EUROPEAN COOPERATION IN SCIENCE AND TECHNOLOGY

# Minutes from the WG 3 Meeting

**17. June 2013**
**9:00 a.m. – 2:00 p.m.**
**Bochum, Germany**

**Participants:**

Eithne Costello
Marlène Dufresne
Stephan Hahn
Núria Malats
Christoph Michalski

**1.)** **Dissemination:** Marlène and Eithne agreed to present the COST action during the upcoming 2013 meetings of the Pancreatic Society of Great Britain and Ireland (PanSoc) and the Club Français du Pancreas (CFP) via a poster presentation**.**

**2.)** **Lobbying:** Apart form approaching people at Brussels, the group suggests approaching representatives from the EU parliament involved in health issues. In addition E. Costello informed us about an interesting UK initiative from the the All-Party Parliamentary Group (APPG) on Pancreatic Cancer (see: http://www.pancreaticcancer.org.uk/campaigning/parliamentary-activity/appg-on-pancreatic-cancer)

**3.)** **Extension of the WG3 group:** Each participant of the meeting agreed to suggest within the next 4 weeks one additional candidate for WG3, ideally with a strong clinical background in gastroenterology/surgery and possibly also including one representative from radiology (imaging of the pancreas). If possible early researchers/clinicians should be included (max 8 Years after PhD at the day of nomination). Suggested people so far: Xavier Molero, Manuel Hidalgo, Jens Siveke, Julie Guillermet-Guibert)

**4.)** **Next WG3 Meeting in Madrid:** To give discussion enough room in order to reach consent on the main topics, milestones and deliverables for WG3 it was agreed that the WG3 meeting will start at 8:00 p.m. on the 28th of November 2013 and will continue on the 29th at 8:30 a.m. (Meeting places will be announced in due time).

**5.**) **Acknowledgment of COST action:** WG3 Members should mention COST in their pancreatic cancer publication whenever suitable. Núria or Roger will provide us a sentence containing all the relevant information on how to acknowledge COST action.

**6.**) **Short-Term Scientific Missions (STSM)**: WG3 members should prepare themselves within the next 4 weeks to suggest 1-3 weeks short term missions, a proposal will be needed for the steering committee. Additional information can be received via Roger or Núria.

**7.)** **Training sessions** (two to three day course with key experts in the field for 6-20 students i.e. on Biomarker): Suggestion will be collected for the upcoming Madrid meeting to identify the most suitable course for summer 2014.

**8**.) **Selection of the most promising strategy to reach the goals set to WG3:**

The group agreed in focusing on PDAC and not the other pancreatic cancer entities. The latter will only be included if relevant for differential diagnosis.

**The following topics were discussed:**

a) Identification of the most challenging and urgent clinical research questions: From the biomarker stand point early detection (including Stage I PDAC and PanINs) as well as therapy response prediction in combination with an innovative targeted treatment initiatives based on omics data for PDAC (which should be discussed as a common goal for WG2 and 3) were identified as topics to put the main focus on (see also c and d).

b) Design a registry of candidate markers for pancreas cancer and Methodological review of current biomarker research in PDAC including review of current biomarker research in PDA (white paper): It was the opinion of the group that most currently published biomarker for PDAC are unimportant because they are unlikely to have an significant impact on improving mortality rates of PDAC. Therefore, it was decided not tie time and efforts of the group members to review mainly irrelevant biomarker data in order to prepare such a database.

c) Strategy to advance early detection: The two main issues were identified for addressing this topic:

1.) ***Definition of a risk population to be included in a future clinical study for early detection:*** The goal of this initiative within WG3 would be to set the stage for a ideally pan-European early detection initiative which could be lobbied for Horizon 2020 as a possible EU funded topic. We aim at identifying a sufficiently large study population of patients with PDAC below 1cm at the time of diagnosis in order to answer the important question, can PDAC be cured only at the PanIN stage or is there a size limit below which PDAC can be cured by surgery. In addition this study aims at identifying the most promising early detection tools able to detect PDAC at a curable stage. In order to establish a longitudinal study population to be followed up the first step to be

reached shall be to define the appropriate risk population to be included in such a study. This goal should be reached by two steps to be addressed within the next 12 months:

a) Definition of risk population: It was suggested that an STSM should be initiated including up to 4 interested young clinical scientists (suggested candidates so far: Bo Kong (MD/PhD) Dept. Surgery Munich; Barbara Bournet, she is leading a French multicenter collection of samples from PDAC patients with clinical follow up. She is also involved in the clinical trial TherGAP) as well as scientists involved in the epidemiological aspect to search published literature in order to collect promising risk parameters and to prepare a consensus type of meeting among the WG3 members (possibly also as a joint activity of WG3 and WG1) to select the most appropriate risk factors. Ideally these factors are amenable by patient himself (own medical history or history of family members) and by simple routine test in clinical chemistry.

b) Develop a questionnaire to be filled in by patients indicating the patient via a scoring system that he would be eligible to seek contact to a clinical study team in early detection of PDAC. The dissemination of this questionnaire would be either the internet (by developing a website questionnaire which could be distributed/promoted via social networks) or selected GPs (or GP networks). This specific point may be enriched with a discussion of the ELSI (Ethical Legal, and Social implication) aspects with WG4

c) Selection of ideally routine clinical chemistry or imaging tests to be included to narrow down the risk population. Select potential innovative biomarker and imaging modalities to test along.

2.) Workplan 2014+: Development of a model study design to follow up the selected risk population ready for translation into any national or EU grant call.

d) Therapy response prediction/companion diagnostics in combination with an innovative targeted treatment initiatives based on omics data: Under the assumption that the efforts spend on omics data collection for PDAC is of use to improve survival data of PDAC patients, it was discussed that an effort of WG2 and 3 could be to set the stage to define PDAC based on biology (via omics data) complementary to standard pathology and identify subgroups of patient tumors to be included in clinical trials using new targeted treatment strategies and to establish rules for the developments of appropriate companion diagnostic tools. This initiative will be discussed with members of WG2 at the upcoming Madrid meeting.