

# ANNUAL IMPACT SHEET 2017

Investing in promising cancer treatments,  
putting patient needs first



**Outcome-based**  
treatments, founded  
on science



**Not for profit**



Maximising benefits  
for patients



No major hurdle  
for **clinical**  
implementation



Addressing  
**unmet needs**

The Anticancer Fund (ACF) is an independent 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**, and engage in comprehensive **knowledge-sharing**. With no commercial shareholders or interference from special interest groups or pharma companies, our focus remains exclusively on patients.

## Why we exist

Cancer is a threat to society that leads to unnecessary suffering and death. We can effectively reduce this threat if we **exclude profit motives from cancer research** and maximise patient benefits.

## The ideal world

Every cancer patient deserves hope and opportunity in their fight against the disease.

- Regardless of cancer type, research should focus on **identifying additional treatment options** that significantly increase survival and/or quality of life.
- Drug development should tap into **every potential pathway** where evidence is promising. No options should be discarded.



- Researchers worldwide should collaborate and share knowledge with **better cancer care as the common goal** – not patents, publications or corporate dividends.
- Research funding should be applied **where needs are greatest**, not to the highest-profit areas.
- Policymakers should create a **patient-centred framework** that supports progress in cancer care, prioritising efficiency of cancer treatments, accessibility and affordability.
- Clinicians should have as many tools as possible at their disposal to offer solutions to patients. Legislation and financials should **support quality and equality** in clinical care.

## Our philosophy

focusses on putting science at the service of cancer patients and our society. The search for solutions that contribute to this goal should drive evidence-based research.

## Our approach


is based on knowledge, no-nonsense pragmatism and realising tangible impact, preferably with short-term results.

Clinical trials, knowledge-sharing, evidence-based medicine and international collaboration are **the tools we use**.



# PATIENT IMPACT

## Empowering patients with information



Direct patient benefits drive our organisation and represent the most important selection criteria for the clinical trials we fund, support and promote. To add value to our research-focussed strategy, **we continued to inform cancer patients** about treatment options and available clinical trials in 2017. ACF provided over 250 individual patients with independent information about their diseases and treatment options in 2017.

At patient request, information is sent via e-mail free of charge and based strictly on available scientific evidence. Most patients contact ACF **after early diagnosis** or, at the other end of the spectrum, when they have **exhausted all available treatment options**. We observe a great need for understandable and reliable information about treatment options in standard of care, eligibility for and participation in clinical trials, and the use of and evidence supporting complementary and alternative medicine.

## Immunotherapy

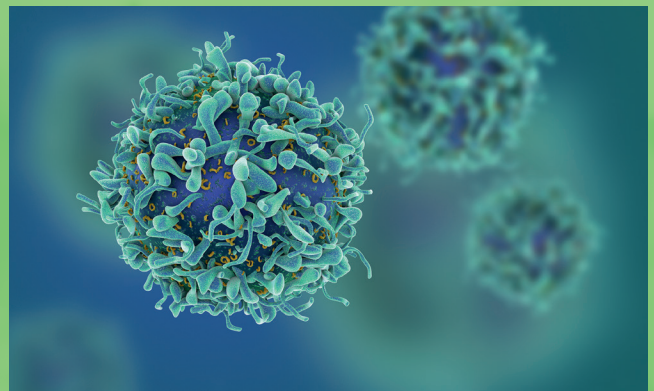
### Combatting hype with evidence

**Immunotherapy** was the most popular patient topic in 2017. This cancer therapy stimulates or supports a patient's own immune system in fighting cancerous cells. Media reported broadly on this new technology, leading patients to incorrectly perceive immunotherapy as the ultimate cure for all cancers and all cancer patients.

Patients required a clearer definition of immunotherapy as the name of **a diverse group of treatments**, including immune checkpoint inhibitors, cellular therapies, cancer vaccines and others.

Immune checkpoint inhibitors were significantly hyped by the media in 2017. Several **Anti-PD(L)1 drugs** have already been approved by US and European authorities for a series of cancer types. The use of these drugs to treat other cancers requires additional research. Many patients requested information about which immune checkpoint inhibitor clinical trials were ongoing, and about how to participate.

**Chimeric antigen receptor (CAR) T-cell** therapy, another immunotherapy, also received significant



attention. Although researchers, doctors and pharmaceutical companies from all over the world are investing heavily in this promising immunity-boosting therapy, approval and adoption of CAR-T therapy in standard cancer care is still in its early days. Patients need to be informed about the research road ahead, the availability of the therapy and the current limitations of its use. As they affect the immune system, immunotherapeutic treatments may cause serious or life-threatening side effects, just like any cancer drug.

Patients can send enquiries on cancer treatment options to  
**[patient@anticancerfund.org](mailto:patient@anticancerfund.org)**



# OUR CLINICAL TRIALS



Clinical research, i.e. the necessary controlled testing and evaluation of new treatments in patients, is ACF's core activity. We act as an intermediary between universities, hospitals and other stakeholders to set up investigator-driven clinical trials. ACF's supported trials focus on therapy avenues with patient impact as a single driver (e.g. commercial value for the pharma industry is not considered).

## Extending and enriching our network

Multicentre and multinational **collaborations drive our clinical research**. In 2017, we continued to broaden ACF's extensive network of oncology contacts and experience in connecting clinicians and researchers with mutual interests. We provided the time and resources needed to identify potential collaborators, establish lines of communication and coordinate successful consortia.

## Bringing more money to the most impactful projects

ACF works with other cancer foundations and initiatives to **optimise fundraising efforts**, using the fund's core research expertise to direct funding to the right project(s).

ACF is currently involved in **15 clinical trials**.

Trials concern diverse cancer types and different trial phases, depending on the scope of the study. Clinical trials we support align with one or more of our focus areas (drug repurposing, combination therapies, preventing & controlling tumour recurrence and/or treating less common and rare cancers).

### 2 trials are IN PREPARATION.

Researchers and clinicians are currently writing the trial protocol, defining and managing the trial, and finalising all other trial-related documents that need to be approved by the Competent Authority and Ethics Committee.

### 10 trials are RECRUITING.

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

### 3 trials are COMPLETED.

Results are being analysed and will be published in 2018.

METRO PD-1

PROSPER

AML-VIVA

ASPIRIN

B-AHEAD-3

CUSP9v3

FLUVABREX

METZOLIMOS

MODULUNG

PIONEER

PRIMMO

ViDME

CURCUMIN

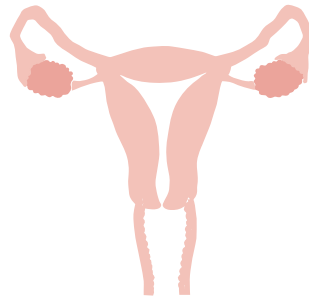
KETOROLAC

NITROGLYCERIN  
MAASTRO

Details on two important trials of our 2017 portfolio are included in this report.  
For all other trials, information can be found on our website or provided upon request via  
**[studies@anticancerfund.org](mailto:studies@anticancerfund.org)**

PRIMMO

# Combining immunotherapy with existing low-cost treatments in cervical and endometrial cancers



## Importance

Cervical cancer is the third-most common cancer type in women with a low 5-year survival rate. Endometrial cancer is the **most frequent gynaecological cancer**, with – like cervical cancer – a poor prognosis for patients with recurrence. Currently available treatment options for these patients are scarce and often accompanied by considerable side effects. More treatment options are urgently needed for both cancer types that can improve survival while maintaining quality of life.



No major hurdle  
for **clinical  
implementation**



Use in a population  
with high  
**unmet needs**

## Focus

Anti-PD-1 immunotherapies, which enable the body's own immune system to destroy tumours, show **low efficacy in cervical and endometrial cancer** patients. Because a tumour is a complex composition of different cells, a **combination of therapies** may destroy it more efficiently. Therefore, the PRIMMO trial aims to improve the treatment of cervical and endometrial cancers through a combination of Anti-PD-1 and 6 therapies (including low-cost substances like vitamin D3, lansoprazole and aspirin – i.e. **drug repurposing**) that collectively enable the immune system to fight the tumour.



**Combination  
of therapies**



**Drug  
repurposing**

## Main partners & funding



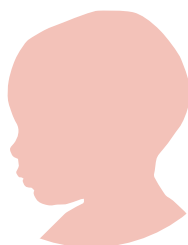
€ 1,366,988  
Estimated trial cost

€ 736,488 <sup>(1)</sup>  
ACF donation

€ 37,550 <sup>(2)</sup>  
ACF internal support (2017)

The project has been initiated by ACF and is coordinated by the University Hospital of Ghent and is financially supported by ACF and Kom op Tegen Kanker. In addition to a contribution of € 630,500 provided by Kom op Tegen Kanker, ACF has committed to **covering the remaining cost** – 10% of which was paid in 2017 (1) – and **providing scientific staff** to support the trial (2).

## More treatment options for paediatric cancer combining low-dose chemotherapy and immunotherapy



### Importance

Paediatric cancers are the **#1 cause of death by disease** for children over 1 year old, representing 6,000 deaths in Europe annually. Independent research and publicly funded clinical trials are needed to improve treatment options. Such trials must also take long-term effects on survivors into account by adding new technologies to treatments and lowering standard chemotherapy dosage.



*Expected  
survival benefit*



*Use in a population  
with high  
unmet needs*

### Focus

Paediatric cancer occurs in 60 different forms and is a **rare to very rare illness**. By consequence, it attracts little research attention, and cure rates have stalled over the last fifteen years. While 70 new anti-cancer drugs were approved in total in the EU from 2011 to 2015, only 2 addressed paediatric cancers. This innovative clinical trial was prepared in 2017 and will test a **combination** of 3 classical metronomic (low-dose) chemotherapies and an immunotherapeutic PD-1 checkpoint inhibitor, nivolumab.



*Less common and  
rare illness*



*Combination  
of therapies*

### Main partners & funding



Two Belgian foundations established by parents of children affected by cancer, the Alexine Clarysse Fund and KickCancer, join forces with ACF for this specific phase II clinical trial. Their goal is to place the fundraising efforts and management of the trial in the experienced hands of ACF staff scientists. We put our **scientific knowhow** and **clinical trial development expertise** at the disposal of these smaller foundations and charity organisations to guarantee the best allocation of funds, as well as to **record joint progress in the field of paediatric oncology**.

Together, these two foundations raised an impressive € 200,000 that will be used to fund the METRO-PD1 trial. ACF's goal for 2018 is to **open the trial to patients in Belgium as well as in France**. The search for additional funding is ongoing.

# FINANCE

The Anticancer Fund 2017 = € 2.1M\*



58%	56%**	Research and clinical trials
13%	12%**	Knowledge-building
14%	18%**	Communication & patient information
9%	6%**	Operating cost
6%	8%**	Branding and fundraising

\* 2017 expenses of the Anticancer Fund and Reliable Cancer Therapies consolidated.

\*\* Percentages in 2016

## All donations go to research

ACF is supported by a yearly financial commitment from its founder and chairman, Luc Verelst. In 2017, ACF received an additional € 1.32M in donations. All donation monies, public and private, go entirely and exclusively to research projects and clinical trials. Donations cover project costs (medicines, facilities, nursing staff, etc.) and the scientific support and coordination of these projects by the ACF team. All overhead costs of the fund are covered in full by Luc Verelst.

A portion of ACF's donations are earmarked for **specific research topics or clinical trials** at the discretion of the donor or affiliated organisation (e.g. KickCancer). In addition to direct donations received, the ACF team also assists and supports research institutions in **securing additional funding** via other channels, thus funnelling more money into independent cancer research that explores additional cancer treatment options.

## Research funding

ACF contributes to research by providing direct financial support for clinical trials, **covering 50% of the total trial cost** on average. ACF's donations range from proportionally smaller contributions to larger consortium trials (e.g. 20% of € 700,000 in costs – ASPIRIN trial) to 100% coverage of fully sponsored trials (e.g. 100% of € 250,000 in costs – KETOROLAC trial). ACF's strategy for future project support is to apply the same level of donation money even more effectively by acting more often as a strategic driver (by e.g. catalysing, initiating, and managing trials) of a larger number of



independent clinical trials, rather than by making strictly financial contributions.

Besides providing direct financial support to clinical trials, ACF also **offered support in the form of strategic input**. In-house researchers assisted with consortium-building and protocols and documentation development. Every clinical trial report includes total project cost, ACF's direct cash donation and its additional in-kind contribution, which can be found in the trial portfolio section of our website at <https://www.anticancerfund.org/projects>.





## Anticancer Fund

Boechoutlaan 221 – 1853 Strombeek-Bever – Belgium  
+32 2 268 48 16  
[info@anticancerfund.org](mailto:info@anticancerfund.org)  
BE79 5230 8061 2533 TRIOBEBB  
[www.anticancerfund.org](http://www.anticancerfund.org)