In the early 1990s, breast cancer research in Europe and the rest of the world was highly fragmented, with academic groups running many similar trials, but not yet interacting in a way to facilitate collaboration, which is crucial to make significant advances in breast cancer research.

Driven by a common passion, Dr Aron Goldhirsch and I shared the same vision for the future: groups debating the latest research findings, sharing ideas for new clinical trials and working in harmony to conduct these trials together. Based on this vision, we created the Breast International Group (BIG) in 1996. Our mission: facilitate and accelerate breast cancer research at the international level. The not-for-profit organisation became a legal entity in 1999. Since then, 59 member groups have joined BIG, and more than 50 clinical trials have been run under the BIG umbrella. These include several landmark trials that have had a real impact on the lives of patients around the world.

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

Over the past two decades, BIG has grown steadily. In recent years, its fundraising team, through events, corporate partnerships and support from charitable foundations, has secured significant funding that directly benefits studies such as POSITIVE (BIG 8-13, or the BIG Time for Baby study) and EXPERT (BIG 16-02). Every act of support contributes to building research. Everything that we achieve is possible because we do it together.
In 2017, BIG saw some important changes: four new BIG member groups joined and BIG’s Executive Board expanded to include more cancer disciplines and better represent the geographies covered by the network. Following almost 20 years of commitment to BIG, Dr Aron Goldhirsch stepped down from the Executive Board to leave way for the next generation of leadership.

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

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

Together, we have the opportunity to make a real difference in patients’ lives, both today and in the future.
WHY build BIG?

Why breast cancer research?

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

1.7 million new cases yearly

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

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

#1 cancer in women worldwide

Throughout the world, 1 woman dies from breast cancer every minute

1% of all breast cancers are in men

Why build an international network?

To build that road to curing breast cancer, we need to continue to join forces. More than 20 years ago BIG’s first building blocks were placed. Today BIG is the largest international network of academic research groups dedicated to finding cures for breast cancer.

Together with the support of donors and partners, BIG keeps on building its network of world leading breast cancer specialists. Global collaboration is crucial to make significant advances in breast cancer research. Reducing unnecessary duplication of efforts and sharing ideas and data contribute to the faster development of better treatments and increase the chances of curing patients.

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

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

What makes BIG unique?

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

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

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

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

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

1 woman in 8 will be confronted with breast cancer one day.
Building breast cancer research
Today’s research, tomorrow’s cures

While research has made huge strides in recent decades to improve and significantly extend the lives of patients with breast cancer, mainly in early stage, the disease still represents the second most common cancer in the world, the most common cancer in women, and the leading cause of cancer death in less developed countries.

Breast cancer is not one but several diseases, with biological profiles, aggressiveness and evolution that vary. Today, new powerful technologies, such as gene sequencing, enable scientists to dig more deeply into the heterogeneity and complexity of tumours and uncover the mechanisms driving cancer development and resistance.

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

2017 was a year of hard work to prepare the ground and sow the many seeds needed to launch new trials aiming to better understand breast cancer, test promising treatments and take care of patients with more advanced or rarer forms of breast cancer.
Decoding the genes of cancer for more personalised treatments

Metastatic breast cancer is treatable, but remains incurable. Several studies suggest that, when breast cancer spreads (1 breast cancer patient out of 3 develops metastases), it develops genetic mutations that differ from those present when the disease first appeared. In addition, cancer cells may become resistant to treatments over time. There is a strong need to understand how the disease evolves in order to stop it. That is where BIG’s academic research can make a difference.

Since 2013, BIG has been running AURORA (BIG 14-01), an international research programme totally devoted to metastatic breast cancer. The programme uses molecular screening technology to characterise each cancer on the genetic level in great detail and identify the mechanisms that drive disease evolution over time.

A unique aspect of AURORA is that the molecular tests – based on a panel of 411 cancer-related genes – are done on samples available from the primary tumour (when the disease first appeared), as well as on samples taken after the cancer has metastasised.

By comparing the results, researchers will follow the disease evolution in each patient, with the aim to understand why some patients respond poorly to standard treatment while others respond very well. Our hope is to be able to stop disease progression and find treatments most suited to each woman or man affected by the disease.

In total, 1,000 patients from 12 countries will be recruited in this research programme. The molecular and clinical data, as well as biospecimens collected, represent a wealth of information for the design and conduct of future research.

A generous grant from the Breast Cancer Research Foundation®, as well as grants from Fondation Luxembourg, NIF Trust and individual donors supported this research in 2017.

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

Because BIG is a large, multi-continental network, its member physicians collectively encounter many exceptional responders. This capacity of BIG’s network, not to mention its exclusive focus on breast cancer, will enable us to identify patients with truly remarkable clinical responses that would otherwise stay under the radar. In turn, the analysis of these cases will provide valuable insights into the mechanisms of drug sensitivity.

Together, we will advance research more rapidly and efficiently. This project is funded by the Breast Cancer Research Foundation®.
Building a better immune response against breast cancer

Although the development of immunotherapies for breast cancer appears to be slower than in other cancers, such as melanoma or lung disease, BIG experts have no doubt that the immune system plays an active role in the biology of breast cancer, and can be stimulated and reinforced to better target and destroy tumour cells. Today, immune-oncology drugs hold great potential to improve the treatments offered to breast cancer patients.

A few years ago, BIG created a task force aiming to develop studies of immunotherapies combined with anticancer treatments and to identify immune biomarkers that can predict which patients will most likely respond to these treatments. By 2017, several BIG clinical trials using immunotherapies were being run:

Overcoming treatment resistance in advanced HER2-positive disease

Most patients with metastatic HER2-positive breast cancer ultimately become resistant to standard treatment with trastuzumab, and their disease progresses. Among the various forms of immunotherapy are the PD-1 or PDL-1 inhibitors, which help the immune system recognise and kill cancer cells. Researchers leading the PANACEA trial (BIG 4-13) wanted to know whether combining the anti-PD-1 antibody pembrolizumab with trastuzumab would help patients overcome their tumour’s resistance to treatment.

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

PANACEA is an international phase Ib/II trial sponsored and run by the International Breast Cancer Study Group (IBCSG) in collaboration with BIG. The study is funded by an educational grant from Merck.
Building research

Boosting endocrine therapy against luminal breast cancer

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

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

By the end of 2017, thanks to the determination and collaboration of all study partners and participating hospitals, PALLAS had been recruiting well ahead of schedule. This trial, which involves 26 research groups from the BIG network, will enroll about 4,600 patients in total. The study is funded by an educational grant from Pfizer.

Reinforcing treatment before surgery

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

ULTIMATE (BIG 16-01) is an international study launched in 2017 to evaluate whether adding the drug durvalumab, whose role is to activate the immune system (precisely a type of white blood cells called T lymphocytes), to the standard endocrine therapy (exemestane) given before surgery can achieve these objectives. Since ER+ tumours present very few T lymphocytes, the first phase of the ULTIMATE trial is to attract T lymphocytes within the tumour using different immune-attractant drugs, and only then to activate these lymphocytes against the tumour with durvalumab. The scientists leading this research not only want to test the efficacy of durvalumab; their aim is also to determine the best immune-attractants to increase the level of T lymphocytes in the tumour. This study is led and sponsored by UNICANCER in collaboration with BIG, and aims to involve about 25 hospitals across Europe. The study is funded by a grant from Astrazeneca.

Immunotherapy is about working with the patient’s immune system, to strengthen it and stimulate its response against the tumour.
By December 2017, about 200 women from more than 170 hospitals had decided to participate in POSITIVE (BIG 8-13). This study aims to evaluate whether it is safe for women with hormone-sensitive (ER+) breast cancer who wish to become pregnant to interrupt their endocrine treatment in order to try to have a baby. Thanks to the international collaboration of BIG member groups, in total about 500 young women from over 20 countries worldwide will ultimately participate in POSITIVE through their local cancer research centres and hospitals. Launched in 2015, this purely academic study is run by the International Breast Cancer Study Group (IBCSG) in collaboration with BIG.

Fertility issues are extremely important to young women affected by breast cancer. About 15% of patients with breast cancer are diagnosed during their reproductive years. These patients may not have time to wait for 5-10 years of treatment completion before considering pregnancy, and medical oncologists are often confronted with the following question in their daily practice: is it safe to temporarily interrupt endocrine treatment to attempt pregnancy? The best available evidence suggests that pregnancy after breast cancer does not negatively impact disease outcome and is safe for the offspring, but no definitive data are currently available. The POSITIVE study is essential to improve our understanding of the correlation between pregnancy and the risk of cancer recurrence when a standard therapy is interrupted.

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

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

www.BIGtimeforbaby.org
www.ibcsg.org
Male breast cancer is a rare disease accounting for less than 1% of all breast cancers diagnosed worldwide, and for 1% of all cancers in their gender. In 2017, researchers involved in the International Programme of Breast Cancer in Men (BIG 2-07) presented promising findings. By building both retrospective and prospective registries of male breast cancer cases, and by analysing samples and clinical data from patients over several years, they were able to confirm that male and female breast cancers are different and that 1 out of 3 men affected by the disease is not treated optimally. Their findings also corroborate the existence of a breast cancer subtype that seems to occur only in men and needs to be characterised better.

In addition to these scientific results, the study investigators demonstrated the feasibility of pursuing a therapeutic clinical trial in this rare patient population. Through an international effort led by the European Organisation for Research and Treatment of Cancer (EORTC), in collaboration with the North American Translational Breast Cancer Research Consortium (TBCRC) and BIG, over 550 male breast cancer patients worldwide were recruited in only 30 months. In parallel, they set up a well-structured and functional research network ready to run a clinical trial that could generate meaningful results.

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

The International Programme of Breast Cancer in Men arose in 2006 from the collaboration between BIG and the North American Breast Cancer Group (NABCG) to better understand this rare disease. The programme is funded by numerous grants, including significant support from the Breast Cancer Research Foundation®, the EORTC Breast Cancer Group, the Dutch Pink Ribbon, the European Breast CanCer Council, the Swedish Breast Cancer Association (BRO), and Susan G. Komen®.

Still today, male breast cancer is not well understood, and how to best treat it is unknown. Further research is needed to better understand this rare disease and find adequate treatments for men.
De-escalating therapies: sometimes, less is more

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

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

This is the case of MINDACT (BIG 3-04), a large academic study run to evaluate the utility of adding the 70-gene test (Mammaprint*) to the traditional method of assessing the likelihood of breast cancer recurrence for women with node-negative or 1-to-3 node positive breast cancer. In 2016, the study’s first results showed that about half of the patients who would have received post-surgery chemotherapy in the past according to the traditional method of assessing recurrence risk might actually be able to avoid this treatment and its side effects in the future.

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

Research to validate the utility of prognostic multigene tests is essential and could lead to a substantial change in clinical practice. Equipped with these tests, doctors and patients will be able to better evaluate the risk of cancer recurrence and take well-informed decisions. The ultimate goal is to offer more personalised treatments to each woman and man affected by the disease.

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

WHAT is the impact?

Clinical trials as a driver

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

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

Patients’ needs at the heart of our activities

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

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

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

BIG Time for Baby
(scientific name: POSITIVE)

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

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

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

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

Radio-Tuning
(scientific name: EXPERT)

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

What have we accomplished so far? Our efforts to avoid overtreating patients and exposing them to unnecessary side effects have already been rewarded with the MINDACT trial, where we were able to demonstrate that up to 46% of patients could be spared chemotherapy in the future. BIG wants to keep focusing on this kind of therapeutic de-escalation. In this spirit, the “Radio-Tuning” trial was launched in Australia and New Zealand in 2017; the expansion to other countries in the world is planned for 2018.
A growing family
Growing, thanks to BIG’s donor community

BIG is an internationally recognised not-for-profit organisation that can only continue to exist with the help of a BIG family of supporters.

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

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

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

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

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

DONATE MONEY:
Research is long-term work and costs a lot of money. We have already made BIG progress, but several studies still need your financial support:
- Online: www.BIGagainstbreastcancer.org/donate.
- Offline: donate via BIG’s account BE08 0689 0916 0213.

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

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

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

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

PRIVATE CONCERT WITH MARC LAVOINE
8 MARCH 2017

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

TAKE THE PLUNGE FOR BIG
16 SEPTEMBER 2017

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

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

BIG’S SHADOW & LIGHT
25 OCTOBER 2017

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

Linda and Simona - two young women, both breast cancer survivors - gave moving testimonials on their personal experience and the joy of holding their newborn baby girls.
Each year BIG invites its donors to a gala event, combining solidarity and gastronomy. In 2017, the 5th edition took place at the ‘Cercle de Lorraine’ in Brussels, Belgium, and united close to 300 supporters. Thanks to all participants and their generosity, we made another BIG difference in finding cures for breast cancer.

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

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

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

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

**CSR PATRONAGE PACKAGES**

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

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

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

**MY-EMPLOYEES-COUNT PACKAGES**

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

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

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**BOOBS ART**

Boobs’ Art is a surprising and instructive exhibition about breasts and the fight against breast cancer. All posters represent illustrations, photos and advertisements created and collected by artists from all over the world, on the initiative of ‘Maison de l’Image’.

It is a traveling exhibition and can be set up in your office as well. An original way to sensitise your employees, clients and partners.

Do not hesitate to contact us for more info via partnerships@BIGagainstbc.org.
A growing family

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

3 PINK MARKETING PACKAGES

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

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

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

4 BIG VISIBILITY PACKAGES

BIG has designed special packages with different media.

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

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

5 BIG EVENT PACKAGES

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

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

Donations to BIG are tax-deductible in many countries
Growing, thanks to BIG’s ambassadors

The Queen of the Belgians is BIG’s first Ambassador. As Honorary President of our association, she has been supporting BIG’s initiatives for a long time.

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

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

BIG fosters collaboration among the world’s leading experts in breast cancer and advances research. This is essential to give hope to everyone concerned.”

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

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

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

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

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

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

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

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

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

Thank you!

The Queen of the Belgians is BIG’s first Ambassador. As Honorary President of our association, she has been supporting BIG’s initiatives for a long time.
A growing family

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

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

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

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

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

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

**Thinking globally and acting locally**

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

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

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

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

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

International collaboration is crucial to moving breast cancer research forward, moving more rapidly and efficiently towards one goal: to find better treatments and cures for all people affected by breast cancer.
2017 saw some important changes

Four new BIG member groups

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

- China: the Breast Disease Professional Committee of CMEA (BDPCC)
- Georgia: the Georgian Cancer Study Group (GCSG)
- South Korea: the Korean Cancer Study Group (KCSG)
- Thailand: the Thai Society of Clinical Oncology (TSCO)

BIG reinforced its presence in East Asia. Challenges and opportunities

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

“This is very good news for women with breast cancer because when these studies produce results that change clinical practice, we know that their findings are as meaningful for those living in Asian countries as in other parts of the world.”

Prof Martine Piccart, BIG Chair
BIG’s expanded Executive Board

In 2017, BIG’s Executive Board expanded from nine to 15 members to include more cancer disciplines and better represent the geographies covered by the network.

The expanded board embodies a broad range of cancer expertise such as medical oncology, gynaecological oncology, surgical oncology, radiation oncology, biostatistics, clinical trials methodology, translational research and business.

One of the most important roles of BIG’s Executive Board is to ensure that clinical trials and research programmes under the BIG umbrella are conducted to the highest quality standards and meet the organisation’s principles of research conduct.

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

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

Following almost 20 years of commitment to the organisation, Dr Goldhirsch stepped down from the Executive Board in order to leave way for the next generation of leadership.

During the years spent with BIG, and together with the other members of the Executive Board, he has shaped BIG’s research strategy and objectives, always keeping patients’ interests at the heart.

Sharing a spirit of openness and collaboration, Dr Goldhirsch’s contribution and unfailing commitment to international cooperation have been key to the development and extension of what is now considered to be the largest international academic network of collaborative groups dedicated to breast cancer research.

BIG is built on international collaboration, which is depicted in its logo by the people holding hands. By facilitating breast cancer research internationally, and by stimulating cooperation worldwide, we will find a cure for breast cancer.
A growing family

59 Member Groups to form the largest international network dedicated to breast cancer research

ABCSG
Austrian Breast & Colorectal Cancer Study Group
AGO-B
Arbeitsgemeinschaft Gynäkologische Onkologie Breast Study Group
ARCAGY-GINECO
Association de Recherche dans les Cancers dont Gynécolgiques – Groupe d’Investigateurs Nationaux pour l’Étude des Cancers Ovariens et du sein
BCT-ANZ (formerly ANZBCTG)
Breast Cancer Trials - Australia & New Zealand
BDPCC
Breast Disease Professional Committee of CMEA (China)
BGICS
Breast-Gynecological International Cancer Society
BIEI
Breast Intergroup of Eastern India
BBOG
Borstkanker Onderzoek Groep
CCTG (formerly NCIC CTG)
Canadian Cancer Trials Group
CEEOG
Central and East European Oncology Group
CT-IRE
Cancer Trials Ireland

CTRG
Cancer Therapeutics Research Group
DBCG
Danish Breast Cancer Cooperative Group
EORTC BCG
European Organisation for Research and Treatment of Cancer, Breast Cancer Group
FBCG
Finnish Breast Cancer Group / Suomen Rintasyöpäryhmä
FBI
Francilien Breast Intergroup
GAICO
Grupo Argentino de Investigación Clinica en Oncologia
GBG
German Breast Group
GCSC
Georgian Cancer Study Group
GECO PERU
Grupo de Estudios Clinicos Oncologicos Peruano
GEICAM
Spanish Breast Cancer Group
GOCCHI
Chilean Cooperative Group for Oncologic Research
GOCUR
Grupo Oncologico Cooperativo Uruguaio
GOIRC
Italian Oncology Group for Clinical Research
GONO
Gruppo Oncologico Nord-Ovest
HBSS
Hellenic Breast Surgical Society
HeCOG
Hellenic Cooperative Oncology Group
HKBOG
Hong Kong Breast Oncology Group
HORG
Hellenic Oncology Research Group
IBCG
Icelandic Breast Cancer Group
IBCSG
International Breast Cancer Study Group
IBG
Israeli Breast Group
IBIS
International Breast Cancer Intervention Studies
ICCG
International Collaborative Cancer Group
ICRC
Indian Co-Operative Oncology Network
ICON ARO
Indian Co-Operative Oncology Network - Breast Cancer Research Center
ICR-CTSU
Institute of Cancer Research – Clinical Trials & Statistics Unit
IJB / CTSU (formerly BrEAST)
Institut Jules Bordet / Clinical Trials Support Unit
IOMC
Indian Oncology Study Group
ITMO
Italian Trials in Medical Oncology
JBCRG
Japan Breast Cancer Research Group
KCSG
Korean Cancer Study Group
LACOG
Latin American Cooperative Oncology Group
MICHELANGELO
Fondazione Michelangelo
NBG
Norwegian Breast Cancer Group
NCRI-BCSG
National Cancer Research Institute - Breast Cancer Clinical Studies Group
SABO
Swedish Association of Breast Oncologists
SANO
Swiss Group for Clinical Cancer Research
SBCG
Sheba Breast Collaborative Group
SKMCH & RC
Shaukat Khanum Memorial Cancer Hospital & Research Centre
SLO
Société Luxembourgeoise d’Oncologie
SOLTI
Breast cancer research group
SUCCESS
– Study Group
SweBCG
Swedish Breast Cancer Group
TCOG
Taiwan Cooperative Oncology Group
TROG
Trans Tasman Radiation Oncology Group
TSCO
Thai Society of Clinical Oncology
UCBG
Unicancer Breast Group
WSG
Westdeutsche Studiengruppe
BIG Member Groups’ activities

BDPCC (China)
Breast Disease Professional Committee of CMEA

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

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

Community Education, China Tour

This initiative will continue until November 2020, and cover more than 30 provinces, cities and autonomous regions in China. The Community Education China Tour will touch on subjects such as guidance about the diagnosis of breast diseases, surgery, post-operative rehabilitation training, radiotherapy, chemotherapy, endocrine therapy, targeted therapy and more.

In 2017, BDPCC provided educational training on clinical trials to more than 2,000 physicians from the provinces Hebei, Shanxi, Gansu, Guangdong, Heilongjiang, Shandong, Jilin, Liaoning, Jiangsu, Zhejiang, Shaanxi, Sichuan and the Inner Mongolia Autonomous Region.

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

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

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

Measurement and characterisation of circulating tumour cells (CTCs) hold promise for advancing personalised therapeutics. CTCs are precursors to metastatic outgrowth and thus have the potential to alter treatment and outcome. The prognostic impact of CTCs was analysed in the GeparQuattro cohort, and it was shown that the presence of CTCs in peripheral blood taken before neoadjuvant therapy was significantly associated with worse disease-free survival, whereas CTCs detected after chemotherapy were not (Riethdorf et al. 2017).

Women below the age of 45 receiving breast cancer chemotherapy are at risk of developing premature ovarian failure. To define the risk of ovarian failure and loss of fertility with modern chemotherapy regimens, the levels of estradiol (E2), Follicle-Stimulating Hormone (FSH) and Anti-Mullerian Hormone (AMH), in addition to antral follicle counts measured by ultrasound were assessed in five GBG trials (GeparSixto, GeparSepto, GENEVIEVE, GeparOcto and Gain-2). The first results showed that the majority of young women (aged ≤45 years) experienced chemotherapy-induced ovarian failure (CIOF) after anthracycline or taxane-based chemotherapy (CT) (85.5% at end of treatment). Parameters such as older age, longer CT duration and dose-dense regimen were associated with a higher rate of CIOF (Furlanetto et al. 2017; JCO 2017; 35:15 suppl, 10068-10068). Recent data presented as a poster discussion at the SABCS 2017 demonstrated that nearly 70% of women regained premenopausal hormone levels of FSH and E2 within 2 years after the end of CT. Despite that, less than one-third of the women maintain their fertility potential as predicted by levels of AMH (Furlanetto et al. 2017).
**Ongoing trials and future research focus**

Besides GeparNuevo, several other GBG trials are currently ongoing in the neoadjuvant setting. GeparX is evaluating the addition of the RANK-ligand antagonist denosumab to neoadjuvant chemotherapy, while GeparOLA is investigating the addition of the PARP-inhibitor olaparib to preoperative treatment in patients with homologous recombination-deficient tumours. Again, these studies are accompanied by an extensive translational research programme. In metastatic breast cancer, several trials of CDK4/6 inhibitors in different settings are about to start, and a registry study on breast cancer brain metastases with highly successful recruitment is ongoing. Planned trials will continue to focus on the neoadjuvant setting with an emphasis on immune-checkpoint inhibitors and treatment de-escalation.

**References:**


Furlanetto J, Thode C, Bassy M, et al. Changes in hormone levels (E2, FSH, AMH) and fertility of young women treated with neoadjuvant chemotherapy (CT) for early breast cancer (EBC). SABCS 2017; poster discussion PD7-09.

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**GEICAM (Spain)**

**Spanish Breast Cancer Group**

**ISO quality certificate**

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

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

GEICAM received ISO 9001: 2015 certification from the global certification group BSI (British Standards Institution) in January 2015 and since then has been operating a Quality Management System that complies with ISO 9001 requirements for Clinical, Epidemiological and Translational Research, Training and Disclosure in Breast Cancer.

In November 2017, GEICAM successfully passed the recertification audit and implementation of the new ISO 9001: 2015 standards and obtained its new certificate.
Dr Miguel Martín, founder of GEICAM, wins the 2017 ESMO Award

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

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

In 1995, Martin created GEICAM, a network of more than 180 Spanish institutions. Since then, GEICAM has carried out upwards of 120 clinical, translational and epidemiological studies in the field of breast cancer, including more than 47,000 patients.

The ESMO award was created in 1985 to recognise an ESMO member who has made outstanding contributions to the development of medical oncology as a specialty within the oncology community.

HeCOG (Greece)
Hellenic Cooperative Oncology Group

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

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

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

Finally, in collaboration with the Greek chapter of Women for Oncology (W4O), whose founding members are also members of HeCOG, we organised the “6th Public Awareness Meeting on Cancer in Women and Heredity” in Athens on 20 May 2017.

Papers published in 2017:
Haplotype analysis reveals that the recurrent BRCA1 deletion of exons 23 and 24 is a Greek founder mutation.

Association of osteopontin with specific prognostic factors and survival in adjuvant breast cancer trials of the Hellenic Cooperative Oncology Group.
A growing family

JBCRG (Japan)
Japan Breast Cancer Research Group

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

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

Also, under the BIG umbrella, JBCRG cooperated in the following studies: ALLTO (BIG 2-06), SUPREMO (BIG 2-04), SOLE (BIG 1-07), OlympiA (BIG 6-13), PALLAS (BIG 14-03) and PENEOLOPE-B (BIG 1-13).

Several papers were accepted for publication from our original studies, including JBCRG-C06 (Safari) by Breast Cancer Research and Treatment; JBCRG-18Cape by Breast Cancer; JBCRG-M01 by Cancer Medicine; and JBCRG-Q06 by the Japanese Journal of Breast Cancer.

In April, Dr. Shinji Ohno, Representative Director of JBCRG and Head of the Breast Oncology Center of The Cancer Institute Hospital of JFCR (Japanese Foundation for Cancer Research) was interviewed in a TV programme broadcast nationwide. His daily clinical work, including JBCRG activities and the POSITIVE trial (BIG 8-13, IBCSG 48-14), were highlighted.

On 12 November, JBCRG organised its 8th Educational Meeting with the theme "Let’s become PI (Principal Investigator)! - From clinical trial planning to paper writing". 101 investigators and clinical research coordinators from 62 sites attended.

In December, representatives of seven Asian countries (Hong Kong, Singapore, Thailand, China, Taiwan, South Korea and Japan) gathered at the BIG-ASIA Lunch Meeting organised during SABCS 2017. The BIG member groups discussed the future collaboration of clinical trials in Asia. Together with its neighbour countries, JBCRG expressed its wishes to strengthen the structure of clinical trials in Asia.
In November 2017, represented by group chair Dr Gustavo Werutsky, LACOG participated in the UICC World Lung Cancer Leaders’ Summit held in Mexico City. This summit is a high-level policy meeting dedicated exclusively to furthering global cancer control.

Through “Projecto Cura”, a fundraising initiative developed to support cancer research projects in Latin America, LACOG organised a panel on Cancer Clinical Research at “Todos Juntos Contra o Cancer”, a major event in Brazil dedicated to patient advocacy, civil societies and authorities, among others. Its aim is to highlight the importance of investing in cancer research, as well as educating and engaging patients in the fight against cancer through clinical research. Several activities, such as art and music shows, were developed by Fernanda Schwyter, LACOG’s fundraising coordinator, to create and nurture a culture of donation to cancer research in the region.

LACOG and BIG continued to pursue the idea of a mentorship programme to develop personal capacity in the conduct and management of clinical trials in Latin America. This follows from the BIG-Latina Traineeship organised by BIG and the EORTC in 2016 with the aims to nurture future cancer expert leaders in the Latin American region. Specifically, the goal is to help them build the infrastructure required to conduct high quality national and regional clinical research, as well as to take part in large international research programmes, while dealing with the many local challenges specifically faced by their region.

Fondazione Michelangelo per l’Avanzamento dello Studio e della Cura dei Tumori designs and promotes clinical trials to find better ways to treat diseases like breast cancer. In December 1999, it was formally established as Foundation and, in March 2001, the Italian authorities legally recognised it as a non-profit organisation. Fondazione Michelangelo has always been very active in the area of neoadjuvant trials in breast cancer:

• The NOAH trial – launched in 2002 – tested the possible benefit of adding trastuzumab to chemotherapy for women with HER2+ locally advanced breast cancer,
• The NeoSphere trial – launched in 2007 – compared the benefit of dual HER2 blockade with trastuzumab and pertuzumab with or without docetaxel with the therapeutic effect of conventional trastuzumab and docetaxel.

The 5-year results of these studies were respectively published in Lancet Oncology in 2014 and in 2016.
In 2013, Fondazione Michelangelo promoted a phase III, international multicentre study in collaboration with GEICAM, and BCRC-WA, known as ETNA (Evaluating Treatment with Neoadjuvant Abraxane). It was aimed at comparing the rate of pathologic complete response for abraxane vs paclitaxel given for four cycles and was followed by an anthracycline-containing regimen for four cycles before surgery in patients with early or locally advanced HER2-negative breast cancer. The results of the primary analysis were published in a peer-reviewed journal.

In 2015, a neoadjuvant exploratory Phase II trial (NA-PHER2) was activated in seven Italian centers to study changes of Ki67 from baseline before therapy, at two weeks and at surgery. Eligible patients had invasive unilateral non-metastatic ER-positive breast cancer overexpressing HER2 and had to be suitable for neoadjuvant therapy. They were treated every three weeks with trastuzumab and pertuzumab for six cycles combined with palbociclib 125 mg po q.d. x 21 q. four weeks and fulvestrant i.m. 500 mg, both given for five cycles. The results of this exploratory study were published in Lancet Oncology.

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

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

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

Our aim is to understand why patients respond differently to treatments and then develop treatment regimens to provide maximum benefit for individual patients. For this reason, tissues and blood samples are collected and a bio-bank is maintained in the laboratories of academic institutions.

All the clinical and translational projects of Fondazione Michelangelo are non-commercial. Our main objective and achievement is to complete international studies while maintaining scientific independence from the industry and while further developing translational medicine.
SOLTI draws the portrait of the future therapeutic strategies in breast cancer in its annual “Envision Summit”

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

Immunoncology, DNA repair, PI3K pathway modulation and cyclin inhibitors were the hot topics discussed during this annual scientific conference that took place in Madrid on 24 November 2017. SOLTI is already working on a wide range of clinical trials based on these research strategies, either on its own or in collaboration with other national and international academic groups and companies. This allows several “lines” of breast cancer research to be conducted in parallel, for a more effective fight against the disease.

An interesting discussion forum was created between the invited international specialists, most of them BIG members, and the audience, consisting of professionals from different fields and geographical areas of Spain.

Dr Andrew Tutt, of the Institute of Cancer Research in London (United Kingdom), reviewed the latest advances in the study of DNA repair mechanisms, for which the usefulness of the PARP inhibitors is being evaluated. He emphasised how some breast tumours, especially those that have altered the mechanism of DNA repair, are sensitive to the activity of these inhibitors.

Dr Sibylle Loibl, of the German Breast Group, addressed the new data available on cyclin dependent kinases inhibitors. These molecules have already demonstrated their capacity to regulate the cell cycle and have been showing clinical utility in several trials.

The PI3K pathway was analysed by Dr Dejan Juric, oncologist from the Massachusetts General Hospital in Boston (United States). This key pathway drives many of the cellular control processes, and there are already experimental compounds that may have a role in some points of the pathway.

At the end of the Summit, Dr Fabrice André, from the Institute Gustave Roussy de Villejuif (France), referred to immunoncology in breast cancer and its potential application in some subtypes of the disease, especially in triple negative breast cancer and, to a lesser extent, HER2-positive and luminal subtypes.

More than 100 attendees filled the auditorium of the Envision Summit. Its outstanding audiovisual and interactive staging complemented the focus on multidisciplinary exchange. An exhibition with several examples of collaboration between academia and the pharmaceutical industry was developed for the occasion. It reinforced the importance of promoting clinical research at the international level, which makes the conduct of practice-changing studies possible.

Please have a look at the highlights video of the meeting:

In 2017, SOLTI launched a new edition of its Scientific Talent programme

As proof of SOLTI’s commitment to support and train young investigators, the academic research group launched a new edition of its «Scientific Talent” programme in 2017, a one-year personalised and comprehensive training scholarship in clinical research offered to an early-career investigator interested in breast cancer.
The purpose of this fellowship, supported by the SOLTI Foundation, is to give a young oncologist who is about to end his or her training as a physician the opportunity to start a career in clinical research. The Scientific Talent programme includes a part-time internship in a hospital within the group’s network, under the mentorship of a senior SOLTI investigator, and a training period at SOLTI’s Headquarters Office.

Dr Tomás Pascual was the 2017 recipient of this annual fellowship and became part of the team led by Dr Aleix Prat, who is SOLTI’s scientific coordinator, at the Hospital Clinic in Barcelona. Dr Pascual received comprehensive training in clinical and translational research, experiencing the various aspects of protocol development and study conduct, as well as attending an international professional conference and other educational events, including workshops in clinical trial design and biostatistics hosted by SOLTI.

Through its Scientific Talent programme, SOLTI is committed to developing the future of breast cancer research by giving young investigators opportunities to gain extensive clinical, translational and research knowledge in breast cancer. The programme has attracted major interest among young investigators. Proof of this is that we tripled the number of applications during the latest call.

This initiative has proven to be a great way to attract future investigators, get to know them, understand their motivations, and start collaborations within SOLTI’s network.

Individual breast cancer risk estimation, through models including clinical variables, mammographic breast density and more than 100 genetic polymorphisms, now has substantial clinical and scientific bases. Personalised screening strategies, based on individual risk levels, could potentially improve the individual benefit/harms ratio of screening (earlier cancer detection and less intensive treatments in high risk women, less false positives and over-diagnoses in low risk ones), and increase the cost-efficacy for health insurances.

My-PEBS will conduct an international randomised phase III trial to validate this hypothesis. It will primarily assess the ability of an individual risk-based screening strategy to be non-inferior, and possibly superior, to the standard-of-care screening, in reducing the cumulative incidence of stage II+ breast cancers. The trial, conducted in five countries (France, Italy, UK, Belgium and Israel) will include 85,000 European women aged 40-70, all followed for four years. My-PEBS will also evaluate if an individual risk-based screening strategy, compared with the standard, reduces screening-related harms (unnecessary biopsies, over-diagnoses) in low-risk women, is overall at least as cost-effective, as well as more accepted by women, resulting in a larger screening coverage. After analyses of all components, the final objective of My-PEBS is to deliver recommendations for the best future breast cancer screening strategy in Europe.
NeoPal trial: Neoadjuvant treatment with letrozole/palbociclib showed promising clinical results in luminal breast cancer.

The UNICANCER-NeoPal trial is an innovative approach, combining the most recent therapeutic opportunities in high risk ER+ breast cancer with diagnostic approaches such as the PAM50 signature and the residual cancer burden (RCB) tumour response evaluation method. NeoPal is a phase II trial coordinated by Dr Paul Cottu, Institut Curie (Paris). This trial enrolled postmenopausal women with stage II or III ER-positive, HER2-negative breast cancer who were not candidates for breast conserving surgery (BCS). All patients were required to have either a PAM50 luminal B or luminal A profile with proven lymph node involvement. 106 patients with stage II-IIIA, PAM50-ascertained luminal BC underwent parallel 1:1 randomisation to six courses of third generation chemotherapy comprising FEC100 for three cycles plus docetaxel 100 for three cycles or to 19 weeks of letrozole plus palbociclib for four 3-week cycles. Surgery was performed at week 20.

The NeoPAL study is the first trial to evaluate the combination of endocrine therapy + CDK4/6 inhibitor and cytotoxic chemotherapy in the neoadjuvant setting in patients with luminal BC. Although NeoPal did not reach its primary objective in term of RCB, our results showed that the clinical objective response and BCS rates with neoadjuvant letrozole/palbociclib and chemotherapy were similar and that the letrozole/palbociclib combination demonstrated better tolerability than chemotherapy (p < 0.001). The risk of recurrence score was not predictive of RCB 0/I. In addition, letrozole/palbociclib allowed a profound decrease in Ki67 levels, which translated into very encouraging breast cancer-specific survival and relapse-free survival, preoperative endocrine prognostic index scores with a potential long-term beneficial effect.

The primary results of the UNICANCER-NeoPAL study were presented at ESMO 2017 in Madrid and have been submitted for publication.
Some of the key scientific papers published by member groups about BIG breast cancer trials in 2017

- 11 years' follow-up of trastuzumab after adjuvant chemotherapy in HER2-positive early breast cancer: final analysis of the HERceptin Adjuvant (HERA) trial. Cameron, D. et al., Lancet Volume 389, No. 10075, p1195–1205, 25 March 2017 (BIG 1-01)


- Adjuvant endocrine therapy for premenopausal women: Type and duration. Francis P. et al., E-published Breast 2017 June 29. (BIG 2-02 SOFT; BIG 3-02 TEXT)


- Concurrent and sequential initiation of ovarian function suppression with chemotherapy in premenopausal women with endocrine-responsive early breast cancer: an exploratory analysis of TEXT and SOFT. Regan MM. et al., Ann Oncol 0: 1-8, 2017. First published online July 29, 2017. (BIG 2-02 SOFT; BIG 3-02 TEXT)


Overview of the clinical studies run within the BIG network

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<th>BIG number</th>
<th>Short description</th>
<th>Principal Investigator(s)</th>
<th>Trial model &amp; partners</th>
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<td>P. Altimos, M. Oliveira</td>
<td>BIG-sponsored - Coordinating groups: BIG HQ (sponser) / IJB-CTSU (BreAST) / FSS - Pharma partner: N/A</td>
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<td><strong>Breast Cancer in Pregnancy</strong></td>
<td>BIG 2-03</td>
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<td>S. Loibl, G. von Minckwitz</td>
<td>Supporter trial - Coordinating group: GBG (sponser) - Pharma partner: N/A</td>
</tr>
<tr>
<td><strong>EXPERT</strong></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>
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<td>Supporter trial - Coordinating groups: EORTC (sponser) / NABCG (US) Pharma partner: N/A</td>
</tr>
<tr>
<td><strong>ODYMPIA</strong></td>
<td>BIG 6-13</td>
<td>Olaparib vs. placebo for patients with BRCA-mutated, high-risk HER2-negative breast cancer, having completed local treatment and (neo)adjuvant chemotherapy - NCT02032823</td>
<td>A. Tutt, B. Kaufman, J. Garber, C. Geyer</td>
<td>Lead trial - Coordinating groups: BIG HQ / FSTRF Sponsors: Astrazeneca (Rest of the World) and NRG Oncology (US)</td>
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<td><strong>PALLAS</strong></td>
<td>BIG 14-03</td>
<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>M. Grant, E. Mayer, A. DeMichele</td>
<td>Co-Lead trial - Coordinating groups: ABCSG (RoW) / AFT (US) (sponser) - Pharma partner: Pfizer</td>
</tr>
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<td><strong>PENELOPE-B</strong></td>
<td>BIG 1-13</td>
<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</td>
<td>Supporter trial - Coordinating group: GBG (sponser) - Pharma partner: Pfizer</td>
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<tr>
<td><strong>POSITIVE</strong> (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</td>
<td>Supporter trial - Coordinating group: IBCSG (sponser) - Pharma partner: N/A</td>
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<tr>
<td><strong>PYTHIA</strong></td>
<td>BIG 14-04</td>
<td>Palbociclib plus fulvestrant for pretreated patients with ER+ /HER2- metastatic breast cancer NCT02536742</td>
<td>L. Malorni</td>
<td>Co-lead trial - Coordinating groups: BIG HQ / IBCSG (sponser) - Pharma partner: Pfizer</td>
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<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+ /HER- breast cancer - NCT02997995</td>
<td>F. André, A. Prat</td>
<td>Co-lead trial - Coordinating groups: French Breast Cancer Intergroup Ucancer (UCBG) (sponser) and BIG HQ - Pharma partner: Astrazeneca</td>
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</tbody>
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Over the years, BIG has built close collaborations with various pharmaceutical partners.

Together we develop and run clinical trials that will best meet patients’ needs, while following BIG’s principles of research conduct.

In 2017 BIG conducted clinical trials in collaboration with: Novartis, Roche, Tesaro, Servier, Astrazeneca, Genentech, Apotex, Sanofi, Agenda, Pfizer, Merck, Celgene.
### Follow-up or post-study activities

<table>
<thead>
<tr>
<th>Study name</th>
<th>BIG number</th>
<th>Short description</th>
<th>Principal Investigator(s)</th>
<th>Trial model &amp; partners</th>
</tr>
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<tbody>
<tr>
<td>ALTO</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</td>
<td>Lead trial - Coordinating groups: BIG HQ / UB-CTSU / IBEOAST / FSTRF / Alliance (former NCCTG; sponsor for the US) - Pharma partner: Novartis (global sponsor for all countries with the exception of US)</td>
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<tr>
<td>APHINITY</td>
<td>BIG 4-11</td>
<td>Comparison of single-versus-dual anti-HER2 therapy (trastuzumab, pertuzumab) for patients with HER2-positive primary breast cancer - NCT01358877</td>
<td>G. von Minckwitz</td>
<td>Lead trial - Coordinating groups: BIG HQ / UB-CTSU / FSTRF - Pharma partner: Roche (sponsor)</td>
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<tr>
<td>AZURE</td>
<td>BIG 1-04</td>
<td>Does Adjuvant Zoledronic acid reduce Recurrence in patients with high-risk, localised breast cancer? - NCT00072020</td>
<td>R. Coleman</td>
<td>Supporter trial - Coordinating group: NCRU - Pharma partner: Novartis - Sponsor: University of Sheffield</td>
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<tr>
<td>BRAVO</td>
<td>BIG 5-13</td>
<td>Nippleair for patients with HER2-negative, germline BRCA mutation-positive, locally advanced or metastatic breast cancer - NCT01905592</td>
<td>N. Turner</td>
<td>Co-lead trial - Coordinating groups: EORTC / BIG HQ - Pharma partner: Tesaro (sponsor)</td>
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<tr>
<td>CALOR Loco-regional</td>
<td>BIG 1-02</td>
<td>A randomised clinical trial of adjuvant chemotherapy for radically resected loco-regional relapse of breast cancer - NCT00074193</td>
<td>S. Aebi, I. Wapnir</td>
<td>Supporter trial - Coordinating group: IBCSG (sponsor) - Pharma partner: Novartis - N/A</td>
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<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: Novartis - N/A</td>
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<td>FINESSE</td>
<td>BIG 2-13</td>
<td>Oral luctanib for patients with FGFR1 ER+ metastatic breast cancer - NCT02053636</td>
<td>F. André</td>
<td>Lead trial - Coordinating groups: BIG HQ / FSS - Pharma partner: Servier (sponsor)</td>
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<td>IBIS-II Prevention</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 - Coordinating group: IBIS (sponsor) - Pharma partner: AstaZeneca</td>
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<tr>
<td>LORELEI</td>
<td>BIG 3-13</td>
<td>Different regimens of letrozole or letrozole + talosib in postmenopausal women with ER/HER2-negative, early stage breast cancer - NCT02271973</td>
<td>C. Saura</td>
<td>Co-lead trial - Coordinating Groups: ABCSG, SOTI and BIG HQ - Pharma partner: Genterich (sponsor)</td>
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<tr>
<td>MA.32 Meflin</td>
<td>BIG 5-11</td>
<td>Effect of mefomarin on recurrence and survival in early stage breast cancer - NCT0101438</td>
<td>P. J. Goodwin</td>
<td>Supporter trial - Coordinating group: NCC (sponsor) - Pharma partner: ApoTheX</td>
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<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</td>
<td>Co-lead trial - Coordinating groups: EORTC / ISG / BIG HQ - Pharma partner: Roche, Sanofi, Novartis and Agenda</td>
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<td>NEO-ALTO</td>
<td>BIG 1-06</td>
<td>Comparison of dual HER2 inhibition (lapatinib, trastuzumab) plus chemotherapy before surgery versus single HER2-targeted therapy - NCT00533538</td>
<td>J. Baselga, J. Hubber</td>
<td>Co-lead trial - Coordinating groups: IBCTSU (UK) / SOTI / BIG HQ - Pharma partner: Novartis (global sponsor for all countries with the exception of US, where Alliance is the sponsor)</td>
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<tr>
<td>Neo-PHOBIE</td>
<td>BIG 6-11</td>
<td>Buparlisib for HER2-positive, PIK3CA wild-type and PIK3CA mutant primary breast cancer - NCT01816594</td>
<td>S. Lodi</td>
<td>Co-lead trial - Coordinating groups: GBO / SOTI / BIG HQ - Pharma partner: Novartis (sponsor)</td>
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<td>PANACEA</td>
<td>BIG 4-13</td>
<td>Anti-PD-1 monoclonal antibody in AdvancEd, trastuzumab-resistant, HER2-positive breast cancer - NCT02129556</td>
<td>S. Loi</td>
<td>Supporter trial - Coordinating group: IBSCG (sponsor) - Pharma partner: Merck</td>
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<tr>
<td>REACT</td>
<td>BIG 1-03</td>
<td>Randomised European Celecoxib Trial: celecoxib versus placebo in primary breast cancer patients - NCT02429427</td>
<td>C. R. Coombs, L. Bliss, G. von Minckwitz</td>
<td>Supporter trial - Coordinating groups: ICD (sponsor) / GBG - Pharma partner: Pfizer</td>
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<tr>
<td>SNAP</td>
<td>BIG 2-12</td>
<td>Schedules of nab-Paclitaxel: evaluation of different schedules of nab-paclitaxel for metastatic breast cancer - NCT01746225</td>
<td>A. Gennari, G. Jersualem</td>
<td>Supporter trial - Coordinating group: IBSCG (sponsor) - Pharma partner: Celgene</td>
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<td>SOFT</td>
<td>BIG 2-02</td>
<td>Evaluation of ovarian suppression and of exemestane as adjuvant therapy for premenopausal women with endocrine responsive breast cancer - NCT00666990</td>
<td>F. Francis</td>
<td>Supporter trial - Coordinating group: FBCG (sponsor) - Pharma partner: Pfizer</td>
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<tr>
<td>SOLD</td>
<td>BIG 1-10</td>
<td>The Synergism Or Long Duration (SOLD) Study: short (9 weeks) versus long (1 year) treatment of early HER2-positive breast cancer with trastuzumub - NCT00593697</td>
<td>H. Joensuu</td>
<td>Supporter trial - Coordinating group: FBCG (sponsor) - Pharma partner: Roche (former NCCTG; sponsor for the US) - Pharma partner: Novartis - Sponsor: University of Sheffield</td>
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<tr>
<td>SOLE</td>
<td>BIG 1-07</td>
<td>Study Of Letrozole Extension: continuous versus intermittent letrozole following endocrine treatment for postmenopausal women disease-free of HR+, node-positive early stage breast cancer - NCT0053410</td>
<td>M. Colletti, P. Karlsson, S. Aebi, J. Chergwin</td>
<td>Supporter trial - Coordinating group: IBSCG (sponsor) - Pharma partner: Novartis - N/A</td>
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<tr>
<td>SUPREMO</td>
<td>BIG 2-04</td>
<td>Selective Use of Postoperative Radiotherapy After Mastectomy/diy - adjuvant chest wall irradiation for Intermediate risk breast cancer following mastectomy - NCT00946888</td>
<td>I. Kunkler</td>
<td>Supporter trial - Coordinating group: SCTBG - Sponsor: UK Medical Research Council - Pharma partner: N/A</td>
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<tr>
<td>TEXT</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</td>
<td>Supporter trial - Coordinating group: IBSCG (sponsor) - Pharma partner: Pfizer</td>
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<tr>
<td>TREAT CTC</td>
<td>BIG 1-12</td>
<td>Trastuzumub treatment for HER2-negative early breast cancer in the presence of circulating tumour cells - NCT01548677</td>
<td>M. Ignatadis, M. Piccart</td>
<td>Supporter trial - Coordinating group: EORTC (sponsor) - Pharma partner: Roche</td>
</tr>
</tbody>
</table>

Legend: AFT: Alliance Foundation Trials, LLC; FSS: Frontier Science Scotland, LTD; FSTRF: Frontier Science and Technology Research Foundation, Inc; TBCRC: Translational Breast Cancer Research Consortium; NCCTG: North Central Cancer Treatment Group; SCTBG: Scottish Cancer Trials Breast Group; N/A: not applicable

NB: This table does not include the trials in development and the closed trials. For more information, please visit: [www.BIGAgainstBreastcancer.org](http://www.BIGAgainstBreastcancer.org).
## Balance Sheet

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
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</tr>
<tr>
<td>Intangible fixed assets</td>
<td>5,904</td>
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<tr>
<td>Tangible fixed assets</td>
<td>194,757</td>
<td>207,420</td>
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<tr>
<td>Financial fixed assets</td>
<td>147,477</td>
<td>72,627</td>
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<tr>
<td><strong>Total Fixed Assets</strong></td>
<td><strong>348,138</strong></td>
<td><strong>280,047</strong></td>
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<tr>
<td><strong>Current Assets</strong></td>
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<td></td>
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<tr>
<td>Receivables up to one year</td>
<td>8,858,530</td>
<td>3,866,823</td>
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<tr>
<td>Current investments</td>
<td>534,901</td>
<td>5,910,218</td>
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<tr>
<td>Cash at bank</td>
<td>8,034,099</td>
<td>5,361,575</td>
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<tr>
<td>Deferred charges and accrued income</td>
<td>390,657</td>
<td>343,189</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>17,818,187</strong></td>
<td><strong>15,481,805</strong></td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>18,166,325</strong></td>
<td><strong>15,761,852</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity</strong></td>
<td></td>
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</tr>
<tr>
<td>Net assets</td>
<td>5,002,714</td>
<td>5,493,549</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td><strong>5,002,714</strong></td>
<td><strong>5,493,549</strong></td>
</tr>
<tr>
<td><strong>Debts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts payable within one year</td>
<td>13,131,681</td>
<td>10,236,372</td>
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<tr>
<td>Trade debts</td>
<td>12,778,395</td>
<td>9,847,170</td>
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<tr>
<td>Tax, remuneration and social security</td>
<td>353,286</td>
<td>389,202</td>
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<tr>
<td>Deferred charges and accrued income</td>
<td>31,930</td>
<td>31,930</td>
</tr>
<tr>
<td><strong>Total Debts</strong></td>
<td><strong>13,163,612</strong></td>
<td><strong>10,268,302</strong></td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>18,166,325</strong></td>
<td><strong>15,761,852</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Income &amp; Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover (research)</td>
<td>20,903,057</td>
<td>9,563,551</td>
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<tr>
<td>Other goods &amp; services</td>
<td>-18,632,682</td>
<td>-6,743,845</td>
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<tr>
<td><strong>Operating margin</strong></td>
<td>2,270,375</td>
<td>2,819,706</td>
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<tr>
<td>Remuneration, social security &amp; pension costs</td>
<td>-2,784,181</td>
<td>-2,730,817</td>
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<tr>
<td><strong>Operating result</strong></td>
<td>-513,807</td>
<td>88,889</td>
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<tr>
<td>Financial result</td>
<td>31,841</td>
<td>243,874</td>
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<tr>
<td>Extraordinary income (+)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Extraordinary expenses (-)</td>
<td>-8,870</td>
<td>-10,061</td>
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<tr>
<td><strong>Result for the financial year</strong></td>
<td>-490,835</td>
<td>322,702</td>
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</table>
Acknowledgements

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Amgen
April with love
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Fondation Cancer Luxembourg

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Fondation Kiabi
"By supporting BIG and breast cancer research, you not only give money, you also give HOPE. That is so much more important for all people confronted with breast cancer."

Nathalie Schampaert, BIG supporter and breast cancer survivor

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<th>Individual donors</th>
<th>Acknowledgements</th>
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<td>Mrs Rita Boustany</td>
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<td>Baron and Baroness Raymond Vaxelaire</td>
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<td>Mrs Anne Vierstraete</td>
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<td>Miss Julie Gebhart and Mr Pablo Matias Becerra</td>
<td>Count and Countess</td>
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<td>Mr and Mrs Elienne de Woel de Jannée</td>
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<td>Mr and Mrs Erol Kandiyoti</td>
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