

General Assembly of the European Liquid Biopsy Society (ELBS)

28th of October 2022

Montpellier, France

LUNCH – afternoon COFFEE BREAK

- At noon:
- Special meals for some of you:
- 9 Vegetarian meals (red signs)
- 2 Gluten-free meals (you have to ask to the caterer and they will give you special plates) and one pork-free
- Coffee break this afternoon at 3:00 pm.
- We will try to respect these timing / we will rely on the moderators for that specific tasks.

WIFI

- You have individual WIFI password otherwise from those of you who are from other universities you have “eduoram” that is universal.

Welcome & general Information on today's meeting

COVID restrictions:

- You have seen that we have NO specific COVID restrictions nowadays but we will clean the microphones between two speakers; we can use alcoholic solutions as much as we want and regularly mostly before lunch & coffee break; we have masks at your convenience if you want.

For Questions & Answers:

- We need to talk loudly or the moderator needs to repeat the questions in the microphone as we will have persons present at the GA DIGITALLY.
- We ask the moderators to also check the meeting chat for questions during their sessions

Photo

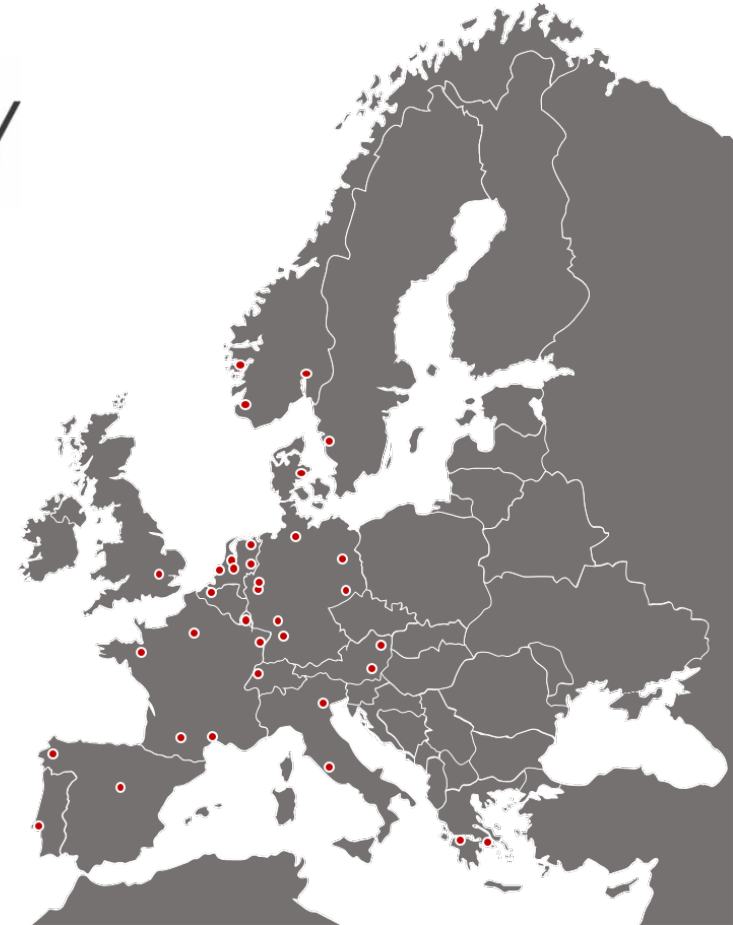
- We will take a group photo before lunch in the Faculty of Medicine.

Collaborative community

- founded in the course of 2019
- international public-private partnership
- firmly based in Europe with members from America and Asia
- **72** current members from academia (44) and industry (29)
- ELBS – “The Legacy” (EU/IMI Factsheet 05/2022)

Vision

Foster the translation of liquid biopsy from research and discovery purposes to routine clinical practice.



ELBS is a Founding Member of the International Liquid Biopsy Standardization Alliance (ILSA) coordinated by the Foundation of the National Institute of Health (NIH), USA (Coordination: Dana Connors) White Paper: Connors et al., Crit. Rev. Hematol. Oncol. 2020

Academia and research organizations in ELBS

Austria

- Medical University of Graz
- Medical University of Vienna
- Austrian Institute of Technology

Belgium

- *Ghent University*
- Katholieke Universiteit Leuven

Denmark

- University Aarhus
- Zealand University, Roskilde

France

- *Institut Curie*
- Institute Gustave Roussy
- University of Paris
- University of Rennes
- Oncopole of Toulouse
- Pasteur Hospital, University Côte d'Azur
- Canceropole Est
- Université de Montpellier

Germany

- University Hospital Hamburg Eppendorf
- University Clinic Duesseldorf
- University Clinic Essen

- Universitätsmedizin Mannheim
- University Clinic of Schleswig Holstein
- Hahn-Schickard-Ges. f. angew. Forschung
- MGZ Munic
- Technical University Dresden

Greece

- *University of Athens*
- University of Patras
- University General Hospital of Heraklion/
- University of Crete

Japan

- Kyushu University Beppu Hospital

Italy

- Instituto Oncologico Veneto
- Regina Elena National Cancer Institute

Luxembourg

- Luxembourg Institute of Health

Netherlands

- Netherlands Cancer Institute
- University of Twente
- University Medical Center Utrecht

- University Medical Center Rotterdam
- *University of Groningen*

Norway

- Oslo University Hospital
- Stavanger University Hospital
- Haukeland University Hospital

Spain

- Health Research Institute of Santiago de Compostela
- Centro de Investigación Biomédica en Red, *CIBER*

Sweden

- University of Gothenburg

Portugal

- Ipatimup- University of Porto
- Champalimaud Centre

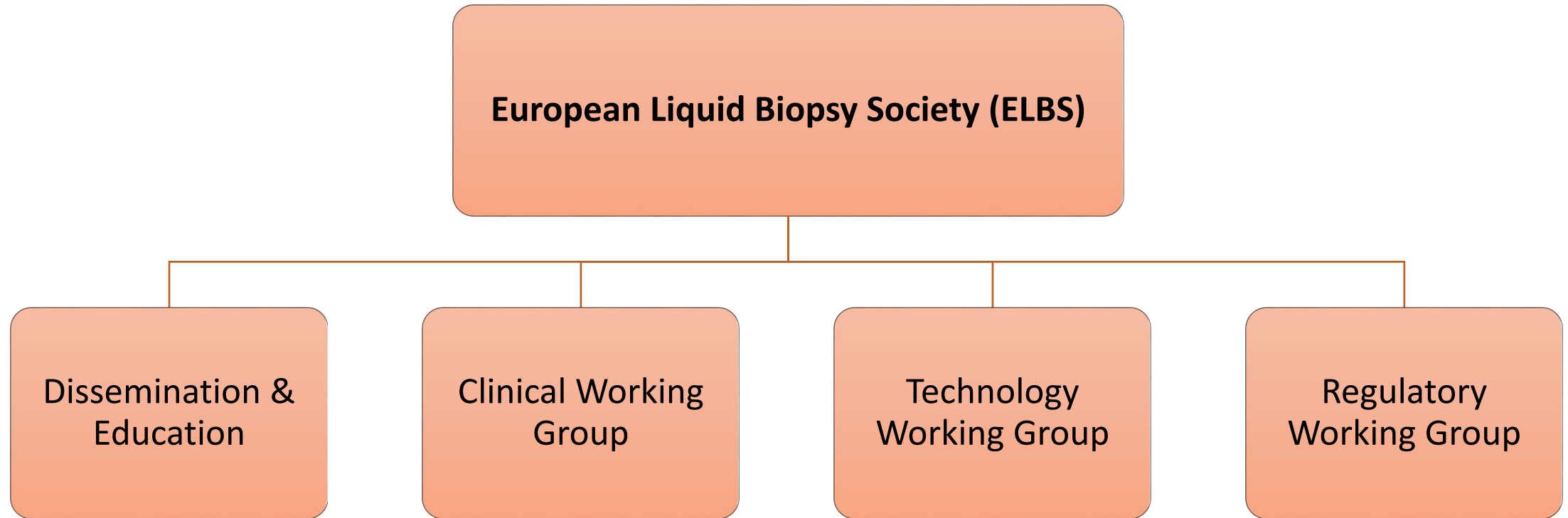
UK

- National Institute for Biological Standards and Control (NIBSC)
- Queen Mary University of London

Industry partners in ELBS



Organizational structure of ELBS



Agenda for this meeting

09:00 – 17:30		General Assembly of the European Liquid Biopsy Society
09:00 – 09:45	Reception	Welcome coffee and networking
09:45 – 10:00		Catherine Alix-Panabières & Klaus Pantel Welcome presentation and agenda introduction
10:00 – 10:15		Claudia Koch (ELBS Project Manager) The ELBS website and logo
10:15 – 10:55	Updates by the ELBS working groups (WG)	Dissemination & Education WG Leads: <i>Catherine Alix-Panabières & Paul Hofman</i>
10:15 – 10:35		Catherine Alix-Panabières & Paul Hofman Updates on the activities of 2022 & Next steps
10:35 – 10:55		Discussion and feedback from the network
10:55 – 11:35		Clinical WG Leads: <i>Jean-Yves Pierga, Claus Lindbjerg Andersen, Nikolas von Bubnoff, Christoffer Gebhardt</i>
10:55 – 11:15		Jean-Yves Pierga & Claus Andersen Updates on the activities of 2022 & Next steps
11:15 – 11:35		Discussion and feedback from the network
11:35 – 12:00		Regulatory WG Lead: <i>Klaus Pantel</i>
11:35 – 11:45		Klaus Pantel Updates on the activities of 2022 & Next steps
11:45 – 12:00		Discussion and feedback from the network
12:00 – 13:00		Networking lunch

Updates by the technology WGs

12:00 – 13:00		Networking lunch
13:00 – 14:30		Technology WGs
13:00 – 13:20	Updates by the ELBS working groups (WG)	Evi Lianidou & Nikolas Stoecklein CTCs: Updates on the activities in 2021/22 & Next steps
13:20 – 13:40		Discussion and feedback from the network
13:40 – 14:00		Ellen Heitzer, Ed Schuurin, Patrizio Giacomini, Michael Speicher ctDNA: Updates on the activities in 2021/22 & Next steps
14:00 – 14:20		Discussion and feedback from the network
14:20 – 14:40		An Hendrix, Rienk Nieuwland, Franz Ricklefs Founding of the EV subgroup: ideas and plans
14:40 – 15:00		Discussion and feedback from the network
15:00 – 15:30		Networking Coffee

Introduction of new members

15:00 – 15:30		Networking Coffee
15:30 – 16:15	Brief introduction of new ELBS members (2022)	Moderation: Catherine Alix-Panabières, Klaus Pantel Volition (<i>Belgium</i>) MGZ München (<i>Germany</i>) KU Leuven (<i>Belgium</i>) Merck (<i>Germany</i>) AIT Austrian Institute of Technology (<i>Austria</i>) University Medical Center Schleswig-Holstein (<i>Germany</i>) CIBER Consortium (<i>Spain</i>) Nonacus (<i>UK</i>) University of Crete (<i>Greece</i>)

Member presentations: collaborative projects

16:15 – 16:30	Collaborative project presentations	Stefan Werner (<i>University Medical Center Hamburg-Eppendorf, Department of Tumor Biology</i>) • PROLIPSY: Early detection of prostate cancer
16:30 – 16:45		Valérie Taly (<i>CNRS/INSERM/Université Paris Cité, centre de recherche des Cordeliers. Paris. as well as METHYS Dx</i>) • Met-ddPCR for cancer patient follow-up in liquid biopsy
16:45 – 17:00		Klaus Pantel (<i>University Medical Center Hamburg-Eppendorf, Department of Tumor Biology</i>) • PANCAID: Early detection of pancreatic cancer
17:00 – 17:15		Christa Nöhammer (<i>AIT Austrian Institute of Technology GmbH, Molecular Diagnostics Unit</i>) • Call for collaboration within Horizon Europe and IHI: Your patients and clinical needs, our multi-omics liquid biopsy expertise
17:15 – 17:30		Conclusion and closing remarks - Klaus Pantel

We hope you enjoy an informative, interactive and fruitful meeting!

General Assembly of the European Liquid Biopsy Society (ELBS)

28th of October 2022

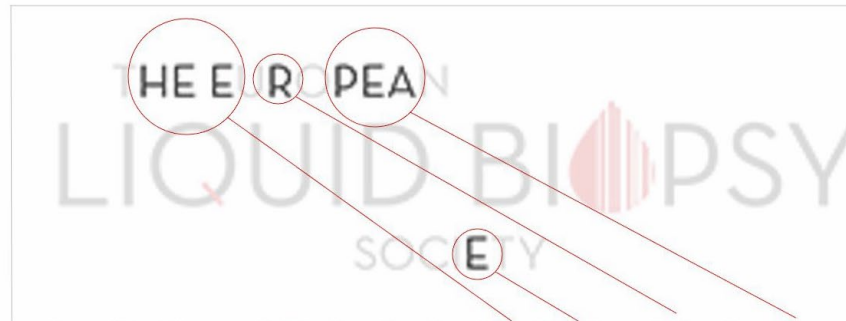
“The ELBS Logo and Website”

Claudia Koch

(ELBS Project Manager)

ELBS Website:

- Functional and sufficient at the beginning - not very visually appealing
 - More modern and increase possibility for interaction and information
 - May 2022: tackle the redesign of the website with a marketing and graphic design professional (Detlev Riller)
- in this process: ELBS Logo became additional topic of interest



‘choice of font with visual quotations’
from the ‘golden 20s’ (Art Nouveau | Art Deco)

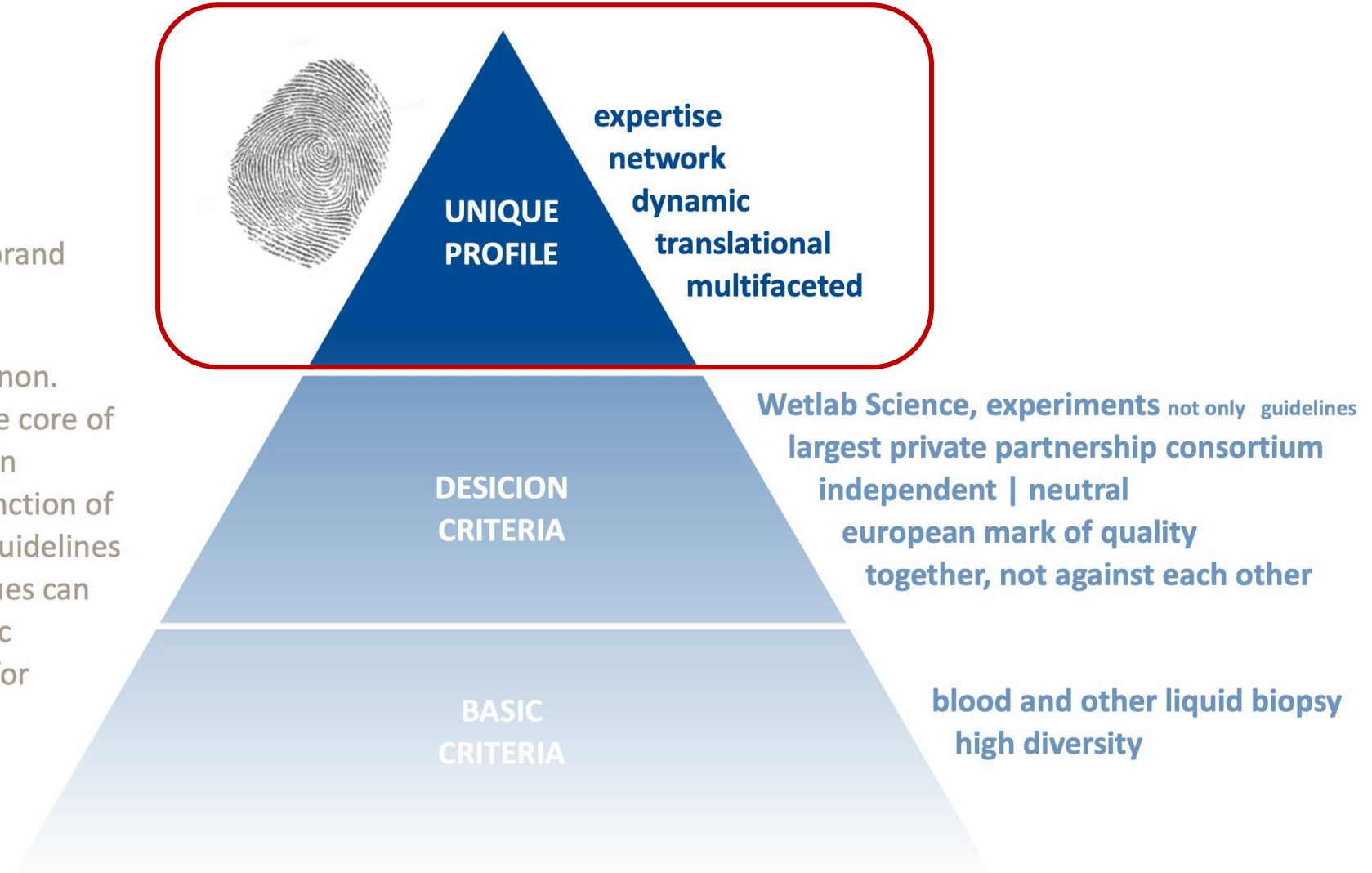
Is the choice of a backward-connoted font the desired for a future oriented network, its technologies and processes?

Value-canon defines the „unique brand personality“

Brand Values

DNA and the corporate & brand feeling.

Development of a value-canon.
Corporate values define the core of the self-understanding of an organization. They have function of orientation and serve as “guidelines for action” in all areas. Values can serve as a basis for strategic decisions and as the basis for quality management.

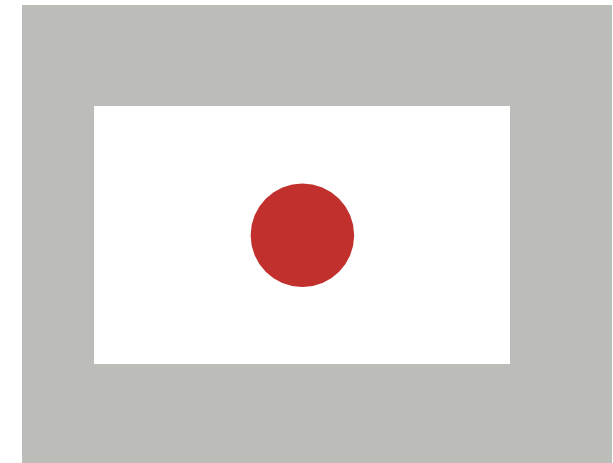


Does the current visual brand emit the right signals and connotations to the outer world that correspond to the ELBS value-canon?

Unique Profile: *Expertise – dynamic – translational – network – multifaceted*

We came to the conclusion that the ELBS logo with the chosen „art deco font“ refers to the past and does not appropriately indicate a future-oriented society or network!

- **SIGNIFICANT**, therefore more memorable.
- **SIMPLE**, therefore better notability.
- **DISTINGUISHABLE**, thereby better differentiation from competitors.
- **UNCOMPLEX**, therefore better identifiability.
- **LONG-LASTING (low half-life)**, does not follow current visual trends.



To think „*It looks nice*“ is **not** an evaluation criterion!

The brand must fit semantically and formally!

Visual element – red blood drop:

- „Red drop of blood“ is already used by other initiatives and societies - distinction required to avoid confusion
- „Color red is a color with the connotation “Warning” and “Danger” – desire a positive connotation
- ELBS not only focussed on blood (approx. 90%) but also other body liquids (approx. 10%). This is likely to increase in the future. Therefore a “red blood drop” is not a fitting visual symbol.
- ELBS is more than “only a drop of blood” - representation of our multifaceted approach. ELBS is a consortium that drives these new diagnostic concepts, bringing together experts of the field to achieve translation into everyday clinical practice.

ELBS is a dynamic consortium for all liquid biopsy approaches and stands for:

Value canon: expertise | translational | dynamic | network | multifaceted

→ Both logo and website should represent our values

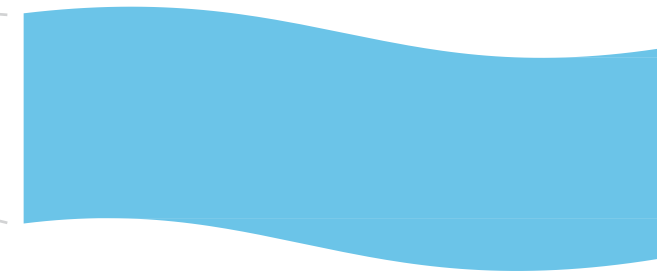
Choice of typography – The Sans

- Very well developed font family.
- Very wellcut font.
- Balanced and harmonious cut.
- ‚Stable‘ and sufficient ‚body‘ and ‚substance‘
- modern and timeless (durable)

EUROPEAN
LIQUID BIOPSY
SOCIETY

current font

THE EUROPEAN
LIQUID BIOPSY
SOCIETY



‚fluid‘, ‚liquid‘ graphic element.

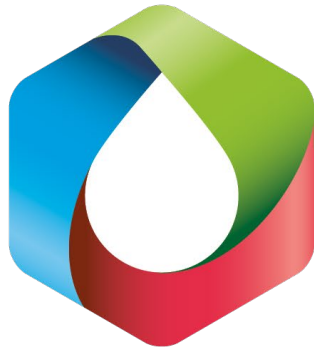
New Logo: focus on consortium and drop

New ELBS logo:

- Looked through > 50 potential new designs
- Narrowed down to 3 candidates and shared these amongst the ELBS WG leads



ELBS



**EUROPEAN
LIQUID BIOPSY
SOCIETY**



**EUROPEAN
LIQUID BIOPSY
SOCIETY**

RESEARCH FOR CLINICAL IMPLEMENTATION



ELBS

Outer shape inspired by formula



Color scheme and connotation of the triad consortium

RESEARCH | dynamic | innovativ

INDUSTRY | technical | processual

CLINIC | care | healing

Supergraphical element



New Logo: focus on network and drop



RESEARCH FOR CLINICAL IMPLEMENTATION

Improvements and new features:

- While still hosted by the UKE as our legal entity, ELBS now visually stands alone on the website
- Clear communication of our vision, mission, and strategy
- Clean and modern site
- Improved menu structure
- Member area (downloads, zoom links, agendas, meeting information, minutes etc.)

Member Area

www.uke.de/elbs/login

User: ELBS

Password: elbs2022#





ELBS | MEMBER AREA

Agendas

Minutes

Protocols

Zoomlinks for Meetings

Downloads

MEMBER AREA

→ [AGENDAS](#)

→ [MINUTES](#)

→ [PROTOCOLS](#)

→ [ZOOMLINKS FOR MEETINGS](#)

→ [DOWNLOADS](#)

→ [back to ELBS](#)

Open elements:

- Various areas are still “under construction” (e.g. WGs, video element by ELBS chair, Klaus Pantel)
- Network partners: need to be completed – **call to action**

Member Area

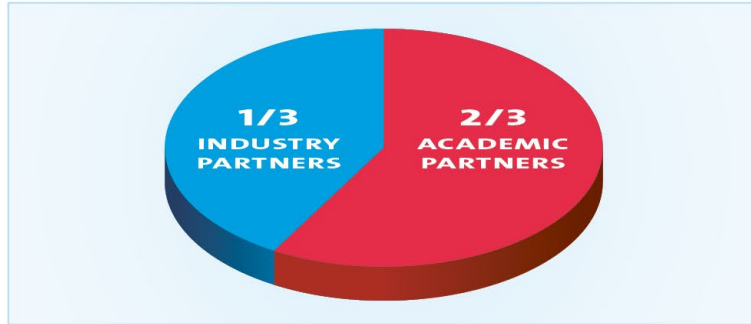
User:

ELBS

Password:

elbs2022#

ACTUAL MEMBERS



ORGANIZATION TEAM



CHAIRMAN | ELBS

Prof. Dr. med. Klaus Pantel

Director of the institute

Center for Experimental Medicine
Institute of Tumor Biology

pantel@uke.de

+49 (0) 40 7410 – 53503



PROJECT MANAGER | ELBS

Dr. Claudia Koch

Center for Experimental Medicine
Institute of Tumor Biology

c.koch@uke.de

+49 (0) 40 7410 – 53503

www.elbs.eu | [LinkedIn](#)

WORKING GROUPS



DISSEMINATION & EDUCATION
MEET 2 TIMES A YEAR



CLINICAL
MEET 2 TIMES A YEAR



TECHNOLOGY
MEET 4 TIMES A YEAR

CTC WORK GROUP
ctDNA WORK GROUP
EV WORK GROUP



REGULATORY
MEET 2 TIMES A YEAR

- Thank you to Detlev Riller and Robert Thom -

Thank you for your attention and a great ELBS GA 2022!

ELBS General Assembly | October 28th 2022

Montpellier

Updates on the ELBS activities in 2022

Catherine Alix-Panabières & Paul Hofman



Workshops for EDUCATION

Courses and Trainings on expert sites for :

**Academy
Industry**

- 💧 Joint effort in bringing the liquid biopsy training school in **Aarhus** (program, targeted audience, call for applications) – March 28 – 30 2022



Workshops for EDUCATION

Invitation to the training school for detection and analysis of circulating tumor DNA (ctDNA) and circulating tumor cells (CTC).

The COST Action CA17118 (TRANSCOLONCAN), Tracepigen, the DCCC Nation Research Center for ctDNA guided cancer, and the European Liquid Biopsy Society invite you to apply for participation in the training school for detection and analysis of circulating tumor DNA (ctDNA) and circulating tumor cells (CTC).

The training school will take place at **Aarhus University Hospital in Denmark on March 28-30 2022.**

The training school has room for 30 participants. The seats are filled based on the applications after registration deadline. Accommodation is covered by the training school and it is possible to apply for covering of travel costs.

Please register via this link: <https://ibenkongsfelt.wufoo.com/forms/mfkm9vo0a4mxaw/>

Registration deadline 20 January 2022.

If you have any questions regarding the training school, please contact scientific coordinator for the DCCC Nation Research Center for ctDNA guided cancer, Iben Kongsfelt at: ibenbk@clin.au.dk



Funded by
the European Union



Science Fund
of the Republic of Serbia



Kræftens Bekæmpelse



AARHUS UNIVERSITY



Aarhus Universitetshospital

Claus Andersen – Lars Dyrskjot
Klaus Pantel – Nick Stoecklein – Catherine Alix-Panabières
Plus co-organizers from Spain, Serbia etc...

Catherine Alix-Panabières & Paul Hofman

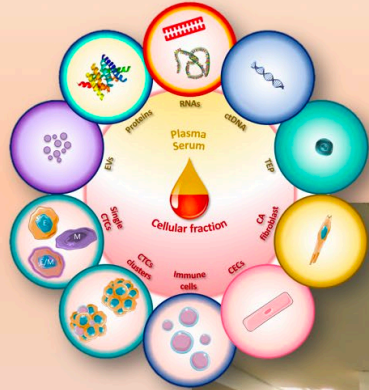
Circulating Tumor Cells and ctDNA _ TEACHING LESSONS

1st DAY on ctDNA

At the University of Aarhus



MARCH 28-30 2022
DENMARK



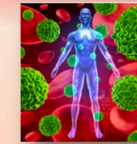
A FULL ROOM of attendees....



Circulating Tumor Cells and ctDNA _ TEACHING LESSONS

2nd DAY on CTCs

At the University of Aarhus



MARCH 28-30 2022
DENMARK



Biology of CTCs



CTC technologies



Clinical relevance



CTC detection





EUROPEAN MASTER MOLECULAR PATHOLOGY MSc EMMP

UNIVERSITÉ
CÔTE D'AZUR



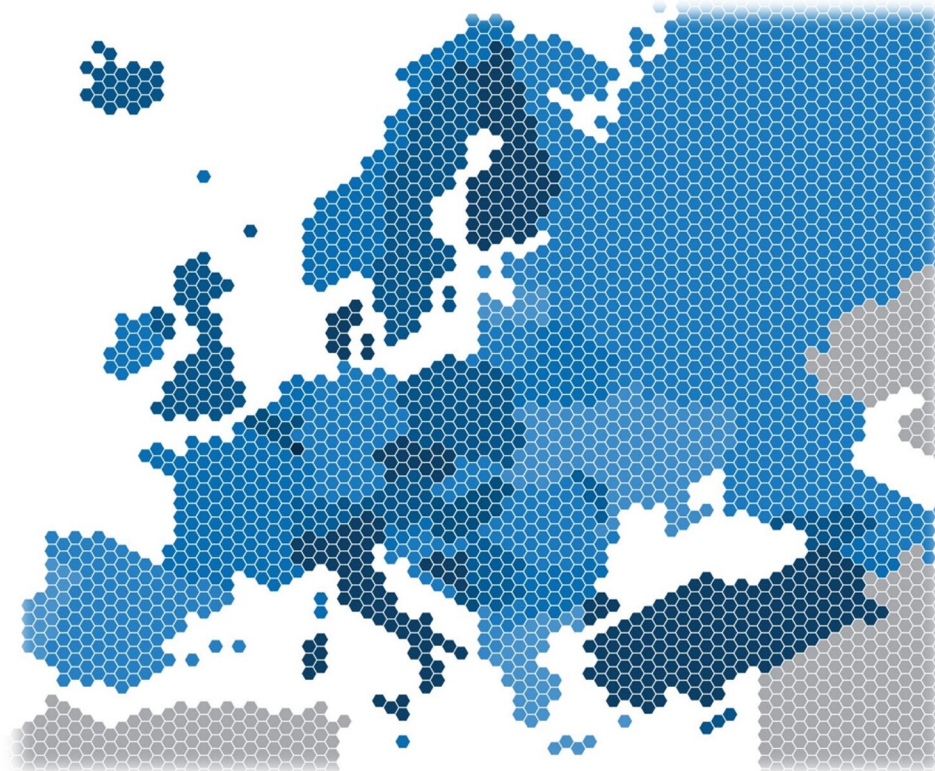
Pr P Hofman, MD, PhD

Rationale



- URGENT NEED
- Standardization of the molecular analyses
- Safety for patients
- Reproducibility
- Exchangeability among European institutions
- Efficacy of treatments for all patients

<https://www.uems.eu/>



Partnerships



- European Society of Pathology (ESP)
- Organization of European Cancer Institutes (OECI)
- European Association for Cancer Research
- Association for Molecular Pathology, USA
- MD Anderson Cancer Center, USA
- Ulysseus European University <https://ulyssseus.eu/>
- FHU OncoAge <https://www.oncoage.org/>
- The European Liquid Biopsy Society

Current steering Committee MSc EMMP



Marius Ilié & Paul Hofman

- Université Côte d'Azur, Nice, **France**

Gerald Hoefler

- Director ESP WG Molecular Pathology, Pathology, University of Graz, **Austria**

Falko Fend

- Pathology, Tübingen University, **Germany**

Michael Hummel

- German Molecular Pathology Initiative, Path, University of Berlin, **Germany**

Ed Schuurin

- Molecular Pathology, University of Groningen, **The Netherlands**

Henrique Rui and Fernando Schmitt

- Pathology, University of Porto, **Portugal**

Pedro L. Fernandez

- Pathology, Autonomous University of Barcelona, **Spain**

Andrzej Marszałek

- Pathology, Poznan University, **Poland**

Serena Bonin

- Molecular Histopathology Lab, University of Trieste, **Italy**

Matteo Fassan

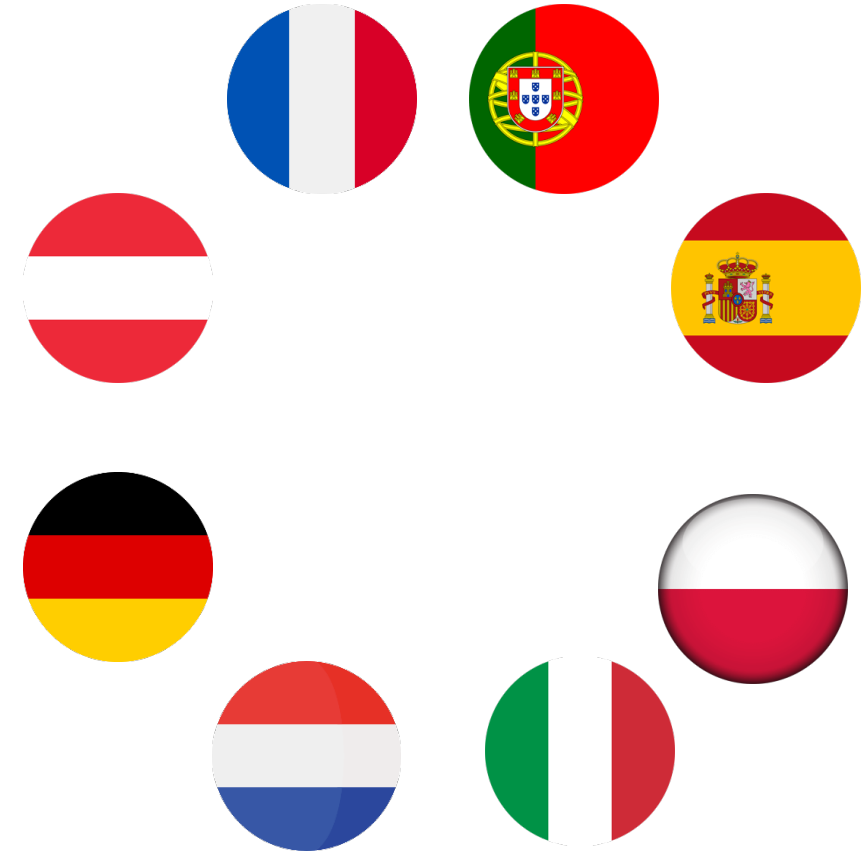
- Pathology, University Padova, **Italy**

Giorgio Stanta

- Chair of Biobanking and Molecular Pathobiology WG OECl, **Italy**

Ambrogio Fassina

- Chair of Pathology Committee of UEMS and University of Padova, **Italy**





MODULE 1. Molecular Biology and Genetics (1 week)

1. Introduction and objectives of the diploma
2. Molecular structure of DNA, DNA transcription and protein translation
3. The processes of carcinogenesis and DNA damage and repair mechanisms
4. The key cellular and molecular processes affected in tumor development
5. Key proteins and pathways regulating cell proliferation and cell death
6. A broader concept of malignancy and its environment
7. Processes involved in invasion and metastasis
8. Oncogenes and tumor suppressor genes
9. Cell cycle and cancer
10. Polymorphisms, mutations and Copy Number Alterations
11. Inter and intra-tumor heterogeneity
12. Mitochondrial DNA
13. Modes of inheritance
14. Hereditary autosomal dominant and recessive diseases, multi genetic heredity
15. Genetic diseases and cancer
16. Epigenetic regulation of cancer. Epigenetic modification of DNA and histones
17. Genomic imprinting
18. Cancer epigenetics and human diseases
19. Environment and the epigenome

MODULE 2. Transcriptomics (2,5 days)

1. Transcription of genes. Expression regulation
2. Messenger RNA: structure, maturation and degradation
3. MicroRNAs expression and action
4. Long non-coding RNA expression and action
5. Gene expression profiling: the search for candidate
6. Genes involved in pathogenesis

MODULE 3. Proteomics (2,5 days)

1. Structure and metabolism of proteins
2. Modification of proteins: phosphorylation, glycosylation
3. mRNA translation and post-translational regulation
4. Signal transduction

MODULE 7. Immunopathology (2 days)

1. Innate and adaptive immunity
2. Anti-tumor immunity cycle
3. Biological principles of immunotherapy
4. Sensitivity and resistance mechanisms for immunotherapy
5. MSI status in immuno-oncology

MODULE 8. Quality controls and regulation (1 day)

1. IVDR regulation
2. GDPR regulation
3. EQA programs
4. Impact of the pre-analytical variables in biopathology research

MODULE 9. Digital Pathology, Bioinformatics and AI (3 days)

1. Overview. Definitions.
2. Database resources
3. Biological databases and information systems
4. Data analysis
5. AI and pathology

MODULE 10. Accreditation and Biobanking (3 days)

- ISO/CEN standardization guidelines
- The ethical and legislative framework in which research is undertaken
- Biological material collection and preservation
- Preparation of cellular and tissue samples for molecular analyses
- Quality Management in Biobanks
- Pre analytical phase indicators. Impact on sample quality in Molecular Pathology

MODULE 11. Research Methods (3 days)

1. Avatars and Proxys (Patient Derived Tumor Xenografts)
2. How to review and interpret published research
3. How to structure and write a research paper or lab write up
4. Learn and use a range of statistical methodology
5. Training in data preparation and presentation

Module 12. Liquid biopsy (1 week)

1. Methods-prenalytical phase
2. Cf-DNA: How and why?
3. Circulating tumor cells: How and why?
4. Other circulating components (vesicles, non-coding RNA)
5. Liquid biopsy in basic, translational and clinical research
6. Liquid biopsy in daily practice
7. Liquid biopsy other than blood

Final report - Lab project

2 months of full-time work in one of the MSc EMMP's accredited centers.



PSY



Preliminary agenda

New speakers are welcome !

Module 12. Liquid biopsy (1 week)

1. General overview. Catherine Alix-Panabières (Montpellier, France), Klaus Pantel (Hambourg, Germany)
2. Methods-prenalytical phase. Catherine Alix-Panabières, Marc Denis (Nantes, Fr) , Paul Hofman (Nice, Fr)
3. Cf-DNA: How and why?. Umberto Malapelle (Naples, Italy), Marc Denis (Nantes, Fr)
4. Circulating tumor cells: How and why? Catherine Alix-Panabières, Paul Hofman
5. Other circulating components (vesicles, non-coding RNA) *TBD*
6. Liquid biopsy in basic, translational and clinical research Simon Heeke (Houston, USA)
7. Liquid biopsy in daily practice Nicola Normanno (Naples, Italy) G Oxnard (Boston, USA)
8. Liquid biopsy other than blood *TBD*



THE EUROPEAN
LIQUID BIOPSY
SOCIETY

Minimal residual disease as a predictor of survival in non-small cell lung carcinoma

Paul Hofman, MD, PhD

*Laboratory of Clinical and Experimental Pathology, Nice, France
Inserm 1081/CNRS 7284, Côte d'Azur University
FHU OncoAge (www.oncoage.org)*





ELBS Website

- 🔥 Need to go on building a website for ELBS *as a priority*
- 🔥 More visibility for ELBS:
 - Goals
 - Programs



Locked

Private

Ideas on what should be presented on the site / how it should be organized ?



Social Networks



THE EUROPEAN
LIQUID BIOPSY
SOCIETY

THE EUROPEAN
LIQUID BIOPSY
SOCIETY

Message Plus...

European Liquid Biopsy Society (ELBS) · 1er
Consortium Coordinator at European Liquid Biopsy Society
Autres · [+ de 500 relations](#) · [Coordonnées](#)

 European Liquid Biopsy Society

Dissemination & Education Meetings



🔥 The **Annual ELBS Meeting** with all the Members on 28 Oct 2022 – Montpellier, France

🔥 **Sub-Group meetings :**

🔥 3 CTC Technology meetings (1 more scheduled for 2022)

🔥 3 ctDNA Technology meetings (1 more scheduled for 2022)

🔥 1 Regulatory WG meeting

🔥 2 Clinical WG meetings

🔥 **Conference**

ISMRC 2023

ISMRC 2023

Congress chair: Klaus Pantel
Co-chair: Catherine Alix-Panabières

13th International Symposium on Minimal Residual Cancer

Minimal residual cancer as target of
immunotherapy and Liquid Biopsy Diagnostics

2 – 4 May 2023 | Hamburg, Germany



THE EUROPEAN
LIQUID BIPSY
SOCIETY



Confirmed Speakers

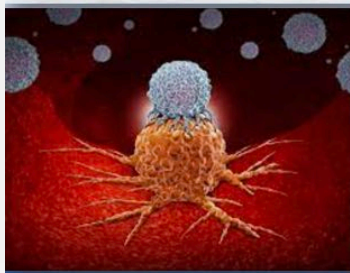
Nicola Aceto, Switzerland
Catherine Alix-Panabières, France
Claus Andersen, Denmark
Luis Diaz, USA
Christoffer Gebhardt, Germany
Tazuku Honjo, Japan
Klaus Pantel, Germany
Paul Hofman, France

Nick Papadopoulos, USA
Martin Reck, Germany
Nitzan Rosenfeld, UK
Jeanne Tie, Australia
Eric Vivier, France
Laurence Zitvogel, France
Robert Weinberg, USA

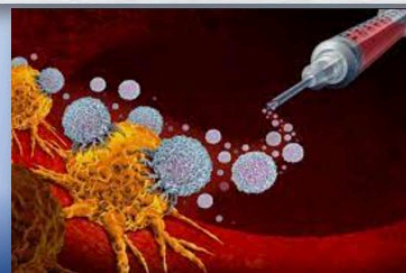
THE EUROPEAN
LIQUID BIPSY
SOCIETY

Contact: Rita Pape | ismrc@cpo-hanser.de

2 – 4 May 2023 | Hamburg, Germany




LIQUID BIPSY
IMMUNOTHERAPY



Please visit the
website

www.ismrc-symposium.eu

And send your abstract

If you are working for a member institute of our **co-host European Liquid Biopsy Society (ELBS)** we would be happy to offer you a reduced registration fee for up to 2 delegates per institute. You will find **detailed information about the registration on our website.**

Save the Date!

ISMRC 2023

13th International Symposium
on Minimal Residual Cancer
Minimal Residual Cancer as Target of
Immunotherapy and Liquid Biopsy Diagnostics

2 – 4 May 2023
Empire Riverside Hotel | Hamburg, Germany

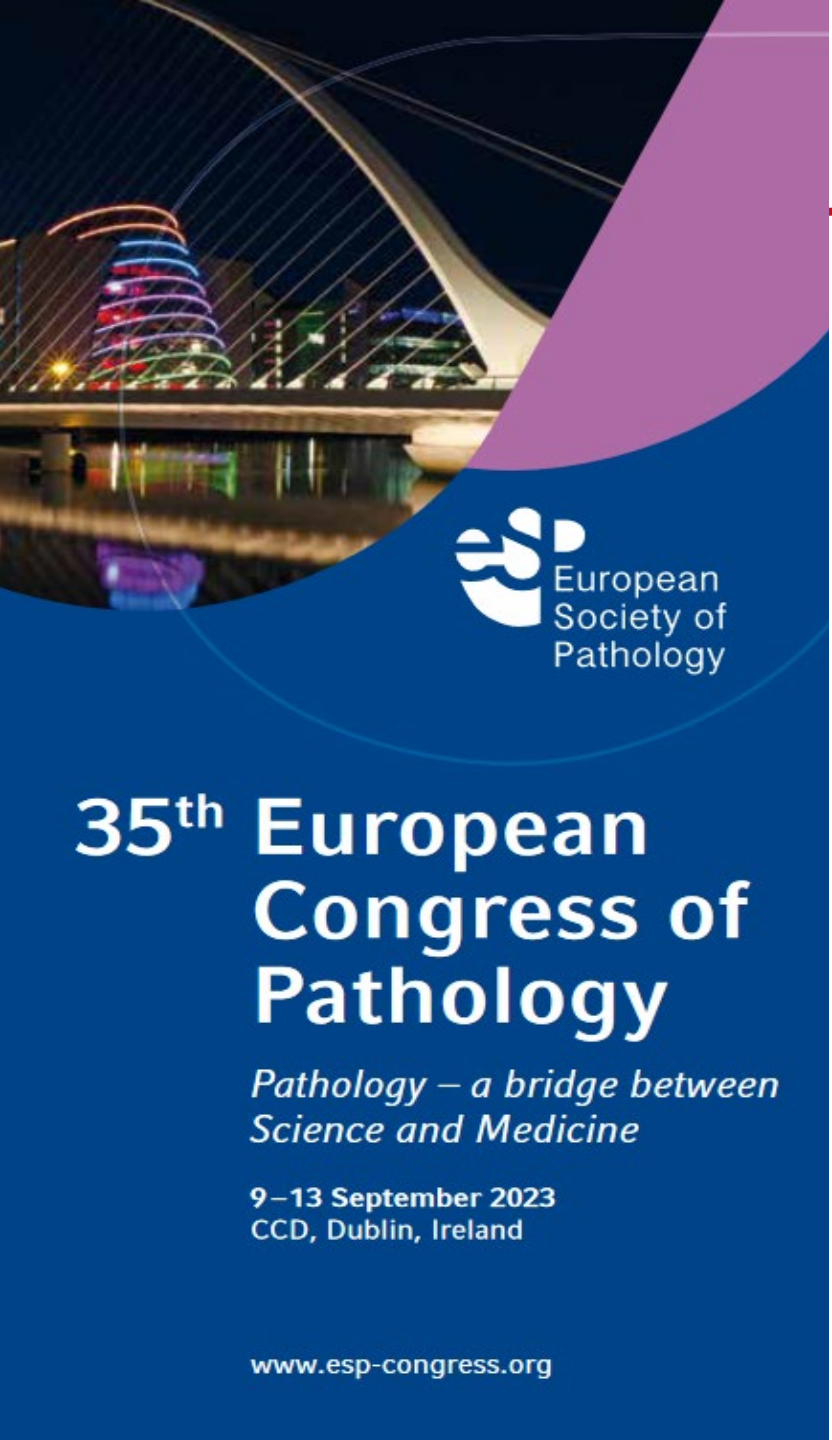
www.ismrc-symposium.eu



Session Topics

- Cancer Metastasis Biology
- Cancer Immunology
- Liquid biopsy-based Detection of primary Cancer and MRD
- Liquid Biopsy and Immuno-Oncology
- Immuno-prevention of Cancer Metastasis
- Monitoring of MRD
- Latest Developments in Liquid Biopsy

Besides the invited plenary talks, the ISMRC supports young investigators through selected **oral communications as part of the plenary sessions and poster presentations.** Outstanding presentations will be awarded our “**Young investigator awards**”! We are especially grateful to award the “**ELBS Young Investigator Award in Honor of Dr. Rita Zamarchi**”, an ELBS award funded by the family, friends and colleagues of Dr. Rita Zamarchi.



European
Society of
Pathology



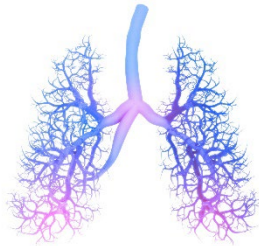
European
Society of
Pathology

35th European Congress of Pathology

*Pathology – a bridge between
Science and Medicine*

9–13 September 2023
CCD, Dublin, Ireland

www.esp-congress.org



Pulmonary Pathology
Working Group

THE EUROPEAN
LIQUID BIOPSY
SOCIETY

Symposium

« When the pathologists meet the liquid biopsy »

Confirmed speakers:

Catherine Alix-Panabières, *Montpellier, France*

Klaus Pantel, *Hambourg, Germany*

Fernando Lopez-Rios, *Madrid, Spain*

Umberto Malapelle, *Naples, Italy*

Paul Hofman, *Nice, France*

Dissemination & Education

Interactions with other societies



BIO Deutschland 
Liquid Biopsy Task Force



Interactions with other societies



Support Proposal :

- 🔥 **A major session for ELBS** at the Annual AACR Meeting
- 🔥 **Meeting on *Liquid Biopsy* –Specific topic-AACR meeting *ongoing***



- 🔥 **Setting up a **dedicated symposium** at the next European Congress of Pathology**

2023

Interactions with other societies



- 🔥 Ongoing discussions with its president to have collaborations & joined meetings.



- 🔥 ELBS members were part of the ctDNA guideline committee; guidelines have been published in 2022 (*Ann Oncol*)

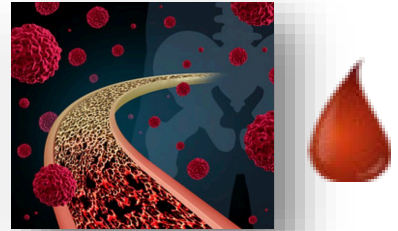
Interactions with other societies



Rienk Nieuwland, Director board – Executive chair
An Hendrix

🔥 Interaction : clinical part (ELBS) $\leftrightarrow$ protocols / biology (ISEV)

Interactions with pharma companies



Opportunity to set up a networking through ambitious projects with cancer patients



BOARD

Dissemination & Education



💧 Many **CONFERENCES / CONGRESSES** where ELBS is mentioned and presented !





Members in Europe



→ **8 NEW members in 2022** and 4 additional ones that are still being processed



Dissemination & Education



Q UALITY

U TILITY

E XOSOMES

BIOMARKER **S**

VALIDI **T** Y

L I QUID BIOPSY

CIRCULATING TUM **O** R CELLS

ctD **N** A

LIQUID BIOPSIE **S**

- How to quote ELBS in the scientific articles to make the Society visible on PubMed ?

General Assembly of the European Liquid Biopsy Society (ELBS)

28th of October 2022

Montpellier, France

Leads

Jean-Yves Pierga, France

Claus Lindbjerg Andersen, Denmark

Nikolas von Bubnoff, Germany

Christoffer Gebhardt, Germany

Overarching Aim: to facilitate initiation of clinical trials

Scheduled meeting frequency: Twice per year

Purpose of the meetings:

Planning of activities:

Overarching Aim: to facilitate initiation of clinical trials

Suggested activities:

Work to establish an ELBS knowledge-base – that can reduce the barriers associated with initiating trials

1. Establish an overview of ELBS clinical studies

Cancer type:

Patient population: incl. Sample size

Clinical setting: e.g. guiding neo adj therapy, guiding adjuvant therapy, monitoring response, risk stratified recurrence surveillance

Design: Randomized

Liquid biopsy assay: timing of liquid biopsy testing

Trial Intervention:

Primary objective:

Contact person:

Overarching Aim: to facilitate initiation of clinical trials

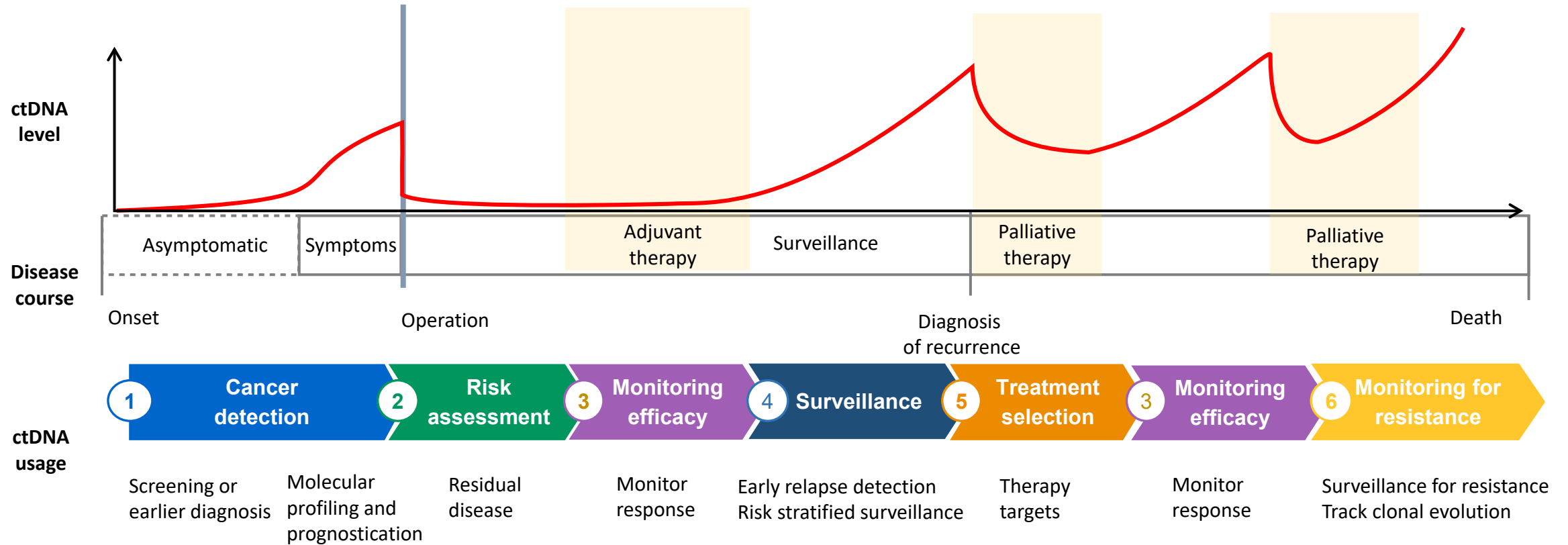
Activities:

Work to establish an ELBS knowledge-base – that can reduce the barriers associated with initiating trials

1. Establish an overview of ELBS clinical studies
2. Cancer type specific reviews – with overview of the clinical questions currently being addressed by liquid biopsy guided approaches - list the ongoing interventional clinical studies (in ELBS and rest of the world)

Example

potential to be used throughout the disease course



Stage II colon cancer

ACT is recommended for the subset of patients with high-risk clinicopathological features

- Despite only a modest survival benefit is conferred by ACT (<5%)
- Many patients with the features do not recur → de-escalation
- Some patients without the features do recur → escalation

Trial Name/Country	Patient Population	Sample Size	ctDNA Assay	Timing of ctDNA Testing	Trial Intervention	Primary Objective
SOCIETY						
DYNAMIC (ACTRN-12615000381583) Australia	Stage II colon cancer	450	Safe-SeqS	Week 4 and 7 post-op	Standard of care: clinician determined management (surveillance or adjuvant chemotherapy) based on standard clinicopathological features ctDNA-guided: ctDNA-positive → adjuvant chemotherapy; ctDNA-negative → surveillance	To demonstrate that an adjuvant therapy strategy based on post-op ctDNA results will reduce the number of patients receiving adjuvant chemotherapy without compromising recurrence-free survival
MEDOCC-CrEATE (NL6281/NTR6455) [80] Netherlands	Stage II colon cancer	1320	PGDx elio™	4–21 days post-op	Standard of care: surveillance ctDNA-guided: ctDNA-positive → 6 months of CAPOX; ctDNA-negative → surveillance	To investigate the willingness of patients to receive adjuvant chemotherapy after detection of ctDNA post-surgery
NRG GI-005 (COBRA) NCT04068103 [81] United States/Canada	Stage IIA colon cancer	1408	Guardant LUNAR-1™	Post-op	Standard of care: Surveillance ctDNA-guided: ctDNA-positive → adjuvant FOLFOX/CAPOX; ctDNA-negative → surveillance	- To compare the clearance of ctDNA between arms for the baseline ctDNA-positive patient at 6 months (phase II) - To compare median RFS between arms for the baseline ctDNA-positive patients at 6 months (phase III)
IMPROVE-IT Denmark	Stage I and II ctDNA positives	36	Tumor informed ddPCR	Post-op	ctDNA-positive patients randomized to: Standard of care: surveillance Experimental: adjuvant FOLFOX/CAPOX	To demonstrate that adjuvant therapy improves 3-year DFS and TTR for ctDNA positive patients
CIRCULATE AIO-KRK-0217 (NCT04089631) [82] Germany	Stage II colon cancer (MSS tumours)	4812	Not reported	Post-op	ctDNA-positive patients randomised to: Standard of care: surveillance Experimental: adjuvant chemotherapy (capecitabine or CAPOX)	To compare the disease-free survival in patients who are positive for postoperative ctDNA treated with or without adjuvant chemotherapy
CIRCULATE PRODIGE 70 (NCT04120701) [83] France	Stage II colon cancer	1980	ddPCR (2 methylated markers WIF1 and NPY)	Week 2–8 post-op	198 ctDNA-positive patients randomised to: Standard of care: surveillance Experimental: adjuvant FOLFOX	To demonstrate a 17.5% gain in 3-year DFS in post-op ctDNA-positive patients treated with adjuvant FOLFOX compared to observation alone

Adjuvant setting in breast cancer (en 2021)

PERSEVERE NCT04849364

Phase II, TNBC

Escalated Adj. Therapy

capecitabine + targeted agents
(targets: PARP, PD-L1, PIK3CA)

ARTEMIS

NCT04803539

Rand. phase II, TNBC

Escalated Adj. Therapy

capecitabine + anti-VEGFR2 + anti PD-1 vs
capecitabine

ZEST

NCT0491575

Turner, poster OT2-24-02

Rand. phase III, TNBC (/ER+ $BRCA_{mut}$)

LATE rescue therapy

Niraparib vs placebo

ASPRIA

NCT0491575

Phase II, TNBC (/ER+ $BRCA_{mut}$)

LATE rescue therapy

Sacituzumab-gov. + atezolizumab

DARE

NCT04567420

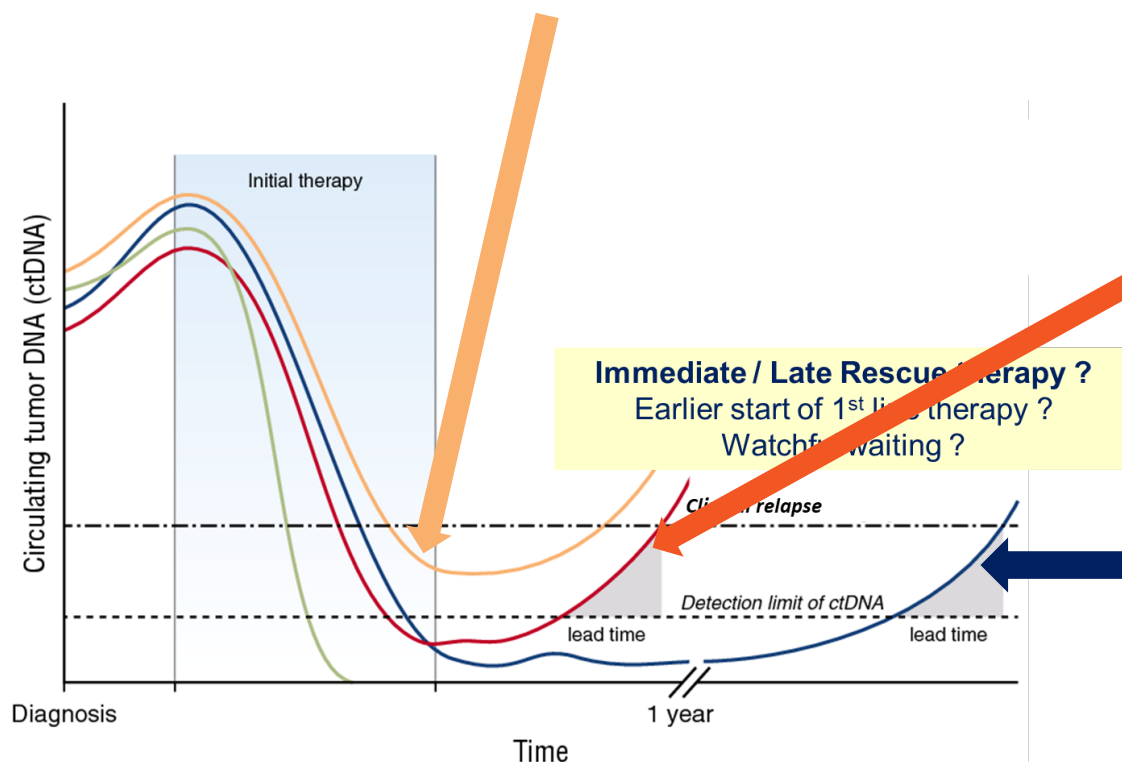
TRAK-ER

NCT04985266

Rand. phase II, ER+ HER2-

Earlier start of 1st line

FUL + PAL (vs cont'd adj. ET)



Is *delaying* the metastatic relapse enough ?

Table 3. Potential randomised clinical trial designs to establish the clinical utility of ctDNA as a marker of MRD and MR

Timing of ctDNA testing/intended use	Clinical context	Potential trial designs	Objectives/potential endpoints	Examples of ongoing trials
A few weeks after definitive treatment of primary tumour/guide adjuvant therapy	Disease type/stage with sufficiently high recurrence risk (for example >10%) but no or modest benefit with standard adjuvant treatment (e.g. stage II colon cancer, stage I NSCLC)	ctDNA-guided strategy design All patients randomised to: - Control (blinded to ctDNA result)—observation or standard chemotherapy based on standard pathologic features - ctDNA-guided—ctDNA-positive cases receive standard treatment; ctDNA-negative cases are observed	Potential dual objectives to demonstrate non-inferiority for relapse-free survival and reduction in treatment use with ctDNA-guided approach Endpoints - Number of patients treated with adjuvant treatment - Time-to-recurrence - Recurrence-free survival - Overall survival - QoL/QALY	Stage II colorectal - DYNAMIC (ACTRN-12615000381583) - MEDOC-CrEATE (NL6281/NTR6455) Rectal cancer - DYNAMIC-Rectal (ACTRN-12617001560381)
	Disease type/stage with established benefit with standard adjuvant treatment (e.g. stage III colon cancer, stage II/III NSCLC, breast cancer)	ctDNA-by-treatment interaction design ctDNA-positive patients randomised to: - Control: observation - Experimental: standard adjuvant treatment (if available) or novel therapy ctDNA-negative patients are: - Managed off trial OR - Observed on trial	Superiority of treatment compared with observation in ctDNA-positive patients Endpoints - ctDNA clearance rate - Time-to-recurrence - Recurrence-free survival - Overall survival	Stage II colorectal - CIRCULATE (NCT04089631) - CIRCULATE- PRODIGE 70 (NCT04120701) - COBRA (NCT04068103) - CIRCULATE Spain (EudraCT 2021-000507-20)
		ctDNA-guided strategy design All patients randomised to: - Control (blinded to ctDNA result)—standard adjuvant treatment - ctDNA-guided—ctDNA-positive cases receive escalated treatment or standard treatment; ctDNA-negative cases receive a de-intensified treatment regimen (e.g. single agent rather than combination chemotherapy, shorter duration, or no treatment)	Potential dual objectives to demonstrate non-inferiority for RFS and reduction in treatment use with ctDNA-guided approach Endpoints - Number of patients treated with adjuvant treatment - Time-to-recurrence - Recurrence-free survival - Overall survival - QoL/QALY	Bladder cancer - IMvigor011 (NCT04660344) Stage III +/- high-risk stage II colorectal - DYNAMIC-III (ACTRN-12617001566325) - TRACC (Part C) (NCT04050345)
		ctDNA-by-treatment interaction design ctDNA-positive patients randomised to: - Control: standard treatment - Experimental: standard treatment + novel therapy ctDNA-negative patients randomised to: - Control: standard treatment - Experimental: observation	ctDNA-positive: superiority of novel strategy compared with standard treatment ctDNA-negative: non-inferiority of observation compared with standard treatment Endpoints - ctDNA clearance rate - Time-to-recurrence - Recurrence-free survival - Overall survival	Stage II/III NSCLC - MERMAID-1 (NCT04385368) - ER+/HER2-BC - LEADER (NCT03285412) High-risk stage II/low-risk stage III colorectal - CIRCULATE JAPAN — VEGA (JRCT1031200006)

After completing standard adjuvant therapy or with molecular relapse monitoring	Disease type/stage with established adjuvant therapy	ctDNA-positive patients are randomised to: • Control: placebo/standard therapy • Experimental: novel therapy with emerging or established efficacy in the metastatic setting for that tumour type	Superiority of novel strategy compared with observation Endpoints • ctDNA clearance rate • Time-to-recurrence • Recurrence-free survival • Overall survival	HR+ HER2-BC • DARE (NCT04567420) • ZEST (NCT04915755) • TRAK-ER (NCT04985266) Triple-negative BC • c-TRAK-TN (NCT03145961) • ZEST (NCT04915755) Stage II/III colorectal • CIRCULATE JAPAN – ALTAIR (NCT04457297) • ACT-3 (NCT04259944) • NCT04486378
---	--	--	---	---

Continued

Timing of ctDNA testing/intended use	Clinical context	Potential trial designs	Objectives/potential endpoints	Examples of ongoing trials
During surveillance/ monitor for molecular relapse	Disease type/stage with established surveillance strategy	Patients randomised to: • Control: standard surveillance protocol with tumour markers and/or imaging • Experimental: ctDNA-guided surveillance—imaging only for patients with positive ctDNA during surveillance	Dual objectives to demonstrate non-inferiority of overall survival (or alternatively weaker survival endpoints) but reduction in imaging with ctDNA-guided surveillance and superiority in overall survival with ctDNA-guided surveillance Endpoints • Time to detection of recurrence • Percentage of patients undergoing curative intent resection of metastases (if applicable for the tumour type) • Overall survival	NSCLC • MERMAID-2 (NCT0464246) Stage III/high-risk stage II colorectal • IMPROVE-IT2 (NCT04084249)

BC, breast cancer; ctDNA, circulating tumour DNA; ER, oestrogen receptor; HER2, human epidermal growth factor receptor 2; HR, hormone receptor; MR, molecular relapse; MRD, molecular residual disease; NSCLC, non-small-cell lung cancer; QALY, quality-adjusted life-year; QoL, quality of life; RFS, recurrence-free survival.

Overarching Aim: to facilitate initiation of clinical trials

Suggested activities:

Work to establish an ELBS knowledge-base – that can reduce the barriers associated with initiating trials

1. Establish an overview of ELBS clinical studies
2. Cancer type specific reviews – with overview of the clinical questions currently being addressed by liquid biopsy guided approaches - list the ongoing interventional clinical studies (in ELBS and rest of the world)
3. Organize cancer type focused workshops focused at identifying new options for clinical trials

Initiative to facilitate initiation of clinical trials

Organize cancer type focused workshops aimed at

- 1) Identifying relevant clinical “burning” questions within each cancer type, which potentially can be addressed by liquid biopsies
- 2) Suggest trial design
- 3) Exchange practical experience
- 4) Identify suited liquid biopsy technologies
- 5) And so on

Overarching Aim: to facilitate initiation of clinical trials

Activities:

Work to establish an ELBS knowledge-base – that can reduce the barriers associated with initiating trials

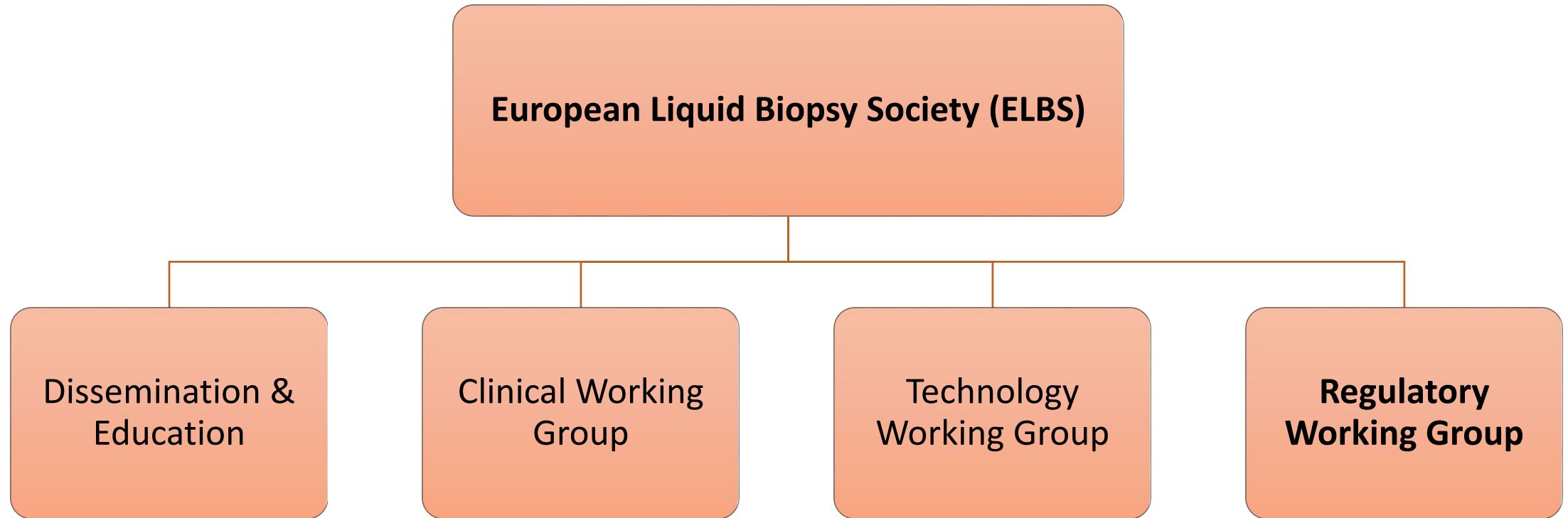
1. Establish an overview of ELBS clinical studies
2. Cancer type specific reviews – with overview of the clinical questions currently being addressed by liquid biopsy guided approaches - list the ongoing interventional clinical studies (in ELBS and rest of the world)
3. Organize cancer type focused workshops focused at identifying new options for clinical trials
4. Establish a platform for making - Study calls within the ELBS network
5. Other ideas from the ELBS members ? We are open to your proposals



General Assembly of the European Liquid Biopsy Society (ELBS)

28th of October 2022

Montpellier, France



Activities: Regulatory Working Group

Leads: ***Klaus Pantel***

exchange with regulatory
agencies (e.g. EMA, FDA)
and health care providers



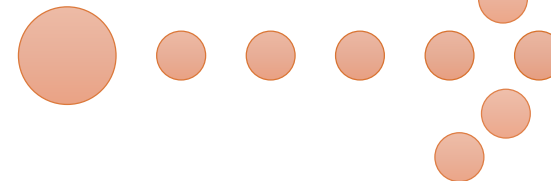
acquire knowledge on
regulatory terms and
conditions



input by health care
providers



liaison
between the
ELBS members
and regulatory
bodies



implementation and
reimbursement of liquid
biopsy assays in routine
clinical practice

Participants:

- Primarily industry ELBS members (BI, Guardant, Sysmex, Bayer) but also a few academic partners (University Medical Center Groningen, IRCCS Istituto Nazionale Tumori Regina Elena, Rome)

Talking points:

- **Identification of needs:**

What are the ELBS members needs in the regulatory realm?
How can the ELBS provide support?

- **Determination of goals:**

Discussion of short and long term goals of the Regulatory WG.
Who will be in the lead for each task/goal?
What can be achieved and when (time schedule)?

- **Organization of the RWG:**

Should meetings be open to all members or take place in smaller groups?
Meeting frequency
Determining a Co-Lead for the RWG.
Who is missing from the table? Who else should we involve?

Determination of goals: Discussion of short and long term goals of the Regulatory WG.

- Reach out to regulatory agencies (FDA, NIH/EMA) and ask to be represented at the workshops they organize (as attendants but also as speakers)
- Apart from regulatory approval, involvement of additional stake holders (EQA providers, standard providers, insurance companies, clinicians) will be necessary. Especially insurance companies should be involved early on in this process.
- ELBS will initiate contact to key players in various European countries to gain a multinational perspective on regulatory requirements and align with existing initiatives (e.g. BioDeutschland e.V., COIN consortium, VDPH, etc.). To do so, we will map the activities currently taking place.
- 1st years goal should be to have established 1-2 formal partnerships
- Together we will try to establish a framework/ a harmonization of criteria (technical, clinical, regulatory, reimbursement steps) necessary to bring liquid biopsy tests into clinical practice

Organization of the RWG:

Should meetings be open to all members or take place in smaller groups?

- Initially, the group will remain intimate to facilitate exchange. As soon as something tangible has been achieved (possibly mid-year) a larger meeting to inform all members and receive feedback and input is envisaged (around 2h workshop).

Determining a Co-Lead for the RWG.

- A combination of an academic and an industry partner might be preferable. Please think about who would be suitable and interested in taking up this role.

Who is missing from the table? Who else should we involve?

- Apart from the partners mentioned above: Potentially pathology and clinical societies
- Additional clinicians

Internationale Initiativen

European Liquid Biopsy Society (ELBS)



Das ELBS-Netzwerk ist eine Partnerschaft von aktuell 60 Mitgliedern aus akademischer Wissenschaft und Industrie mit dem erklärten Ziel, die Flüssigbiopsie („Liquid Biopsy“) von einem dynamischen akademischen Feld in die klinische Routine zu begleiten. Unter dem Begriff Liquid Biopsy möchte das ELBS-Netzwerk folgende minimalinvasive Diagnostik einschließen: Untersuchungen an Blut, Knochenmark, Urin, Stuhl, Liquor, bronchoalveoläre Lavage, Pleuraflüssigkeit sowie an aus diesen Materialien isolierten Zellen und zellfreien Bestandteilen (z. B. Exosomen, zellfreie Nukleinsäuren, Thrombozyten). Die Anwendungsbereiche der Liquid Biopsy sind u. a. Krebsdiagnostik, Pränataldiagnostik, Transplantationsmedizin und Infektionsdiagnostik, wobei der aktuelle Hauptfokus des ELBS-Konsortiums im Bereich Onkologie anzusiedeln ist.

Das ELBS-Konsortium wurde aus dem EU-IMI-Projekt „CANCER-ID“ (2015–2019) fortentwickelt. Ziel dieses Projekts war die Etablierung von Standardprotokollen für die klinische Validierung von Liquid-Biopsy-Methoden, das sich in mehr als 50 gemeinsamen wissenschaftlichen Publikationen des Konsortiums in renommierten Fachzeitschriften manifestierte. Prof. Dr. med. Klaus Pantel, der wissenschaftliche Koordinator des CANCER-ID-Konsortiums, sah einen wichtigen Meilenstein des CANCER-ID-Projekts darin, das bestehende Netzwerk auch über das Projektende 2019 hinaus zu erhalten und weiter auszubauen. Dieses Ziel wurde mit der Gründung der ELBS erreicht und vonseiten der EU-IMI-Behörde sehr begrüßt. Letzteres wurde in einer kürzlich erschienenen Stellungnahme der Innovative Health Initiative (IHI) zu den Errungenschaften des CANCER-ID-Projekts zementiert, indem die ELBS als das Vermächtnis („legacy“) des Projekts betitelt wurde (<https://www.ihi.europa.eu/projects-results/project-factsheets/cancer-id>).

Das ELBS-Netzwerk ist national und international ausgerichtet und fördert den Austausch zwischen akademischen, industriellen und klinischen Bereichen sowie dem Gesundheitssystem und regulatorischen Behörden. Hierzu werden Experten aus akademischer und klinischer Forschung, innovative kleine und mittlere Unternehmen (KMU), Diagnostikunternehmen und die pharmazeutische Industrie

zusammengeführt, was einen einzigartigen Rahmen für die Translation unterschiedlicher Anwendungen der Flüssigbiopsie in die Klinik bietet. Überdies fördert das Netzwerk die Entwicklung standardisierter Richtlinien sowie Schulungen im Bereich „Liquid Biopsy“ für Ärztinnen und Ärzte sowie Forschern und Forscherinnen aus naheliegenden Disziplinen. Darüber hinaus lanciert das Netzwerk auch unter Einbeziehung Dritter die Öffentlichkeitsarbeit für das Thema „Liquid Biopsy“ beispielsweise durch Initiierung von Symposien, Vorträgen sowie Pressearbeit. Die Vernetzung mit anderen Akteuren in diesem Feld, wie der International Liquid Biopsy Standardization Alliance (ILSA), koordiniert durch die US-amerikanische Foundation of the National Institute of Health (NIH) sowie BIO Deutschland und andere, stellt eine wichtige Komponente auf dem gemeinsamen Weg zur klinischen Implementierung der „Liquid Biopsy“ dar.

Die unterschiedlichen Bereiche, in denen sich das ELBS-Konsortium bewegt, werden in vier Arbeitsgruppen (AG) gegliedert (Dissemination/Weiterbildungs AG, Klinische AG, Technologische AG, Regulatorische AG). Die Arbeitsgruppen sind für alle Mitglieder offen und ihre Aktivitäten werden von AG-Leitenden angeleitet und den Teilnehmern aktiv mitgestaltet. Regelmäßige Treffen der einzelnen Gruppen sowie eine jährliche Generalversammlung lassen das ELBS-Netzwerk dynamisch und interaktiv agieren.

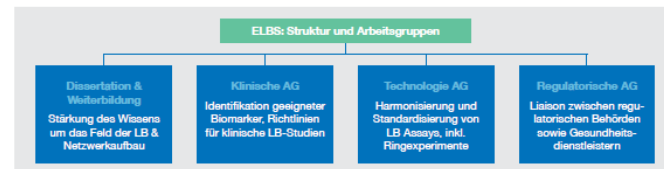
Weitere Informationen erhalten Sie auf der ELBS-Website (www.elbs.eu).

Bei Fragen, Ideen zu Projekten und Vernetzungen oder Interesse an einer Mitgliedschaft wenden Sie sich gerne an die Projektmanagerin der ELBS, Claudia Koch (c.koch@uke.de).

Kontaktinformationen:

Vorsitzender der ELBS: Prof. Dr. med. Klaus Pantel (pantel@uke.de), Leiter des Instituts für Tumorphysiologie des Universitätsklinikums Hamburg-Eppendorf

Projektmanagerin der ELBS: Claudia Koch (c.koch@uke.de), Tel.: +49 (0)15222830566, Universitätsklinikum Hamburg-Eppendorf



Internationale Initiativen

Liquid Biopsy-Initiative in den USA (BLOODPAC)



The Blood Profiling Atlas in Cancer (BLOODPAC) Consortium was launched as a commitment to the White House Cancer Moonshot to accelerate the development, validation, and clinical use of liquid biopsy assays to better inform medical decisions and improve cancer patient care and outcomes. In February 2017, BLOODPAC became an independent non-profit consortium.

With input from regulatory, industry, and academic institutions, the BLOODPAC Consortium established that many of the challenges in the broader field of liquid biopsy resulted from a lack of collaboration, not any limitations of technology platforms or stalled science. To address this challenge, BLOODPAC established a collaborative infrastructure to develop standards and best practices, organize and coordinate research studies through its members and operate a Data Commons which supports the exchange of raw and processed data generated by the liquid biopsy research community.

BLOODPAC is entirely collaborator funded and driven. Today, there are over 60 participating members working together above brand and across platforms in service of BLOODPAC's mission. Each of BLOODPAC's consortium members participates in working groups focused on aligning around frameworks for evidence generation to bring liquid biopsy into routine clinical practice, accelerate approval through stakeholder engagement and create a Data Commons to serve all stakeholders within the liquid biopsy community.

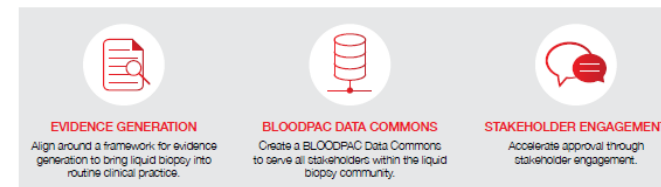
In addition, BLOODPAC works collaboratively with all stakeholders in the field to broaden awareness, implement suggested guidelines, and establish a wider chain of feedback and discussion in the community. BLOODPAC's unique approach to collaboration in the field has led to the organization's success and helps to guide our work into the future.

Das Konsortium Blood Profiling Atlas in Cancer (BLOODPAC) wurde als Verpflichtung gegenüber dem Weißen Haus ins Leben gerufen, um Entwicklung, Validierung und klinische Anwendung von Liquid Biopsy-Tests zu beschleunigen, faktenbasierte Entscheidungen zu unterstützen und die Versorgung von Krebspatienten sowie therapeutische Ergebnisse zu verbessern. Im Februar 2017 wurde BLOODPAC zu einem unabhängigen gemeinnützigen Konsortium.

Anhand der Beiträge aus Behörden, Industrie und akademischen Einrichtungen konstatierte das BLOODPAC-Konsortium, dass viele der Herausforderungen auf dem Gebiet der Liquid Biopsy auf mangelnde Zusammenarbeit zurückgehen – und nicht etwa auf technologische Beschränkungen oder festgefahrene Wissenschaft. Um diese Herausforderung zu bewältigen, hat BLOODPAC eine gemeinsame Infrastruktur geschaffen: Dort werden Standards und bewährte Verfahren entwickelt, Forschungsstudien organisiert und koordiniert und Data Commons, d. h. der Austausch von Rohdaten sowie verarbeiteten Daten aus der Liquid Biopsy-Forschung, unterstützt.

BLOODPAC wird ausschließlich von seinen Mitgliedern finanziert und betrieben. Heute gibt es über 60 teilnehmende Mitglieder, die plattformübergreifend BLOODPACs Zielstellungen verfolgen. Jedes Mitglied des BLOODPAC-Konsortiums nimmt an Arbeitsgruppen teil, die sich um die Angleichung des Rahmenwerks für die Generierung von Evidenz bemühen, um das Verfahren der Liquid Biopsy in der klinischen Routine zu etablieren, dessen Zulassung durch Einbindung von Stakeholdern zu beschleunigen und Data Commons zu schaffen, die allen Interessengruppen der Liquid Biopsy-Gemeinschaft dienen.

Darüber hinaus arbeitet BLOODPAC mit allen Interessengruppen zusammen, um das Bewusstsein zu schärfen, vorgeschlagene Richtlinien zu implementieren und eine breitere Kette von Feedback und Diskussion in der Gemeinschaft einzurichten. Der einzigartige Ansatz von BLOODPAC in diesem Bereich hat den Erfolg der Organisation bewirkt und trägt dazu bei, unsere Arbeit in die Zukunft zu führen.

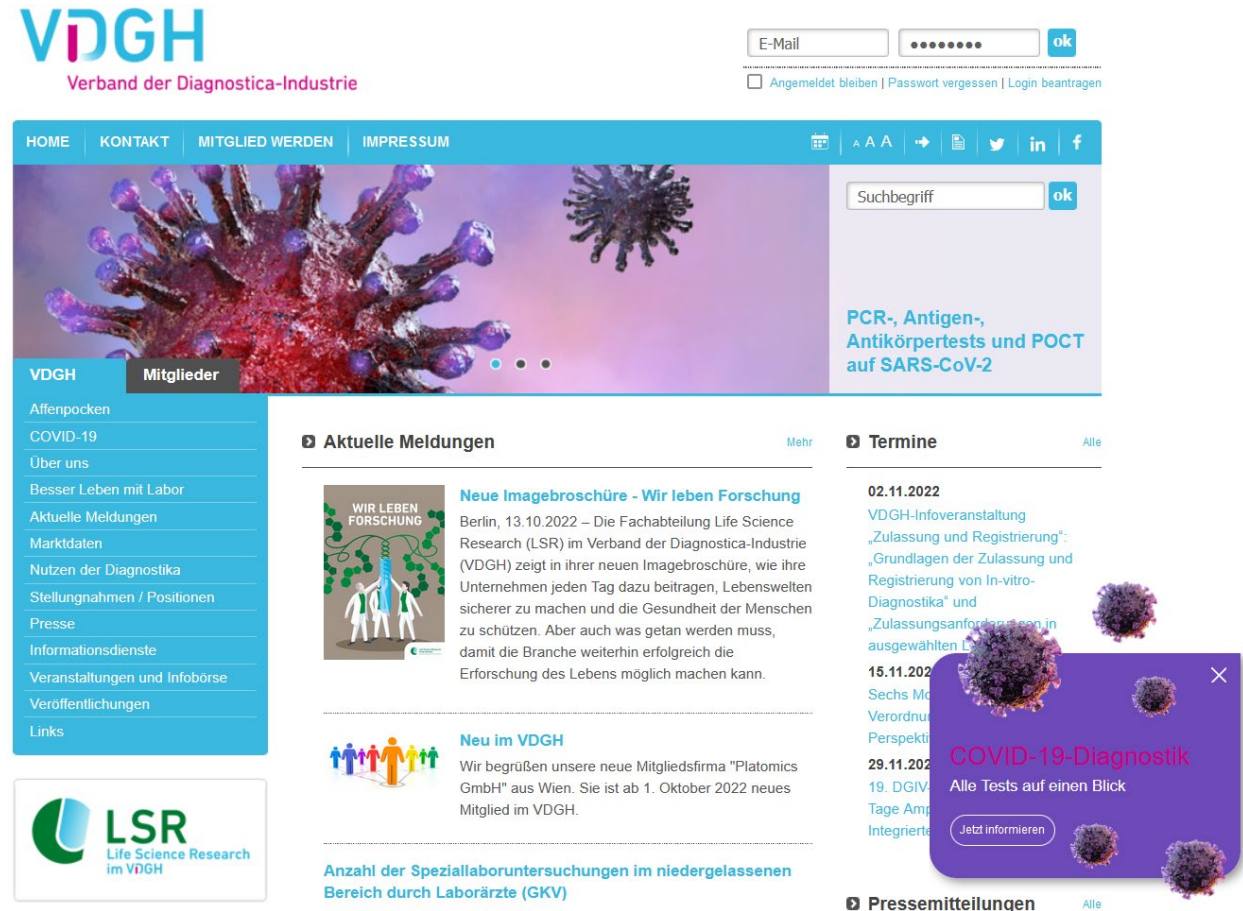


Download Link:

<https://www.biodeutschland.org/de/nachrichten/neue-broschuere-zu-liquid-biopsy-in-der-krebsmedizin-erschienen.html>

VDGH: Verband der Diagnostica-Industrie

- Sector association of the diagnostical and life-science industry in Germany (> 100 members)
- Goal: improve preventative and curative medical treatment for patients
- Provide a forum for exchange and problem solving
- VDPGH exchanges with key opinion leaders of the field (regulatory, governmental) in the interest of their members
- Connections to the new **Task Force Liquid Biopsy**
- **AIM :**
co-create a position paper on liquid biopsy



The screenshot shows the VDPGH website. At the top, there is a logo for VDPGH (Verband der Diagnostica-Industrie) and a search bar. Below the logo, there is a navigation menu with links: HOME, KONTAKT, MITGLIED WERDEN, IMPRESSUM. A sidebar on the left lists various topics: Affenpocken, COVID-19, Über uns, Besser Leben mit Labor, Aktuelle Meldungen, Marktdaten, Nutzen der Diagnostika, Stellungnahmen / Positionen, Presse, Informationsdienste, Veranstaltungen und Infobörse, Veröffentlichungen, Links. The main content area features a large image of a virus and a search bar. Below this, there are sections for 'Aktuelle Meldungen' (Current News) and 'Termine' (Events). The 'Aktuelle Meldungen' section includes a news item titled 'Neue Imagebroschüre - Wir leben Forschung' and another titled 'Neu im VDPGH'. The 'Termine' section lists events for 02.11.2022 and 15.11.2022. A 'COVID-19-Diagnostik' banner is also visible at the bottom right.

Suggested next steps and interim goals:

- Plan additional meeting of the Regulatory Working Group in Q1 of 2023
- Move forward on a strategy for treatment selection in advanced cancer
- Develop a catalogue of criteria necessary for the reimbursement of liquid biopsy assays in clinical routine internally
- Discuss this catalogue together with EU representatives (EMA/EC) as well as national regulatory agencies and health care providers

Call for action:

- If you would like to be involved in this effort – please let us know