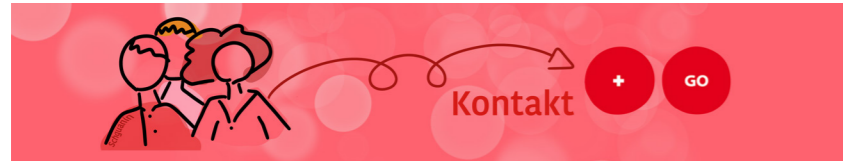


# 2023 Annual Report Swiss GO Trial Group



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The 2023 Annual Report is also published on our website (www.swiss-go.ch).



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#### Accounts for membership and donations

##### Membership

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Dear Colleagues, Members, Partners, and Supporters

Swiss-GO is now in its fifth year after its foundation in 2019 and I am very pleased to share with you some highlights from 2023. I am very pleased that the membership of Swiss-GO in the European (ENGOT) and the International Trial Group (GCIG) networks has proven mutually beneficial and increased Swiss-GO's international visibility and its recognition as valuable partner.

Meanwhile, Swiss-GO has 6 active trials, which are recruiting successfully:

The MATAO trial (Swiss-GO-02) is the first Swiss-driven European ENGOT trial and the best ever recruiting gynecological oncology trial in Switzerland and recruits as well in Austria and Germany. So far, we have recruited 402 patients and randomized 208 patients (status end of 2023). However, recruitment/randomization is behind its initial schedule and makes a prolongation necessary. This is mainly due to the COVID-based delay including Germany as big partner being behind timely schedule. The IRMA trial (Swiss-GO-03) has reached 90% of its target recruitment and is close to being the first Swiss-GO trial which has finished its recruitment. The Expression VI trial (Swiss-GO-01) is still recruiting, with Switzerland contributing 193 patients and making Switzerland the third-best recruiting country within this ENGOT trial. Expression IX (Swiss-GO-05) with 241 patients recruited and Expression XI (Swiss-GO-06) with 374 patients recruited in Switzerland also perform very well. The BOUQUET trial (Swiss-GO-04) in the recurrence setting of rare ovarian cancer entities so far enrolled 6 patients in Switzerland. The MUSA3 (Swiss-GO-09) trial, the Swiss-wide OV Precision translational trial (Swiss-GO-08), and the international LoRiO trial are expected to start in early 2024.

Several trials are in the planning phase (e.g. REFRaME-01, STREAM-1, Expression XVIII, PAROLA, DESTINY) and will massively increase the portfolio and efficiency of Swiss-GO in order to offer multiple new treatment options for our patients in Switzerland.

Among the highlights were the centralized histopathology core facility (HCF) and the further implementation of digital trial management. HCF was established as the first of its kind in Switzerland, serves as the reference diagnostic center and for automated immunohistochemistry service for all MATAO trial sites, and has proven crucial for the correct diagnosing. Digital management of MATAO is a full success: since its start, one third of the sites have been initiated on the remote digitalization part and about 10% of the randomized patients use digital questionnaire transmission.

Other highlights were the Tumor Profiler Center and Swiss-GO Trial Group "TPC Retreat #1/Kickoff OV Precision" Meeting in January in Basel (where the representatives from the various TPC technology platforms and from the participating Swiss-GO trial sites discussed the detailed planning of the new OV Precision trial) and the first co-joint Swiss-GO Member and Academy Meeting held in October in Basel (where trial updates and new trial concepts were discussed in breakout sessions).



I am very pleased that Swiss-GO (particularly for MATAO and OV Precision) and its efforts in the field of gynecological oncology earns great resonance in conferences and meetings, and even from patients and patient-representing groups.

There are also challenges to be faced, such as the financing of the administration (with the continuously increasing workload for the Swiss-GO trial management team) and the successful conduction of clinical trials. Swiss-GO was granted small-scale funding for LoRiO and OV Precision, but more funding support from third parties is needed. Positively, Swiss-GO was invited to present its application for a 5-year base funding for trial management and infrastructure to representatives of the "Schweizerischer Wissenschaftsrat" of the "Staatssekretariat für Bildung, Forschung und Innovation" in December this year.

Last, but not least I am very pleased to welcome Prof. Brambs, Cantonal Hospital of Lucerne (LUKS) and Prof. Heubner, Cantonal Hospital of Baden (KSB) as new members to the Executive Board. On behalf of the entire Swiss-GO Executive Board, I would like to thank all participating patients, study nurses, local PIs, funding bodies and other supporters for the valuable contribution and participation in/for our studies, for the time invested to ensure the studies are conducted, and for the many helpful feedbacks, good ideas, and suggestions. I am especially grateful to the Swiss-GO management team, without its effort, commitment, and enthusiasm all our goals would be impossible to achieve. I am also grateful to Michael von Rotz for assisting Swiss-GO as CFO in financial matters, to PD Dr. André Fedier as CEO for running the office, and to Dr. Diego Calabrese and his team at the centralized histopathology review center.

We will continue to devote all our efforts to the well-being of patients suffering from gynecological cancer and hope for your support in this endeavor. The Swiss-GO Executive Board and myself look forward to your support, suggestions, discussions, exchanges, and to joint projects.

Prof. Viola Heinzelmänn-Schwarz  
President Swiss GO Trial Group

Basel, in April 2024

## 1. Activity of the Executive Board of Directors

In 2023, the Board of Directors, with Prof. Viola Heinzlmann-Schwarz as President and PD Dr. Intidhar Labidi-Galy as Vice-President), was complemented by two new members: Prof. Martin Heubner (Cantonal Hospital Baden, KSB) and Prof. Christine Brambs (Cantonal Hospital Lucerne, LUKS) and constitutes now 10 members representing the fields of gynecological oncology, medical oncology, and radiological oncology.

The Board of Directors held three (virtual) meetings in 2023, in which updates on trials in progress and ideas for future trials, strategies to acquire further funding from public and private sponsors, and measures to increase the activity, the reachout, and the visibility of Swiss-GO were discussed. The Board members also attended several national and international meetings and workshops to catch the latest developments in clinical practice and trial design and to intensively operate networking with their colleagues.

## 2. Activity of the Office

The management team, the CFO, and the CEO constitute the Swiss GO trial Group Office. The management team consists currently of 4 project managers (PM), each of them assigned to specific trials or specific tasks: Dr. Pamela McLaughlin (PM for the MATAO trial), Dr. Maren Vogel (PM for the OV Precision and LoRiO trial, responsible for the Swiss-GO website maintenance), Anett Jacob (PM for the Expression and STREAM trials and responsible for accounting), and Feruza Ushurova (day-to-day work in the centralized histopathology unit and communication with all study sites). Despite the assistance by study nurses and other personnel, the management team faces a steadily growing workload, owing the increasing number of ongoing studies and studies in the planning phase and not the least the complexity of study protocol conception and writing and the establishment of the documentations for the various national and international authorities and legal bodies. To ease the individual workload, we are constantly applying for additional financial support from federal, public, and private funding sources.

CFO Michael von Rotz assists in Swiss-GO's financial matters and in the budgeting of the trials and compiles and controls the financial annual report, which is audited by Dufour Treuhand AG Basel and presented by CEO PD Dr. André Fedier to the Swiss-GO General Assembly for approval. PD Dr. Andre Fedier is Senior Scientist in the Ovarian Cancer Research Group lead by Prof. Viola Heinzlmann-Schwarz at the University Hospital Basel, but in parallel manages as CEO the office work for Swiss-GO and its communication with the members and other parties.

Swiss-GO is also assisted by the Clinical Trial Unit of the Department of Clinical Research (DKF) at the University Hospital Basel under the leadership of Prof. Christiane Magnus-Pauli. Her team of experts regarding trial design, statistical analysis, monitoring, and database implementation/follow-up and cleaning is essential for the success of our trial management. The law office Burckhardt AG Basel (Jacqueline Burckhardt Bertossa, lic. iur.) serves as advisor in legal matters for Swiss-GO.

## 3. Activity of the Association

Swiss-GO's mission is to bring together interdisciplinary research and experts in gynecologic oncology and particularly to actively promote the implementation and conduction of clinical trials and research projects that are academic-driven, not pharmaceutical industry-driven, and have an of "out-of-the-box" character.

The aim is to develop new therapeutic and diagnostic approaches and to further investigate the molecular causes of gynecological cancers and to integrate the latest advances in high throughput technologies and in precision medicine. Quite often the ideas come from research questions encountered in our own and in our colleagues' (translational) research laboratories. Swiss-GO's intention is also to increase the visibility of Switzerland's clinical research landscape, to foster the participation of Swiss sites in international trials, and to position itself as a recognized and reliable collaborator within the international study groups and consortia.

To translate this mission into action, Swiss-GO is willing to play a pioneering role and therefore acts as main sponsor as well as supporter of such trials. Members of Swiss-GO and in particular the key representatives of the Hospitals in Switzerland attend meetings and workshops to catch the latest developments in gynecological oncology and in innovative trial design and to present Swiss-GO as collaborative partner.

On October 19th, the first co-joint Swiss-GO Member and Academy Meeting was held in Basel, in which on the one hand updates on currently running and planned trial were presented and discussed. In breakout sessions, new trial ideas and concepts were discussed. This meeting concept earned great resonance among the participants and will be scheduled on a yearly basis (**Figure 1**).

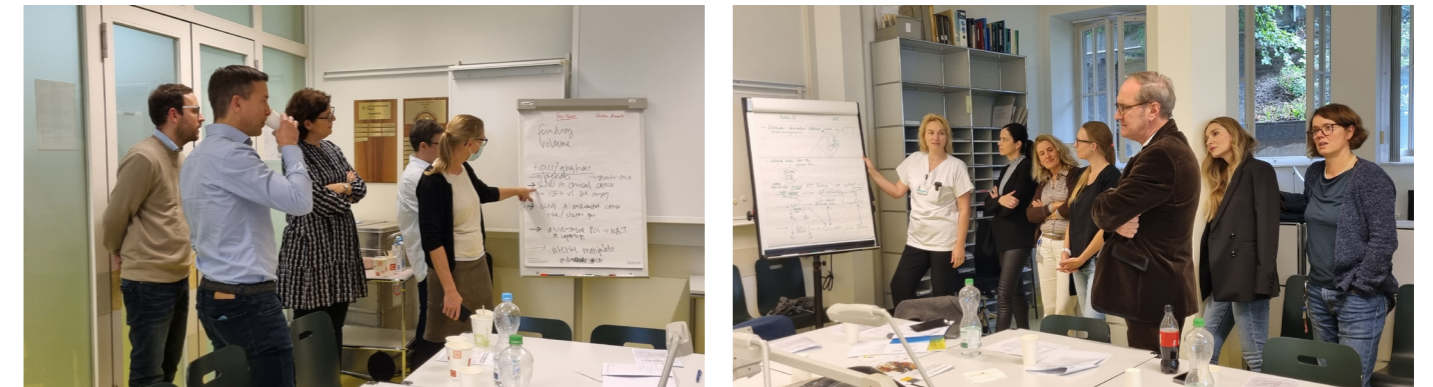


Figure 1. Breakout session, 1st Swiss GO Academy and Member Meeting (October 19th, 2023, Basel).



The Swiss-GO trial portfolio has grown considerably since the foundation of Swiss-GO 4 years ago. Six trials (Expression VI, IX, and XI; IRMA; MATAO; BOUQUET) are currently active under the Swiss-GO umbrella either as main sponsor or as collaborative supporter. The MUSA3, OV Precision, LoRiO and Expression XVIII trials are to be started early 2024 (Figure 2). Other trials with the participation of Swiss-GO (STREAM-1, REFRaME-O1, PAROLA, DESTINY) are in the planning phase. Without the valuable contributions and efforts of all Swiss-GO members (currently 43), the responsible personnel at each single trial site, and around 100 supporting trial management teams, clinicians, and health care staff in numerous national and European study sites, the progress and success of Swiss-GO would not have been possible.

A huge advantage of Swiss-GO since its foundation is the strong Patient Advocacy Group, which accompanies the planning and progression / review of all Swiss-GO trials. Currently supported by 4 patient advocates, this is a unique opportunity to plan trials according to the needs of our gynecological oncology patients. All trial should be overseen for this purpose and we are very fortunate to have 4 excellent women, who complement each other with their own professional expertise and private experience to improve the design of all our trials.

Swiss-GO is the brother organization to Swiss-AGO of SGGG/Gynécologie Suisse, the community of Swiss Gynecological Oncologists, and is also widely networking with various groups and partner organizations, including ENGOT, CEEGOG, ISGO, GICG, SAKK, AGO Germany, AGO Austria. To share its mission and its activity, Swiss-GO is not only open to clinicians, researchers, and patients, but also to the public (website [www.swiss-go.ch](http://www.swiss-go.ch)). It is also active since early 2023 on social media platforms like Facebook and LinkedIn. To fulfill its mission and to successfully conduct its trials, Swiss-GO, as a non-benefit association, depends on the contributions of its members, donations, and the funding from federal, institutional, public, and private sources.

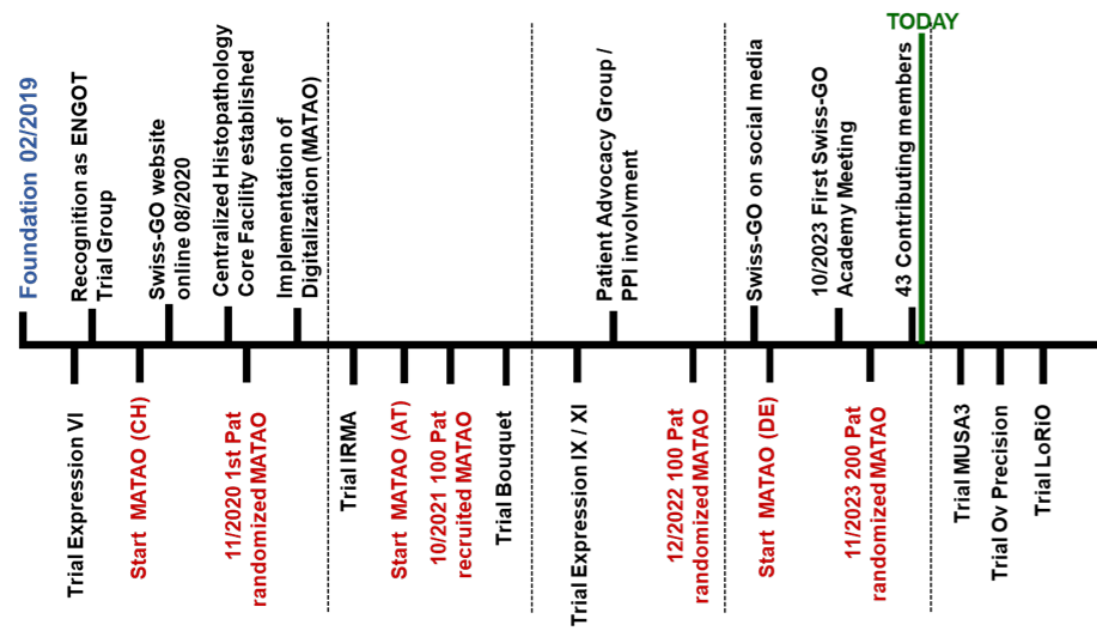


Figure 2. Development, key events, and rial portfolio of Swiss-GO (2019 – 2023).

### 3.1. Ongoing Clinical Trials



The MATAO trial (MAintenance Therapy with Aromatase inhibitor in epithelial Ovarian cancer; a randomized, double-blinded, placebo-controlled, multi-center phase III Trial, ENGOT-ov54/ Swiss-GO-2; NCT04111978) is a maintenance therapy study with aromatase inhibitor (letrozole) for patients with epithelial ovarian cancer and is designed as a randomized double-blind placebo-controlled phase III study. This first Swiss international Swiss-GO-sponsored study is prospectively evaluating letrozole versus placebo for the first time as part of supportive therapy interventions in patients with serous and endometrioid ovarian cancer. The study is active since Fall 2020 with the inclusion of the first patients in Switzerland in November 2020, followed by the opening of the Austrian centers in Winter 2022 and the German centers mid-2023 (Table 1).

Table 1: MATAO Recruiting centers.

Center	Center ID	Name of PI
Universitätsspital Basel	CH-01	Prof. Heinzelmann Viola
Kantonsspital Aarau	CH-02	Dr. Sarlos Dimitri
Kantonsspital Baden	CH-03	Prof. Heubner Martin
Kantonsspital Chur	CH-04	Dr. Schwitter Michael
Stadtspital Triemli	CH-05	Dr. Gabriel Natalie
Lindenhofgruppe Bern	CH-06	Prof. Rothmund Ralf
Kantonsspital Luzern	CH-07	Prof. Aebi Stefan
Onkzentrum Hirslanden Zürich	CH-08	Dr. Hirschi-Blickenstorfer Anita
Centre Hospitalier Universitaire Vaudois (CHUV)	CH-09	Dr. Sarivalasis Apostolos
Claraspital Basel	CH-10	Dr. Schmid Thomas
Kantonsspital St.Gallen	CH-11	Prof. Hornung René
Hôpitaux Universitaires de Genève (HUGE)	CH-12	PD Dr. Labidi-Galy Intidhar
Kantonsspital Thurgau-Frauenfeld	CH-13	Prof. Fehr Mathias
Spital Grabs SRRWS	CH-14	Prof. Schmid Seraina
Kantonsspital Winterthur	CH-15	Prof. Müller Andreas
Inselspital Bern	CH-16	Dr. Wampfler Julian
Kantonsspital Münsterlingen	CH-17	Dr. Taverna Christian
Universitätsspital Zürich	CH-18	Prof. Wicki Andreas
Kantonsspital Baselland Liestal	CH-19	PD Dr. Vetter Marcus
Hirslanden Klinik St. Anna Luzern	CH-20	Prof. Günthert Andreas
Instituto Oncologico Italiana Bellinzona (IOSI)	CH-21	Dr. Del Grande Maria
Spital Thun	CH-22	Dr. Hochstrasser Andreas
Medizinische Universität Innsbruck (MUI)	AT-01	Prof. Marth Christian
Klinik Hietzing Wien	AT-02	Dr. Denison Ursula
Medizinische Universität Graz	AT-03	Prof. Edgar Petru
Krankenhaus Barmherzige Brüder Graz (BB Graz)	AT-04	Dr. Sevela Ursula
Ordensklinikum Barmherzige Schwestern Linz (BHS Linz)	AT-05	Dr. Lafleur Judith
Medizinische Universität Wien / AKH Wien	AT-06	Priv.-Doz. Dr. Polterauer Stephan
Landeskrankenhaus Hochsteiermark Leoben	AT-07	Dr. Peternell Cornelia
Universitätsklinikum Salzburg	AT-08	Priv.-Doz. Dr. Bogner Gerhard
Universitätsklinikum Freiburg i. Br.	DE-01	Prof. Klar Maximilian
Universitätsklinikum Münster	DE-02	Dr. Witteler Ralph
AMO Wolfsburg MVZ GmbH	DE-03	Dr. Liebrich Clemens
Universitätsklinikum Düsseldorf	DE-07	Prof. Fehm Tanja
Universitätsklinikum Hamburg-Eppendorf	DE-14	Prof. Schmalefeldt Barbara
Helios Dr. Horst Schmidt Kliniken Wiesbaden GmbH	DE-16	Prof. Eichbaum Michael
Donausiar Klinikum	DE-18	Dr. Tato-Varela Sara
Gynäkologisch-Onkologische Gemeinschaftspraxis (Uleer und Pourfard)	DE-20	Dr. Uleer Christoph
Studienzentrum Onkologie Ravensburg	DE-23	Dr. Gropp-Meier Martina
Evang. Kliniken Essen-Mitte	DE-24	Dr. Welz Julia
Helios Klinikum GmbH Wuppertal	DE-29	Prof. Fleisch Markus

Currently, 402 (+165 in 2023) patients have been recruited and 208 (+93 in 2023) randomized into MATAO, a considerable boost due to the newly opened centers in Austria and Germany (Figure 3). Despite this, the recruitment/randomization is behind its original schedule due to the COVID-19 pandemic and therefore in order to reach the target number of randomized patients (=540), needs to be prolonged. The budget for this prolongation is currently requested from various larger and smaller foundations.

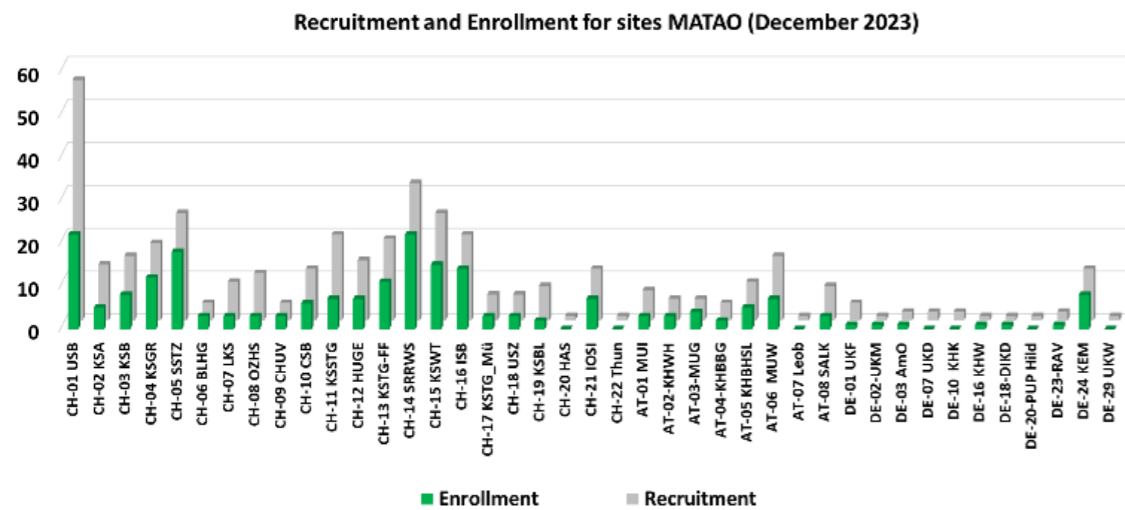
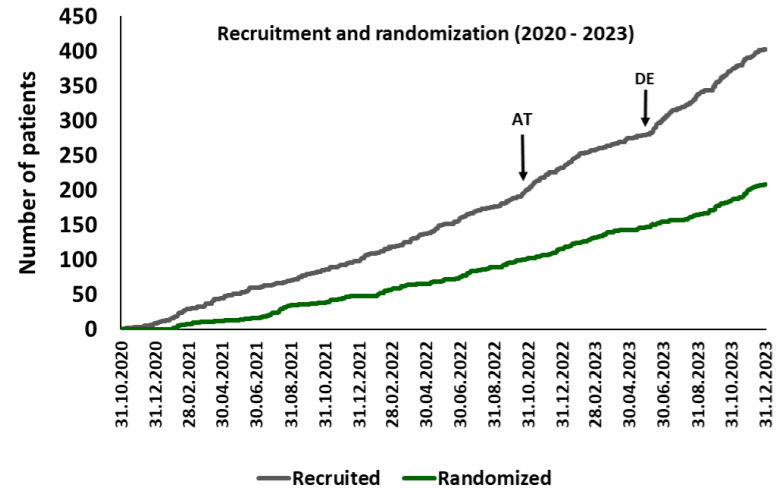


Figure 3. Recruitment and randomization of MATAO. Top: Number of patients recruited and randomized into the MATAO trial since November 2020 until December 2023. Recruitment start in Austria and Germany are indicated. Bottom: Currently recruiting centers in Switzerland (CH), Austria (AT) and Germany (DE).

The MATAO trial is a Model A ENGOT trial is sponsored by Swiss-GO, with Prof. Viola Heinzlmann-Schwarz as International Project Lead, Sponsor Investigator, and Principal Investigator. Although MATAO is financed by third party money (approx. 2.5 Mio CHF, agreed by Helsana Versicherungen AG, AntiCancer Fund, Novartis Schweiz AG, Roche Pharma Schweiz AG, Krebsforschung Schweiz via Mahari Stiftung, AGO Deutschland, AGO Österreich, and Stiftung Fürstlicher Kommerzienrat Liechtenstein), its prolongation requires additional funding. MATAO has been presented nationally and internationally on various occasions and its concept, design, and its protocol (published in 2022) earn great resonance among clinicians, academics, and patients. Additional information on the trial can be found at: [www.MATAO.ch](http://www.MATAO.ch).

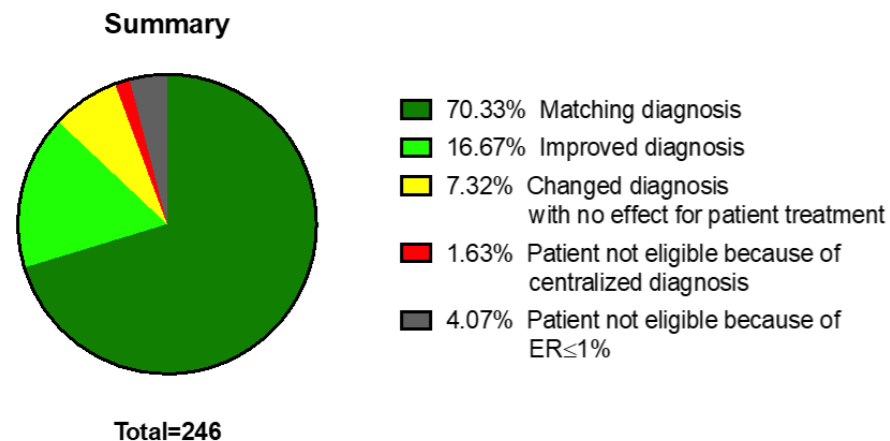


Two milestones along with the MATAO trial were the establishment of a centralized trial histopathology core facility and the implementation of digitalization into MATAO.

#### Centralized trial histopathology core facility

This GCLP-conform and centralized histopathology core facility (HCF) was established from scratch for ER-staining of the slides for pathology review. This facility (Head: Dr. Diego Calabrese, Department of Biomedicine of the University of Basel) is the first of its kind in Switzerland and serves as the reference diagnostic center and for automated estrogen receptor (ER) immunohistochemistry (IHC) service for all MATAO trial sites. It coordinates a team of international expert pathologists for case review, organizes logistics for sample transfer, provides digital pathology and image analysis, and organizes a centralized MATAO biobank including tissue microarray production. A setup protocol and a workflow chart has been designed and established for MATAO that can be adapted for other trials in the future.

A first interim analysis demonstrates that in 25% of the cases the reference pathologist adjusted the local pathology review, with adjustment of cancer type being the most observed discordance directly impacting the eligibility of the patient for the trial (Figure 4). This highlights the importance of the centralized pathology review prior to randomization because it standardizes the review procedure.



**Figure 4:** Comparison of tumor sample primary diagnosis from study site with reference diagnosis from the centralized pathology review. Both primary and centralized review were conducted on FFPE-tissue. The primary review was completed with conventional bright field microscopy and the reference review with digital pathology. Final diagnoses from both review procedures were compared against each other (236 tumor samples).

### Digitalization

Largely imposed by the COVID-19 pandemic 2020-2021, digitalization was introduced from scratch and was continuously implemented into the MATAO trial. Electronic forms and patient questionnaires for monitoring and quality control and video-clips for instructing and teaching the staff at the centers for trial initiation and patient recruitment were created; electronic devices (tablets, mobile phones, and wearables/arm watches) for data transfer between the centers and the local data base were purchased and installed and trial-specific applications for smartphones and tablets were created. In addition to help saving costs, all this contributed to manage key steps of the trial in a remote (digital) fashion and to replace or at least minimize the travelling of staff to the centers regarding the training and instructing the staff and the travelling of the patients to the hospital. It also reduced to a minimum the physical contact between patients and trial staff by assessing the current quality of life and vital signs parameters by means of electronic questionnaires, and ensured accurate and error-free data and information transfer from each single patient to the local data base (**Figure 5**).

Currently, 44 (out of 59) sites have been initiated remotely via MS Teams and Zoom on the complete protocol, and 19 sites so far have been initiated on the remote digitalization part. Of the currently randomized patients about 10% were using this explorative part to transmit the questionnaires.



**Figure 5.** Schematic representation of the installment procedure of the Apps on the phone of the patient by the study coordinator during screening-visit within the MATAO study schedule. Patient is contacted by email and App notification (only Questionnaire App) to remotely assess activity, heart rate and blood pressure one week prior to each visit.



The **Expression VI** study (Carolin meets **HANNA**, **H**olistic **A**nalysis of **l**o**N**gterm survivors with ovaria**N** c**A**ncer/ENGOT-ov40/NOGGO S13/Swiss-GO-01) is an outcome research study. It employs questionnaires to identify specific factors characteristic of this exceptional group of patients which are long-term ovarian cancer survivors beyond 5 years of diagnosis. This study, developed by the North-East German Society for Gynecological Oncology (NOGGO) and the European Competence Center for Ovarian Cancer of the Charité - Universitätsmedizin Berlin and supported by the German Foundation for Ovarian Cancer and the DIWA network, is global in scope within the international study groups GCIG and ENGOT and is active since November 2016 (recruitment ongoing). By now over 1'600 patients from 14 countries are enrolled (**Table 2**).

Switzerland's contribution to Expression VI is supported by funding of the Manja Gideon Stiftung (1'000 CHF) and coordinated by Swiss-GO and led by Swiss PIs Dr. Pierre Samartzis (University Hospital Zurich) and Dr. Tibor Zwimpfer (University Hospital Basel). In Switzerland, 193 patients (+2 in 2023) have been enrolled, making Switzerland the third-best recruiting country within this European trial.

A first series of results from more than 1'000 patients with a median survival time of eleven years after initial diagnosis from 14 European countries was published in November 2023 (Woopen et al., *Cancers*), confirming the necessity of follow-up care beyond the typical five years in the form of specialized survivorship care with a focus on long-term side effects, lifestyle, and prevention.

**Table 2.** Enrolled patients in the Expression VI trial.

Patients	Centers
50	Universitätsspital Basel
34	Universitätsspital Zürich
20	Kantonsspital Aarau
15	Inselspital Bern
14	IOSI Bellinzona
14	Stadtspital Triemli
10	Kantonsspital Frauenfeld
8	Kantonsspital Sitten
8	Kantonsspital Genf
7	Kantonsspital Chur
6	Kantonsspital Baden
5	Kantonsspital Schaffhausen
2	Other
<b>193</b>	<b>Total Switzerland</b>
<b>1415</b>	<b>Total other countries</b>



The **Expression IX** study (Global **SURVEY** of LONG-TERM SURVIVAL with gynaecological CANCER (ENGOT-GYN4/NOGGO S20/Swiss-GO-05)) is an international multi center survey study for Long-term survivor patients ( $\geq 5$  years) with the diagnosis of gynaecological cancer (cervical cancer, endometrial cancer, vulvar cancer, and rare gynaecological tumors such as sarcomas or granulosa cell tumor; excluding epithelial ovarian cancers). Expression IX is a successor trial of Expression VI and is sponsored by NOGGO ENGOT and Swiss-GO (Swiss PI Dr. Tibor Zwimpfer). The current accrual status in Switzerland is 241 patients in 6 centers (+64 patients in 2023). Together with Austria and Germany, 578 patients are enrolled in the study (**Table 3**).

**Table 3.** Enrolled patients in the Expression IX trial.

Patients	Center
98	Inselspital Bern
76	Universitätsspital Basel
42	Kantonsspital Luzern
19	Kantonsspital Baden
5	Stadtspital Triemli
0	Claraspital Basel
0	Kantonsspital Baselland
0	Lindenhofgruppe Bern
0	Kantonsspital Frauenfeld
0	IOSI Bellinzona
1	Other
<b>241</b>	<b>Total Switzerland</b>
<b>337</b>	<b>Total Austria and Germany</b>



**Expression XI** study **IMPROVE** (International Survey for Patients with EndoMetrial Cancer: PeRspectiVes and Expectation of Therapy and Quality of Life. (ENGOT-en16/NOGGO S22/Swiss-GO-06)) is an international, multicenter center survey for patients with primary and relapsed endometrial cancer independent of their state of disease and treatment. The current recruitment status in Europe is 1'185. With currently 374 patients recruited (+108 in 2023) in 11 centers, Switzerland is the second-best recruiting country (**Table 4**). Expression XI is coordinated by NOGGO ENGOT and Swiss-GO (Swiss PI Dr. Tibor Zwimpfer).

**Table 4.** Enrolled patients in the Expression XI trial.

Patients	Center
164	Inselspital Bern
115	Universitätsspital Basel
34	Kantonsspital Baden
25	Kantonsspital Luzern
16	Lindenhofgruppe Bern
8	IOSI Bellinzona
5	Stadtspital Triemli
3	Kantonsspital Frauenfeld
2	Kantonsspital Baselland
1	Claraspital Basel
1	Other
<b>374</b>	<b>Total Switzerland</b>
<b>811</b>	<b>Total other countries</b>



The **BOUQUET** study (ENGOT-gyn2/GINECO/Swiss-GO-04/NCT04931342) is an international, „open label“ phase II study with 523 institutes and offers patients with rare gynecological tumors targeted treatment options tailored to their mutation status. Due to the rarity of these disease, the study was opened at only one site in Switzerland (Hôpitaux Universitaires de Genève HUG) and initiated in June 2021. A target number of 80-200 patients shall be enrolled distributed across 50-60 centers. Enrolled are patients with recurrent low-grade endometrioid, mucinous or clear cell ovarian cancer with up to 4 prior lines of chemotherapy), for whom platinum is no longer an option.

After a recruitment blast in 2023, 63 centers are currently activated in 15 countries, with 119 patients enrolled (641 pre-screened). In Switzerland 6 patients are enrolled (10 pre-screened). BOUQUET is an international, pharmaceutical industry-sponsored (Roche, Genentech) ENGOT trial led by Prof. Isabelle Ray-Coquard, with PD Dr. Intidhar Labidi-Galy of HUG as representative for the Swiss site and Swiss-GO.



The **IRMA** study („Immediate breast **R**econstruction following **M**astectomy“) (Swiss-GO-03) is a multicenter observational prospective cohort study of patients undergoing immediate breast reconstruction after prophylactic mastectomy or mastectomy due to breast cancer (NCT04390529) started in 2017. Objectives are to (i) prospectively record postoperative complications as well as tumor recurrence in these patients, (ii) record quality of life and cosmetic appearance, and (iii) make recommendations for an optimal approach to immediate breast reconstruction based on the study results. A study protocol amendment was implemented to improve case report forms and patient-reported outcomes.

The IRMA study has currently 13 active study sites in Switzerland (**Table 5**) with currently 411 patients enrolled (+98 in 2023), corresponding to 90% of the target (455). Interim Analysis is planned for mid-2024 and subsequent analyses for 2026. The IRMA study is led and sponsored by Prof. Mathias Fehr (Breast Center Thurgau), supported by Krebsliga Thurgau, Krebsliga Ostschweiz, and Swiss-GO.

**Table 5.** Enrolled patients in the IRMA trial.

Patients	Center
82	Brustzentrum Thurgau
65	Tumor- und Brustzentrum Ostschweiz
58	IOSI Bellinzona
47	Lindenhofgruppe Bern
40	Kantonsspital Baden
27	Kantonsspital Aarau
26	Hirslanden Bern
22	Stadtpital Triemli
16	Hirslanden Clinique de Grangettes
13	Spital Zollikerberg
12	Universitätsspital Zürich
3	Spital Wetzikon
0	Hôpitaux Universitaires de Genève
<b>411</b>	<b>Total Switzerland</b>



The **DICCT** study (“Effect of **D**igoxin on **c**lusters of **c**irculating **t**umor cells (CTCs) in breast cancer patients“) is a single-arm therapeutic exploratory study of digoxin in patients with advanced or metastatic breast cancer started in mid-2020. Study objectives are to assess the effect of digoxin on the size and the number of CTC clusters detected in patients with advanced breast cancer and to investigate the kinetics of dissolution of CTC clusters and the dose response relationship of the effect. About 50-60 patients were to be screened for CTC clusters, with an estimated 25% of patients with detectable CTC clusters. Eleven patients were treated with digoxin so far. DICCT is a collaborative study within the University Hospital Basel (PI Prof. Christian Kurzeder) and is supported by Krebsliga beider Basel.



### 3.2. Clinical Trials Starting in 2024

The **MUSA** trial (Ultrasound evaluation of the myometrium using the MUSA terminology, comparison with histology) is an observational (non)-interventional academic multicenter study that evaluates the diagnostic accuracy of the MUSA (**M**orphological **U**terus **S**onographic **A**ssessment) terms and definitions to differentiate between different types of myometrial lesions of more than 1cm (consensus paper: Van den Bosch et al, 2015. Ultrasound Obstet Gynecol;46:284-98). The aim is to apply this new terminology in daily gynecological ultrasound practice and to evaluate prospectively if the ultrasound appearance of the myometrium, as described by the MUSA terminology, can predict myometrial pathologies.

The MUSA1 trial is sponsored by the University Hospital Leuven (Prof. D. Dirk Timmerman). Prof. Gwendolin Mane-gold-Brauer (University Hospital Basel) is the responsible collaborator for Switzerland and representative for Swiss-GO. Planned start is early 2024. Primary objective is to assess the relationship between ultrasound features of the myometrium suggestive of adenomyosis and clinical symptoms of adenomyosis and secondary objectives are to identify which ultrasound features best explain the symptom scores, to estimate the prevalence of ultrasound features in different subgroups i.e. asymptomatic and symptomatic women, and to develop a grading system for adenomyosis based on ultrasound features and symptoms.

The **OV Precision** trial (Cancer-Profiling-based Precision Treatment in Ovarian Cancer, a prospectively randomized-controlled Swiss Trial) is the continuation of the TuPro Trial on an advanced level. TuPro provided the basis with valuable information about tumor biology, imitable for each individual and specimen, providing treatment prognostications to select the best therapy option for the patient. OV Precision is a multicenter randomized, controlled open trial comparing Standard of Care (SOC) without treatment recommendation by molecular tumor board (mTB) to the treatment recommended by the mTB based on the in-depth molecular analysis by the approved and validated cancer-profiling technology platforms.



OV Precision is the second Swiss-GO initiated and sponsored trial and the first of its kind in Switzerland aims to prove the hypothesis that patients in the experimental arm, who will be treated as to the given treatment recommendation according to the tumor’s molecular and biological profile, will have a better response than in the standard of care arm. The expected results from this trial will be a landmark for other diseases in similar settings and will make the path towards truly personalized treatment in oncology. Target group of patients in this trial are the ones with the worst prognosis and in the highest area of need in regard to improved treatment strategies: patients with tumors proficient (functional) in homology-directed repair (HRP).

OV Precision is a Swiss-GO sponsored (PI Prof. Viola Heinzelmann-Schwarz, University Hospital Basel) trial with at least 10 sites and a target number of 120 patients to be enrolled. It is fully funded through third-parties (among others: Lotte und Adolf Hotz-Sprenger Stiftung, Baugarten Stiftung, Swiss National Science and Technology Forum (SNSTF), Ursula Ströher Stiftung, Ulrich und Klara Huber-Reber-Stiftung, Stiftung zur Krebsbekämpfung). Planned start is in Spring 2024.



To optimally prepare this 2nd Swiss-GO sponsored trial, the “Tumor Profiler Center TPC Retreat #1/Kickoff OV Precision trial” Meeting was held in Basel (30.01.2023) and organized by Swiss-GO. Representatives from the various TPC technology platforms (nodes) and from the participating trial sites discussed the optimal design and the detailed planning of OV Precision in short presentations and in breakout sessions.

The **LoRiO/ENGOT-ov74** (Localized Radiotherapy in Ovarian Cancer) trial is a 1:2 randomized, controlled, international, multicenter phase II study of approximately 160 patients with recurrent (first or second line of relapse) platinum-sensitive epithelial ovarian carcinoma (including fallopian tube and peritoneal cancer) after secondary debulking.

The aim of LoRiO is to compare localized radiotherapy to standard of care platinum-based chemotherapy after secondary cytoreductive surgery in recurrent platinum-sensitive ovarian cancer. The primary objective is to provide first evidence for the efficacy of localized radiotherapy over the control arm followed by PARPi in terms of progression-free survival (PFS) in patients with platinum-sensitive recurrent ovarian cancer. LoRiO also evaluate the overall survival and recurrence free survival of patients and patient-reported outcomes through Quality-of-Life questionnaires.

LoRiO is planned to start mid-2024 with patient recruitment and treatment, followed by a maintenance and follow-up period of 4 years. Swiss-GO is the sponsor (PI Prof. Viola Heinzlmann-Schwarz, University Hospital Basel) and CEEGOG and ISGO as participating groups. Estimated trial costs are approx. 2.6 Mio CHF, whereof 1/3 are agreed by CEEGOG, ISGO, and Krebsliga beider Basel. Remaining funding is pending.



### 3.3. Planned Clinical Trials

The **REFRaME-O1**:(ENGOT-ov79/GEICO 134-O/STRO-002-GM3/ Swiss-GO) trial is a phase 2/3 open-label international study to the efficacy and safety of Luveltamab Tazevibulin (STRO-002) versus Investigator’s choice (IC) chemotherapy in women with relapsed platinum-resistant epithelial ovarian cancer (including fallopian tube or primary peritoneal cancers) expressing Folate Receptor Alpha (FOLR1). This international study (NCT05870748) started mid-2023 (estimated completion early 2026) and is sponsored by SUTRO Biopharma, with Prof. Ana Oaknin as international PI. The international recruitment target is 140 patients. Participation of Switzerland with Swiss-GO as representative is currently under evaluation (ethic approval) and 4 Swiss centers have been selected (PI Prof. Andreas Müller, Kantonsspital Winterthur). An estimated number of 35-40 patients are to be screened and 14-18 patients to be randomized over 12 months.

The **STREAM-1** (“Surgical Treatment in Advanced and Recurrent Endometrial CAncer Management” (AGO-OP.11/ ENGOT-en22)) trial a retrospective multicenter trial sponsored by the AGO Study Group and coordinated by Prof. Fabian Trillsch. The study’s primary objective is the identification of clinical selection criteria to predict complete cytoreduction and its secondary are the evaluation of prognostic factors predicting benefit from cytoreductive surgery and the identification of prognostic markers for the clinical outcome. A participation of Switzerland with 11 centers is in the planning phase (Swiss PI Prof. Martin Heubner, Kantonsspital Baden).

The **PAROLA** trial (“**PARa-aOrtic LymphAdenectomy in locally advanced cervical cancer**”) is an international prospective phase III study, randomized, multicenter GINECO, ENGOT, and GCIG study coordinated and sponsored by Institut Claudius Regaud / Institut Universitaire du Cancer Toulouse: Oncopole (PI Prof. Alejandra Martinez). PAROLA (NCT05581121) is designed to demonstrate whether para-aortic lymphadenectomy followed by tailored chemoradiation for para-aortic lymph node (PALN) metastasis group is associated with increased disease-free survival compared to patients staged with PET/CT only followed by chemoradiation in patients with para-aortic lymph adenectomy (LACC). The primary objective is to investigate if tailored chemoradiation based on pathological examination of the PALN is associated with increased disease-free survival (DFS) compared to patients staged with PET/CT only without surgical staging. PAROLA is active since December 2023 with an estimated completion mid-2033. A participation of Switzerland is intended, pending available funding (PI: PD Dr. Céline Montavon, University Hospital Basel).

The **Expression XVIII/NGGO S30** (“Fear of cancer versus fear of crisis – Influence of crisis on cancer patients”) trial is an international online patient survey sponsored by NOGGO e.V. with at least 1’000 patients with gynecological cancer. It is already active in Germany and participation of Switzerland is planned.

The ENGOT-EN24/**DESTINY**-EC01 trial is an open label, randomized, multicenter, controlled, phase III study of first-line Trastuzumab Deruxtecan (T-DXd) monotherapy versus Carboplatin and Paclitaxel with or without Pembrolizumab in Patients with HER2-expressing (IHC 3+/IHC 2+) mismatch repair proficient (pMMR) primary advanced or recurrent endometrial cancer. The trial is sponsored by ENGOT and NSGO-CTU and the participation of Switzerland by Swiss-GO is planned (Swiss PI, PD Dr. Marcus Vetter).

### 3.4. Swiss-GO Patient Advocacy Group

The „Patient Advocacy Group“ was founded and integrated into the Swiss GO Trial Group late 2021 and currently constitutes four members. This integration met a need as the involvement of patients, caregivers, patient advocates, patient experts, and patient organizations in research and development are of benefit for all involved parties. The currently 4 patient representatives accompany the planning and progression and review of all Swiss-GO trials, they provide feedback information on study design, share the patients' aspects along the course of the study, and serve as advisory committee members; they also help improving the quality of the study strengthening the public credibility of the evidence generated. The representatives of the patient advocacy group participate in meetings, workshops, and other opportunities to share their needs and own professional and private experiences (Figure 6).



**Figure 6:** Swiss-GO Patient Advocacy Group (PAG) . From left to right: Yolanda Hofer (left), Mubera Krijezi (3rd from left), Dr. Katrin Stamm (right), with Dr. Maren Vogel, Anett Jacob, Dr. Pamela McLaughlin, and Prof. Viola Heinzlmann-Schwarz from Swiss-GO (left to right). PAG member Dr. Regina Vögeli is not on the picture.

### 3.5. Events, Meetings, Congresses, Publications, Awards

#### Swiss-GO and Swiss-GO associated meetings

Swiss-GO Board Meeting (13.3.2023, virtual)  
Swiss-GO Board Meeting (14.6.2023, virtual)  
Swiss-GO General Assembly (20.6.2023 virtual)  
Swiss-GO Board Meeting (11.09.2023, virtual)  
Swiss-GO Member and Academy Meeting (19.10.2023, Basel)  
Swiss-GO Meeting with SERI (11.12.2023, Basel)  
Swiss-GO Weekly Staff-Meeting (Mondays; Basel)

#### Other meetings with attendance of Swiss-GO

Tumor Profiler Center Retreat #1 (30.01.2023, Basel)  
ENGOT Annual Meeting (09.03.2023, Milan, Italy)  
GCIG Spring Meeting (01.06.2023, virtual)  
SAKK In-between Meeting I (02.03.2023, virtual)  
SAKK Semi-Annual Meeting I (10.-12.05.2023, Bern)  
SAKK: In-between Meeting II (28.09.2023, virtual)  
SAKK Semi-Annual Meeting II (22.-24.11.2023, Basel)

#### Congress contributions

Novartis Pavillon Event (24.01.2023, Basel)  
Tag der Klinischen Forschung (DKF), Universitätsspital Basel (16.2.2023, Basel)

#### Publications

Side Effects from Cancer Therapies and Perspective of 1044 Long-Term Ovarian Cancer Survivors-Results of Expression VI-Carolin Meets HANNA-Holistic Analysis of Long-Term Survival with Ovarian Cancer: The International NOGGO, ENGOT, and GCIG Survey.

Woopen H, Keller M, Zocholl D, Mittelstadt S, Barretina-Ginesta MP, Heinzlmann-Schwarz V, Lafleur J, Kocián R, Baum J, Krabisch P, Achimas-Cadariu P, Vardar MA, Vergote I, Nasser S, Link T, Gil-Martin M, Zwimpfer TA, Leitner K, Jedryka M, Boxler T, Braicu EI, Sehouli J. *Cancers (Basel)*. 2023;15:5428.

INOVATYON/ ENGOT-ov5 study: Randomized phase III international study comparing trabectedin/pegylated liposomal doxorubicin (PLD) followed by platinum at progression vs carboplatin/PLD in patients with recurrent ovarian cancer progressing within 6-12 months after last platinum line.

Colombo N, Gadducci A, Sehouli J, Rulli E, Mäenpää J, Sessa C, Montes A, Ottevanger NB, Berger R, Vergote I, D'Incalci M, Churrua Galaz C, Chekerov R, Nyvang GB, Riniker S, Herbertson R, Fossati R, Barretina-Ginesta MP, Deryal M, Mirza MR, Biagioli E, Iglesias M, Funari G, Romeo M, Tasca G, Pardo B, Tognon G, Rubio-Pérez MJ, DeCensi A, De Giorgi U, Zola P, Benedetti Panici P, Aglietta M, Arcangeli V, Zamagni C, Bologna A, Westermann A, Heinzlmann-Schwarz V, Tsibulak I, Wimberger P, Poveda A; INOVATYON study group. *Br J Cancer*. 2023;128:1503-1513.

Statement of the AGO Kommission Ovar, AGO Study Group, NOGGO, AGO Austria, Swiss AGO, BGOG, CEEGOG, GEICO, and SFOG regarding the use of hyperthermic intraperitoneal chemotherapy (HIPEC) in epithelial ovarian cancer.

*Harter P, Bogner G, Chiva L, Cibula D, Concin N, Fotopoulou C, Gonzalez-Martin A, Guyon F, Heinzelmann-Schwarz V, Kridelka F, Mahner S, Marmé F, Marth C, Morice P, Novák Z, Papadia A, Ray-Coquard I, Redecha M, Redondo A, Schwameis R, Sehouli J, Undurraga M, Van Gorp T, Vergote I. Bull Cancer. 2023:S0007-4551(23)00098-X.*

How to break bad news and how to learn this skill: results from an international North-Eastern German Society for Gynecological Oncology (NOGGO) survey among physicians and medical students with 1089 participants.

*Herzog EM, Pirmorady Sehouli A, Boer J, Pietzner K, Petru E, Heinzelmann V, Roser E, Dimitrova D, Oskay-Özcelik G, Camara O, Sehouli J. Int J Gynecol Cancer. 2023;33:1934-1942.*

PARa-aOrtic LymphAdenectomy in locally advanced cervical cancer (PAROLA trial): a GINECO, ENGOT, and GCIG study.

*Martinez A, Lecuru F, Bizzarri N, Chargari C, Ducassou A, Fagotti A, Fanfani F, Scambia G, Cibula D, Díaz-Feijoo B, Gil Moreno A, Angeles MA, Mualllem MZ, Kohler C, Luyckx M, Kridelka F, Rychlik A, Gerestein KG, Heinzelmann V, Ramirez PT, Frumovitz M, Ferron G, Betrian S, Filleron T, Fotopoulou C, Querleu D; PAROLA Study group. Int J Gynecol Cancer. 2023;33:293-298.*

### 3.6. Public Relations

The interactive website „Swiss GO Trail Group“ (www.swiss-go.ch) and the printed brochure (2023 Annual Report) provide an overview of the various activities of Swiss-GO, information on ongoing and planned clinical trials, on academic and health-related events, partner organizations, and a brief overview of selected gynecological diseases. It also offers a detailed information package for researchers, patients, and interested parties. Since early 2023 Swiss-GO also on social media platforms (Facebook, LinkedIn).

### 4. Finances and Budget

Swiss-GO’s ongoing operating budget (accounting, auditing, costs for printed matter and mailings, banking fees) is covered by contributions of its members. The costs for the administration (e.g. the management team, documentations for legal authorities) are covered by research grants and contributions by smaller private foundations. The costs for the conduction of the clinical trials themselves are covered by third parties (private foundations and associations, academic and health-related institutions, and health care companies): MATAO trial (2.5 Mio CHF) and OV Precision (2.4 Mio CHF) are fully financed through third parties. In 2023, Swiss-GO was granted funding by Krebsliga beider Basel (for LoRio) and the Stiftung für Krebsbekämpfung (for OV Precision), whereas other funding requests including a prolongation budget for MATAO are pending. A funding request for a 5-year structural budget (to cover the running costs for the Swiss-GO management team and the infrastructure) was submitted to SERI (State Secretariat for Education, Research and Innovation) and awaits decision by end 2024.

However, as non-profit association and to make the successful conduction of our clinical studies possible Swiss-GO depends on financial contributions not only from the above-mentioned funding bodies but also from institutions and private persons and undertakes all its efforts towards this aim.

Swiss-GO’s fortune per 31.12.2023 amounts to CHF 30’320 (+3’506 in 2023). An income of CHF 6’048 (5’700 from membership fees, 300 from a donation, and 48 from interest income) matches expenses of CHF 2’542 (2’449 from accounting and auditing by Dufour Treuhand AG and 93 from banking fees).

<b>Trials</b>	<b>Budget</b>
MATAO	2.5 Mio
OV Precision	2.4 Mio
LoRio	0.1 Mio
<b>Structural</b>	<b>Budget</b>
Trial management	0.3 Mio
Swiss-GO	0.03 Mio

A detailed summary of the 2023 Swiss-GO Financial Annual Statement audited and approved by Dufour Treuhand AG Basel is posted on the website (www.swiss-go.ch) “Jahresrechnung Geschäftsjahr 2023”.

### 5. Appreciation

We are very grateful to all our partners, collaborators, supporters, and the staff at each study center for their enthusiasm and commitment, generous support, and enormous effort in 2023 for Swiss-GO.



#### Swiss-GO Management Team 2023

Dr. Pamela McLaughlin, PhD (Clinical Scientist/Clinical Trial Manager), Dr. Maren Vogel, PhD (Scientist/Clinical Trial Manager), Prof. Dr. med. Viola Heinzelmann (President Swiss-GO), PD Dr. André Fedier, PhD (CEO Swiss-GO), Anett Jacob (Clinical Trial Manager), Michael von Rotz (CFO Swiss-GO).

# Jahresrechnung

## Swiss GO Trial Group

### Geschäftsjahr 2023

Enthaltend:

- Bilanz
- Erfolgsrechnung
- Anhang
- Gewinnverwendungsvorschlag

4031 Basel

### Bilanz per 31.12.2023

Aktiven	31.12.2023 CHF	31.12.2022 CHF
Bankguthaben	30'320.22	26'813.97
<b>Flüssige Mittel</b>	<b>30'320.22</b>	<b>26'813.97</b>
Forderungen gegenüber Dritten	1'000.00	600.00
Wertberichtigung	1'000.00	600.00
<b>Forderungen aus Lieferungen und Leistungen</b>	<b>0.00</b>	<b>0.00</b>
<b>Umlaufvermögen</b>	<b>30'320.22</b>	<b>26'813.97</b>
<b>Total Aktiven</b>	<b>30'320.22</b>	<b>26'813.97</b>
<b>Passiven</b>	<b>31.12.2023 CHF</b>	<b>31.12.2022 CHF</b>
Passive Rechnungsabgrenzungen	2'800.00	2'800.00
<b>Kurzfristiges Fremdkapital</b>	<b>2'800.00</b>	<b>2'800.00</b>
<b>Fremdkapital</b>	<b>2'800.00</b>	<b>2'800.00</b>
<b>Vereinskapital</b>	<b>24'013.97</b>	<b>22'187.77</b>
Jahresgewinn / -Jahresverlust	3'506.25	1'826.20
<b>Bilanzgewinn / -Bilanzverlust</b>	<b>3'506.25</b>	<b>1'826.20</b>
<b>Eigenkapital</b>	<b>27'520.22</b>	<b>24'013.97</b>
<b>Total Passiven</b>	<b>30'320.22</b>	<b>26'813.97</b>

## Erfolgsrechnung 01.01.2023 - 31.12.2023

Erfolgsrechnung	2023 CHF	2022 CHF
Dienstleistungserlös	7'000.00	5'372.30
Erlösminderungen	-1'000.00	-600.00
<b>Nettoerlös aus Lieferungen und Leistungen</b>	<b>6'000.00</b>	<b>4'772.30</b>
<b>Bruttogewinn</b>	<b>6'000.00</b>	<b>4'772.30</b>
Verwaltungs- und Informatikaufwand	2'449.40	2'850.45
<b>Übriger betrieblicher Aufwand</b>	<b>2'449.40</b>	<b>2'850.45</b>
<b>Betriebserfolg vor Finanzerfolg, Steuern und Abschreibungen (EBITDA)</b>	<b>3'550.60</b>	<b>1'921.85</b>
<b>Betriebserfolg vor Finanzerfolg und Steuern (EBIT)</b>	<b>3'550.60</b>	<b>1'921.85</b>
Finanzaufwand	93.00	97.90
Finanzertrag	48.65	2.25
<b>Finanzerfolg</b>	<b>-44.35</b>	<b>-95.65</b>
<b>Betriebserfolg vor Steuern</b>	<b>3'506.25</b>	<b>1'826.20</b>
<b>Jahresgewinn / -Jahresverlust vor Steuern</b>	<b>3'506.25</b>	<b>1'826.20</b>
<b>Jahresgewinn / -Jahresverlust</b>	<b>3'506.25</b>	<b>1'826.20</b>

## Antrag des Vorstandes über die Gewinnverwendung

Gewinnverwendung	31.12.2023 CHF	31.12.2022 CHF
Vortrag aus dem Vorjahr	24'013.97	22'187.77
Ertrags- (+) / Aufwandsüberschuss (-)	3'506.25	1'826.20
<b>Total Bilanzgewinn</b>	<b>27'520.22</b>	<b>24'013.97</b>

## Anhang zur Jahresrechnung

Anhang	31.12.2023	31.12.2022
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### Angewandte

Die vorliegende Jahresrechnung wurde gemäss den Vorschriften des Schweizer Gesetzes, insbesondere der Artikel über die kaufmännische Buchführung und Rechnungslegung des Obligationenrechts (Art. 957 bis 962) erstellt.

Die Rechnungslegung erfordert von der Geschäftsführung Schätzungen und Beurteilungen, welche die Höhe der ausgewiesenen Vermögenswerte und Verbindlichkeiten sowie Eventualverbindlichkeiten im Zeitpunkt der Bilanzierung, aber auch Aufwendungen und Erträge der Berichtsperiode beeinflussen könnten. Die Geschäftsführung entscheidet dabei jeweils im eigenen Ermessen über die Ausnutzung der bestehenden gesetzlichen Bewertungs- und Bilanzierungsspielräume. Zum Wohle des Vereins können dabei im Rahmen des Vorsichtsprinzips Abschreibungen, Wertberichtigungen und Rückstellungen über das betriebswirtschaftlich benötigte Ausmass hinaus gebildet werden.

### Grundsätze

### Vollzeitstellen im Jahresdurchschnitt

Anzahl Vollzeitstellen im Jahresdurchschnitt	keine	keine
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### Sonstige Angaben

Steuerbefreiung und Spendenabzug:  
Gemäss Schreiben der Steuerverwaltung Basel-Stadt vom 11. Juni 2019 erfüllt der Verein Swiss Go Trial Group alle Voraussetzungen. Die Steuerbefreiung wurde sowohl für die kantonalen Steuern wie auch für die direkte Bundessteuer anerkannt. (Die Steuerbefreiung erstreckt sich allerdings nicht auf die Grundstückgewinnsteuer und nur dann auf die Grundstücksteuer, wenn eine gehaltene Liegenschaft nicht vermietet sondern unmittelbar dem gemeinnützigen oder öffentlichen Zweck entsprechend genutzt wird.)

Im weiteren hat die Steuerverwaltung mitgeteilt, dass Zuwendungen an den Verein von im Minimum CHF 100.-- im Jahr bei den direkten Steuern gemäss den gesetzlichen Bestimmungen (§ 33 lit. b und § 70 lit. c SIG resp. Art. 33 a DBG und Art. 59 Bst. c DBG) abziehbar sind. Die Abzugsfähigkeit ist nach oben auf 20 % der um die Aufwendungen gemäss §§ 27 - 32 StG und Art. 26 - 33 DBG verminderten steuerbaren Einkünfte resp. auf 20 % des steuerbaren Reingewinns begrenzt.

Anzahl Mitglieder am Ende des Geschäftsjahres (inkl. Vorstandsmitglieder):	43	41
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