

ANNUAL IMPACT SHEET 2018

Investing in promising cancer treatments, putting patients' needs first

The fight against cancer

The Anticancer Fund (ACF) believes that every instance of cancer is one too many. We aim for **better treatment options for cancer patients**. Our ultimate goal is to extend lives, increase quality of life, and provide cures for cancer patients.

Our daily work is comprised of three pillars:

1 Clinical trials

We promote, finance and/or coordinate clinical trials, investigating scientifically promising treatments that have the potential for significant positive impact but lack a market push for further research. If the effectiveness of a treatment is scientifically proven, the ACF will develop a strategy to bring it to patients as rapidly as possible.

2 Information & knowledge-sharing

The ACF offers non-judgmental and evidence-based information about cancer treatments to patients who want to make informed decisions.

3 Policy-making

The ACF engages with stakeholders on both national and European levels to influence decision makers and eliminate barriers to rapid, affordable access to more cancer treatments.



Science as our only tool

The ACF's backbone is our strong belief in science and the power of independent research in responding to unmet patients' needs. Our mission is to complement the commercial drivers of cancer care with patient-first thinking and a focus on evidence-based potential for new treatments. **We depend fully on donations and private funding to finance our work.** We have no other interests than those of cancer patients and their families.



Outcome-based
treatments, founded
on science



Not for profit



*Maximising benefits
for patients*



*No major hurdle
for clinical
implementation*



*Addressing
unmet needs*

10 years of perseverance

In 2009, **Reliable Cancer Therapies** (RCT), a Swiss non-profit organisation based in Verbier, was founded by Luc Verelst, a Belgian entrepreneur. Luc established the non-profit after his personal experience with his sister's cancer diagnosis. Lydie Meheus, PhD, started to collect and investigate information on both conventional and non-conventional cancer treatments. Other scientists joined Lydie, information became publicly available, and several research projects were initiated in collaboration with university centres worldwide.

In 2013, the **Anticancer Fund**, a Belgian non-profit organisation with the same mission, values and international activities, was founded. A team located in Belgium, led by Lydie Meheus as CEO, manages all research projects and initiatives to provide patients with independent information about treatment options.

Today, the organisation's commitment to providing more treatment options for cancer patients is unchanged, and our belief in an independent, scientific approach to fighting cancer is stronger than ever.

The biggest challenge for 2019 and the years to come is the search for more financial support and collaborations to sustainably grow the ACF's impact, and to realise our ambition to help cancer patients in a structural and socially responsible way.



Lydie Meheus, CEO
www.anticancerfund.org

TRIAL RESULTS

KETOROLAC

Perioperative anti-inflammatory to reduce breast cancer recurrence

Importance

Thanks to surgery, radiotherapy and diverse drugs, most women with **breast cancer** can be cured. However, too many women still experience **recurrence** of their cancer, with limited chances of a subsequent cure. Breast cancer surgery causes surgical stress that only adds to the stress of receiving a breast cancer diagnosis. Research suggests that limiting the **biological effects of surgical stress** may prevent some recurrences. This trial investigated the association between stress and recurrence by testing whether a pre-surgical injection of the **anti-inflammatory drug ketorolac** could prevent cancer recurrence in women with breast cancer.

Results

Between 2013 and 2016, 203 women with breast cancer across 5 Belgian hospitals participated in the study. Half of them received ketorolac while the other half received a placebo. After following up on the final participant for two years, the analysis was completed. We found that a single injection of ketorolac before breast cancer surgery **did not change the risk of recurrence**, but also that ketorolac had no negative impact on safety or surgical complication rate. Despite these results, the relevance of recurrence reduction through the counteraction of surgical stress remains. However, **more research is needed** to identify which drugs, and at which dosage levels, might succeed.

Partner & Funding



€ 251,595
Total trial cost

€ 251,595
ACF donation

€ 12,163
ACF internal support



CUSP9v3

Combination of 9 repurposed drugs with low-dose chemotherapy in brain cancer

Importance

Glioblastoma is the most common form of **brain cancer**. It is a severe disease that can only be cured in a limited number of patients. If a tumour returns, there is no effective treatment. An American doctor and a German neurosurgeon suggested that glioblastoma often remains unaffected by any treatment because too few drugs are simultaneously administered. They used the Nile river delta analogy: blocking one arm of the delta has no effect on the final output. They proposed administering **9 drugs acting on different targets** to patients upon tumour recurrence. In this trial, we tested this hypothesis in patients with recurrent glioblastoma. The goal was to evaluate if the regimen could be safely given, and if it caused tumours to **regress or stop progressing**.

Results

Between 2016 and 2018, 10 patients participated in the study. A regimen of 9 drugs plus temozolomide chemotherapy was **well tolerated by all patients**. Preliminary results showed that tumours in 5 of 10 patients regressed or stabilised for more than 6 months, with 1 patient being treated for more than 2 years. In 2019, a follow-up trial will be prepared featuring the same drugs to confirm that the treatment works in a larger number of patients.

Partner & Funding



€ 329,100
Total trial cost

€ 329,100
ACF donation

€ 67,881
ACF internal support



OUR CLINICAL TRIALS

In 2018, the ACF supported **15 clinical trials** involving various cancer types and trial phases in multiple European countries.

The clinical trials we supported, aligned with one or more of our focus areas: drug repurposing, combination therapies, preventing & controlling tumour recurrence and/or treating less common and rare cancers.



1 trial was IN PREPARATION

The trial is being set up in several hospitals in France and Belgium. The first patients will be included in early 2019.

METRO PD-1

8 trials were open for RECRUITMENT

Patients fulfilling the eligibility criteria are being enrolled for participation in the trials.

AML-VIVA

ASPIRIN

METZOLIMOS

B-AHEAD-3

PIONEER

PROSPER

PRIMMO

ViDME

3 trials were CLOSED for inclusion

Patients in the trials are under follow-up. After all patients have completed the treatment under study, the final analysis can be performed.

CUSP9v3

FLUVABREX

MODULUNG

3 trials were being ANALYSED

KETOROLAC Results presented at the San Antonio Breast Cancer Symposium 2018. Final publication in preparation.

CURCUMIN Paper published in January 2019.

NITROGLYCERIN MAASTRO In final stage.

Detailed information about all trials, including study design, funding, partners, inclusion and results, can be found on our website or provided upon request via studies@anticancerfund.org

ENGAGING IN CANCER POLICY

Bringing trial results into standard practice

The goal of our clinical trials is to get more treatment options to cancer patients. Unfortunately, the ACF has first-hand experience in the difficulties of translating independent research into clinical practice. The ACF is now actively **campaigning on the European level** to encourage policy makers and decision makers to address the barriers that prevent timely access to safe and effective treatments for cancer patients. In addition, as a knowledge broker, the ACF is in a unique position to convey messages from both the patient and the research community to these decision makers.

Unlocking the potential of repurposed drugs

The ACF's ongoing clinical trials predominantly investigate the **use of existing medicines** commonly used to treat non-cancer diseases for the treatment of cancer. This strategy, called **drug repurposing**, holds the promise of providing safe, affordable and effective treatments to cancer patients within a short time. However, the translation of repurposed drugs (if proven effective) into standard clinical practice faces significant **regulatory and financial barriers**. The ACF advocates for regulatory changes at the European level by participating in stakeholder meetings and a multidisciplinary working group called **STAMP (European Commission expert group on Safe and Timely Access to**

Medicines for Patients) to develop a repurposing pathway within the current regulatory framework that could facilitate bringing new indications on label.



Roundtable at the European Parliament, organised by the ACF, 27 February 2018

Policymakers, academic researchers, payers, regulators, industry representatives, and other stakeholders were invited to participate in a roundtable discussion on innovative policy actions to help overcome barriers and unlock the potential of drug repurposing. This event was co-hosted by Alojz Peterle MEP and Lieve Wierinck MEP from the MEPs Against Cancer Group.

Perioperative use of a β -blocker and an anti-inflammatory drug in pancreatic cancer

Importance

Pancreatic ductal adenocarcinoma (PDAC), the most common form of pancreatic cancer, has a very **poor prognosis** and rising incidence. Only 15 to 20 percent of PDAC patients have no sign of metastasis at diagnosis and are deemed operable. For patients with an operable tumour, surgery is the standard of care, followed by adjuvant chemotherapy after weeks of recovery. The **5-year overall survival rate** of these patients is **approximately 20%** and almost 50% relapse within the first year after surgery. This underscores the need to reduce the number of relapses and improve the overall survival of these patients.



Intervention has **little or no commercial value**



Expected **survival benefit**



No major hurdle for **clinical implementation**

Focus

The PROSPER trial tests a **combination therapy** of existing drugs: propranolol, a beta-blocker, and etodolac, an anti-inflammatory drug (i.e. **drug repurposing**). Administered during the perioperative period, the trial promises an effective attenuation of psychological, surgical and inflammatory stress responses, all processes that facilitate tumour metastasis. As such, **tumour recurrence** could be **prevented** during a critical time window where cancer-directed therapy is currently unexploited. Moreover, the approach does not interfere with current practice or future implementation of new adjuvant chemotherapy regimens.



Drug **repurposing**



Combination therapies



Preventing tumour recurrence

Partner & Funding



€ 422,300

Estimated trial cost

€ 422,300 ⁽¹⁾

ACF donation


€ 56,186 ⁽²⁾

ACF internal support

The scientific project was initiated by the **ACF**. The clinical trial is coordinated by the **University Hospital of Heidelberg**. The trial began in December 2018 and the search for eligible patients was launched. The ACF has committed to **covering the costs of the clinical trial** (1) – of which 18% was paid in 2018 – and to **providing scientific input** (2). For financial support, the ACF received almost € 348,000 from an anonymous donor.

PATIENT IMPACT

Empowering patients with information



In 2018, we continued to use the expertise we have developed through our research to **inform patients about their treatment options**. The ACF's Patient Information Team guides individual patients through the medical maze by giving them **independent and evidence-based information** about their diseases and available treatment options. We also expanded the team to three medical oncologists, two MDs and three scientists.



+ 1,500
Dedicated hours



60%
Belgian patients

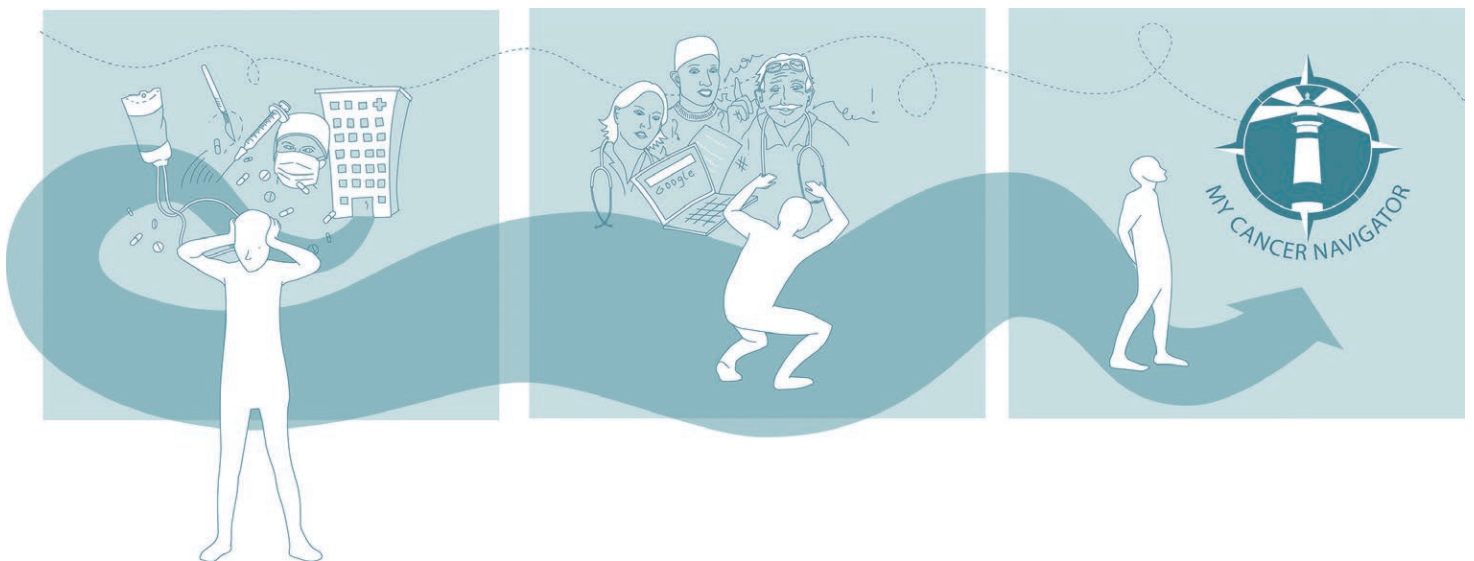


221
Individual patients

Pilot Project My Cancer Navigator

From September to December 2018, we evaluated an **additional informational service** featuring a more personal approach and the **face-to-face assistance** of a medical doctor. After enrolling 10 patients in the **pilot** and receiving a positive evaluation, the ACF is currently investigating the financial feasibility of a larger-scale rollout of this **free service**, which is aimed at cancer patients seeking targeted, easy-to-understand

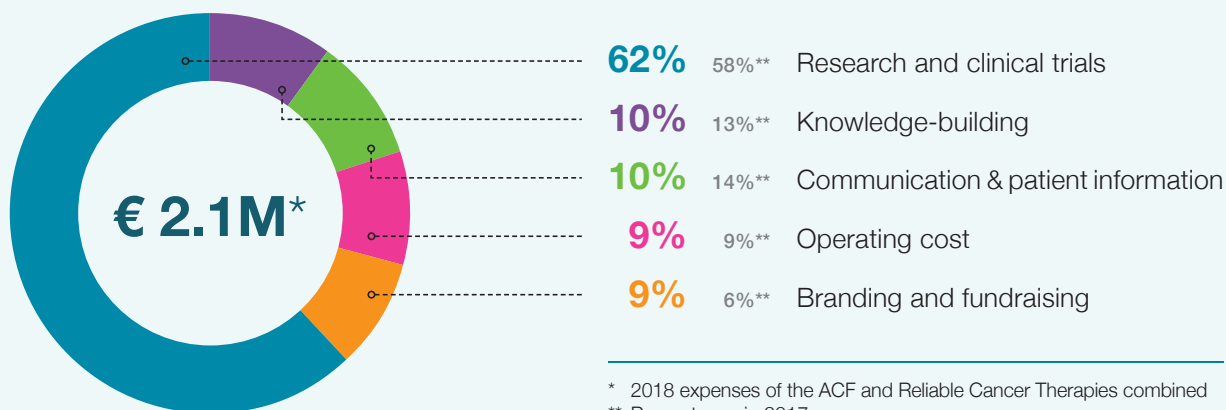
information tailored to their needs. The service has a high value, but it is time-consuming to provide. More, its case-by-case approach makes it challenging to cut down on hours spent per patient. The ACF **strongly believes in the importance of the project** and its value to the patient, and hopes to find the partners and financial means needed to further provide and extend this service.



Patients can send enquiries about treatment options to
patient@anticancerfund.org

FINANCE

The Anticancer Fund 2018



* 2018 expenses of the ACF and Reliable Cancer Therapies combined

** Percentages in 2017

Donations have direct impacts

In the course of 2018, we received a **total of €2,537,934** from individual donors, legacies, companies and other non-profit initiatives. Amongst them, we can, since 2015, count on a significant recurrent support of **Filip Balcaen** (Baltisse holding). The operational costs of the ACF were, as usual, covered in full by its founder and chairman, **Luc Verelst**, allowing all other donations, public and private, to go entirely and exclusively to the 3 focus areas: (1) research, (2) scientific communication and patient information, and (3) policy activities.

Foundation of Public Utility

In 2018, the ACF became a **Foundation of Public Utility** under Belgian law, an official recognition that all effort is used to achieve a well-defined altruistic goal: promising cancer treatments, putting patients' needs first. Consequently, the **main destination of our budget is clinical trials**. Only a small number of promising trials, carefully selected by dedicated internal and external expert researchers, can be 100% funded by the ACF. For other trials, we seek to build consortia with other organisations while making partial financial contributions. In 2018, **€ 1,309,995 was spent on ongoing research**. At the end of the year, **€ 1,658,832 was earmarked for continuing projects**, as timelines for clinical trials extend well beyond one year.

ACF scientists also assisted third-party scientists in **obtaining grants from other foundations**. Our support resulted in funding for several research projects, but this activity is not included in the ACF's financial results as the funding was directly transferred from the source organisation to the executing research group.

Unfortunately, we have a longlist of potential treatments to explore but are short of funding to bring them to clinical trials and research their potential.



Earmarked donor support

Some donors dedicate their donation to a specific project.

- **€ 20,000** was raised by **Bazart** for My Cancer Navigator through performance proceeds gathered during the *Warmste Week* organised by the Flemish radio station 'Studio Brussel'.
- **€ 24,000** was donated by **Jolipa** for My Cancer Navigator.
- **€ 30,000** was committed by **De Nationale Loterij** for the PRIMMO trial.
- **€ 348,000** was donated by an anonymous donor for the pancreatic cancer trial PROSPER.
- **€ 80,000** and **€ 150,000** were committed by **Alexine Clarysse** and **KickCancer** respectively, to fund the METRO-PD1 paediatric cancer trial.

The **Anticancer Fund** is a Belgian non-profit organisation dedicated to expanding the range of treatment options available to cancer patients, regardless of commercial value. We support promising non-commercial research, seek new and better treatment options, engage in comprehensive knowledge-sharing and participate in European policy making.

Donors are vital to us!

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