Together
we will find a cure for breast cancer
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About

The Breast International Group (BIG) is an international not-for-profit organisation that represents the largest global network of academic research groups dedicated to finding cures for breast cancer.

BIG was founded as a network of collaborative groups in 1999 to address fragmentation in European breast cancer research. However, groups from other parts of the world rapidly expressed interest in joining BIG, and today it gathers 56 like-minded research groups from around the world and reaches across more than 50 countries and 6 continents. BIG connects thousands of hospitals and world-class breast cancer experts who collaborate on pioneering breast cancer research.

BIG’s mission is to facilitate and accelerate breast cancer research at the international level. We are proud to be both global AND local, helping breast cancer patients from all over the world.

www.BIGagainstbreastcancer.org
Message from the Co-chairs

2015 was a very busy year for BIG, and we have much to be proud of.

We now comprise **56 member groups whose investigators are driven by a common vision and passion for conducting research that finds credible answers to questions that really matter to patients.** By working together, we contribute to our mission to facilitate breast cancer research internationally and find better treatments and cures for patients around the world.

About 30 trials were running under the BIG umbrella in 2015, and numerous others were under development. Among the studies launched was **POSITIVE ("BIG Time for Baby"),** a purely academic study that will evaluate whether it is safe for women with hormone-sensitive (ER+) breast cancer to interrupt their endocrine treatment in order to try to have a baby.

During the past year, BIG also accelerated its efforts to get all 11 groups in 14 countries representing over 80 hospitals to start enrolling patients in the AURORA molecular screening programme, which promises to significantly improve our understanding of metastatic breast cancer one day.

Our “International Programme of Breast Cancer in Men” made progress as well: by building an international registry of all male breast cancer patients treated at the participating institutions for a period of 30 months, the partners involved will be able to determine the feasibility of a clinical trial designed specifically for men with breast cancer in the future.

These are but examples of the kind of work BIG does to take care of the many groups of patients who, because of the specificity of their situation, or the rarity or the advanced form of their disease, are often excluded from studies or are still not treated in an optimal way.

We know that breast cancer is not one but multiple diseases, and while individual or national research initiatives on more personalised treatments are numerous, today more than ever, **BIG plays a critical role in mobilising global collaboration, which is crucial to generating meaningful study results.**

BIG is a well-organised structure, bringing together multidisciplinary expertise about breast cancer through its member groups. With each BIG member group represented by esteemed national and international leaders from the highest quality breast cancer centres from around the world, and through its active collaboration with colleagues from the United States, BIG has the means to make a real difference in breast cancer patients’ lives.

We wish to extend our heartfelt thanks to all our member groups, partners, supporters and staff for their tireless determination to help advance breast cancer research and treatment. And, just as importantly, we wish to thank and honour the 1000s of patients who participate in our trials and work with us to develop tomorrow’s cures. Together we can only go onwards and upwards!

We hope you enjoy the reading.

On behalf of BIG Executive Board 2014-2018: Martine Piccart (Chair), Aron Goldhirsch (Vice-chair), Michael Gnant (Treasurer), Fabrice André, José Baselga, David Cameron, Angelo Di Leo, Karen Gelmon and Sibylle Loibl.
TOGETHER we ask the most relevant questions for patient treatment and care. HOW?

By keeping patients’ needs at the heart of BIG studies

The research groups in the BIG network share a passion to develop clinical trials to find answers to questions that have no inherent commercial interest: how can drugs best be combined or sequenced with others to optimise patient treatment? Can expensive treatments be given for shorter durations without having an impact on patient outcome? Are there better ways to use “old” or “generic” drugs? Which patients can be spared aggressive therapy?

BIG groups also share the same principles of research conduct, both when working in a purely academic environment or in collaboration with pharmaceutical or biotech partners. A key principle is that data collected are handled and analysed independently from industry. Another essential element is the long-term follow up of patients, to detect side effects that may...
only become apparent long after treatment has ended. BIG studies are also governed by committees and policies to reduce bias in the overall process. Finally, access by scientists to precious tumour and other tissues donated by patients for future research is subject to strict review to ensure that only the best research ideas are supported.

BIG members’ common passion and vision for conducting studies is the optimal way to find credible answers to questions that really matter to patients.

**By providing real scientific expertise**

BIG member groups are the real scientific drivers in the research process, bringing to the table the knowledge and expertise of their best researchers from a variety of disciplines, such as oncology, radiotherapy, surgery, molecular pathology, biostatistics and bioinformatics. Through their local involvement and experience with their patients, all researchers working in the BIG network contribute both to innovation and to answering the questions most relevant for patient treatment and care.

**By facilitating global collaboration**

Breast cancer is not one but multiple diseases. To test new targeted treatments with enough patients to be confident about the results, most research cannot be limited to one institution, or even to one country. Comprising the largest network of academic research groups in the world, covering over 50 countries from Canada to China, BIG is a truly international organisation focused exclusively on conducting and coordinating breast cancer research. International collaboration is crucial to reduce unnecessary duplication of efforts, combine world-class expertise and make significant advances in breast cancer research.

**WHAT drives BIG researchers?**

**Dr. Martine Piccart**

‘With the incredibly powerful and fascinating technologies under development today, there is a real risk to get « lost in translation ». I believe that we need to put ourselves in our patients’ shoes and try to focus on issues that matter a lot to them, such as identifying and validating biomarkers that could be linked to an excellent clinical outcome without treatment escalation.’

**Dr. Fabrice André**

‘In the future, clinical trials will be more and more complex and difficult to run. That’s why BIG’s research is so important; we will have to put into place ever more international collaborations to be able to conduct high quality research’.

**Dr. Angelo di Leo**

‘Impressive results have been reported in improving the cure rates of patients diagnosed with early breast cancer. Similar results have not been observed in the treatment of metastatic disease. For BIG this is now a tremendous research priority.’

**Dr. Karen Gelmon**

‘As we learn more about breast cancer, we divide it into smaller and smaller cohorts. Only by working together on an international scale will we be able to properly study the emerging smaller and smaller subgroups of breast cancer and understand how to best treat them and improve outcomes. BIG provides that international cooperative network that can succeed in defining patient groups for clinical trials of novel therapies.’

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Modules of the BIG Executive Board
HERA: introducing a new standard of treatment

Recruiting 5100 women from 480 sites across 39 countries in just over four years – in itself a remarkable achievement – HERA contributed to a new standard of treatment for women with HER2-positive, early breast cancer, a highly aggressive form of the disease. HERA helped accelerate the approval of the drug trastuzumab, which has cut relapse rates by 50% and is now the standard treatment for this type of breast cancer.

BIG studies on aromatase inhibitors: providing more options

Three studies, BIG 1-97/MA.17, BIG 2-97/IES and BIG 1-98, together recruiting a total of 17 958 patients, contributed to the body of evidence that aromatase inhibitors could be used as a safe alternative to tamoxifen, a drug used to treat oestrogen receptor (ER) positive breast cancer that is associated with dangerous side effects for some women. Not only did these trials prove the effectiveness of the new drugs, but they also answered important additional questions about whether the drugs should be given in combination or in sequence with others, the likelihood of side effects with long-term use, and patients’ overall quality of life.

Many BIG trials are considered to be landmark, introducing particularly innovative designs, contributing to significant breakthroughs, or paving the way towards more personalised treatment of the disease.
AURORA & MINDACT: testing and using the latest technologies available

The AURORA research programme uses molecular screening to improve our understanding of metastatic breast cancer. The goal of AURORA is to characterise each cancer on the genetic level in great detail by using the latest molecular screening techniques available. By uncovering the mechanisms underlying cancer and the evolution of metastases, scientists hope to be able to develop more personalised treatments for patients in the future. The study is supported by an innovative bioinformatics platform that has been developed to host the programme’s large collection of genetic data.

The MINDACT study aims to evaluate the diagnostic value of a 70-gene-based breast cancer test using microarray technology (Mammaprint®). The study will examine whether this microarray test can be used to identify more readily than common methods the tumours that do not require additional treatments after surgery for women with node-negative breast cancer and women with 1 to 3 positive lymph nodes. The results of MINDACT are thus anticipated to help doctors to identify which women can be spared chemotherapy and its side effects. In total, over 6600 patients participated in the MINDACT trial, the results of which will be reported in 2016.

SOFT & TEXT: providing new treatment options for young women with breast cancer

The SOFT and TEXT trials, together involving over 5700 patients, indicated that young women with early, hormone-sensitive breast cancer benefit from adding ovarian suppression or an oral aromatase inhibitor drug, along with hormone-sparing treatment, after surgery. Together, these studies were the first to demonstrate that using exemestane, an oral aromatase inhibitor drug, together with a new hormone-sparing treatment, prevents cancer. These practice-changing results provide a new treatment option for young women with hormone-sensitive breast cancer, previously only recommended for postmenopausal women.

ALTTO and NeoALTTO: a large-scale collaboration & valuable resource for future translational research

ALTTO, which enrolled 8381 patients, together with its sister trial NeoALTTO conducted in parallel since 2006, can be considered the largest-ever research effort for women affected by early HER2-positive breast cancer. Being an excellent example of a successful large-scale collaboration – together they involved 18 BIG member groups and covered over 40 countries – ALTTO and NeoALTTO enabled scientists to explore an important question about whether using two anti-HER2 therapies (trastuzumab, lapatinib) together or alone could be more effective in treating women with HER2-positive breast cancer. The findings confirmed that the standard adjuvant treatment for early stage HER2-positive breast cancer should remain trastuzumab in combination with chemotherapy. The huge prospective resource of data and biological materials collected during these trials is a very valuable resource for promising future translational research.
Taking care of young women with breast cancer

Young women represent a significant population among all the patients affected by breast cancer. The majority of young women with early breast cancer have the hormone-sensitive form of the disease, also called oestrogen receptor-positive (ER+), meaning the cancer cells are fed by their own hormones. According to the statistics, about 15%1 of patients with breast cancer are diagnosed during their reproductive years. Furthermore, in recent decades, women have tended to delay childbearing, so increasingly breast cancer occurs before they have completed their families. When receiving the diagnosis, young women are thus unsurprisingly confronted with a lot of questions and concerns about their own future and their family projects: “Will I still be able to have children after my treatment?” “If I get pregnant, is there a risk of cancer recurrence or a risk for the baby’s life?”

**POSITIVE has been launched with great excitement, because we as doctors are often approached by patients about the safety of having a baby after breast cancer treatments.**

Dr Olivia Pagani, Study Chair of POSITIVE

2015 marked the inclusion of the first patient in the POSITIVE study, a purely academic study that 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.

POSITIVE was launched within the framework of the BIG and North American Breast Cancer Groups (NABCG) collaboration, and is led and sponsored by the International Breast Cancer Study Group (IBCSG). In 2015 POSITIVE involved 29 breast cancer centres from 15 BIG member groups worldwide. It represents a unique opportunity to allow young women with breast cancer to plan and potentially accomplish pregnancy without waiting many years after completion of their adjuvant treatment. This study is essential to improve our understanding of the correlation between pregnancy and the risk of breast cancer recurrence when a standard therapy is interrupted. It investigates both the pregnancy outcomes and the safety of temporarily interrupting endocrine therapy for young women with ER+ breast cancer who desire to become pregnant.

**The BIG network helps to make a difference**

Thanks to the collaboration of the BIG member groups, about 500 young women from over 20 countries worldwide will have the opportunity to participate in POSITIVE through their local cancer research centres and hospitals.

POSITIVE is funded exclusively by grants and donations. Since 2015, BIG, working closely together with the IBCSG, has been striving to raise funds for this beautiful project. Various events around ‘BIG Time for Baby’ (the lay public name for POSITIVE) took place throughout the year, and a large crowdfunding campaign is planned for 2016 in multiple countries to support the study and all patients involved.

More info can be found on [www.BIGTimeforBaby.org](http://www.BIGTimeforBaby.org).
Helping patients with metastatic breast cancer

Nowadays, metastatic breast cancer still represents the leading cause of death among patients with the disease. It is treatable, but still remains incurable. At the same time, we have an unprecedented opportunity to make rapid progress, as ever more powerful technologies have recently become available to analyse the genetic make-up of cancer cells. The hope of scientists and researchers is that, by learning more about the evolution and characteristics of metastatic breast cancer, we will be able to block and treat the disease more effectively in the future. With this aim, the BIG network has been running its AURORA programme.

In total over 1000 women and men from over 80 hospitals across Europe will participate in AURORA. The programme consists in examining, for each patient recruited, biopsies from metastatic breast tumours, and comparing them to biopsies taken at the time the breast cancer first occurred. The analyses, using the latest molecular screening techniques available, will target specific genes, with the aim to understand the characteristics of each breast cancer and identify possible genetic mutations in the tissue or blood samples collected. AURORA is unique because the molecular screening is done both on samples collected when patients were first diagnosed with breast cancer and on samples taken after the disease relapsed. This will help scientists understand the evolution of the disease and uncover mechanisms of treatment resistance – why some tumours respond poorly but also why some tumours respond exceptionally well to treatment.

AURORA is being conducted by BIG in collaboration with the Breast European Adjuvant Study Team and Frontier Science Scotland. It is made possible by generous grants from the Breast Cancer Research Foundation®, the Fondation Cancer (Luxembourg), the National Lottery (Belgium), NIF Trust and individual donors. AURORA is also being carried out with the support of the Fund Friends of BIG, managed by the King Baudouin Foundation.

The BIG network helps to make a difference

Recently many individual hospitals, private laboratories and even national governments have established molecular screening initiatives that aim to provide physicians and patients with a report of all the genetic aberrations found in a patient’s tumour. While these initiatives may be well intentioned, they have major limitations because they generate results that might lose their potential and impact if not interpreted in a properly structured clinical setting involving multiple cancer specialists and geneticists. Moreover, the use of modern technologies has contributed to breast cancer being classified into ever smaller genetic sub-types. This means that clinical trials, aiming to test new treatments for these sub-types, cannot be run by individual hospitals or even on national levels; instead, they require well-organised, international collaboration to be able to enrol enough patients to generate meaningful study results, something that BIG is well positioned to do.

"The hope of scientists and researchers is that, by learning more about the evolution and characteristics of metastatic breast cancer, we will be able to block and treat the disease more effectively in the future."

Prof. Martine Piccart, Chair of BIG
Because of the rarity of male breast cancer, which accounts for less than 1% of all breast cancers diagnosed worldwide and for 1% of all cancers in their gender, men affected by breast cancer find little support in their fight against the disease. They are frequently excluded from breast cancer trials and, in deciding which treatments to offer, their doctors usually extrapolate evidence from the studies assessing therapies among women with breast cancer. Additionally, male breast cancers are often diagnosed later, when the disease is already more advanced, leading to a worse outcome.

In 2006 BIG and its North American counterpart NABCG decided to join efforts to better understand this rare disease. The “International Programme of Breast Cancer in Men” was born. This is the first ever international research programme to focus solely on male breast cancer. Under the BIG umbrella, it is being led by the European Organisation for Research and Treatment of Cancer (EORTC) with the help of the North American Translational Breast Cancer Research Consortium (TBCRC).

This purely academic 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 EBCC Council, the Swedish Breast Cancer Association, and Susan G. Komen®.

The objective of this programme is to gather and analyse critical medical information about the biology and evolution of male breast cancer, in order to help cancer physicians learn more about this rare disease. Only with this crucial knowledge will men with breast cancer be properly treated in the future.

The first ‘retrospective’ stage of the study, which consisted of analysing the clinical and biological data of male breast cancer cases diagnosed from 1990 to 2010, not only confirmed that male and female breast cancers are not identical, but also highlighted that men with breast cancer are not as well managed as women with the disease.

This stage involved a total of 1822 male patients from the following nine countries: Belgium, the United Kingdom, Poland, The Netherlands, the Republic of Ireland, Spain, Switzerland, Sweden and the United States, making this a broadly international effort for such a rare disease.

Researchers performed an additional pathological analysis on 1203 samples from some of the male patients who participated in the first stage of the study. The findings will be released in 2016.

The second stage of the “International Programme of Breast Cancer in Men” is currently in progress and consists of building an international registry of all male breast cancer patients treated at the participating institutions for a period of 30 months (gathering clinical data and biological material if possible). This will enable scientists to evaluate the number of patients feasible to recruit in a potential future clinical trial, likely to focus on a drug blocking the androgen receptor, a protein frequently present in male breast cancers. If a trial is deemed feasible, it will be the first study ever dedicated solely to male breast cancer.

“We are not yet able to treat men affected by breast cancer; we extrapolate from the therapies given to women affected by the same disease. This must change.”

Dr Fatima Cardoso, Co-Principal Investigator, International Programme of Breast Cancer in Men.
Together
...to give hope to breast cancer patients and their loved ones

Why donate to BIG?

We still have a long way to go before we can speak of cures, but, thanks to research, breast cancer treatments are improving every day. Research may not always seem tangible but we must keep one important thing in mind:
yesterday’s research results in today’s treatments and tomorrow’s cures.

By supporting BIG, you are part of the solution.

www.BIGagainstbreastcancer.org/donate

According to the World Health Organisation, over 1,600,000 persons are diagnosed with breast cancer... every year!

International research: how close is it to me?

International research may seem very distant from the needs of our loved ones suffering from breast cancer. But the reality is different: when a clinical trial or research programme is conducted as part of a broad international collaboration, the results benefit the entire medical community and contribute to helping breast cancer patients from all over the world. The impact of international research is both global AND local.

To engage with donors all over the world and to develop fundraising activities, BIG created a user-friendly donation platform on the website. Make a BIG difference today with regular donations or a one-time gift.

You can support BIG in many different ways

- **Combine your passion for art with supporting our cause**
  Attend the Designers’ Christmas Trees event. You can support BIG by taking part in the auction of unique pieces of art created by internationally renowned designers. Or, host an event and donate a work of art from your own collection for auction to benefit BIG.

- **Introduce BIG to your personal / professional network**
  Why not organise an event? You can show support by volunteering to host a meeting, dinner, or other type of party to raise awareness and funds for BIG.

- **Donate your time, your professional skills or a gift in-kind**
  We leverage the talents of our experts and employees but always welcome your support in areas such as marketing, printing, public relations, event materials, supplies, or other professional services. Please share your ideas with us.

- **Pledge your birthday**
  Why not donate your birthday to help finding a cure for breast cancer? On our platform, you can create and customise your birthday fundraising page and ask your friends and family to make a donation in honour of your BIG day.

  [www.BIGagainstbreastcancer.org/birthdays](http://www.BIGagainstbreastcancer.org/birthdays)

- **Make a gift in the memory of a loved one**
  You may also wish to commemorate a family member or friend who has battled with breast cancer. We can work with you to find the best way to honour them.

Donations to BIG are tax-deductible in many countries.
BIG Family Garden Party

In October 2015, BIG against breast cancer organised its very first BIG Family Garden Party at the Castle of Grand-Bigard (Belgium).

The day was filled with unique and unforgettable workshops and activities animated by personalities from the world of fashion, gastronomy, entertainment, art and photography. It was a wonderful way for the artists and the participants to show their support and make a difference in the fight against breast cancer.
In August 2015, one of our ambassadors invited 40 friends and acquaintances to attend a dinner at the prestigious Gstaad Yacht Club in Switzerland. She shared her personal and emotional experience with breast cancer and explained how she had benefited from the progress through international research. "BIG moments" like this are a great opportunity to spend time with your friends and community while learning more about breast cancer research and getting inspired by such a meaningful cause.

The concept, which originated in Paris 20 years ago, consists in inviting famous artists and designers from the worlds of art, fashion, design and architecture to reinterpret their own vision of a Christmas tree.

The unique pieces of art created for that occasion are exhibited in various venues and auctioned during a gala dinner, enhanced by the marvellous flavours of talented Michelin-starred chefs.

Together we celebrate not only the spirit of Christmas, but also the spirit of creativity and innovation: this is the essence of both the art and the motivation of BIG physicians and scientists to better understand breast cancer and to identify the best possible treatments for women and men with the disease, all over the world.

In 3 years time, over 50 Belgian and international artists and designers contributed to raise over 350 000 € to support BIG’s breast cancer research.
As a company, you can partner with BIG to help make research progress. Differentiation is often a key success factor in business. Contributing to finding better treatments for breast cancer can only be positively perceived by your stakeholders. Not only can companies become part of the solution but, by doing so, they can engage their employees and sensitise their customers to an important cause, in turn adding value to their brand.

Partnering with BIG is showing you care

As a company, there are many ways you can help us:

- **Design and market co-branded products**
  Products associated with an important cause make consumers more likely to buy them. It also increases brand loyalty.

- **Set-up a matched giving programme**
  Why not organise a “BIG challenge” with your employees, suppliers and/or business partners? You and your employees can support a potential future mother with breast cancer participating in the BIG Time for Baby study. What they raise, you match.
  
  It is a great way to increase your Corporate Social Responsibility (CSR), employee engagement and your charity partnership at the same time. And it will have positive impact on your public image.

- **Support our communication campaigns**
  By offering media space, access to your social channels, and/or your intranet, you can help us grow awareness of our organisation and our mission.
Supporters of BIG

BIG is extremely grateful to all those – foundations, institutions, companies and individuals – who, through supporting its activities and projects, make it possible to get a step closer to finding cures for breast cancer.

The Breast Cancer Research Foundation® (BCRF) has been instrumental in supporting BIG’s academic research agenda over the years. Since 2004, BCRF has contributed over USD 3 million for 15 different BIG-coordinated research projects. These include "pilot" activities that have laid the foundation for ambitious clinical trials and research programmes such as MINDACT, the International Programme of Breast Cancer in Men, and AURORA. For AURORA itself, BCRF has to date committed over USD 12 million. BCRF also makes the BIG-North American Breast Cancer Group collaboration possible by enabling a group of about 50 world-class researchers from each network to get together annually to brainstorm and prioritise unresolved breast cancer issues to tackle together.

BIG is also grateful to the Fondation Cancer Luxembourg and NIF Trust for their support. In particular we would like to thank the Fondation Roi Baudoin for their collaboration and advice in BIG’s development activities, and the Jules Bordet Institute (Brussels, Belgium) for having made BIG possible and for providing ongoing infrastructure support.

Corporate partners

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Involve your employees
Most likely your employees are already sensitive to breast cancer, which touches so many women, men and families. Together we can design creative and engaging activities to inform them about important research progress or involve them in fundraising actions.

Engage in cause-related marketing
You can give a sales/profit percentage to BIG for a particular product sold, a special promotion, or a special loyalty programme.

Make an in-kind donation
You may offer an event venue, event material, printing, professional services, office supplies, or other professional services.

Sponsor a BIG event
BIG creates and organises awareness-building and fundraising events. Your sponsorship can make a BIG difference for our events and generate visibility for your brand.
For more than a decade now 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 (NCI). BIG and NABCG have been meeting annually with the aim to identify 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.

A current focus of the BIG-NABCG collaboration is metastatic breast cancer. Experts have also been tackling the following issues: novel immunotherapies, data-sharing in the context of molecular screening programmes and the analysis of circulating biomarkers (circulating tumour cells, and circulating tumour DNA). This collaboration is supported by the generous help of the Breast Cancer Research Foundation®.

In 2015 the Iranian Cancer Research Center (ICRC) joined the BIG network!

“We need international research collaboration to run joint projects in breast cancer that will take into account the specific interests of each research group involved, with the ultimate goal of improving patient management and care.”

Dr. Sanaz Tabarestani, Cancer Genetics Director of ICRC and BIG voting representative.

TOGETHER...to make progress against breast cancer

Each of the 56 BIG 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 patients confronted with breast cancer.

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

International collaboration is crucial to move breast cancer research forward. Moving more rapidly and more efficiently towards one goal: to find better treatments and cures for all patients affected by breast cancer.”
BIG Member Groups

ABC Serg Austrian Breast & Colorectal Cancer Study Group
AGO-B Arbeitsgemeinschaft Gynaekologische Onkologie Breast Study Group
ANZ BCTG Australia & New Zealand Breast Cancer Trials Group
BGIC Breast-Gynecological International Cancer Society
BIEI Breast Intergroup of Eastern India
BOOG Borstkanker Onderzoek Groep
BrEAST Breast European Adjuvant Study Team
Cancer Trials Ireland Cancer Trials Ireland
CCTG Canadian Cancer Trials Group
CEEOG Central and East European Oncology Group
CTRG Cancer Therapeutics Research Group
DBCG Danish Breast Cancer Cooperative Group
EORTC BCG European Organisation for Research and Treatment of Cancer Breast Cancer Group
EBCG Finnish Breast Cancer Group
FBI Francilien Breast Intergroup
GAICO Grupo Argentino de Investigación Clínica en Oncología
GBCAM Grupo Brasileiro de Estudos do Câncer de Mama
GBG German Breast Group
GEPO PERU Grupo de Estudios Clínicos Oncológicos Peruano
GECAM Spanish Breast Cancer Group
GOCCHI Chilean Cooperative Group for Oncologic Research
GOCUR Grupo Oncológico Cooperativo Uruguayo
GOIRC Gruppo Oncologico Italiano di Ricerca Clinica
GONO Gruppo Oncologico del Nord Ovest
HBSS Hellenic Breast Surgeons Society
HeCOG Hellenic Cooperative Oncology Group
HKBGS 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
ICON ARO Iranian Co-operative Oncology Network
ICRC Iranian Cancer Research Center
ICR-CTSUC Institute of Cancer Research - Clinical Trials & Statistics Unit
IOSG Indian Oncology Study Group
ITMO Italian Trials in Medical Oncology
JBCBG Japan Breast Cancer Research Group
LACOG Latin American Cooperative Oncology Group
MICHEL-ANGELO Fondazione Michelangelo
NBCG Norwegian Breast Cancer Group
NCRI-BCSG National Cancer Research Institute - Breast Cancer Clinical Studies Group
SABG Swedish Association of Breast Oncologists
SACK Sheba Breast Collaborative Group
SweBCG Swedish Breast Cancer Group
SKMCH & RC Shaukat Khanum Memorial Cancer Hospital & Research Centre
SLO Société Luxembourgeoise d’Oncologie
SOLTI SOLTI
SUCCESS SUCCESS Study Group
TCOG Taiwan Cooperative Oncology Group
TROG Trans Tasman Radiation Oncology Group
UCBG Unicancer Breast Group
WSG Westdeutsche Studiengruppe

56 groups over all continents
# TOGETHER

...to find better treatments and cures for breast cancer patients

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<td>Endocrine therapy interruption to enable conception for young women with ER+ breast cancer - NCT02308095</td>
<td>O. Pagani, A. H. Partridge, H. Azim, F. Peccatori</td>
<td>Supporter trial • Sponsors: IBCSG (sponsor) • Pharma partner: N/A</td>
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<tr>
<td>OLYMPIA</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 / FSTRF • Pharma partner: Astrazeneca (sponsor)</td>
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<tr>
<td>BRAVO</td>
<td>BIG 5-13</td>
<td>Niraparib for patients with HER2-negative, germline BRCA mutation-positive, locally advanced or metastatic breast cancer - NCT01905592</td>
<td>N. Turner, J. Balmaina, D. Cameron W. Audeh</td>
<td>Co-Lead trial • Coordinating groups: EORTC / BIG • Pharma partner: Tesaro (sponsor)</td>
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<tr>
<td>PANACEA</td>
<td>BIG 4-13</td>
<td>Anti-PD-1 monoclonal antibody in advanced, trastuzumab-resistant, HER3-positive metastatic breast cancer - NCT02129556</td>
<td>S. Loi, F. André</td>
<td>Supporter trial • Coordinating group: IBCSG (sponsor) • Pharma partner: Merck</td>
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<tr>
<td>LORELEI</td>
<td>BIG 3-13</td>
<td>Different regimes of letrozole in postmenopausal women with ER positive/HER2-negative, early stage breast cancer - NCT02273973</td>
<td>C. Saura, E. de Azambuja</td>
<td>Co-Lead trial • Coordinating groups: ABCSG / SOLTI / BIG HQ • Pharma partner: Genentech (sponsor)</td>
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<td>FINESSE</td>
<td>BIG 2-13</td>
<td>Oral lucitanib for patients with FGFR1 ER+ metastatic breast cancer - NCT02053636</td>
<td>F. André, J. Cortés</td>
<td>Lead trial • Coordinating groups: BIG / FSTRF / FSS • Pharma partner: Servier (sponsor)</td>
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<td>PENEOLE-B</td>
<td>BIG 1-13</td>
<td>Post-neoadjuvant palbociclib for patients with hormone-receptor-positive, HER2-normal primary breast cancer with high relapse risk after neoadjuvant chemotherapy - NCT01864746</td>
<td>G. von Minnichwitz</td>
<td>Supporter trial • Coordinating group: GBG (sponsor) • Pharma partner: Pfizer</td>
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<tr>
<td>SNAP</td>
<td>BIG 2-12</td>
<td>Evaluation of different schedules of nab-paclitaxel for metastatic breast cancer - NCT01746225</td>
<td>A. Gennari, G. Jerusalem</td>
<td>Supporter trial • Coordinating group: IBCSG (sponsor) • Pharma partner: Celgene</td>
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<td>TREAT CTC</td>
<td>BIG 1-12</td>
<td>Trastuzumab treatment for HER2-negative early breast cancer in the presence of circulating tumor cells (CTC) - NCT01548677</td>
<td>M. Ignatiadis, M. Piccart, J.-Y. Pierga, B. Rack, C. Solinou</td>
<td>Supporter trial • Coordinating group: EORTC (sponsor) • Pharma partner: Roche</td>
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<tr>
<td>MA.32 Metformin</td>
<td>BIG 5-11</td>
<td>Effect of metformin on recurrence and survival in early stage breast cancer - NCT01101438</td>
<td>P. J. Goodwin</td>
<td>Supporter trial • Coordinating group: CCTG (sponsor) • Pharma partner: Apotex</td>
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<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 - NCT01359877</td>
<td>G. von Minnichwitz, J. Baselga, J. Bines</td>
<td>Lead trial • Coordinating groups: BIG / BrEAST / FSS • Pharma partner: Roche (sponsor)</td>
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<td>SOLD</td>
<td>BIG 1-10</td>
<td>Short (9 weeks) versus long (1 year) treatments of early HER2-positive breast cancer with trastuzumab - NCT00593697</td>
<td>H. Joensuu</td>
<td>Supporter trial • Coordinating group: FBCG (sponsor) • Pharma partner: Roche</td>
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<tr>
<td>Study Name</td>
<td>BIG number</td>
<td>Short description</td>
<td>Principal Investigator(s)</td>
<td>Trial model &amp; partners</td>
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<tr>
<td>DCIS</td>
<td>BIG 3-07</td>
<td>Radiation doses and fractionation schedules for women with DCIS - NCT00470236</td>
<td>B. Chua, I. Oliveto, T. Whelan, H. Westenberg, I. Kunkler and G. Gruber</td>
<td>Supporter trial • Coordinating group: TROG (sponsor)</td>
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<tr>
<td>Male BC</td>
<td>BIG 2-07</td>
<td>Registration and biologic characterisation programme of breast cancer in men - NCT01101425</td>
<td>F. Cardoso, S. Giordano</td>
<td>Supporter trial • Coordinating groups: EORTC (sponsor) / TBCRC (US) • Pharma partner: N/A</td>
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<td>SOLE</td>
<td>BIG 1-07</td>
<td>Continuous versus intermittent letrozole following endocrine treatment for postmenopausal women disease-free of hormone-receptor-positive, node-positive early stage breast cancer - NCT00553310</td>
<td>M. Colleoni, P. Karlsson, S. Aebi J. Chirgwin</td>
<td>Supporter trial • Coordinating group: IBCSG (sponsor) Pharma partner: Novartis</td>
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<tr>
<td>ALTTO</td>
<td>BIG 2-06</td>
<td>Adjuvant lapatinib and trastuzumab: sequence and combination for patients with HER2/ErbB2 positive primary breast cancer - NCT00490139</td>
<td>M. Piccart, A. Moreno-Aspilia</td>
<td>Lead trial • Coordinating groups: BI / BR / FSS / NCCTG (US) • Pharma partner: GSK • Sponsor: GSK / NCI (US)</td>
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<tr>
<td>NEO-ALTTO</td>
<td>BIG 1-06</td>
<td>Comparison of dual HER2 inhibition lapatinib, trastuzumab plus chemotherapy before surgery versus single HER2-targeted therapy - NCT00553358</td>
<td>J. Baselga, J. Huober</td>
<td>Co-lead trial • Coordinating groups: BR / FSS / SQTL / BI / GSK (co-sponsor)</td>
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<tr>
<td>MINDACT</td>
<td>BIG 3-04</td>
<td>Can addition of 70-gene signature to common clinical-pathological criteria safely spare patients with 0 to 3 node positive breast cancer from adjuvant chemotherapy? - NCT00433589</td>
<td>E. Rutgers, F. Cardoso, M. Piccart</td>
<td>Co-lead trial • Coordinating groups: EORTC (sponsor) / BI / GSK / BI / Commercial partners: Roche, Sanofi, Novartis and Agenda</td>
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<td>SUPREMO</td>
<td>BIG 2-04</td>
<td>Adjuvant chest wall irradiation for intermediate risk breast cancer following mastectomy - NCT00966888</td>
<td>I. Kunkler, P. Carney</td>
<td>Supporter trial • Coordinating group: SCTBG • Sponsor: Medical Research Council • Pharma partner: N/A</td>
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<tr>
<td>Breast Cancer in Pregnancy</td>
<td>BIG 2-03</td>
<td>Registry of women treated for breast cancer while pregnant - NCT00196833</td>
<td>S. Loibl, G. von Minckwitz</td>
<td>Supporter trial • Coordinating group: GBG (sponsor) Pharma partner: N/A</td>
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<tr>
<td>IBIS-II</td>
<td>BIG 5-02</td>
<td>Prevention study of anastrozole for postmenopausal women at increased risk of breast cancer; and of effects of tamoxifen vs. anastrozole in postmenopausal women with DCIS - NCT00072462 / NCT00078832</td>
<td>J. Cuzick</td>
<td>Supporter trial • Coordinating group: IBIS (sponsor) Pharma partner: AstraZeneca</td>
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<tr>
<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 - NCT00066690</td>
<td>P. Francis, G. Fleming</td>
<td>Supporter trial • Coordinating group: IBCSG (sponsor) Pharma partner: Pfizer</td>
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<tr>
<td>HERA</td>
<td>BIG 1-01</td>
<td>Comparison of different regimes of trastuzumab for women with HER2-positive primary breast cancer NCT0045032</td>
<td>M. Piccart</td>
<td>Lead trial • Coordinating groups: BI / BR / FSS / SQTL Pharma partner: Roche (co-sponsor)</td>
</tr>
<tr>
<td>IBCSG 18-98</td>
<td>BIG 1-98</td>
<td>Letrozole as adjuvant endocrine therapy for postmenopausal women with receptor positive tumours NCT00004295</td>
<td>B. Thürlimann</td>
<td>Supporter trial • Coordinating group: IBCSG (sponsor) Pharma partner: Novartis</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

Over the years, BIG has built close collaborations with various pharmaceutical partners. Together we develop and run clinical trials that will best meet patient’s needs, while following BIG’s research conduct. In 2015 BIG conducted clinical trials in collaboration with: Apothez, AstraZeneca, Celgene, Genentech, GlaxoSmithKline, Merck, Novartis, Pfizer, Roche, Sanofi, Servier, Tesaro.

Study status in 2015: Open, recruiting patients In follow up

NB: This table does not include the trials in development and the closed trials. For more information, please visit www.BIGagainstbreastcancer.org.
BIG member groups represent the top breast cancer experts worldwide. Here is a peek at some of their activities.

For the 8th year, Breast Gynecological International Cancer Society (BGICS) organised the Breast-Gynecological International Cancer Conference (BGICC), which drew over 3000 delegates to Cairo, Egypt. This is the only conference specialised in breast and gynaecological cancers in the Middle East and North Africa (MENA) region. High-profile scientists from all over the world gather every year at the BGICC, to share ideas and knowledge.

Austrian Breast & Colorectal Cancer Study Group (ABCSG)
In March 2015 ABCSG celebrated its 30th anniversary. In 30 years, more than 25,000 patients have participated in ABCSG’s trials, whose research focus is on breast, intestinal and pancreatic cancers. The interdisciplinary study group cooperates with about 100 sites in Austria. Trial participants are looked after by 900 investigators and more than 250 study nurses. “We are proud to be a ‘big player’ in the breast cancer research community and to offer Austria remarkably high status within the international breast cancer research arena”, ABCSG’s President Michael Gnant pointed out.

Australia and New Zealand Breast Cancer Trials Group (ANZBCTG)
Dr. John Forbes, Director of Research at the ANZBCTG, was honoured with the 2015 New South Wales (NSW) Premier Award for Outstanding Cancer Research of the Year. The award honours Dr. Forbes for his extraordinary work and precious contribution to breast cancer research in terms of treatment and prevention, both in Australia and internationally.

European Organisation for Research and Treatment of Cancer, Breast Cancer Group (EORTC BCG)
Dr. Laura van ’t Veer received the 2015 European Inventor Award, category small and medium-sized enterprises awards by the European Patent Office, for the invention of the 70-gene MammaPrint® test. This diagnostic tool is at the heart of MINDACT, an international academic trial led by the EORTC under the BIG umbrella, the results of which are expected in 2016. Dr. Fatima Cardoso was awarded the prestigious Order of Santiago da Espada for Scientific Merit from the President of Portugal on 10 June 2015, and the Femina Award for exceptional Portuguese women for scientific merit. Jan Bogaerts, Leen Sloet and the whole EORTC statistical department were recognised by the 2015 Flames Award (the Flanders’ Training Network for Methodology and Statistics).
**German Breast Group (GBG)**

Dr. Sibylle Loibl, Chair of German Breast Group (GBG) and member of the BIG Executive Board, has received the “Claudia von Schilling-Award 2015” for her engagement and intensive research in the field of “Breast cancer during pregnancy”. The prize money will be used to further improve the knowledge of breast cancer during pregnancy, especially by bringing forward the currently ongoing translational research programme. The Registry of Breast Cancer During Pregnancy has been a BIG trial from the beginning and has enrolled more than 1200 women.

**International Breast Cancer Study Group (IBCSG)**

Founding IBCSG member Dr. Alan S. Coates received the 2015 St. Gallen Breast Cancer Award on 18 March 2015 in Vienna, Austria. The award recognises Dr. Coates’ lifetime of achievement in the field of breast cancer, his strong commitment to international, scientific trial conduction and cooperation. Dr. Prudence Francis, from the Peter MacCallum Cancer Centre, received the Medical Oncology Group of Australia’s prestigious Cancer Achievement Award for 2015, acknowledging her international leadership of practice-changing clinical trials in breast cancer.

**Grupo de Estudios Clinicos Oncologicos Peruano (GECO PERU)**

In October 2015 GECO PERU was the co-organiser of an important workshop in clinical trials for young oncologists in Latin America, together with SLACOM (Sociedad Latinoamericana y del Caribe de Oncología Médica) and ESAM (European Society for Medical Oncology). The workshop was attended by 35 young oncologists from 6 different Latin American countries. “We believe that education is one of the most important things to improve research in our region”, say GECO PERU representatives.

**Spanish Breast Cancer Group (GEICAM)**

2015 was a fruitful year as GEICAM, the Spanish Breast Cancer Group, was honoured with various awards recognising its important research in breast cancer. The GEICAM/2012-03 study on molecular characterisation of gestational breast cancer received distinction by BBVA (a multinational group providing financial services in over 35 countries and to 66 million customers throughout the world). GEICAM also received the 6th Luis Noé Fernández Award promoted by Alimerka (one of Spain’s largest retailers) for the study “EpiGEICAM on dietary patterns and risk of breast cancer in Spanish women”. This study concluded that a Mediterranean diet can reduce up to 30% the risk of developing breast cancer. Finally, Diario Médico (Spanish Medical Newspaper) awarded in its “Best Ideas of 2015” (in the management category) the PFS online programme (an online tool to choose the best therapy in metastatic breast cancer) presented jointly with Novartis. This award recognises the daily work of individuals, institutions or companies that contributed to the improvement of medicine, health, and public health in Spain in 2015.

**International Breast Cancer Intervention Study Group (IBIS)**

Dr. Jack Cuzick received the American Cancer Society Medal of Honour. Dr. Cuzick on receiving ACS medal of honour: “As our work is mostly collaborative, this is really a recognition for the whole group of our collaborators, but I am delighted to receive this award on their behalf. This is also an important achievement in raising the profile of preventive medicine, on which my efforts are focused.”

**Spanish Breast Cancer Group (GEICAM)**

GEICAM distinguished at the BBVA Ceremony Award 2015 – Dr. Eva Carrasco, GEICAM Scientific Director (third from the left). Credit picture: GEICAM
Grup Española de Estudio y Tratamiento Tumores Solids (SOLTI)

In November 2015 the breast cancer research group SOLTI celebrated its 20th anniversary. SOLTI's network is very active on the international scene with more than 180 oncologists and researchers distributed over more than 60 hospitals in Spain, Portugal, France and Italy. In 2004 it became even more involved in international collaboration by joining the BIG network.

"Being part of the BIG network is, in essence, international collaboration taken to its highest level. In this era of precision medicine, a large proportion of clinical trials aimed at answering the current unmet medical needs of breast cancer patients will only be possible through partnerships that pull together scientific expertise, technical and logistical resources, access to funding, and patient recruitment capabilities. Our strength as an extended network also resides in our ability to interact as a united front with other stakeholders, such as the pharmaceutical industry, government and regulators. We strongly believe that together we can do more: we can find a cure for breast cancer, through global research and collaboration." Dr. Lorena de la Peña

Trans Tasman Radiation Oncology Group (TROG)

In 2015 Dr. Boon Chua and collaborators have been awarded competitive research grants totalling AUD 6,138,535 by the Australian National Health and Medical Research Council to support the following studies from 2016-2020:

* ANZBCTG-sponsored ANZ 1601/BIG 16-02: A randomised phase III trial of adjuvant radiotherapy versus observation following breast conserving surgery and endocrine therapy in patients with molecularly characterised low-risk luminal A early breast cancer (EXPERT)
* TROG-sponsored BIG 3-07/TROG 07.01: A randomised phase III study of radiation doses and fractionation schedules for non-low risk DCIS of the breast, and correlative translational research to improve prognostic precision for local recurrence.

Other individual awards...

Dr. Óskar Jóhannsson, representative of the Icelandic Breast Cancer Group (IBCG) was awarded as the outstanding clinician of the year within Landspítali University Hospital.

Dr. Jacek Jassem, representative of the Central and East European Oncology Group (CEEOG) and active member of the FORTC, was awarded the prestigious ‘Joseph W. Cullen Prevention/Early Detection Award’

BIG’s Co-founder and Chair, Dr. Martine Piccart, received the prestigious 2015 Brinker Award for Scientific Distinction in Clinical Research. The Brinker Award honours leading scientists for their significant achievements and contributions in basic and translational science and clinical practice that have advanced the fight to save lives and realise our vision of a world without breast cancer.

Dr. Christos Sotiriou, one of BIG’s close collaborators, Head of the Breast Cancer Translational Research Laboratory J-C Heuson (Jules Bordet Institute, Belgium) received the quinquennial "Prix Scientifique Joseph Maisin" in the category of "Clinical Biomedical Sciences". It was granted to Dr. Sotiriou for his seminal contribution to translational research in the field of breast cancer for the period 2011-2015.

IMPAKT 2015 & pre-IMPAKT training course

The IMPAKT Breast Cancer Conference – established by BIG and the European Society of Medical Oncology, together with other leading European cancer organisations – is Europe’s niche conference for translational research in breast cancer.

The 2015 edition gathered some 550 breast cancer specialists from over 50 countries around the world. The conference was chaired by Dr. Nicholas Turner (UK) and Dr. Carsten Denkert (Germany) – see picture – and held in the heart of Europe, in Brussels. The conference was preceded by a training course specifically designed for oncologists in their early career and aimed at providing them with the tools and basic notions to understand translational research.

"The small group and the stimulating inspiring environment gave me the opportunity to network and exchange ideas with elite enthusiastic peers."

– IMPAKT training course participant
Some of the key scientific papers published by member groups about breast cancer trials in 2015...


Patient-reported outcomes with adjuvant exemestone versus tamoxifen in premenopausal women with early breast cancer undergoing ovarian suppression (TEXT and SOFT): a combined analysis of two phase III randomised trials. Bernhard J et al., Lancet Oncology 2015; 16:848–858. (IBCG9 24-02/BIG 2-02; IBCSG 25-02/BIG 3-02 TEXT)


Predicting benefit of endocrine therapy for early breast cancer. Regan M. The Breast 2015; 24Nov 1 Supp 2:S129-S131. (IBCG9 18-98/BIG 1-98; IBCSG 24-02/BIG 2-02; IBCSG 25-02/BIG 3-02 TEXT)


ESR1 and ESR2 polymorphisms in the BIG 1-98 trial comparing adjuvant letrozole versus tamoxifen or their sequence for early breast cancer. Leyland-Jones B et al. on behalf of the BIG 1-98 Collaborative Group, Breast Cancer Research Treatment 2015; 154:543–555. (IBCSG 18-98 / BIG 1-98)


Tumour size is the only predictive factor of distant recurrence after pathological complete response to neoadjuvant chemotherapy in patients with large operable or locally advanced breast cancers: A sub-study of the EORTC 10994/BIG 1-00I phase II trial. Fei F et al. Eur J Cancer 2015; 51(S3):301–309.

Anastrozole versus tamoxifen for the prevention of locoregional and contralateral breast cancer in postmenopausal women with locally excised ductal carcinoma in situ (IBS-II DCS1): a double-blind, randomised controlled trial. Forbes J et al., on behalf of the IBS-II investigators. www.thelancet.com Published online December 11, 2015. (BIG 3-02)


Prognostic and predictive value of ERβ1 and ERβ2 in the Intergroup Externestane Study - first results from PatHES. Speirs V et al., on behalf of the PatHES Sub-Committee, Ann Oncol (2015) 26 (9): 1890–1897.

Adjuvant lapatinib and trastuzumab for early human epithelial growth factor receptor 2-positive breast cancer: results from the randomised phase III adjuvant lapatinib and or trastuzumab treatment optimisation trial. Piccart-Gebhart M et al., Journal of Clinical Oncology 2015; 33;epub 23 November 2015:1-25. (ANZ 0702/ BIG 2-06. ALTTO)

The impact of early lapatinib-induced rash on disease-free and overall survival in patients treated within the ALTTO phase III randomised trial. Azim Jr HA et al., SABCS 2015; PD5-07. (ANZ 0702/ BIG 2-06. ALTTO)


## Financials

### Balance Sheet

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<thead>
<tr>
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<th>2015</th>
<th>2014</th>
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<td><strong>Assets</strong></td>
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<td>Fixed assets</td>
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<td>Tangible fixed assets</td>
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<td>Financial fixed assets</td>
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<td>Current assets</td>
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<td>Receivables up to one year</td>
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<td>Current investments</td>
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<td>Cash at bank</td>
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<tr>
<td>Deferred charges and accrued income</td>
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<td>149,075</td>
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<tr>
<td><strong>Total assets</strong></td>
<td>16,131,273</td>
<td>16,876,917</td>
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<table>
<thead>
<tr>
<th></th>
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<tr>
<td><strong>Liabilities</strong></td>
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<tr>
<td>Equity</td>
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<td>Unrestricted net assets</td>
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<td>Debts</td>
<td>10,960,426</td>
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<td>Amounts payable after more than one year</td>
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<td>Amounts payable within one year</td>
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<tr>
<td>Current portion of amounts payable after more than one year falling due within one year</td>
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<tr>
<td>Trade debts</td>
<td>10,294,017</td>
<td>11,197,072</td>
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<td>Tax, remuneration and social security</td>
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<tr>
<td>Deferred charges and accrued income</td>
<td>90,245</td>
<td>149,438</td>
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<td><strong>Total liabilities</strong></td>
<td>16,131,273</td>
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### Income & Expenses Statement

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<thead>
<tr>
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<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating income &amp; expenses</strong></td>
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<td></td>
</tr>
<tr>
<td>Turnover (research)</td>
<td>12,717,941</td>
<td>12,635,447</td>
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<td>Other goods &amp; services</td>
<td>-10,374,686</td>
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<td><strong>Operating margin</strong></td>
<td>2,343,255</td>
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<td>Remuneration, social security &amp; pension costs</td>
<td>-2,403,277</td>
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<td><strong>Operating result</strong></td>
<td>-60,022</td>
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<td><strong>Financial result</strong></td>
<td>13,843</td>
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<tr>
<td><strong>Extraordinary income (+)</strong></td>
<td>3,257</td>
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<tr>
<td><strong>Extraordinary expenses (-)</strong></td>
<td>-10,060</td>
<td>-6,684</td>
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<tr>
<td><strong>Result for the financial year</strong></td>
<td>-52,982</td>
<td>-21,858</td>
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</table>
Women and men with breast cancer are really at the heart of our research. And we certainly must not forget to thank all of YOU for taking part in clinical trials and research programmes like the ones run within BIG. Through your participation, you actively contribute to improving cancer care. It is only together that we will find better treatments and cures for everyone affected by the disease.

We would also like to thank our donors who elected to remain anonymous.
Yesterday’s research results in today’s treatments and tomorrow’s cures.