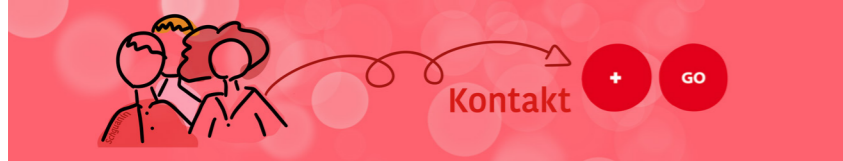


# 2024 Annual Report Swiss GO Trial Group



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The 2024 Annual Report is also published on our website ([www.swiss-go.ch](http://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 celebrated its 5-year anniversary as one highlight in 2024 and is full of energy and enthusiasm to go into its 6th year of activity. The celebration meeting was incorporated into the Swiss-GO Annual Meeting hosted by the Frauenklinik, Kantonsspital Luzern. In this meeting, updates on Swiss-GO trials were presented, honorable guest speaker Prof. J. Sehouli from Charité Berlin shared his thoughts on “how studies succeed and fail”, and two representatives of the patient advocacy group shared with us their own professional expertise and private experience on how important clinical trial are from the concerned point of view.



Another highlight in 2024 is that Swiss-GO is officially acknowledged as a research institution of national recognition by the SBFI (Swiss State Secretary for Education, Research, and Innovation) and is granted a base financing for 2025-2028. This emphasizes the significance of Swiss-GO and its mission to combine interdisciplinary research and experts, and to actively promote academic-driven and “out-of-the-box” clinical trials in gynecologic oncology in Switzerland.

The Swiss-GO’s trial portfolio has fortunately grown steadily over the last 5 years to 19 national and international trials either sponsored by Swiss-GO itself or with its participation: among which four are now closed, six are currently running, four are ahead of start, and another five in the planning phase.

The DICCT trial is closed, and the results are published (Nature Med, 2025). Among the active ones, MATAO and OV Precision are two “pioneer” trials.

MATAO, the first Swiss-GO sponsored European ENGOT trial with over 50 recruiting centers in Switzerland, Germany, and Austria has a unique design and has now reached 66% of the targeted number enrolled patients and continues recruiting. A key element in MATAO is the centralized histopathology core facility (HCF): it serves as automated immunohistochemistry service for all MATAO sites and as reference diagnostic center for correct diagnosing. The utility of HCF and centralized pathology review is underlined by the observation that in almost 20% of the cases a shift in diagnosis across patient groups was indicated.

OV Precision, the second Swiss-GO sponsored trial uses a unique, innovative, interdisciplinary, and future-oriented approach and employs extensive molecular analyses to generate a detailed, patient-specific tumor profile using various advanced technologies. OV Precision shall prove the usefulness and utility of the incorporation of this additional biological tumor information in the molecular tumor board for the oncologist’s treatment decision and will start in January 2025.

STREAM-1, REFRA-ME-01, and HSM Database are three trials of large interest and will also start in 2025. The first seeks to identify clinical criteria to predict complete cytoreduction in patients who underwent cytoreductive surgery in European cancer centers for advanced endometrial cancer with peritoneal metastases (FIGO IV) or for recurrent endometrial cancer; the second evaluates the efficacy and safety of Luveltamab Tazevibulin (STRO-002) in women with relapsed platinum-resistant epithelial ovarian cancer (including fallopian tube or primary peritoneal cancers) expressing Folate Receptor Alpha (FOLR1); and the third evaluates the quality of care for patients in Switzerland during the centralization process of highly specialized medicine (HSM).

The growing trial portfolio, together with an increasing number of requests from international study groups to actively participate in international trials, reflects the recognized performance, quality, and reliability of Swiss-GO’s activity. Not only that Swiss-GO is member of the European (ENGOT) and the International Trial Group (GCIIG) networks, Swiss-GO’s reach and visibility have also increased. Board members and trial principal investigators attend national and international meetings and workshops to operate networking and to catch the latest developments in clinical practice and trial design. I am pleased Swiss-GO receives great resonance in conferences and meetings, from health care bodies, and from patients and patient-representing groups.

There are also challenges to be faced, such as the financing of the trial management team and the trials themselves. Despite the granted base financing by SBFI and the granted trial-specific fundings (MATAO, OV Precision, PAROLA), additional funding is required, and respective applications and requests are submitted to potential funding bodies.

Last, but not least I am very pleased to welcome Dr. Anna-Lena Eberhardt (Universitätsspital Basel), Dr. Eleftherios Pierre Samartzis (Universitätsspital Zürich), Dr. Apostolos Sarivalasis (Centre Hospitalier Universitaire Vaudois, Lausanne), and Prof. Jan Gärtner (Palliativzentrum, Bethesda Spital, Basel) as new members to the Executive Board. Likewise welcome are the 9 new members to Swiss-GO.

On its behalf, I would like to thank all participating patients, study nurses, local PIs, funding bodies and other supporters for the valuable contributions to our trials, for the time invested to ensure the trials are conducted, and for the many helpful feedback, good ideas, and suggestions.

I am especially grateful to the Swiss-GO management team (Dr. Pamela McLaughlin, Dr. Maren Vogel, Dr. Sangeetha Martin Maretvadakethope, BSc Anett Jacob) and to histopathology core facility (Dr. Diego Calabrese, MSc Feruza Ushurova), without their 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 and to PD Dr. André Fedier as CEO for running the office.

We will continue devoting 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.

A handwritten signature in blue ink, reading "V. Heinzelmänn-Schwarz".

Prof. Viola Heinzelmänn-Schwarz  
President Swiss GO Trial Group

Basel, in April 2025

### 1. Activity of the Executive Board of Directors

In 2024, the Board of Directors of Swiss-GO, with Prof. Viola Heinzelmann-Schwarz as President and PD Dr. Intidhar Labidi-Galy as Vice-President), was complemented by four new members: Dr. Anna-Lena Eberhardt (Universitätsspital Basel), Dr. Apostolos Sarivalasis (Centre Hospitalier Universitaire Vaudois, Lausanne), Dr. Eleftherios Pierre Samartzis (Universitätsspital Zürich), and Prof. Jan Gärtner (Palliativzentrum, Bethesda Spital, Basel); and constitutes now 14 members representing the fields of gynecological oncology, medical oncology, and radiological oncology, and most recently palliative care.

The Board of Directors held five (virtual) meetings in 2024, 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 Swiss-GO's activity, reach, and visibility were discussed.

To catch the latest developments in clinical practice and trial design and to intensively operate networking with their colleagues, the Board members attended several national and international meetings and workshops.

### 2. Activity of the Office

Swiss-GO's office consisting of the trial management team, the CFO, and the CEO was highly active in 2024 in various areas. The management core team consists of 4 project managers (PM), each of them assigned to specific trials or specific tasks: Pamela McLaughlin (PhD) (International PM for MATAO regulatory, digitalization, and all sites), Maren Vogel (PhD) (PM for OV Precision, ENGOT-CX-20, LoRiO, DICCT, MUSA3, REFRA-ME-01, ENGOT-EN24/DESTINY-EC01, website maintenance), Anett Jacob (BSc) (PM for Expression trials and STREAM-I, accounting), and Feruza Ushurova (MSc) (MATAO Histopathology Core Facility unit, PM support MATAO, website maintenance).

Beyond their specific assignments, the team also takes care of the daily routine office business. It is supported by Sangeetha Martin Maretvadakethope (MD) (PM support for OV Precision, MUSA3, website and Swiss-GO communication).

CFO Michael von Rotz (Manager DBBB, Universitätsspital Basel) kindly assists in Swiss-GO's financial matters, trial budgeting, and compilation of the financial annual report. This financial annual report was like in recent years audited by Dufour Treuhand AG Basel. Swiss-GO will have a new auditor (Revisionsstelle) from 2025 on, and thanks Dufour Treuhand AG Basel very much for its valuable service and support throughout the last five years.

PD Dr. Andre Fedier is Senior Scientist in the Ovarian Cancer Research Group lead by Prof. Viola Heinzelmann-Schwarz at the Department of Biomedicine at USB, but in parallel as CEO manages the office tasks for Swiss-GO, the communication among the members and other parties, and the organization of meetings.

Swiss-GO is also kindly assisted by the Clinical Trial Unit of the Department of Clinical Research (DKF) at USB. Prof. Christiane Pauli-Magnus and her team of experts regarding trial design, statistical analysis, monitoring, and database implementation/follow-up and cleaning are an essential player for the success of Swiss-GO's 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

Founded in 2019 in Basel and having celebrated its 5th anniversary in May 2024 at Kantonsspital Luzern in the frame of the 2024 Annual Meeting, Swiss-GO is now in its 6th year. Its 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 are of an "out-of-the-box" character.

Swiss-GO's purpose and intention are manifold. It promotes and supports ideas and activities aimed at developing new therapeutic and diagnostic approaches, further investigating the molecular causes of gynecological cancers, and integrating the latest advances in high throughput technologies and in precision medicine. Swiss-GO takes the advantage of its close vicinity to research institutions, as new ideas often 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 landscape, foster the participation of Swiss sites in international trials, and position itself as a reliable partner within the international study groups and as an official SFBI (Swiss State Secretary for Education, Research, and Innovation) institution of national recognition. Swiss-GO also reaches out to a broader health care community and to the public.

Swiss GO also maintains close contacts to patients' representatives, highly welcoming and recognizing the value of the feedback and advice in designing and during the progression of the trials, and their views, concerns, and needs. The patient advocacy group (PAG) was founded and integrated into Swiss-GO in 2021 and consists of 4 patient advocates. Swiss-GO is very fortunate to have 4 excellent women, who complement each other with their own professional expertise and private experience to improve the design of our trials.

To be able 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 have key roles in international study groups and consortia, and in particular the key representatives of the Hospitals in Switzerland attend and host conferences, meetings, and workshops to catch the latest developments in gynecological oncology, in innovative trial design, and to present Swiss-GO as valuable collaborative partner.

### Highlights in 2024

In May, Swiss-GO held its 2024 Annual Meeting and celebrated its 5th Anniversary at Kantonsspital Luzern (hosts: Prof. Ch. Brambs and Prof. S Aebi). The speakers provided an overview of the panel of trials under the umbrella of Swiss-GO. Honorable guest speaker Prof. J. Sehouli from Charité – Universitätsmedizin Berlin presented facts and anecdotes on "how studies succeed and fail", and a "brainstorm session" offered a welcome opportunity to discuss current questions and topics regarding clinical trials. As representatives of PAG Mubera Krijezi and Yolanda Hofer took the opportunity to share their thoughts, ideas, and concerns with the audience (Figure 1). The importance of Swiss-GO and its value to the society was highlighted in a magazine article (Christine Mücke: *Schweizer Zeitschrift für Onkologie* 2/2024).



**Figure 1.** Impressions from 2024 Swiss-GO Annual Meeting (Kantonsspital Luzern). Prof. Heinzelmann, Yolanda Hofer, and Mubera Krijezi (top row, left to right); Prof. Sehouli (right, bottom row).

In June Swiss-GO was present with an information stand at the 2024 SGGG Annual Congress in Interlaken and took the opportunity to further reach out to a broader health care community, particularly resident oncologists from smaller hospitals and patient representatives, intended to increase Swiss-GO's visibility and to win resident oncologist over to their engagement for Swiss-GO and to recruit patients into our trials.



Figure 2. Swiss-GO information banner, SGGG 2024

A special and very pleasant highlight, after an almost 1.5-year application and evaluation process, is the confirmation by the SFBI (Swiss State Secretary for Education, Research, and Innovation) in December 2024 of Swiss-GO as an official research institution and infrastructure of national recognition, with a granted base financing ("Sockelfinanzierung") of 740'000 CHF for four years starting in 2025. Swiss-GO is very grateful for this recognition and support and thanks everyone who was involved.

The Swiss-GO trial portfolio has considerably grown since Swiss-GO's foundation in 2019 to 19 trials either sponsored by Swiss-GO itself or with the participation of Swiss-GO (Figure 3). Four trials are now closed (Expression VI and XI, BOUQUET, DICCT), six are running (MATAO, OV Precision, Expression IX, IRMA, MUSA3, ENGOT-CX-20), four are ahead of start (STREAM-1, PAROLA, REFRA-ME-01, HSM Database), and five are in the planning phase (LoRiO, CARPOC, ENGOT-EN24 DESTINY, Expression XVIII).

Notably, an increasing number of new trial ideas or requests to participate and/or conduct trials in the close network of Swiss hospitals are submitted to Swiss-GO, not only from Swiss hospitals but also from the European Network for Gynecological Oncological Trial Groups (ENGOT), reflecting the recognized performance and quality of Swiss-GO's work. Importantly, without the valuable contributions and efforts of the Swiss-GO members (currently 52), the Swiss-GO management team (Dr. Pamela McLaughlin, Dr. Maren Vogel, BSc Anett Jacob, Dr. Sangeetha Martin Maretvadakethope), the CTU of USB, the centralized histopathology core facility (Dr. Diego Calabrese, MSc Feruza Ushurova), the personnel at each single trial site, the clinicians, and the nurses and health care staff, the progress and success of Swiss-GO would not have been possible.

Acronym	Status	PI (Switzerland)
BOUQUET	Closed	PD. Dr. Intidhar Labidi-Galy
DICCT	Closed	Prof. Christian Kurzeder
Expression VI	Closed	Dr. Eleftherios Pierre Samartzis
Expression XI	Closed	Dr. Tibor Zwimpfer
MATAO	Ongoing	Prof. Viola Heinzelmann
IRMA	Ongoing	Prof. Mathias Fehr
Expression IX	Ongoing	Dr. Tibor Zwimpfer
OV Precision	Ongoing	Prof. Viola Heinzelmann
MUSA3	Ongoing	Prof. Gwendolin Manegold
ENGOT-CX-20	Ongoing	Dr. Julian Wampfler
STREAM I	Ahead of start	Prof. Martin Heubner
HSM Database	Ahead of start	Swiss AGO
PAROLA	Ahead of start	PD Dr. Céline Montavon
REFRA-ME-01	Ahead of start	Dr. Andreas Müller
CARPOC	In planning	Dr. Tibor Zwimpfer
LoRiO	In planning	Prof. Viola Heinzelmann
EN24 DESTINY	In planning	PD Dr. Marcus Vetter
Expression XVIII	In planning	Dr. Christian Braun

Figure 3. Swiss-GO trial portfolio.

### 3.1. Closed Trials



The **Expression VI** study (Carolin meets **HANNA**, **H**olistic **A**nalysis of lo**N**gterm survivors with ovaria**N** c**A**ncer/ENGOT-ov40/NOGGO S13/Swiss-GO-01) is an outcome research study, facilitating the use of questionnaires (digital or paper) 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. Expression VI was active since November 2016 and recruiting is now

closed.

A total of 1726 patients were enrolled from 14 countries including Switzerland (Figure 4). In Switzerland, 193 patients were enrolled, making Switzerland the third-best recruiting country within this European trial. Switzerland's contribution was supported by the Manja Gideon Stiftung and coordinated by Swiss-GO and led by Swiss PIs Dr. Pierre Samartzis (Universitätsspital Zürich) and Dr. Tibor Zwimpfer (Universitätsspital Basel).

Expression VI underlines 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 (Woopen et al., Cancers).

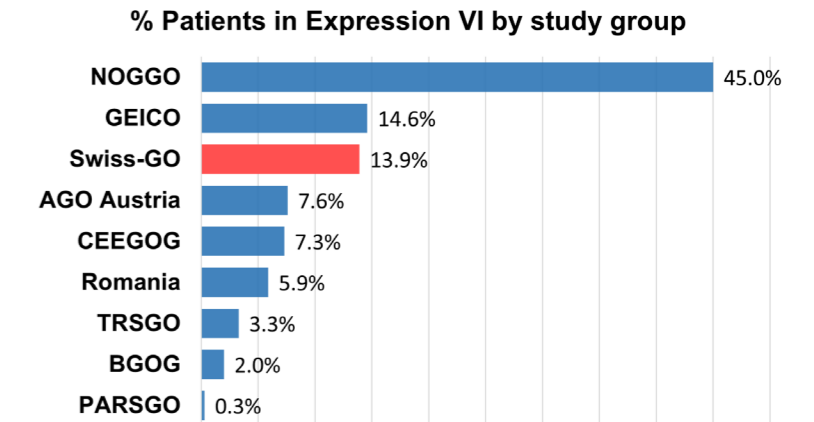
Patients	Centers
50	Universitätsspital Basel
34	Universitätsspital Zürich
20	Kantonsspital Aarau
15	Inselspital Bern
14	IOSI Bellinzona
14	Stadtspital Triemli
10	Kantonsspital Frauenfeld
8	Kantonsspital Sitten
8	Kantonsspital Genf
7	Kantonsspital Chur
6	Kantonsspital Baden
5	Kantonsspital Schaffhausen
2	Other
<b>193</b>	<b>Total Switzerland</b>
<b>1533</b>	<b>Total other countries</b>

Figure 4. Enrolled patients in the Expression VI trial.



The **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.

A total of 1488 patients were recruited within the 10 Study Groups, with 382 patients recruited (+8 in 2024) in 11 Swiss centers, making Switzerland the second-best recruiting country (Figure 5). About 25% (29 out of 117) of the patients were recruited online, underlining the usefulness of digital trial management. Expression XI was coordinated by NOGGO ENGOT and Swiss-GO (Swiss PI Dr. Tibor Zwimpfer).



Patients	Center
164	Inselspital Bern
122	Universitätsspital Basel
35	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>382</b>	<b>Total Switzerland</b>
<b>1106</b>	<b>Total other countries</b>

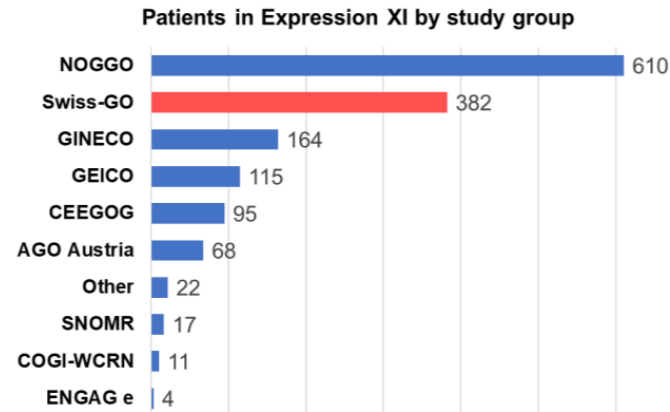


Figure 5. Enrolled patients in the Expression XI trial.



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. A number of 80-200 enrolled patients across 50-60 centers are targeted. To be 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. 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.

After a recruitment blast in 2023 and with 63 centers activated in 14 countries, 176 patients enrolled (5 in Switzerland at (Hôpitaux Universitaires de Genève HUG) and 20 patients on treatment (1 in Switzerland), BOUGUET was prematurely closed in April 2024 for recruitment for regulatory reasons. It is, however, continued for the patients on treatment.

The **DICCT** (Effect of Digoxin on clusters of circulating tumor cells (CTCs) in breast cancer patients) study is a single arm therapeutic exploratory study of digoxin in patients with advanced or metastatic breast cancer (NCT03928210, DICCT/Swiss-GO-07). Primary outcome measure is the mean CTC cluster size; the secondary outcome measures are the mean CTC cluster number and the mean time to dissolution of CTC clusters. Among the enrolled patients with detectable CTC clusters, eleven underwent treatment with digoxin between July 2020 and June 2023, the remainder constituted the control arm (December 2023 until April 2024).

The results from DICCT provide the first-in-human proof-of-principle that digoxin treatment leads to a partial CTC cluster dissolution, encouraging larger follow-up studies with refined Na<sup>+</sup>/K<sup>+</sup> ATPase inhibitors and that include clinical outcome endpoints (Nature Med, 2025). DICCT was a collaborative study within the University Hospital Basel (PI Prof. Christian Kurzeder), the ETH Zurich (Prof. Nicola Aceto), and was supported by Krebsliga beider Basel.

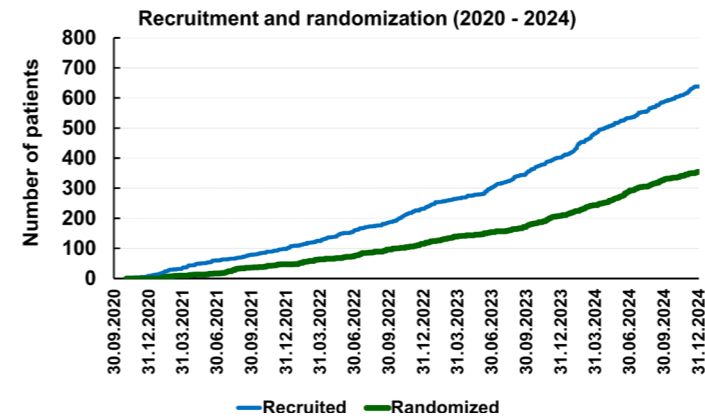
### 3.2. Ongoing Clinical Trials



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. MATAO is the first Swiss international Swiss-GO-sponsored trial and prospectively evaluates letrozole versus placebo for the first time as part of supportive therapy interventions in patients with serous and endometrioid ovarian cancer. It is recruiting since Octo-

ber 2020 in 52 centers in Switzerland, Austria, and Germany (Figure 6, Figure 7).

By December 2024, 638 (+236 in 2024) patients have been recruited and 354 (+146) randomized into MATAO. Despite this considerable boost in recruitment/randomization in 2024, MATAO is behind its original schedule and has therefore been prolonged to reach the target number of randomized patients (=540).



### Recruiting centers (Switzerland, Austria, Germany)

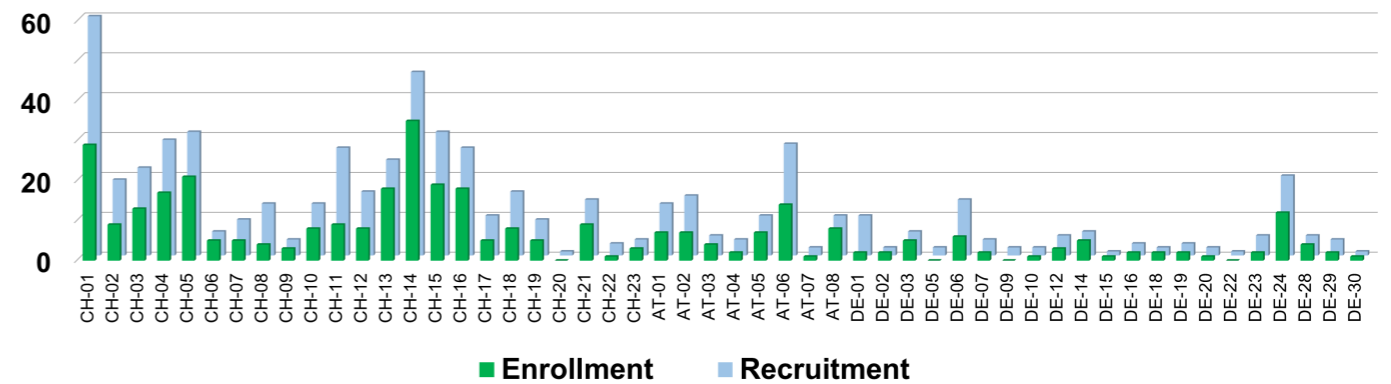


Figure 6. Recruitment (blue) and enrollment/randomization (green) into MATAO by time and by centers (2020 - 2024). CH: Switzerland; AT: Austria; DE: Germany.

Center	Center ID	Name of PI
Universitätsspital Basel	CH-01	Prof. Heinzemann Viola
Kantonsspital Aarau	CH-02	Dr. Sarlos Dimitri
Kantonsspital Baden	CH-03	Prof. Heubner Martin
Kantonsspital Chur	CH-04	Dr. Schwitler Michael
Stadtspital Triemli	CH-05	Dr. Gabriel Natalie
Lindenhofgruppe Bern	CH-06	Prof. Rothmund Ralf
Kantonsspital Luzern	CH-07	Prof. Aebi Stefan
Onkozentrum 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. Sevelda 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. Peterzell 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
Donauislar 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

Figure 7. List of participating centers in MATAO.

MATAO is a Model A ENGOT trial is sponsored by Swiss-GO, with Prof. Viola Heinzemann-Schwarz as International Project Lead, Sponsor Investigator, and Principal Investigator. MATAO is funded by third parties (ca. 2.9 Mio CHF: by Helsana Versicherungen AG, AntiCancer Fund, Novartis Schweiz AG, Roche Pharma Schweiz AG, Krebsforschung Schweiz, AGO Deutschland, AGO Österreich, and Stiftung Fürstlicher Kommerzienrat Liechtenstein). A 3-year extension for MATAO was granted by Krebsforschung Schweiz (358'000 CHF) in 2024. Additional information on the trial can be found at: [www.MATAO.ch](http://www.MATAO.ch).



Not only the concept of MATAO is unique. Three milestones along with MATAO are the establishment of a centralized trial histopathology core facility, the implementation of digitalization in MATAO, and a first review on observations after 4 years of MATAO.

### Centralized trial histopathology core facility

This GCLP-conform (certified) and centralized histopathology core facility (HCF) was established in late 2019 from scratch for ER-staining of the slides for pathology review. This facility (Head: Dr. Diego Calabrese, Department of Biomedicine, University of Basel) is the first of its kind in Switzerland and serves as the reference diagnostic center and for automated and digitalized estrogen receptor (ER) immunohistochemistry (IHC) service for MATAO trial sites. It coordinates a team of 7 international expert pathologists for case review, organizes sample transfer logistics, provides digital pathology and image analysis, and organizes a centralized MATAO biobank including tissue microarray production. In the last 5 years, HCF has reached a high reputation in service and quality beyond MATAO, and the setup and workflows can be adapted for other trials.

A recent interim analysis underlines the significance of HCF and the utility of the centralized pathology review (CPR). Among the 534 cases investigated, diagnoses made by local pathologists and the CPR fully matched in over 80% of the cases. In addition, most cases with “unclear diagnosis” or even with “missing information” could be resolved. An interesting observation was made regarding the ER expression (percentage) across the patient groups (total patients: 468). ER expression was significantly lower in HGSC than in LGSC and non-significantly lower than in HGEC and LGEC. Noteworthy, the ER expression (percentage) evaluated by the pathologists at the originating site was in over 96% of the cases in concordance with the automated evaluation at the CPR, indicating a very good agreement between the two assessment techniques (Figure 8).

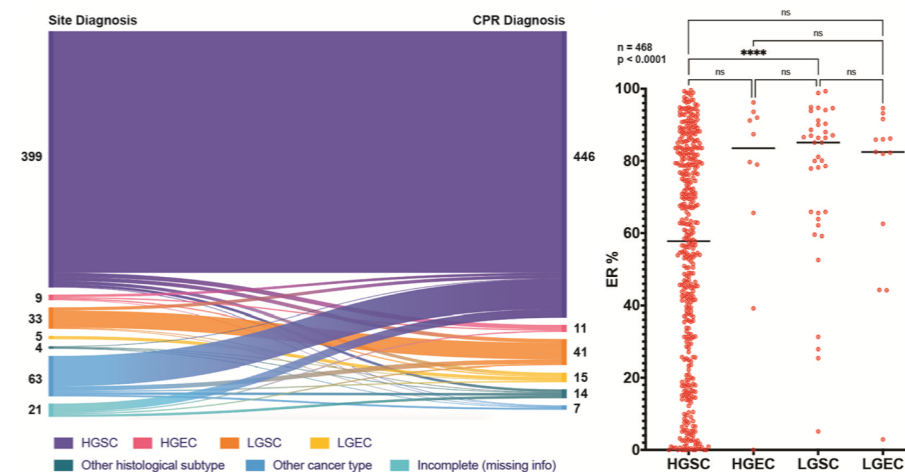


Figure 8. Shift in diagnoses across the patient groups after centralized pathology review (CPR, left) and estrogen receptor (ER) expression (%) in the different patient groups (right). High-grade serous carcinoma (HGSC), high-grade endometrioid carcinoma (HGEC), low-grade serous carcinoma (LGSC), and low-grade endometrioid carcinoma (LGEC).

**Digitalization** The introduction of digitalization in MATAO was largely “imposed” by the COVID-19 pandemic 2020-2021. From scratch, electronic forms and patient questionnaires for monitoring and quality control and video-clips for instructing the site personnel were created; electronic devices (tablets, mobile phones, wearables) for error-free data transfer to the data base were installed, trial-specific applications for smartphones/tablets were created. The implementation of remote (digital) trial management soon proved useful also beyond the pandemic, proved cost-effective, and makes MATAO a trial almost entirely managed digitally. This digital trial management is well received among the trial personnel and among the patients and can serve as a valuable tool in other trials.

### Interesting observations

Although an elaborated analysis of the results is only possible after the trial's endpoints are reached, some interesting, though preliminary, observations were made regarding the concomitant medication of the patients. Among the 336 patients evaluated, roughly two third of the patients have neither Bevacizumab nor PARP-inhibitors as concomitant medication and roughly one third of the patients have either Bevacizumab, or PARP-inhibitors (Niraparib or Olaparib) or both (Figure 9).

Nira	41
Bev	22
Ola	35
Bev + Ola	17
Bev + Nira	2
No PARP/Bev	219

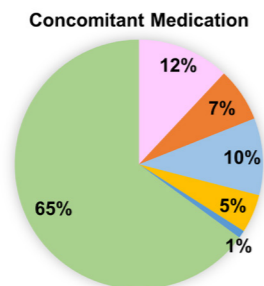


Figure 9. Types of concomitant medication of the patients in MATAO.



The **IRMA** study („Immediate breast Reconstruction following Mastectomy“) (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. IRMA has currently 13 recruiting sites in Switzerland (Figure 10) with currently 461 patients enrolled (+50 in 2024), corresponding to 96% of the target (481).

Patients	Center
84	Brustzentrum Thurgau
72	IOSI Bellinzona
67	Tumor- und Brustzentrum Ostschweiz
53	Lindenhofgruppe Bern
45	Kantonsspital Baden
33	Kantonsspital Aarau
31	Hirslanden Bern
25	Stadtspital Triemli
17	Spital Zollikerberg
16	Hirslanden Clinique de Grangettes
13	Universitätsspital Zürich
5	Spital Wetzikon
0	Hôpitaux Universitaires de Genève HUG
<b>461</b>	<b>Total Switzerland</b>

Figure 10. Enrolled patients in the IRMA trial.

Two descriptive analyses of the first 360 patients with  $\geq 6$  months follow-up are currently performed in regards to (i) major and minor short-term complications (type, frequency, severity, duration, timing) and (ii) to the impact of major complications on the quality-of-life and patient satisfaction (comparing pre-operative, 3-month, 6-month postoperative). IRMA is led and sponsored by Prof. Mathias Fehr (Breast Center Thurgau), and supported by Krebsliga Thurgau, Krebsliga Ostschweiz, and Swiss-GO.

The **MUSA3** trial/Swiss-GO-09 (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.

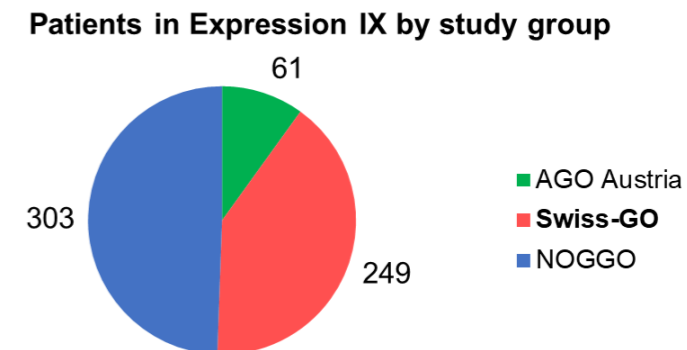
MUSA3 is sponsored by Swiss-GO but runs within the MUSA Consortium (Prof. D. Dirk Timmerman, University Hospital Leuven, Belgium). Prof. Gwendolin Manegold-Brauer (Universitätsspital Basel) is the Swiss PI and representative for Swiss-GO. Primary objective is to assess the relationship between ultrasound 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. MUSA3 is currently recruiting at the University Hospital Basel and around 50 patients have been enrolled. Additional 9 international sites will follow later in 2025.



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 sponsored by NOGGO ENGOT and Swiss-GO (Swiss PI Dr. Tibor Zwimpfer). The current accrual status in Switzerland is 249 patients (+8 in 2024) in 7 centers. Together with Austria and Germany, 613 patients (+35 in 2024) are enrolled (Figure 11). Recruitment is open until end of 2025.

	Center
98	Inselspital Bern
83	Universitätsspital Basel
42	Kantonsspital Luzern
19	Kantonsspital Baden
5	Stadtspital Triemli
1	Lindenhofgruppe Bern
1	Sion
0	Claraspital Basel
0	Kantonsspital Baselland
0	Kantonsspital Frauenfeld
0	IOSI Bellinzona
<b>249</b>	<b>Total Switzerland</b>
<b>364</b>	<b>Total Austria and Germany</b>

Figure 11. Enrolled patients in the Expression IX trial.



**ENGOT-Cx20/MK-2870-20/Swiss-GO-10** is a "Phase 3 Randomized, Active-controlled, Open-label, Multicenter Study to Compare the Efficacy and Safety of MK-2870 Monotherapy Versus Treatment of Physician's Choice as Second-Line or Third-Line Treatment for Participants with Recurrent or Metastatic Cervical Cancer" lead by the ENGOT lead group NSGO (international PI: Dr. Henriette Watson Hansen). A total of 666 patients is targeted in over 80 centers within ENGOT. Switzerland is participating (PI Dr. Julian Wampfler, Inselspital Bern) with 2 sites (Inselspital Bern, Universitätsspital Basel) and is actively recruiting.



The **OV Precision trial** (A randomized controlled Swiss trial examining the benefit of a tumor- and patient-specific cancer therapy in ovarian cancer) is the continuation of the TuPro Trial on an advanced level, i.e. it utilizes and further implements the valuable information derived from in-depth molecular analysis by approved and validated cancer-profiling technology platforms established in TuPro. This in-depth molecular information on tumor biology is specific for each single patient and provides treatment prognostications to select the best therapy option for the patient. The computationally merging and integration of this information into a molecular summary report and its presentation to the members of the molecular tumor board for treatment recommendation making is innovative and highly crucial to OV Precision.

OV Precision is a multi-site, registered (NCT06466382 and SNCTP000005957) trial sponsored by Swiss-GO. Principal Investigator is Prof. Viola Heinzlmann-Schwarz, Head of Gynecology/Gynecological Oncology and Co-Head of the Hospital for Women, Universitätsspital Basel (USB). Collaborating bodies who provide all services and technologies for the trial include USB (Central Lab, Ovarian Cancer Research Group at Department of Biomedicine; Pathology; Clinical Trial Unit CTU), ETH Zürich (Prof. Gunnar Rättsch, Prof. Berend Snijder, Dr. Nora Toussaint), ETH Basel (D-BSSE Dr. Christian Beisel), Universität Zürich (Prof. Bernd Bodenmiller, Prof. Lucas Pelkmans), and Apricot Therapeutics AG.

The integration of several molecular tumor profiling technologies for personalized molecular tumor board-based treatment recommendation is one key to OV Precision. Another one is the Central Lab. This unit was build up “from scratch” for OV Precision and is run by Prof. Heinzlmann’s Research Group and coordinates sample collection, executes sample processing and quality control, sample transfer logistics, and the biobanking.

The target group of patients in OV Precision are the ones with the worst prognosis and in the highest area of need for improved treatment strategies. OV Precision compares in a randomized controlled manner (A) personalized patient treatment at the discretion of the treating physician and patient after having received an individual treatment recommendation from a specialized molecular tumorboard based on tumor-profiling (TP) to (B) standard of care (SOC) therapy without a preceding treatment recommendation.

OV Precision’s budget is roughly 2.4 Mio CHF. Although most of the costs are covered through third-parties funding (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, further funding is required. OV Precision is active since end of 2024 and recruits in six centers (Figure 12). Trial duration is approx. two years with a target of 120 enrolled patients, followed by another year for endpoint data analysis.

Center
Universitätsspital Basel
Universitätsspital Zürich
Kantonsspital Baden
Kantonsspital St.Gallen
Kantonsspital Thurgau-Frauenfeld
Kantonsspital Fribourg

Figure 12. OV Precision participating centers.



URSULA STRÖHER STIFTUNG

### 3.3. Trials Starting in 2025

The **STREAM-I** (“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 target population of STREAM-I are adult patients who underwent cytoreductive surgery in European cancer centers for advanced endometrial cancer with peritoneal metastases (FIGO IV) or for recurrent endometrial cancer. 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. Sixty-nine sites in 12 countries are to participate (approx. 1’400 patients), with eleven sites in Switzerland (Swiss PI Prof. Martin Heubner, Kantonsspital Baden).

The **PAROLA** trial (“**PARa-aOrtic LymphAdenectomy in locally advanced cervical cancer**”) is an international prospective, randomized, multicenter GINECO, ENGOT, and GCIG phase III 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. Switzerland’s participation (ca. estimated 25 patients, 5 years; Inselspital Bern and Universitätsspital Basel) with PI PD Dr. Céline Montavon, Universitätsspital Basel) is in preparation. The Swiss part is funded by the Huggenberger-Bischoff Stiftung (20’000 CHF).

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 in preparation (PI Prof. Andreas Müller, Kantonsspital Winterthur) and 4 Swiss centers have been selected (Kantonsspital Winterthur and St.Gallen, Universitätsspital Basel, Centre Hospitalier Universitaire Vaudois). An estimated number of 35-40 patients are to be screened and 14-18 patients to be randomized over 12 months in Switzerland.

The **HSM Database** (Gynecological Oncology (GO) Quality Cohort: Centralization and Assessment of Quality of Care in Gynecological Oncology during the Highly Specialized Medicine (HSM) Process) study evaluates the quality of care for patients with advanced ovarian cancer in Switzerland during the centralization process of highly specialized medicine (HSM). To this aim, retrospective and prospective health data based on the quality indicators defined by the European Society of Gynaecological Oncology (ESGO) will be collected and analyzed. Target group are patients with newly diagnosed advanced ovarian cancer (FIGO stage III/IV) as well as patients with recurrent disease undergoing secondary or tertiary cytoreductive surgery.

The study is scheduled to begin in January 2025 and is expected to continue for up to 10 years. Participating centers are currently Universitätsspital Basel and Inselspital Bern, other hospitals will follow. PI is Prof. Viola Heinzlmann (Universitätsspital Basel) with support of Prof. Nicole Concin (Medizinische Universität Wien). Estimated study costs are roughly 70’000 CHF, largely funded by ESGO and Swiss AGO.

### 3.4. Trials in planning phase

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. This online survey addresses among others questions regarding cancer-associated anxiety and crisis-associated anxiety, and questions on cancer and crises, on information media, and on resilience. Expression XVIII It is already active in Germany and the participation of Switzerland is in planning (PI Dr. Christian Braun, Kantonsspital Luzern).

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 primary endpoint is PFS, defined as the time from randomization until the date of objective disease progression (per RECIST 1.1 as assessed by BICR) or death due to any cause. The secondary endpoint is OS, defined as the time from randomization until the date of death due to any cause. The analysis will include all participants as randomized.

The trial is sponsored by ENGOT and NSGO-CTU, and approx. 640 patients shall be screened in about 200 centers globally to reach the randomization target number of 480 patients. Trial duration is up to 54 months with an estimated completion by end of 2028.

The participation of Switzerland by Swiss-GO (Swiss PI PD Dr. Marcus Vetter, Kantonsspital Baselland) with 3 Swiss centers (Kantonsspitaler Baselland and Frauenfeld, Universitätsspital Zürich) is in the planning phase.

**ENGOT-ov74/Swiss-GO-XX/LoRiO** (Localized Radiotherapy RT in platinum-sensitive recurrent Ovarian cancer vs. standard of care) is a randomized-controlled multicenter trial in 228 patients after secondary debulking, if applicable, to evaluate the efficacy of targeted RT (experimental arm) compared to platinum-based chemotherapy (control arm) in oligo-metastatic recurrent platinum-sensitive OC patients.

The primary objective is progression free survival, i.e. to provide first evidence for the superiority of the experimental treatment (radiotherapy) over the control arm (platinum-based combination chemotherapy) in patients with oligo-metastatic platinum-sensitive recurrent ovarian cancer. The secondary objective is overall survival.

LoRiO is a Swiss-GO sponsored trial (PI Prof. Viola Heinzelmann-Schwarz, Universitätsspital Basel) with an estimated participating 15 centers in Switzerland, and with CEEGOG; ISGO; MITO, and DGOG as participating study groups.

Estimated trial costs are approx. 2.6 Mio CHF. A smaller part of funding is by Krebsliga beider Basel (99’750 CHF) and by a SNSF PPI (patient and public involvement)-grant (3’600 CHF), the larger part is, however, pending and currently requested from various funding bodies.



### 3.5. Swiss-GO Patient Advocacy Group

The „Patient Advocacy Group“ was founded and integrated into Swiss-GO late 2021. 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 four 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 and 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 13).



**Figure 13:** Swiss-GO Patient Advocacy Group (PAG). Dr. Katrin Stamm (third from left), Mubera Krijezi (4th from left), and Dr. Regina Vögeli (6th from left); with Dr. Pamela McLaughlin, Dr. Tibor Zwimpfer, PD Dr. André Fedier, Prof. Viola Heinzelmann-Schwarz, Dr. Maren Vogel, and BSc Anett Jacob from Swiss-GO (left to right). PAG member Yolanda Hofer is not on the picture.

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

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

Board Meeting (10.1.2024, virtual)

Board Meeting (11.3.2024, virtual)

Annual Meeting/5-year Anniversary (6.5.2024, Luzern)

General Assembly (6.5.2024, Luzern)

Board Meeting (10.6.2024, virtual)

Board Meeting (9.9.2024, virtual)

Board Meeting (9.12.2024, virtual)

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

Tumor Profiler Center Retreat #2 (23.01.2024, Zürich)

GCIG Spring Meeting (5.-6.3.2024, Barcelona)

ENGOT Annual Meeting (9.-10.3.2024, Amsterdam)

PG Gynecological Cancers: In-between Meeting (27.3.2025, virtual)

SAKK Semi-Annual Meeting I (25.-27.6.2024, Luzern)

PG Gynecological Cancers: In-between Meeting (9.10.2025, virtual)

SAKK Semi-Annual Meeting II (20.-22.11.2024, Basel)

GCIG Autumn Meeting (21.11.2024, virtual)

#### Congress contributions

Tag der Klinischen Forschung (DKF), Universitätsspital Basel (Poster, 8.2.2023, Basel)

Remote assessments, applying digital tools within the ENGOT-ov54/Swiss-GO-2/MATAO including LOGOS (Low-Grade Ovarian cancer Sub-study) trial: practical experiences. Pamela McLaughlin, Maren Vogel, Feruza Ushurova, Anett Jacob, Marielle Rutquist, Diego Calabrese, Christian Kurzeder, Viola Heinzlmann-Schwarz.

#### Publications

Digoxin for reduction of circulating tumor cell cluster size in metastatic breast cancer: a proof-of-concept trial.

Kurzeder Ch, Bich Nguyen-Sträuli BD, Krol I, Ring A, Castro-Giner F, Nüesch M, Asawa S, Zhang YW, Budinjas S, Gvozdenovic A, Vogel M, Kohler A, Graši Kuhar C, Schwab FD, Heinzlmann-Schwarz V, Weber WP, Rochlitz CH, Vorburger D, Frauchiger-Heuer H, Witzel I, Wicki A, Kuster GM, Vetter M, Aceto N. Nat Med. 2025 Jan 24. doi: 10.1038/s41591-024-03486-6. Online ahead of print.

How to optimize and evaluate diversity in gynecologic cancer clinical trials: statements from the GCIG Barcelona Meeting.

Sehouli J, Boer J, Brand AH, Oza AM, O'Donnell J, Bennett K, Glaspool R, Lee CK, Ethier JL, Harter P, Seebacher-Shariat V, Chang TC, Cohen PA, van Gorp T, Chavez-Blanco A, Welch S, Hranovska H, O'Toole S, Lok CAR, Madariaga A, Rauh-Hain JA, Perez Fidalgo A, Tan D, Michels J, Pothuri B, Fujiwara N, Rosengarten O, Nishio H, Kim SI, Mukopadhyay A, Piovano E, Cecere SC, Kohn EC, Mukherjee U, Nasser S, Lindemann K, Croke J, Chen X, Geissler F, Bookman MA. Int J Gynecol Cancer. 2024 Nov 4;34(11):1677-1684. doi: 10.1136/ijgc-2024-005982.

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, Heinzlmann-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. 2024 Mar;111(3):277-284. doi: 10.1016/j.bulcan.2023.02.011. Epub 2023 Mar 24.

Management of Patients with Hypersensitivity to Platinum Salts and Taxane in Gynecological Cancers: A Cross-Sectional Study by the European Network of Young Gynaecologic Oncologists (ENYGO).

Zwimpfer TA, Bilir E, Gasimli K, Cokan A, Bizzarri N, Razumova Z, Kacperczyk-Bartnik J, Nikolova T, Pletnev A, Kahramanoglu I, Shushkevich A, Strojna A, Theofanakis C, Cicakova T, Vetter M, Montavon C, Morgan G, Heinzlmann-Schwarz V. Cancers (Basel). 2024 Mar 14;16(6):1155. doi: 10.3390/cancers16061155.

Personalisierte Behandlungsempfehlungen. Die OV-Precision-Studie: Biologie-spezifische Krebstherapie bei fortgeschrittenem, schwer therapierbarem Eierstockkrebs.

Heinzlmann-Schwarz V, Vogel M, Jacob F. DKForum Ausgabe 24, November 2024.

5 Jahre Swiss GO Trial Group. Ein wichtiger Beitrag zur Forschung in der Gynäko-Onkologie.

Mücke Ch. Schweizer Zeitschrift für Onkologie. 2/2024.

### 3.7. Public Relations

The interactive website „Swiss GO Trial Group“ (www.swiss-go.ch) and the printed brochure “2024 Annual Report“ (also downloadable from the website) 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. Swiss-GO also on social media platforms (Facebook, LinkedIn).

#### 4. Finances and Budget

Swiss-GO's ongoing operating budget (e.g. accounting, auditing, costs for printed matter and mailings, banking fees) is fed by contributions of its members. The costs for meetings and workshops are covered by the operating budget and by private company sponsoring.

The personnel costs for the preparatory and administrative work by the management team are largely but insufficiently 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 (2.9 Mio CHF) and OV Precision (2.4 Mio CHF) are fully financed through third parties. Smaller budget for other trials is available.

As a non-profit association and with the claim to successfully conduct our clinical trials, Swiss-GO depends on financial contributions not only from the above-mentioned funding bodies but also from institutions and private persons. Although the base financing granted by SBFI will bring some relief for the next four years, the requirement for further funding will remain one of the key challenges for Swiss-GO.

Swiss-GO's fortune per 31.12.2024 amounts to CHF 39'949 (+9'629 in 2024). An income of CHF 22'058 (7'700 from membership fees, 1'300 from donations, 13'000 sponsoring, and 58 from interest income) matches expenses of CHF 12'429 (5'140 for services, accounting, auditing, ethics and legal, 5'418 for events, 1'757 printed matter office, and 114 banking fees). The 2024 Annual Financial Statement (Jahresrechnung 2024) is available on the Swiss-GO website.

<b>Trials</b>	<b>Budget</b>
MATAO	2.9 Mio
OV Precision	2.4 Mio
LoRiO	0.1 Mio
PAROLA	0.02 Mio
<b>Structural</b>	<b>Budget</b>
*Base financing, trial management	0.74 Mio
Swiss-GO	0.04 Mio

\*2025-2028.

#### 5. Appreciation

We are very grateful to all our partners, collaborators, supporters, and the teams at each study center for their enthusiasm and commitment, generous support, and enormous effort in 2024 for Swiss-GO.



Swiss-GO Management Team 2024

Feruza Ushurova, MSc (Clinical Trial Manager); Dr. Pamela McLaughlin, PhD (Clinical Scientist/Clinical Trial Manager); Dr. Maren Vogel, PhD (Scientist/Clinical Trial Manager), Prof. Viola Heinzelmann, MD (President Swiss-GO), PD Dr. André Fedier, PhD (CEO Swiss-GO), Anett Jacob, BSc (Clinical Trial Manager), Michael von Rotz (CFO Swiss-GO), Dr. Sangeetha Martin Maretvadakethope, MD (Clinical Trial Manager).

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