nicosia, Cyprus
24	Oslo University Hospital Comprehensive Cancer Center	Oslo, Norway
25	Unicancer	Paris, France
26	Portuguese Oncology Institute of Porto	Porto, Portugal
27	Pauls Stradins Clinical University Hospital	Riga, Latvia
28	University of Latvia, Faculty of Medicine and Life Sciences, Institute of Clinical and Preventive Medicine	Riga, Latvia
29	Karolinska Institutet	Stockholm, Sweden
30	National Institute for Health Development	Tallinn, Estonia
31	St. Olavs hospital HF	Trondheim, Norway
32	Dept of Oncology, University Hospital (Akademiska sjukhuset)	Uppsala, Sweden
33	National Cancer Center	Vilnius, Lithuania

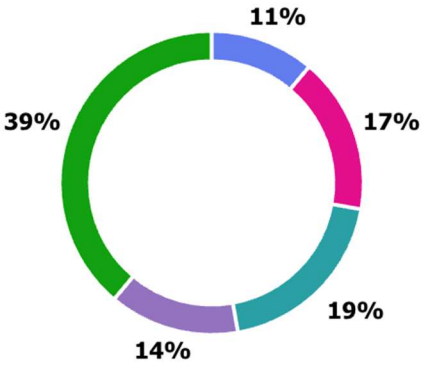
5. Type of institution (select all options that apply)



Institutional background

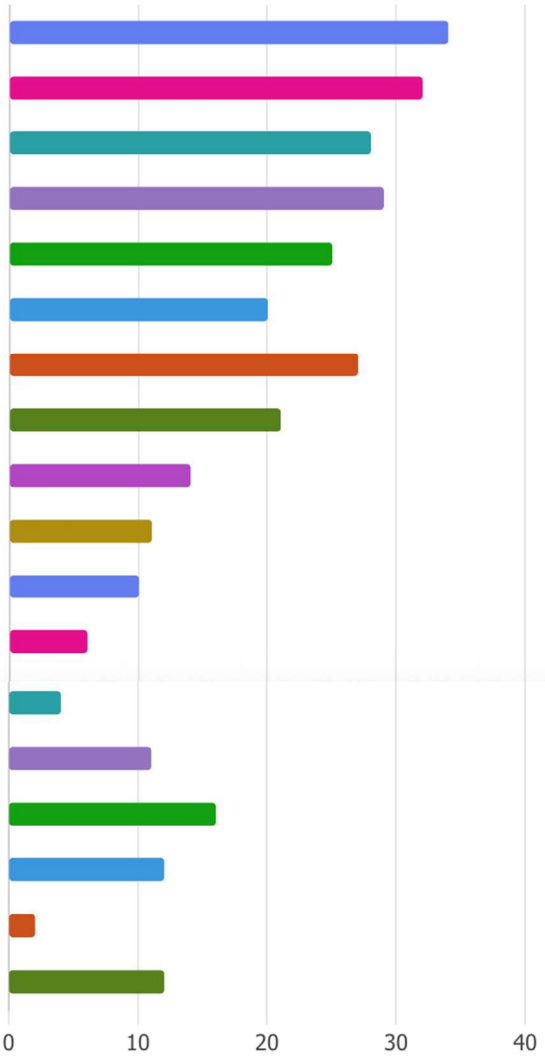
6. Number of new oncological clinical intervention trials started annually

None	4
1-5	6
6-10	7
11-20	5
More than 20	14



7. What type of translational research or support does your institution have access to? (check all that apply)

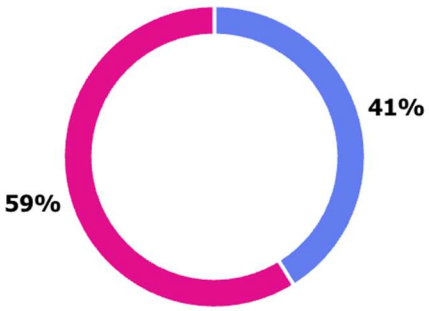
Biobanking infrastructure for collecting tissue samples	34
Biobanking infrastructure for collecting liquid biopsies	32
Facility for DNA analyses	28
Facility for RNA analyses	29
Facility for protein analyses	25
Facility for metabolite analyses	20
Bioinformatics	27
In vitro drug screening	21
Functional *ex vivo* screening for precision medicine	14
Animal MRI facility	11
Animal CT facility	10
Animal PET/CT facility	6
Animal gamma imaging	4
Production PET tracers	11
Cell and gene therapies - advanced therapy medicinal products (ATMP)	16
Conventional radiotherapy animal facility	12
Proton radiotherapy animal facility	2
Radio-ligand development	12



Bottlenecks and success criteria

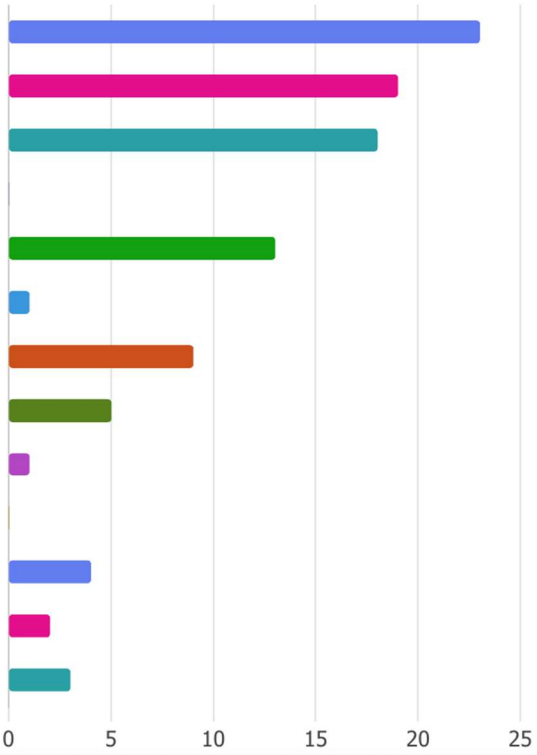
8. Is your institution a member of BBMRI-ERIC

Yes	14
No	20



9. Identify, in general, where bottlenecks are most frequently encountered in clinical trials (maximum three):

Human resources	23
Bureaucracy	19
Funding	18
Patient representative involvement	0
Regulatory approvals	13
Ethical issues	1
Recruitment and enrollment	9
Institutional support	5
Data collection and analyses	1
Reporting and publication	0
Exchange of biological samples with external institutions	4
Exchange clinical data with external institutions	2
Other	3



Bottlenecks and success criteria

10. What strategies or innovations have been successfully implemented in your institutions to increase the number of clinical trials

- Establishment of dedicated clinical trials department, featuring study nurses, coordinators, and a clinical trial manager.

- Standard operating procedures have been implemented to support advanced medicinal product trials.

- A formal Clinical Trials Centre (CTU) and Clinical Research Clinic (LCTR) have been developed in collaboration with LIH, the university, and Luxembourg hospitals.

- Study teams are tumour-specific, with designated start-up specialists assisting PIs in regulatory processes.

- Continuous education and international training maintain staff expertise. Young specialists are integrated into research teams to gain PI experience. Newly graduated oncologists and haematologists are offered part-time roles in the CTU.

- Collaboration with patient advisory boards and pharmaceutical companies has increased, alongside participation in international workshops (EORTC, AACR, NCI, ASCO). External grants and CCC research funds support clinician positions in the CTU.

- National initiatives include digital tools, fast-track reviews, centralized trial management, and increased funding. However, high clinical workloads hinder trial participation. Efforts are underway to reduce low-enrolment trials and focus on impactful studies.

- Institutions like IPO-Porto and SCK CEN have expanded infrastructure, increased international trials, and launched innovative centres (e.g., CITO). Strategic partnerships, EU-funded projects, and patient-centric approaches have enhanced trial quality and visibility.

- Operational improvements include centralized approval processes, data centres, and internal training programs.

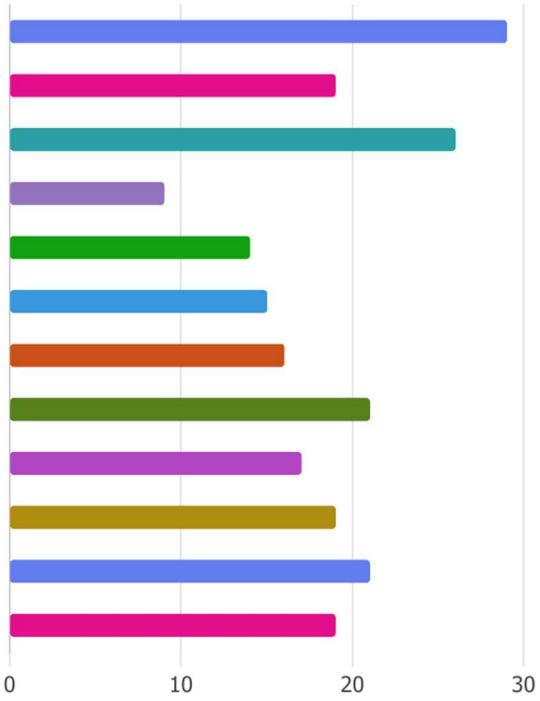
- Scientific groups regularly develop trial strategies. Support services assist with documentation, budgeting, and patient coordination.

- Despite progress, challenges remain in allocating time for research and ensuring sustainable infrastructure for both commercial and investigator-initiated trials.

Bottlenecks and success criteria

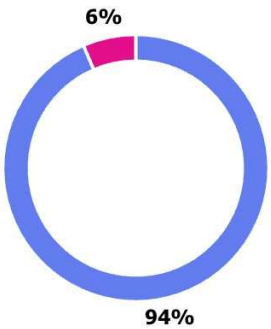
11. Does your institution have research groups or research centres specialising in the following areas (check all that apply)

Clinical trial unit	29
Clinical trial design	19
Biomarker discovery and validation	26
Health economics	9
Ethics in clinical trials	14
Ethics in general	15
Drug discovery and development	16
Immunotherapy and cancer vaccines	21
Artificial intelligence	17
Statistics	19
Presicion medicine trial	21
Precision diagnostics discovery and development	19



12. Would any of these research groups/centres be interested in participating in a network of expertise focused on de-es calation and repurposing studies?

Yes	29
No	2



Bottlenecks and success criteria

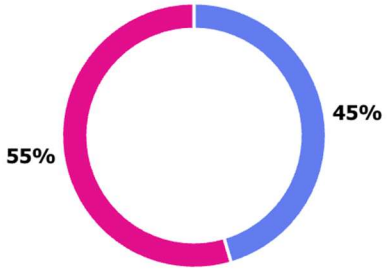
13. Name centre(s) of excellence at your institutions (if any)

- Treatment of neuroendocrine tumours, precision cancer medicine, application and development CAR-T for cancer treatment
- Disease Modelling & Screening Platform and Precision Medicine Technology, LIH
- Palliative care unit, radiotherapy unit
- "MetAGE: Metabolic control of aging and disease – from models to humans"
- ERN Genturis
- UCCH; ENETS; HCTI; ZMNH; ZPM-O; MSNZ; Research Institute Children's Cancer Centre Hamburg; DESY; LIV
- Gyn-Oncology, Uro Oncology
- Oncology Institute
- Centre of Cancer Biomarkers Neuro-SysMed
- We have been accredited as a CCC of excellence by the European Academy of Cancer Sciences as a whole. We also have centres of expertise identified in the Dutch/European setting: such as glioma, gynaecological cancers, penile cancers, oesophageal cancers, rare cancers, soft tissue cancers, etc.
- Prostate cancer Breast cancer Colorectal cancer
- IPO Porto Research Centre
- ERN EURACAN, ERN-LUNG, Endo-ERN, ERN SKIN, ERN- ITHACA, ERN GENTURIS, ERN RARE Kidney, ERN-eUROGEN, ERN-GUARD-Heart, ERN RARE LIVER, ERN EuroBloodNet, MetabERN.
- The Institute for Nuclear Medical Applications at SCK CEN
- Brussels Oncology Centre
- CanCell (Centre for Cancer Cell Reprogramming), PRIMA (Precision Immunotherapy Alliance), MATRIX (Norwegian Centre for Clinical Cancer Research), Integreat (Norwegian Centre for Knowledge-driven Machine Learning), KG Jebsen Centre for B cell malignancies, CRESCO (Centre for Embryology and Healthy Development)
- GIMM Research Institute has received Excellence by the National Research Network; Sarcomas, START Lisbon (Phase I Clinical Trial Unit)
- Cancer Centre, University Hospital Limerick
- EBU Prostate cancer centre of excellence; EURACAN Rare GI tumours competence centre
- Translational research unit
- CTU, potentially also ATMP Centre and Centre for Precision Medicine

De-escalation and non-oncological drug repurposing

14. Does your institution currently have **ongoing** clinical trials focused on de-escalation or drug repurposing strategies in oncology?

Yes	15
No	18

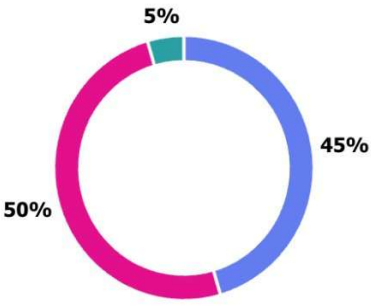


15. If yes, please provide details (number of such trials, cancer types, type of study design, e.g. RCT, NCT numbers if available)

The responses to Q15 are not made publicly available. Please, contact project manager for Task Cancer Research for more information.

16. Phase of study trial

Phase 2	10
Phase 3	11
Phase 4	1



17. Please provide a brief description of each trial

These responses to Q17 are not made publicly available. Please, contact project manager for Task Cancer Research for more information.

De-escalation and non-oncological drug repurposing

18. Is your institution **planning** to initiate any clinical trials in the area of de-escalation or repurposing in the next two years

19. If yes, please specify:

Placebo controlled phase 2 RCT on the effect of bicarbonate on cancer pain and treatment efficacy. Metastatic GI-cancer, 1st line. Phase 2 RCT on the effect of repurposed mebendazol when added to immunotherapy in advanced cancer.

At least 2 trials: colon cancer, breast cancer; Reduction of opioid treatment (colon), anti-depressant antidiuretic in breast cancer patients.

ctDNA-guided trials in aggressive lymphomas, immune-oncological de-escalation trial(s).

We have more that 400 clinical trial studies ongoing. Contact administration for more details.

Two phase 2 trials in early breast cancer. - ABCSG 63 / ERIKA: Elacestrant and Ribociclib in Ki67-tested endocrine responsive breast cancer: An open-label, two-arm, randomised, phase II study of elacestrant plus ribociclib vs. AI(plus GnRH agonist in pre-/perimenopausal women and men) plus ribociclib as neoadjuvant therapy for endocrine-responsive HER2-negative early breast cancer - ABCSG 61 (“TEODOR”): A neoadjuvant endocrine therapy versus chemotherapy in HR-positive, HER2negative, ctDNA-negative and endocrine responsive early and locally advanced breast cancer: a prospective randomised, controlled, open-label multicentre phase II trial TEODOR Study(Neoadjuvant Treatment Optimisation driven by ctDNA and endocrine Responsiveness).

5-10 trials, non-Hodgkin lymphoma, acute myeloid leukaemia, tox reduction due dose de-escalation.

Endometrial, sarcoma, AML, Colon Cancer; Toxicity, tolerability, unmet need, late effects.

We think that (neo-adjuvant) immunotherapy will lead to further de-escalation of several treatments. Furthermore, review of current standards in treatment with the aim to lower the dose or adjust the treatment regime will be investigated (such as the SONIA trial).

Acute myeloid leukaemia (M25-692 -Amgen study).

De-escalation and non-oncological drug repurposing

Continuation of 19. If yes, please specify:

Advanced neoplasms that are TMB-high The aim of this open-label pilot study is to explore the potential of immunotherapy in TMB-high advanced cancer patients. Patients with advanced solid tumours, who cannot access immunotherapy in reimbursement setting, will be treated every two weeks with low dose (10 mg) nivolumab. The following tumour types are eligible: Colon cancer, breast cancer, prostate cancer, gastric cancer, hepatocellular carcinoma, pancreatic cancer, ovarian cancer, soft tissue sarcomas, anal cancer and rectal cancer. The drug is administered intravenously (IV). The treatment is continued until disease progression or severe toxicity occurs.

We plan to go further with a prospective trial comparing test directed breast RT vs standard RT after breast conserving surgery.

Expected trials: 2-5 Target cancer types: lung/skin, TBD One example: De-escalation of immunotherapy dosing, platform trial starting with skin and lung cancer.

At present not sure, but it is an area of interest.

PATH FOR YOUNG: Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis : focus on YOUNGer women - NoELA: No endocrine therapy in small HR+ HER2- low risk Luminal A early breast cancer, a prospective single-arm trial.

Precision cancer medicine trial - PANTUMOR-LT – an open label, prospective, non-randomised pan-tumour multi-drug study of targeted anti-cancer treatment based on comprehensive genomic profiling.

De-escalation and non-oncological drug repurposing

20. Would your institution be interested in participating in a network of expertise focused on de-escalation and repurposing studies

21. If you answered yes to previous question, please specify your area of expertise or profession (optional)

Medical & Clinical Expertise

- Medical Oncology (including genitourinary, gastrointestinal (colorectal, oesophageal, gastric, hepatobiliary), breast, lung, gynaecologic cancers, sarcomas, melanoma)
- Haematology & Oncohaematology, including AML (Acute Myeloid Leukemia)
- Radiation Oncology
- General Surgery (especially breast and hereditary breast/ovarian cancer)
- Facilitating Data Collection via Sentinel Surveillance

Research & Drug Development

- Preclinical Drug Development
- Drug Repurposing Trials
- Functional Precision Medicine
- Chemical Biology & Drug Screening
- Radiopharmaceutical Development & Dosimetry
- Translational Research
- Disease Modelling & Screening Platforms
- Toxicity Evaluation Using In Vitro Models

Trial & Regulatory Expertise

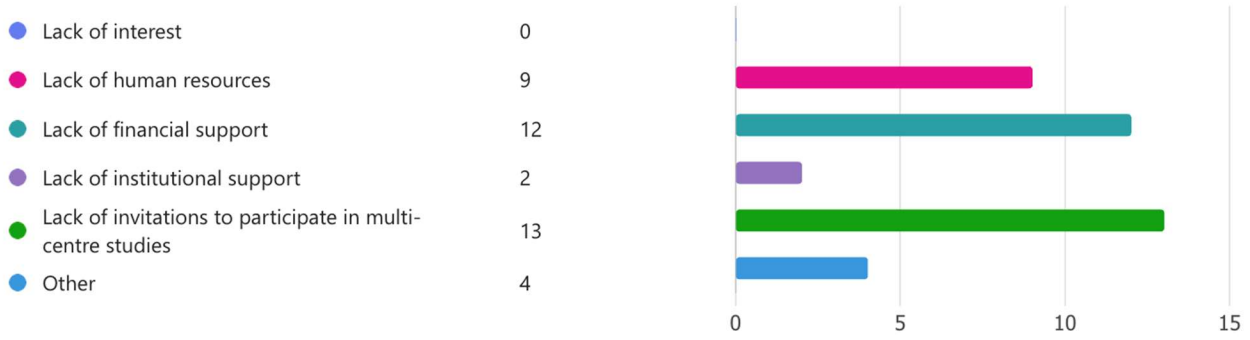
- Clinical Trial Management
- Clinical Trial Design
- Regulatory Science

Molecular & Genetic Sciences

- Molecular Pathology
- Pharmacogenetics
- Genomic Signatures for Radiotherapy Omission
- Genome-Informed Pan-Cancer Research

De-escalation and non-oncological drug repurposing

22. For institutions without current or planned studies in this area, what are the main reasons for not pursuing these research opportunities? (check all that applies)



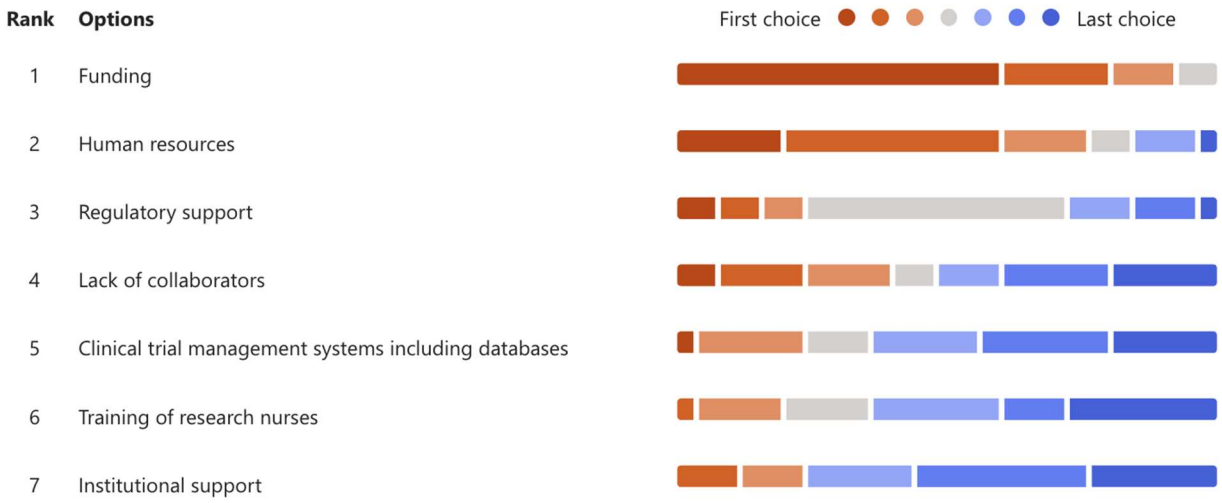
23. If you choose "lack of human resources" in previous question, kindly specify the types of professions affected. You may also include reasons not listed among the alternatives provided

- **Clinical Experts**
  - Clinicians and oncologists with dedicated time and interest in clinical research.
  - Medical doctors for specialised trials (e.g., drug repurposing, de-escalation).
- **Operational Support**
  - Experienced clinical research coordinators and study nurses.
  - Need for financial support to retain qualified personnel.
- **Specialised Roles**
  - Principal investigators with strong expertise in clinical research methodologies.
  - Researchers with protected time for research activities.
  - Bioinformaticians, radiochemists, radiobiologists, and radiopharmacists, with expertise for advanced therapies like radioligand therapy.
- **Institutional Infrastructure**
  - Dedicated clinical trial units with appropriate staffing and resources.
  - Support for coordination and management of complex trials

De-escalation and non-oncological drug repurposing

24. When conducting de-escalation or drug repurposing studies - what are the main challenges your institution encounters? (Rank in order of priority)

25 Responses



25. Is your institution part of any network focusing on the topic de-escalation studies and drug repurposing

De-escalation and non-oncological drug repurposing

26. Does your institution require support from external institutions to initiate de-escalation or non-oncological drug repurposing clinical trials. Specify needs

- **Funding and Financial Resources**
    - Support from funding bodies to cover trial costs.
    - Medicine donations and financial backing for infrastructure and personnel.
- **Collaborative Networks**
    - Partnerships with other institutions to reach statistical power and share patient populations.
    - Invitations from study sponsors and access to ongoing or upcoming trials.
- **Expertise and Training**
    - Education programs for clinicians, researchers, and statisticians.
    - Training in clinical trial design, regulatory processes, and funding acquisition.
- **Regulatory and Ethical Support**
    - Assistance with ethical committee approvals and regulatory compliance.
    - External audits and protocol consultation.
- **Infrastructure and Technical Support**
    - Access to clinical trial networks and infrastructure.
    - Industry collaboration for drug preparation, labelling, and logistics.
    - Data exchange systems and clinical management platforms.

De-escalation and non-oncological drug repurposing Bottlenecks and success criteria

27. In de-escalation and repurposing of non-oncological drug types of clinical trials, what strategies or innovations have been successfully implemented in your institution to boost the number of patients participating in clinical trials?

- Generally, not an issue since such protocols are usually driven by academical researchers writing **well-motivated trial protocols.**
- Establishing a **clinical trial department/unit**.
- In the design of the patient leaflets: **patient scientific advisory board.** Ensuring all the physicians treating the specific cancer type are aware of the ongoing trials. This requires **multi-channel information** and frequent reminders. Having as broad as possible range of clinical trials available (this is related to the question 10).
- **Contacting patients** as soon as possible, when it seems that they could be eligible for a clinical trial.
- Culture of **shared decision making with patients**.
- Involvement of regional network structures such as **outpatient cancer care providers**; easily **accessible trial information** at the local site; consented treatment pathways with trial participation recommendation throughout the network; involvement of self-help groups.
- Our institution didn't participate in de-escalation study yet, but we have huge motivation and wish to learn. Most interested in **Innovations and Strategy** - Our Oncology Institute together with the Study and Research Coordination Service.
- None actually. Still, we have some **funding from philanthropic private foundations**.
- Very good **patient information** provided by oncology nurses and/or clinical researchers.
- **Increase awareness** of health professionals.
- To create a **referral network** based in our institution to increase the number of eligible patients from other institutions in the country - **increase visibility** of our centre to other hospital and patients' associations.
- While we are not a clinical institution conducting trials directly, we contribute to increasing patient participation in de-escalation and repurposing strategies through strong partnerships with clinical centres. Our key contributions include: - Preclinical validation and biomarker identification to **better stratify patient populations**, increasing the relevance and attractiveness of trials; - Dosimetry and modelling support to **optimise individualised treatment planning**, which enhances patient safety and trust; Through these efforts, we help create a robust scientific foundation and increase confidence in trial participation, particularly in radioligand-based repurposing initiatives.
- **Patient dialogue and involvement.**
- Drug screening platform and methodologies for **functional precision medicine** in haematological cancers and several solid tumours (CRC, glioblastoma, ovarian cancer ++). Precision immune-oncology methodologies in development to tailor immunotherapy.
- Improving **links with sponsors and other institutions**.
- We have set up partnerships to improve **sharing of information** on clinical trials (Klineo). For patients, Klineo makes access to trials more democratic by reducing inequalities in access to care and overcoming geographical barriers. For employees, managing inclusion in clinical trials is currently very time-consuming. Klineo helps to **streamline the process** and optimise the time spent by the various staff involved (doctors, CRAs, secretaries, etc.).

De-escalation and non-oncological drug repurposing – Bottlenecks and success criteria

28. In general, what strategies or innovations have been successfully implemented in your institution to boost the number of patients participating in clinical trials?

- **Information** prior to start and during the trials.
- **Booster visits** (reminder visits) with researchers about the trial and basic inclusion/exclusion criteria; we also plan to initiate pre-screening specialist to actively search for potential trial participants.
- **Patient representative involvement, digital participation consent forms.**
- Pre-screening of patients from **MTD** by clinical trials unit.
- **Collaboration with patient organisations.**
- All of the above-mentioned (27).
- **PR activities, social network posts, patient organisations.**
- Most interested in Innovations and Strategy - Our Oncology Institute together with the Study and Research Coordination Service. We will use **information dissemination in society**, as well as in all **multidisciplinary teams**.
- **Clinical trial network. Research support networks. Regional, decentralised collaborations.**
- Clear overview and prioritisation of trials and the availability of oncology nurses and clinical investigators to inform patients.
- Promotion on **M**DT, promotion on the **patient networks.**
- Increase **awareness** of health professionals.
- To create **a referral network** based in our institution to increase the number of eligible patients from other institution in our country - increase visibility of our centre to other hospital and patients' associations - Involve regional centres as satellite centres.
- As a research organisation we aim to actively contribute to increasing patient participation in clinical trials through strategic collaborations with hospitals, academic centres, and industry partners. Some of the approaches that have proven successful include: - **Providing robust preclinical data** that strengthen trial design and support, making studies more appealing for clinical partners and participants alike; - **Developing and applying innovative dosimetry tools** that enable personalised treatment planning, improving both safety and outcomes, which can encourage greater patient engagement; - **Supporting education and communication strategies** alongside our clinical partners to raise awareness and understanding among patients regarding novel therapies, including de-escalation or repurposing approaches.
- **Sentinel surveillance** has been applied in working population, expansion to patients is possible by **expanding the network.**
- During **MDT meetings**, treating physicians recommend patients for ongoing clinical trials conducted at our institution. Additionally, study coordinators compile **a monthly list of currently recruiting trials**, which helps ensure that eligible patients are consistently considered for participation.
- **MDTs** led by oncologist **with research focus.**

De-escalation and non-oncological drug repurposing – Bottlenecks and success criteria

Continuation 28. In general, what strategies or innovations have been successfully implemented in your institution to boost the number of patients participating in clinical trials?

- **Regular updates** from clinical trial unit to all clinicians about all ongoing clinical trials.
- Internal promotion of clinical trials and education of all medical teams, using **hospital communication system and newsletter**
- The above-mentioned **tool (Klineo**) applies to all clinical trials as a tool to boost the number of patients participating
- Information spread about recruiting trials in the **website**, among clinicians, at **MDT meetings**
- **Institutional support**

Word cloud of answers to Q28

De-escalation and non-oncological drug repurposing – Bottlenecks and success criteria

29. In general, what strategies or innovations have been successfully implemented in your institution to increase the number of clinical trials?

Summary of free text-answers:

🏥 **Institutional Development & Infrastructure**

Established Units: Creation of clinical trials unit/ clinical research centre/clinical trial department.

Infrastructure Enhancement: Investment in state-of-the-art platforms (e.g., radiobiology facility, radiochemistry labs, small animal imaging facilities) to facilitate rapid development and scale-up towards clinical readiness. Optimisation of infrastructure for clinical protocols in regional cancer networks to improve reference.

Centralised Coordination: Streamlined contracting processes and centralised support to reduce delays in trial initiation.

Study and Research Coordination Service to improve collaborations, initiation and coordination of clinical trials.

🌐 **Collaboration & Networking**

International Partnerships: Active collaboration with global institutions and pharma companies.

Strategic Agreements: Framework agreements with sponsors and CROs to secure consistent trial opportunities.

Decentralised Networks: Development of regional and national research support networks for broader trial access and decentralised collaborations. Clinical trial networks.

Scientific Expert Groups: Regular meetings to align clinical trial strategies and boost trial numbers.

🔬 **Research & Translational Focus**

Strong Translational Pipeline: Emphasis on preclinical development (e.g., radiopharmaceutical characterisation, dosimetry, toxicology) to support first-in-human trials.

Integrated Collaborations: Partnerships with hospitals, clinical networks, and industry to bridge lab research and clinical application.

Focus on Unmet Needs: Prioritisation of rare cancers, drug repurposing, and de-escalation strategies to attract funding and clinical engagement.

👩‍⚕️ **Human Capital & Visibility**

Training Abroad: Sending medical residents to top cancer centres for advanced training.

Researcher–Clinician Interaction: Strengthening collaboration between scientific and clinical teams.

Scientific Networking: Enhancing visibility and integration into clinical trial ecosystems.

📈 **Operational Efficiency & Strategic Support**

Leadership & Strategy: Inclusion of clinical trials in hospital-wide strategic initiatives with dedicated funding.

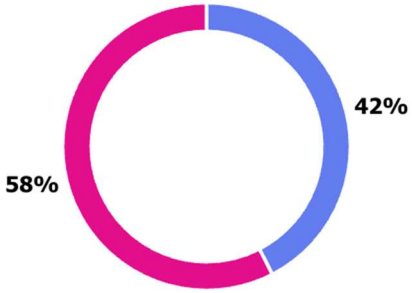
Recruitment Planning: Efficient access to researchers and accurate patient recruitment forecasting.

Sponsor Relations: Improved links with sponsors and institutions to accelerate trial setup and execution.

Twinning activities

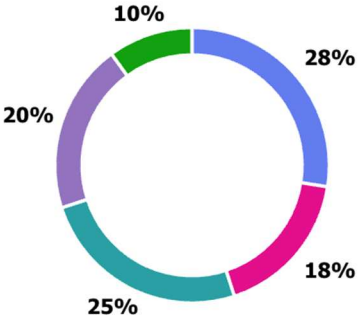
30. Have you been active in European twinning activities (partnering)

Yes	14
No	19



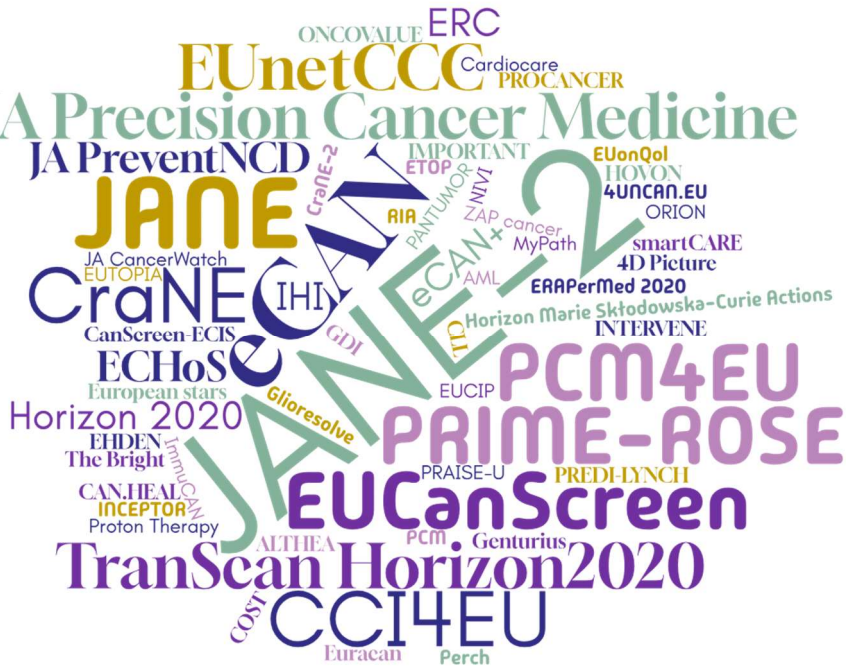
31. If you answered yes in previous question. please specify the type of twinning activities (select all option that applies)

Visits	11
Internship	7
Workshop	10
Training programs	8
Other	4



32. Have you been active in other EU-funded cancer research and/or Joint Action projects?

Answers presented as a word cloud

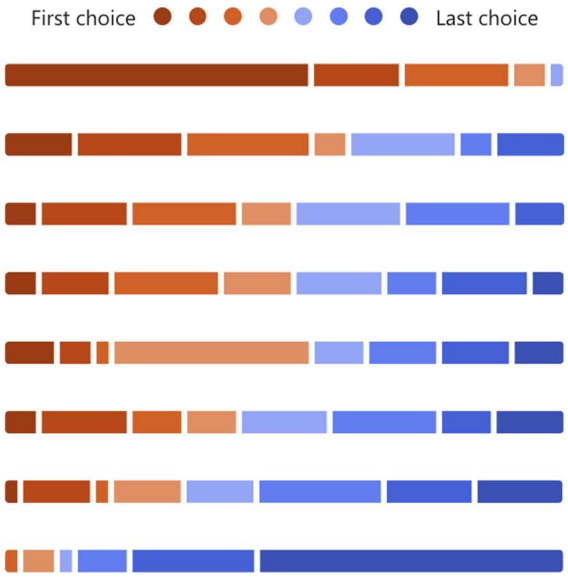


Twinning activities
Bottlenecks - topics of interest

33. If you are interested, what types of collaborative activities related to cancer research would be most beneficial to your institution? (prioritise your needs)

31 Responses

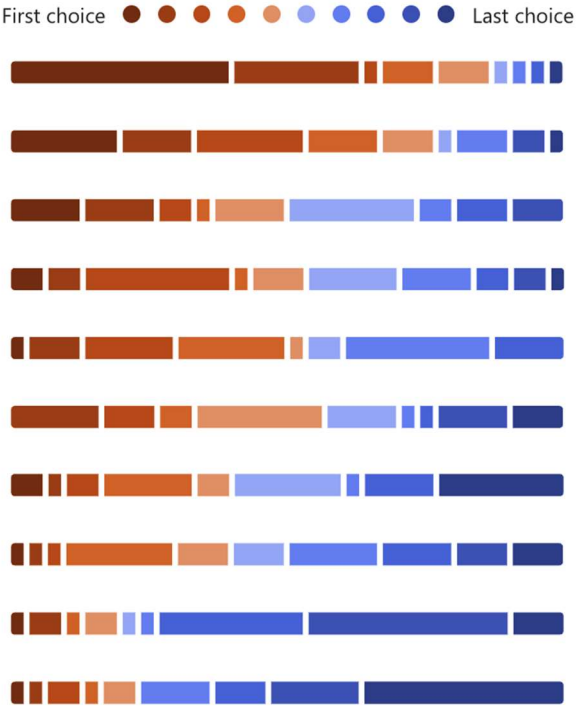
Rank	Options
1	Joint funding opportunities
2	Clinical data exchange
3	Workshops and training sessions
4	Topic specific research networks (seminars, visits)
5	Short-term research stays
6	Exchange biological samples
7	Access to technology platforms for molecular analyses
8	Patient representative involvement



34. Prioritise the following topics according to the interest in your institution

30 Responses

Rank	Options
1	Bridging the gap between basal/translational and clinical research
2	Biobanking and data exchange (guidelines, implementation, ethics, regulation, validation biomarkers and models)
3	Experimental therapy
4	Cancer treatment resistance
5	Artificially intelligence in cancer diagnosis and treatment
6	Functional personalised medicine (*ex vivo* testing of drugs)
7	Digitalization of cancer care
8	Advanced Therapy Medicinal Products (ATMP) - Cell and gene therapies
9	Theranostics
10	Rare cancers



Twinning activities
Bottlenecks - topics of interest

Q35: Propose additional topics that represent bottlenecks in cancer research in your institution

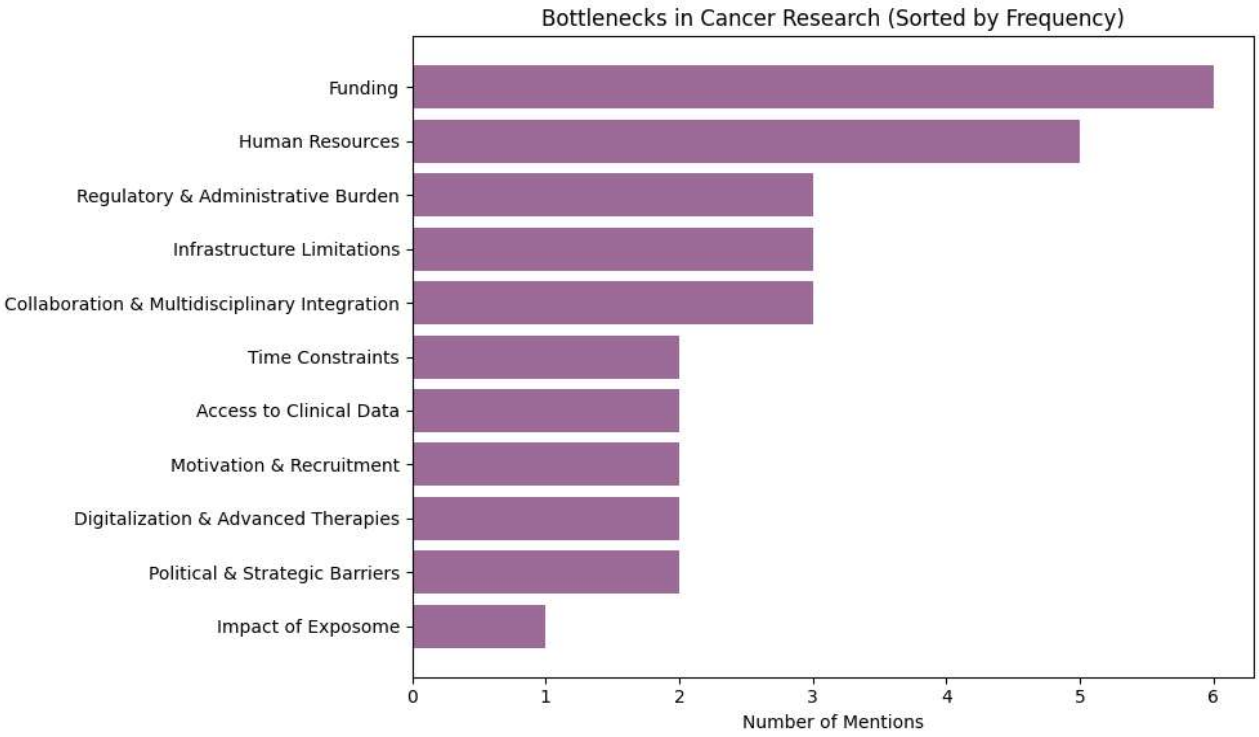
Detailed anonymised answers:

- Expanding **administrative routines** driven by companies and regulatory authorities.
- **Financial resources** lack to pursue cancer-related research. There is a substantial funding allocated for equipment, but not **for personnel**. The imbalance has led to a significant amount of unused equipment due to a shortage of human resources.
- **Time** dedicated for research is a huge bottleneck.
- **Drug access** from Pharma (EU-wide strategies required).
- **Political involvement of hospital administration** in research projects as part of EUnetCCC.
- **Human resources** (funding for dedicated researchers and possibilities for combining clinical research with clinical work.
- **Access to patients** eligible for trial enrolment.
- Recruitment of young researchers and trialists. **Collaborations with researchers** from other fields, i.e. biologists, chemists, others.
- **Financial constraints and limited availability of medical professionals** (especially nurses and IT experts).
- **Funding. Specialised human resources.**
- Translational research gaps: One of the challenges is b**ridging the gap between preclinical models and human clinical trials**. While we make significant strides in preclinical development, translating findings into effective clinical applications—particularly for personalised medicine—remains a challenge, requiring further optimisation of biomarker identification and patient stratification.
- **Funding for early-stage research**: Securing sufficient funding for early-stage and preclinical cancer research, especially in emerging fields like radioligand therapy and targeted therapies, is often a limiting factor. There is a need for more flexible and accessible funding options to support **high-risk, high-reward studies**.
- Limited **access to clinical data**: Accessing patient data and **clinical samples** for research purposes is often restricted by privacy regulations or logistical challenges, which limits the ability to validate preclinical findings in real-world clinical settings.
- Integration of **multidisciplinary approaches**: Cancer research and radioligand therapy, in particular, increasingly requires the integration of diverse fields such as radiobiology, genomics, immunology, dosimetry, radiochemistry and radiopharmacy. However, coordinating multidisciplinary teams and aligning efforts across different scientific domains can be complex and resource-intensive.
- **Infrastructure limitations** for advanced technologies: Although there have been significant advancements in imaging and diagnostic technologies, the **integration of these imaging technologies into preclinical researc**h remains a bottleneck, as it requires substantial infrastructure investment.
- **Digitalization, e*x-vivo* modelling, cell and gene therapies.**

Twinning activities
Bottlenecks - topics of interest

Q35: Propose additional topics that represent bottlenecks in cancer research in your institution

Graphical summary of free-text answers



Twinning activities
Bottlenecks - topics of interest

36. If interested, propose a topic for a twinning activity at your institution and suggest a partner institution

Proposed Twinning Topics

All responses have been anonymized. Should you require additional information, please contact the project manager.

- **Research administration & data management**
- **Lung cancer: mechanisms of medication resistance**
- Twinnings with institutions recognized by the CCC or seeking recognition
- **Design of academic clinical trials** leveraging the EUnetCCC network
- **Proton therapy, surgical research, and medical devices**
- **Cancer prevention & molecular testing for early diagnosis**
- **Investigator-initiated biomarker-driven clinical trials**
- Interested in initiating a twinning activity centred on **biomarker identification, the development of cellular and 3D organoid models, and co-clinical models to improve the understanding of off-target effects after radioligand therapy in cancer treatment**. The aim would be to create more accurate preclinical models that can predict and assess therapeutic efficacy and safety, especially in terms of identifying novel biomarkers for patient stratification and understanding potential adverse effects. A potential topic for a twinning activity could be **"Development and Validation of Advanced Cellular and 3D Organoid Models for Evaluating Off-Target Effects of Radioligand Therapy".** This would involve:
    - Biomarker discovery to identify key molecular signatures that predict responses to treatment.
    - Development of 3D organoid models derived from patient tissues to better mimic the tumour microenvironment and simulate real-world drug responses.
    - Co-clinical models that combine human-like in vivo models and clinical data to validate the findings.
    - Off-target effects analysis to improve our understanding of unintended impacts of radioligand therapies and develop strategies to mitigate them.
- **Staff training**
- **CAR-T and TIL Therapies**
- **Precision Medicine, Redox Biology, Digital Pathology, AI Image Analysis**
- **Access to Clinical Trial Infrastructure. Clinical trial protocol writing, translational research, early phase trials**
- **De-escalation of RT using genomic medicine**

Twinning activities
Bottlenecks - topics of interest

36. If interested, propose a topic for a twinning activity at your institution and suggest a partner institution

Proposed Twinning Partners

All responses have been anonymized. Should you require additional information, please contact the project manager.

- Maribor University Hospital
- Centro de Investigación Médica Aplicada (Pamplona, Spain)
- Karolinska Institute (Sweden)
- Vall d'Hebron Institute of Oncology (Barcelona, Spain)
- SCK CEN (Mol, Belgium)
- An institute which has a strong expertise in cancer pharmacology, tumour models, and biomarker discovery, particularly in the context of clinical trials. Ideally, this institute should also have substantial experience with co-clinical models and are well-versed in translating preclinical findings into clinical applications
- The Christie NHS Foundation Trust in England
- EUnetCCC network

Thank you!

We appreciate your time and effort in completing this survey. We hope this report provides you with a comprehensive overview and valuable insights into the European Cancer Research ecosystem.

The information obtained from this survey is used to plan and design EUnetCCC cancer research network activities for 2025-2028.

In case of any questions or suggestions, contact WP8.2.3 project manger Ieva Ailte at Oslo University Hospital CCC by e-mail: ievail@ous-hf.no.

Oslo, September 19th 2025