



La ricerca accademica in oncologia

Francesco Perrone

Presidente eletto AIOM

Istituto Nazionale Tumori di Napoli

Disclosure of conflicts of interest (2019-2022)

- Advisory activities
 - Astellas, Astra Zeneca, Bayer, Boeringher, Clovis, EliLilly, GSK, Incyte, Ipsen, Pierre Fabre, Pfizer, Roche, Sanofi
- Institutional financial interests, for financial support to research activities
 - Astra Zeneca, Bayer, BioClin, Incyte, Janssen, Merck, Pfizer, Roche, Sanofi, Tesaro

Is academic research important and useful?

I mean clinical trials promoted by Institutions or
cooperative groups acting within the National Health
System...

I believe a response is due

- Collective
 - Many stakeholders may have interest in this field
 - First of all patients, and citizens-not-yet-ill
- Systemic
 - Not feasible thanks to the initiatives of a few experts
 - It must be placed in the international context
- Programmatic
 - If positive, we have to work hard
 - Each one for his part

The answer may be NO

- Maybe it's just a bad idea of (some of) us Italians
- Those loyal to Article 32 of the Italian Constitution, who believe that it is the State, through the public NHS, that must guarantee everyone the best care

In 2004...

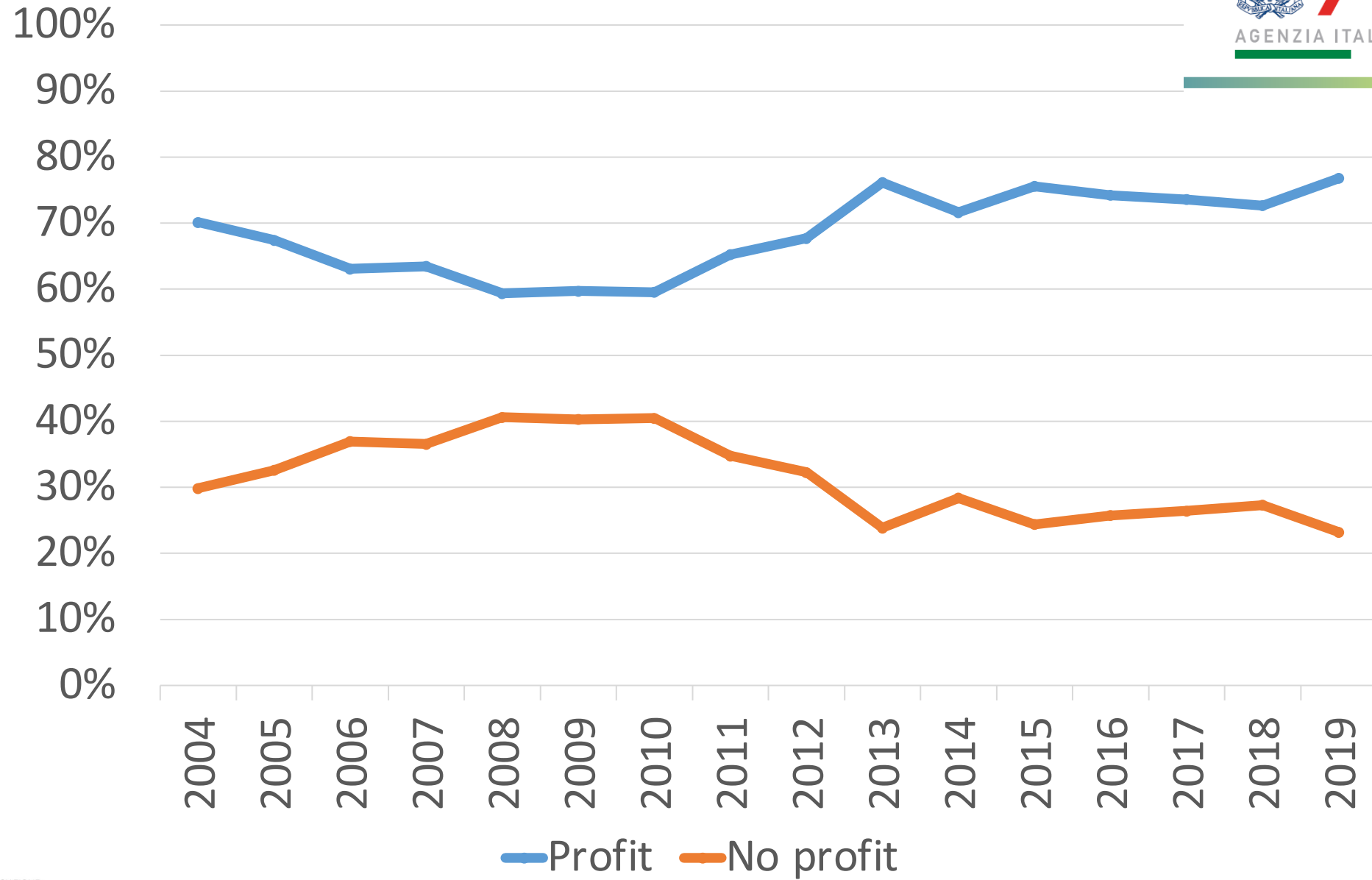


DECRETO 17 dicembre 2004.

Prescrizioni e condizioni di carattere generale, relative all'esecuzione delle sperimentazioni cliniche dei medicinali, con particolare riferimento a quelle ai fini del miglioramento della pratica clinica, quale parte integrante dell'assistenza sanitaria.



IL MINISTRO DELLA SALUTE

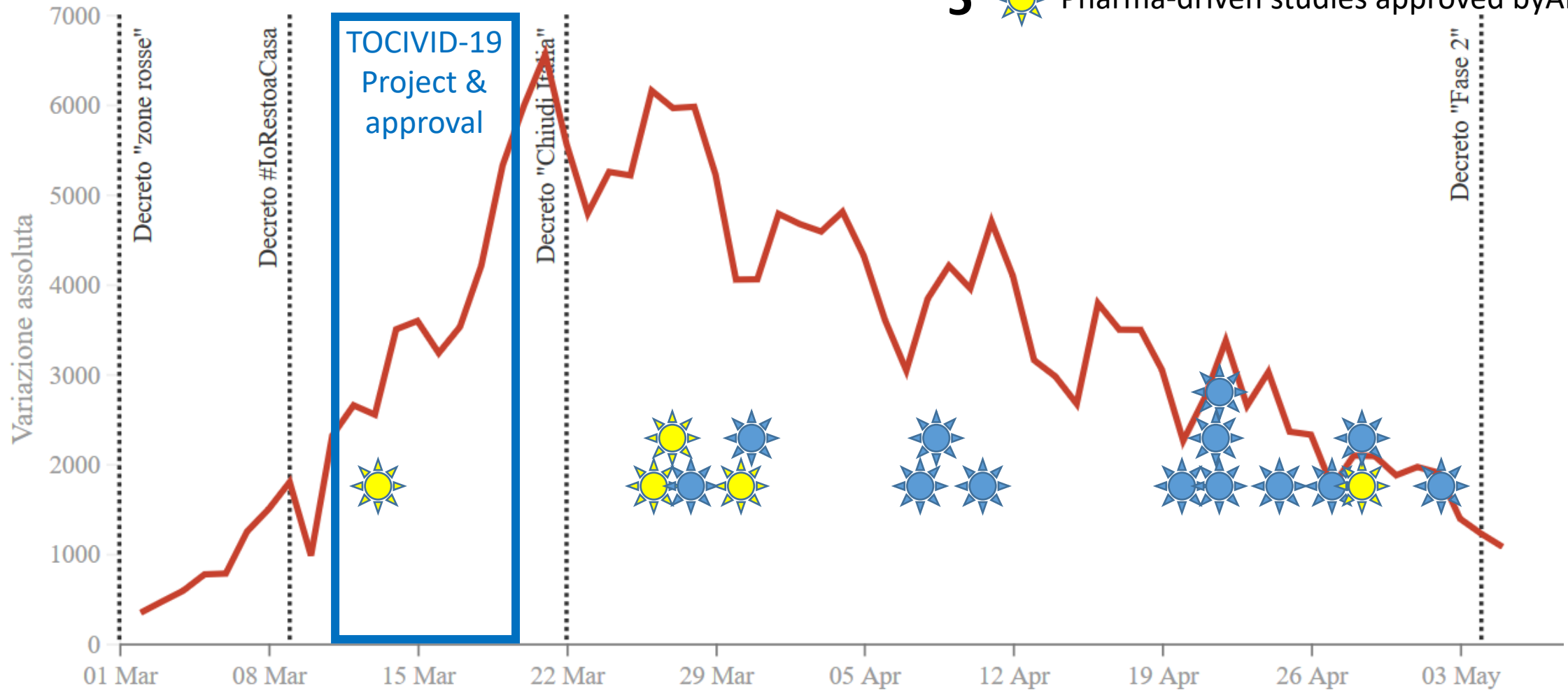
Visto il decreto legislativo 24 giugno 2003, n. 211, recante l'attuazione della direttiva 2001/20/CE relativa all'applicazione della buona pratica clinica nell'esecuzione della sperimentazione clinica dei medicinali per uso clinico;



The answer may be NO

- Maybe it's just a bad idea of (some of) us Italians
- Those loyal to Article 32 of the Italian Constitution, who believe that it is the State, through the public NHS, that must guarantee everyone the best care
- After all... who said that the public NHS, which already has its problems..., should also worry about research?

- 14**  Academic studies approved by AIFA
- 5**  Pharma-driven studies approved by AIFA



The answer may be NO

- Maybe it's just a bad idea of (some of) us Italians
- Those loyal to Article 32 of the Italian Constitution, who believe that it is the State, through the public NHS, that must guarantee everyone the best care
- After all... who said that the public NHS, which already has its problems..., should also worry about research?
- For practice, why not rely on insurance...?

Hazard ratio of death associated with financial toxicity

US: **1.79**

IT: **1.20**

Financial Insolvency as a Risk Factor for Early Mortality Among Patients With Cancer

Scott D. Ramsey, Aastha Bansal, Catherine R. Fedorenko, David K. Blough, Karen A. Overstreet, Veena Shankaran, and Polly Newcomb

Table 3. Bankruptcy Impact on All-Cause Mortality in the Propensity Score Matched Sample

Cancer Type	No. at Risk	No. of Deaths	HR	95% CI	P
Overall	17,021	2,026	1.79	1.64 to 1.96	< .001
Breast	3,788	280	1.48	1.15 to 1.91	.003
Lung	958	350	1.55	1.22 to 1.98	< .001
Melanoma	1,197	51	1.50	0.83 to 2.72	.179
Thyroid	952	23	1.71	0.69 to 4.27	.249
Prostate	2,365	214	2.07	1.56 to 2.74	< .001
Leukemia/lymphoma	1,792	254	1.22	0.93 to 1.61	.146
Uterine	739	42	1.09	0.55 to 2.16	.795
Colorectal	1,430	217	2.47	1.85 to 3.31	< .001
Other	3,800	595	1.49	1.25 to 1.78	< .001

The association of financial difficulties with clinical outcomes in cancer patients: secondary analysis of 16 academic prospective clinical trials conducted in Italy[†]

F. Perrone^{1*}, C. Jommi², M. Di Maio^{1,‡}, A. Gimigliano¹, C. Gridelli³, S. Pignata⁴, F. Ciardiello⁵, F. Nuzzo⁶, A. de Matteis⁶, L. Del Mastro⁷, J. Bryce¹, G. Daniele¹, A. Morabito⁸, M. C. Piccirillo¹, G. Rocco⁹, L. Guizzaro^{10,11} & C. Gallo¹¹

Table 2. Association of financial burden and financial toxicity with clinical outcomes

Variable and outcome	n	Measure	Value	95% CI	P
Financial toxicity					
Overall survival	2263	HR of death	1.20	1.05–1.37	0.007

The answer may be NO

- Maybe it's just a fixation of (some of) us Italians
- Those nostalgic for article 32 of the Italian Constitution, who believe that it is the State through the public NHS that must guarantee everyone the best care
- After all... who said that the public NHS, which already has its problems..., should also worry about research?
- For practice, why not rely on insurance...?
- And for research, won't that profit for regulatory purposes be more than sufficient...?

Trials with regulatory aim



Snapshots... focused on drugs

Registrative trials promoted by pharmaceutical industries are often inadequate to define **value** and **place in therapy** of new drugs



FDA & EMA register a new drug if there are enough data on **safety** and **efficacy** (risk/benefit ratio)

"Outdated" control arms
(Super)-selected patients
No head-to-head comparisons
No therapeutic sequences
Surrogate endpoints
...

Trials with regulatory aim

Registrative trials promoted by pharmaceutical industries are often inadequate to define **value** and **place in therapy** of new drugs



FDA & EMA register a new drug if there are enough data on **safety** and **efficacy** (risk/benefit ratio)

Reimbursement is more and more a critical step in countries with a public NHS (because increasing drug price and methodologic weakness of trials)

Guidelines of scientific societies include algorithms and recommendations that are frequently based on weak evidence

We need another type of research

Independent research does not address adequately or promptly (with few exceptions) the knowledge gaps persisting or generating downstream of the registration of new drugs

Limitations of independent research

- There are too few independent trials
- ...
- Frequently use surrogate end-points
- Seldom tackle treatment sequences
- ...
- Frequently wastes time with supposedly real world research

Maybe we need to
recalculate the
route...





Horizon Europe - Work Programme 2023-2024 *Missions*

Mission: Cancer

The goal of the Mission on Cancer is to improve the lives of more than 3 million people by 2030, through prevention, cure and for those affected by cancer including their families, to live longer and better. The objectives include: **Understand; Prevent what is preventable; Optimise diagnostics and treatment; Support quality of life; Ensure equitable access** in all aforementioned areas. The Mission on Cancer will address all cancers including poorly-understood cancers²³ in men and women, cancers in children, adolescents and young adults as well as in the elderly, cancers in socio-economically vulnerable populations, living in either cities, rural or remote areas, across all Member States and Associated countries.

EN

Horizon Europe

Work Programme 2023-2024



Aree di intervento

Gli interventi della Missione Salute del PNRR, da raggiungere entro il 2026, si dividono in due aree principali:

- ridisegnare la rete di assistenza sanitaria territoriale con professionisti e prestazioni disponibili in modo capillare su tutto il territorio nazionale, per una **sanità che sia vicina e prossima alle persone**;
- innovare il parco tecnologico ospedaliero, digitalizzare il Servizio sanitario nazionale, investire in ricerca e formazione del personale sanitario per una **sanità più sicura, equa e sostenibile**.

Pi In quest'ottica gli interventi della Missione Salute sono divisi in due Componenti, ognuna delle quali prevede una Riforma e specifici Investimenti.

- [Componente 1 – Reti di prossimità, strutture e telemedicina per l'assistenza sanitaria territoriale](#)
- [Componente 2 – Innovazione, ricerca e digitalizzazione del servizio sanitario nazionale](#)

REGULATIONS

**REGULATION (EU) No 536/2014 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 16 April 2014
on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC**



19 chapters and 99 articles

GAZZETTA UFFICIALE
DELLA REPUBBLICA ITALIANA



PARTE PRIMA

Roma - Sabato, 19 febbraio 2022

SI PUBBLICA TUTTI I
GIORNI NON FESTIVI

DECRETO 30 novembre 2021.

Misure volte a facilitare e sostenere la realizzazione degli studi clinici di medicinali senza scopo di lucro e degli studi osservazionali e a disciplinare la cessione di dati e risultati di sperimentazioni senza scopo di lucro a fini registrativi, ai sensi dell'art. 1, comma 1, lettera c), del decreto legislativo 14 maggio 2019, n. 52.

Art. 3.

*Cessione di dati e risultati di sperimentazioni
senza scopo di lucro a fini registrativi*

1. È consentita la cessione dei dati di sperimentazioni senza scopo di lucro, nonché dei risultati delle stesse, sia in corso di sperimentazione, sia a sperimentazione conclusa, a fini registrativi: a seguito di tale cessione, le disposizioni specifiche e le agevolazioni previste per le sperimentazioni senza scopo di lucro non sono più applicabili.

Sperimentazioni cliniche. Schillaci firma i decreti sui Comitati Etici

“Si tratta di provvedimenti di importanza fondamentale per l’iter regolatorio di approvazione delle sperimentazioni, frutto di uno sforzo condiviso con le Regioni e le amministrazioni interessate – sottolinea il Ministro - che avranno come effetto quello di migliorare la performance dell’Italia nel settore, muovendosi nella direzione di una minore burocrazia senza però rinunciare a quel livello di rigore scientifico imprescindibile per garantire farmaci e dispositivi medici sicuri e sviluppo complessivo del sistema e del tessuto industriale di riferimento”.



30 GEN - “Con la firma dei quattro decreti in materia Comitati Etici si compie un passo decisivo, atteso da anni, verso la piena implementazione nel nostro ordinamento del Regolamento europeo 536/2014 in materia di sperimentazioni cliniche. Si dà così un grande impulso alla ricerca sanitaria che oltre a consentire di avere maggiore disponibilità di alternative terapeutiche, costituisce uno straordinario volano per la crescita socioeconomica di un importante settore produttivo della nostra Nazione”. È quanto dichiara il Ministro della Salute, **Orazio Schillaci**.

Nello specifico, con [Decreto](#) del Ministro della Salute del 26 gennaio 2023, previa Intesa in Conferenza Stato-Regioni, sono individuati i 40 Comitati Etici territoriali

Viewpoint

Ⓜ Avoidable waste in the production and reporting of research evidence

Lancet 2009; 374: 86-89

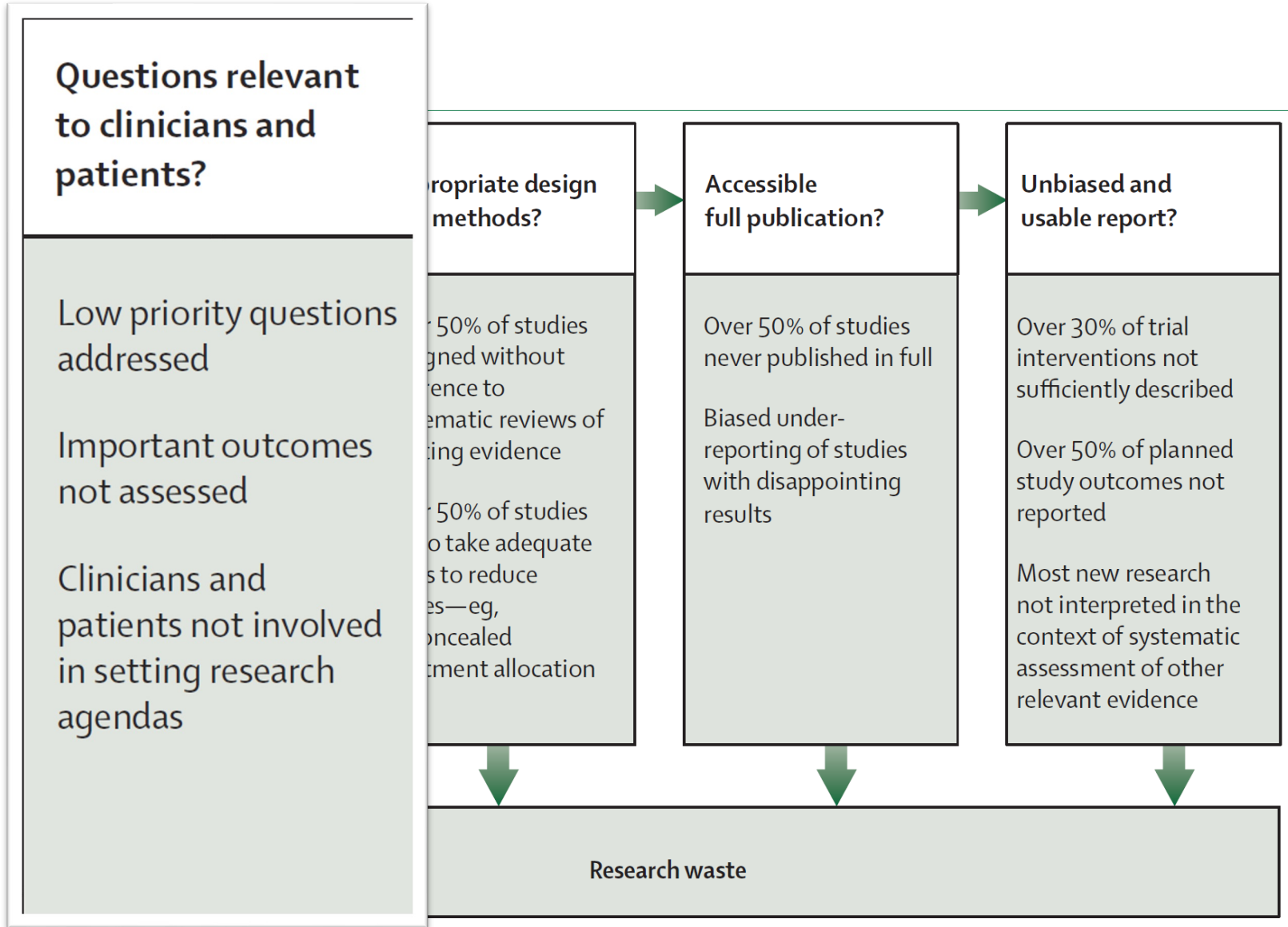
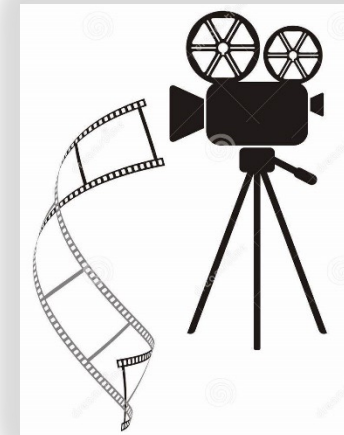


Figure: Stages of waste in the production and reporting of research evidence relevant to clinicians and patients

We could (perhaps we should) reason about...

- Solid end-points: survival, quality of life, toxicity
- Head-to-head comparison studies
- Therapeutic sequence studies
- Adaptive studies, which are updated with the evolution of diagnostic and therapeutic scenarios
- Studies that exploit the potential of digital and PROs
- Efficacy studies in the Real World, but of good quality...
- Studies that also help from a regulatory point of view

We need innovative models...



Patient-journey studies

From snapshots to a movie. Challenging the patterns of academic research

FRANCESCO PERRONE¹

¹Unità Sperimentazioni Cliniche, Istituto Nazionale Tumori di Napoli, IRCCS Fondazione Pascale, Napoli.

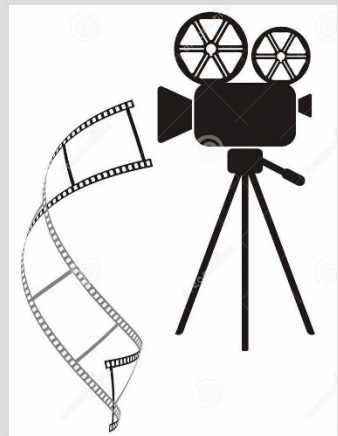
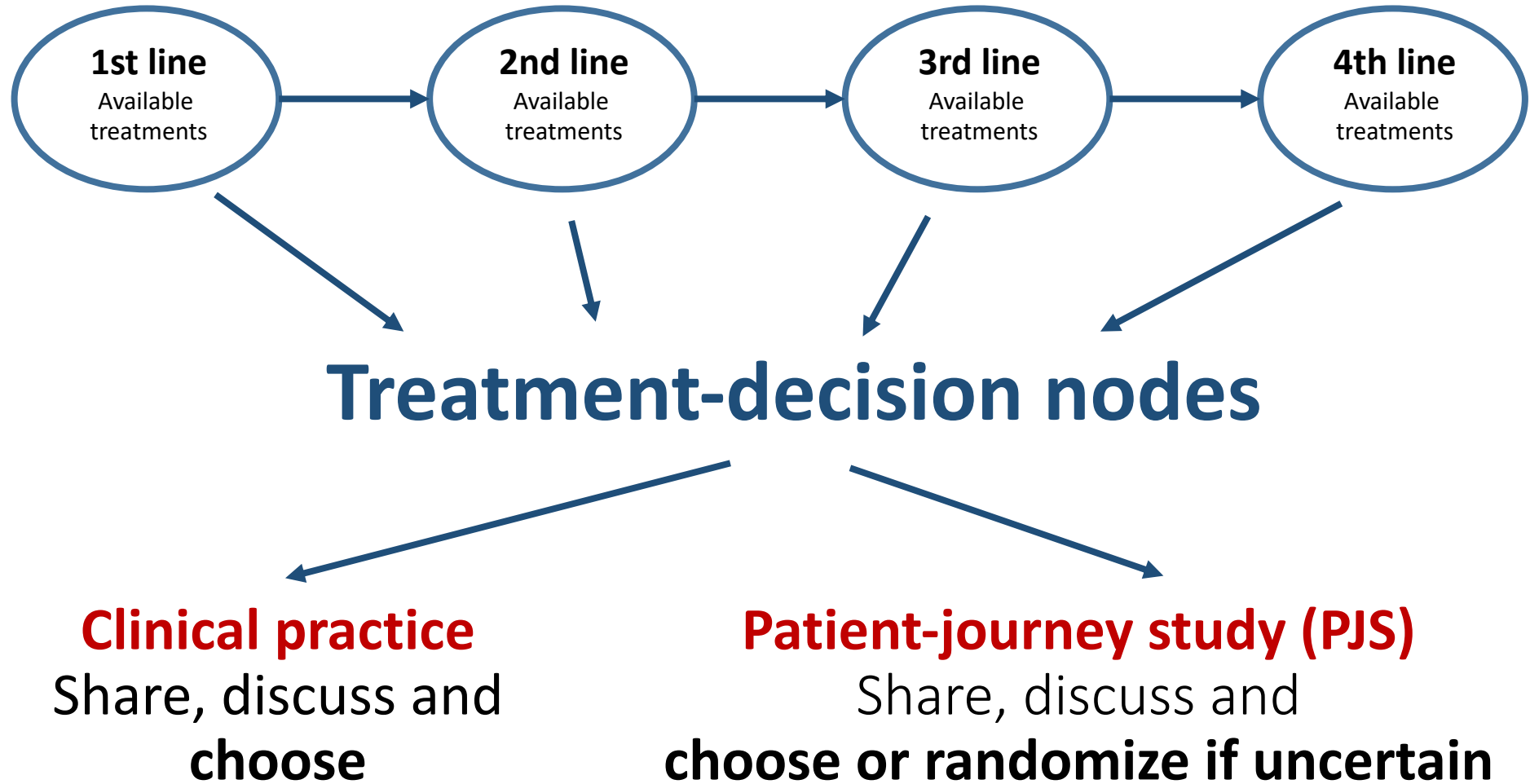
Open access

Communication

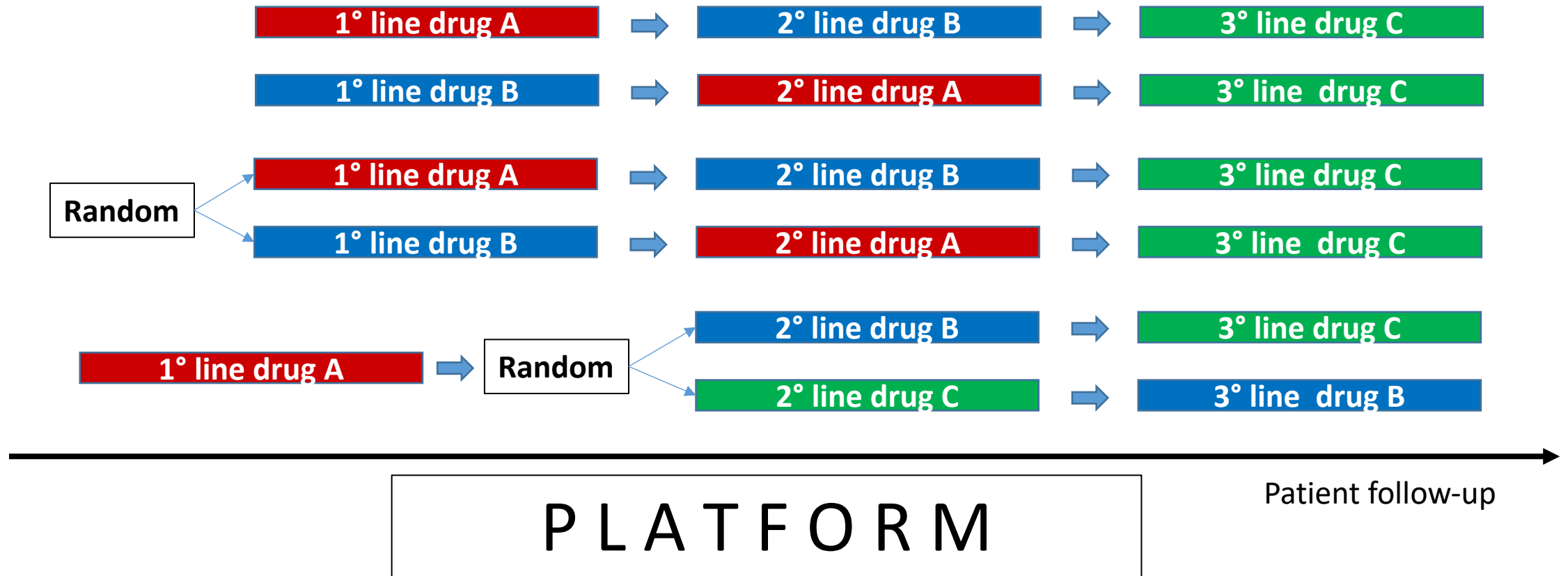
BMJ Open The opportunity of patient-journey studies for academic clinical research in oncology

Francesco Perrone ,¹ Raimondo Di Liello ,¹ Piera Gargiulo,¹ Laura Arenare,¹ Lorenzo Guizzaro,^{2,3} Paolo Chiodini ,² Ciro Gallo ,² Maria Carmela Piccirillo¹

In most cancers, we have >1 treatment option and >1 potential therapeutic line



Patient Journey study – the model



April 2023



BANDO AIFA RICERCA INDIPENDENTE 2023

SEQUENZIAMENTO TERAPEUTICO IN ONCOLOGIA

Assegnazione di finanziamento per la Ricerca Indipendente sui farmaci

Three areas

- NSCLC
- HCC
- Renal cancer

Keywords

- Multicentric
- RCT and/or innovative models
- Adaptive design
- Sequencing



Notiziario AIOM

AIOM: “PLAUDIAMO AL BANDO AIFA PER LA RICERCA CLINICA INDIPENDENTE SERVONO STUDI DI SEQUENZA TERAPEUTICA PER MIGLIORARE LE CURE”

04 Mag 2023

L’Agenzia Italiana del Farmaco supporta con 7 milioni e 500mila euro tre sperimentazioni nell’epatocarcinoma, nel tumore del polmone non a piccole cellule e nel carcinoma renale.

Cinieri, Presidente AIOM: “Questa iniziativa rappresenta un segnale di particolare attenzione delle Istituzioni per la ricerca no profit, che deve essere incentivata”. Perrone, Presidente eletto AIOM: “Vanno riorganizzati i trial, creando protocolli adattativi, che definiscano ogni tappa del percorso terapeutico”.



ORIGINAL ARTICLE

Nine weeks versus 1 year adjuvant trastuzumab in combination with chemotherapy: final results of the phase III randomized Short-HER study[†]

P. Conte^{1,2*}, A. Frassoldati³, G. Bisagni⁴, A. A. Brandes⁵, M. Donadio⁶, O. Garrone⁷, F. Piacentini^{8,9}, L. Cavanna¹⁰, F. Giotta¹¹, M. Aieta¹², V. Gebbia¹³, A. Molino¹⁴, A. Musolino¹⁵, A. Ferro¹⁶, R. Maltoni¹⁷, S. Danese¹⁸, C. Zamagni¹⁹, A. Rimanti²⁰, K. Cagossi²¹, A. Russo²², P. Pronzato²³, F. Giovanardi⁴, G. Moretti⁴, L. Lombardo⁵, A. Schirone³, A. Beano⁶, L. Amaducci²⁴, E. A. Bajardi¹³, R. Vicini²⁵, S. Balduzzi²⁵, R. D'Amico^{9,25†} & V. Guarneri^{1,2†}

Annals of Oncology 26: 1201–1207, 2015
doi:10.1093/annonc/mdv130
Published online 3 March 2015

Effectiveness of bevacizumab added to standard chemotherapy in metastatic colorectal cancer: final results for first-line treatment from the ITACa randomized clinical trial

A. Passardi^{1*}, O. Nanni², D. Tassinari³, D. Turci⁴, L. Cavanna⁵, A. Fontana⁶, S. Ruscelli¹, C. Mucciari⁷, V. Lorusso^{8,9}, A. Ragazzini², G. L. Frassinetti¹ & D. Amadori¹



ORIGINAL ARTICLE

Overall survival with 3 or 6 months of adjuvant chemotherapy in Italian TOSCA phase 3 randomised trial

F. Petrelli^{1*}, E. Rulli^{2†}, R. Labianca³, S. Lonardi⁴, G. Rosati⁵, K. Dotti⁶, M. Ronzoni⁷, N. Pella⁸, V. Pusceddu⁹, M. Banzì¹⁰, M. G. Zampino¹¹, M. Yasmina¹², P. Marchetti¹³, M. Cantore¹⁴, A. Zaniboni¹⁵, L. Rimassa^{16,17}, L. Ciuffreda¹⁸, D. Ferrari¹⁹, V. Zagonel⁴, E. Maiello²⁰ & A. Sobrero²¹, on behalf of TOSCA Investigators



Erlotinib versus docetaxel as second-line treatment of patients with advanced non-small-cell lung cancer and wild-type EGFR tumours (TAILOR): a randomised controlled trial



Marina Chiara Garassino, Olga Martelli, Massimo Broggin, Gabriella Farina, Silvio Veronese, Eliana Rulli, Filippo Bianchi, Anna Bettini, Flavia Longo, Luca Moschetti, Maurizio Tomirotti, Mirko Marabese, Monica Ganzinelli, Calogero Lauricella, Roberto Labianca, Irene Floriani, Giuseppe Giaccone, Valter Torri, Alberto Scanni, Silvia Marsoni, on behalf of the TAILOR trialists

Annals of Oncology 26: 724–730, 2015
doi:10.1093/annonc/mdv012
Published online 18 January 2015

Continuation or reintroduction of bevacizumab beyond progression to first-line therapy in metastatic colorectal cancer: final results of the randomized BEBYP trial

G. Masi^{1*}, L. Salvatore¹, L. Boni², F. Loupakis¹, C. Cremolini¹, L. Fornaro³, M. Schirripa¹, S. Cupini⁴, C. Barbara⁴, V. Safina⁵, C. Granetto⁶, E. Fea⁶, L. Antonuzzo⁷, C. Boni⁸, G. Allegrini⁹, S. Chiara¹⁰, D. Amoroso¹¹, A. Bonetti¹² & A. Falcone¹ on behalf of the BEBYP Study Investigators[†]



Adjuvant anastrozole versus exemestane versus letrozole, upfront or after 2 years of tamoxifen, in endocrine-sensitive breast cancer (FATA-GIM3): a randomised, phase 3 trial

Sabino De Placido*, Ciro Gallo*, Michelino De Laurentiis, Giancarlo Bisagni, Grazia Arpino, Maria Giuseppa Sarobba, Ferdinando Riccardi, Antonio Russo, Lucia Del Mastro, Alessio Aligi Cogoni, Francesco Cognetti, Stefania Gori, Jennifer Foglietta, Antonio Frassoldati, Domenico Amoroso, Lucio Laudadio, Luca Moschetti, Filippo Montemurro, Claudio Verusio, Antonio Bernardo, Vito Lorusso, Adriano Gravina, Gabriella Moretti, Rossella Lauria, Antonella Lai, Carmela Mocerino, Sergio Rizzo, Francesco Nuzzo, Paolo Carlini, Francesco Perrone*, on behalf of the GIM Investigators[†]

VOLUME 35 · NUMBER 12 · APRIL 20, 2017

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Italian, Multicenter, Phase III, Randomized Study of Cisplatin Plus Etoposide With or Without Bevacizumab as First-Line Treatment in Extensive-Disease Small-Cell Lung Cancer: The GOIRC-AIFA FARM6PMFJM Trial

Marcello Tiseo, Luca Boni, Francesca Ambrosio, Andrea Camerini, Editta Baldini, Saverio Cinieri, Matteo Brighenti, Francesca Zanelli, Efisio Defraia, Rita Chiari, Claudio Dazzi, Carmelo Tibaldi, Gianni Michele Turolla, Vito D'Alessandro, Nicoletta Zilembo, Anna Rita Trolese, Francesco Grossi, Ferdinando Riccardi, and Andrea Ardizzone



Is academic research important and useful?

My response is clear, I suppose...