Session 5 - Precision Medicine Initiatives

Networks for Delivering Precision Oncology: the case of IPO Porto

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Conflict of interest statement

Concerning the content of this presentation I have no conflicts of interest to disclose

AI use disclosure

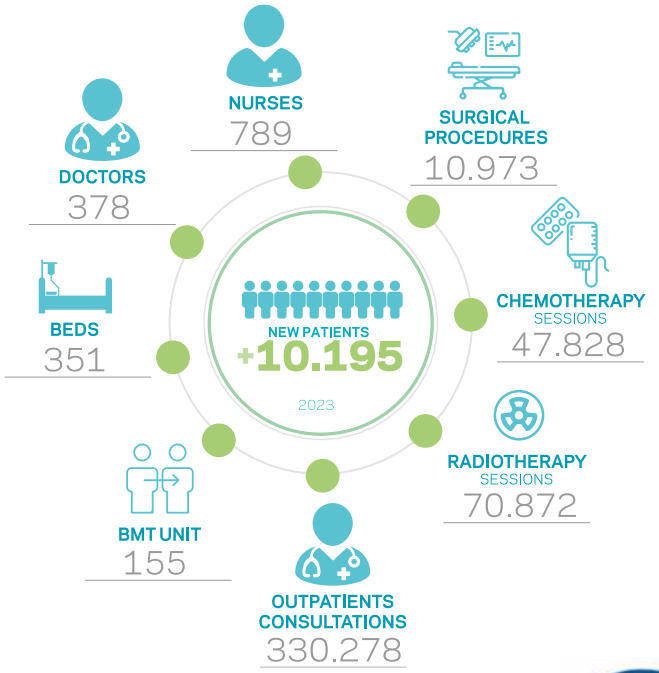
Some slides of this presentation were partially prepared with the assistance of an AI tool (Microsoft Copilot)

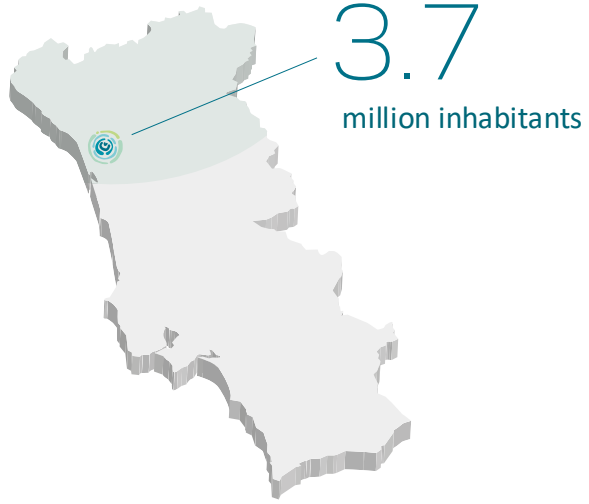
Networks for Delivering Precision Oncology

IPO Porto & Porto Comprehensive Cancer Center (Porto.CCC)

- IPO Porto is an institution of the Portuguese National Health Service (SNS) devoted to cancer treatment, research and education/training, that in consortium with the Institute for Investigation and Innovation in Health (i3S) constitutes the **Porto Comprehensive Cancer Center** "Raquel Seruca"







- **Reference Center** for highly specialized healthcare of 9 cancer types
- **European Reference Networks (Genturis, eUROGEN, EURACAN, PAEDCAN…)**
- **2019: qualified for CAR-T cells therapy**

PORTO. PORTO COMPREHENSIVE CANCER CENTRE RAQUEL SERUCA

Networks for Delivering Precision Oncology

The IPO Porto Precision Oncology Program (POP-IPOP) and Molecular Tumor Board

Precision Oncology Program of IPO Porto (POP-IPOP) & Molecular Tumor Board (MTB)
(Protocol Version 1.0; 06 january 2021)

Single-site, tumor type-agnostic, prospective observational study

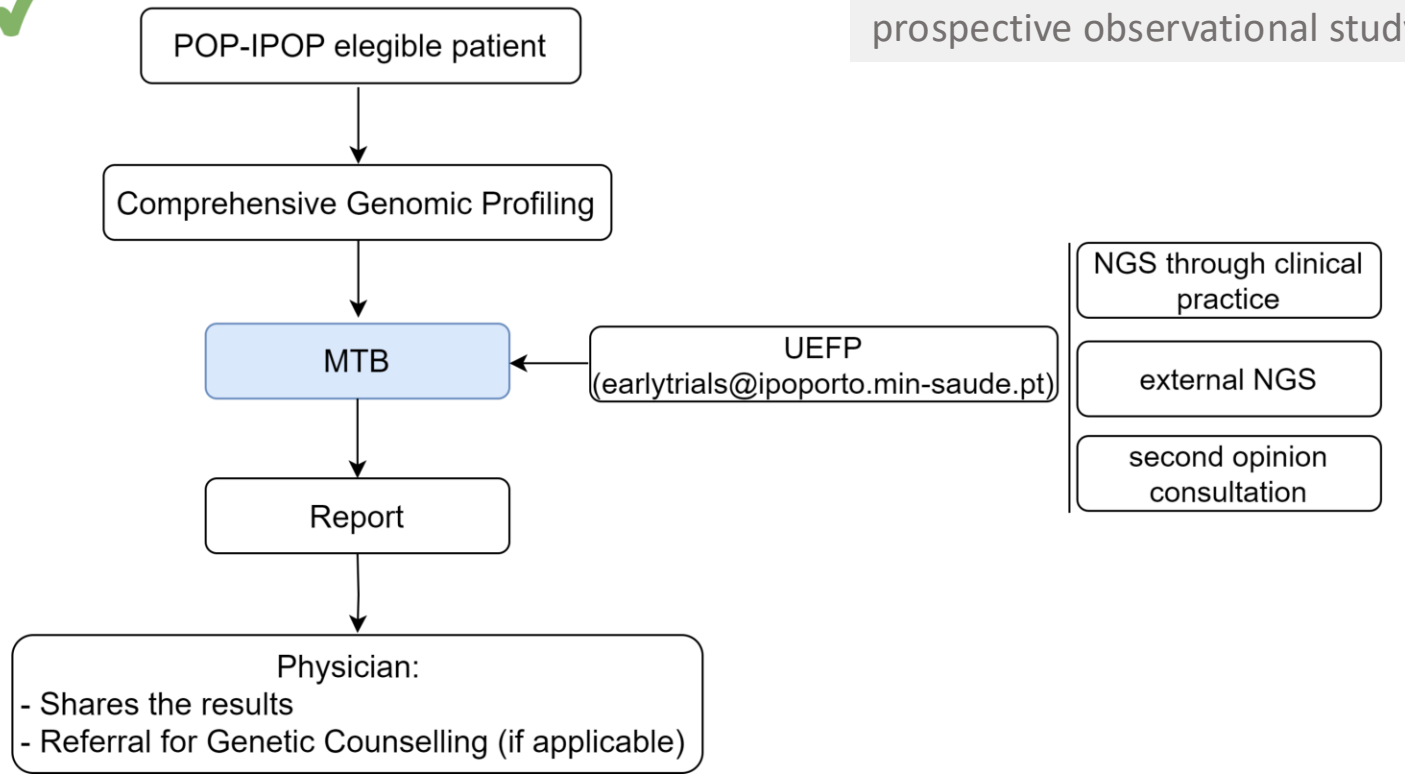
Inclusion criteria:

1. Patients with pathologically confirmed diagnosis of solid or hematological malignancy, included in one of the following groups:
- **1.1.** Advanced/metastatic rare cancer;
- **1.2.** Initiated the last line of standard systemic treatment OR with no SoC treatment available;

2. Mandatory availability of adequate human biological material;

3. Life expectancy of at least 6 months;

4. Patients capable of giving signed informed consent;

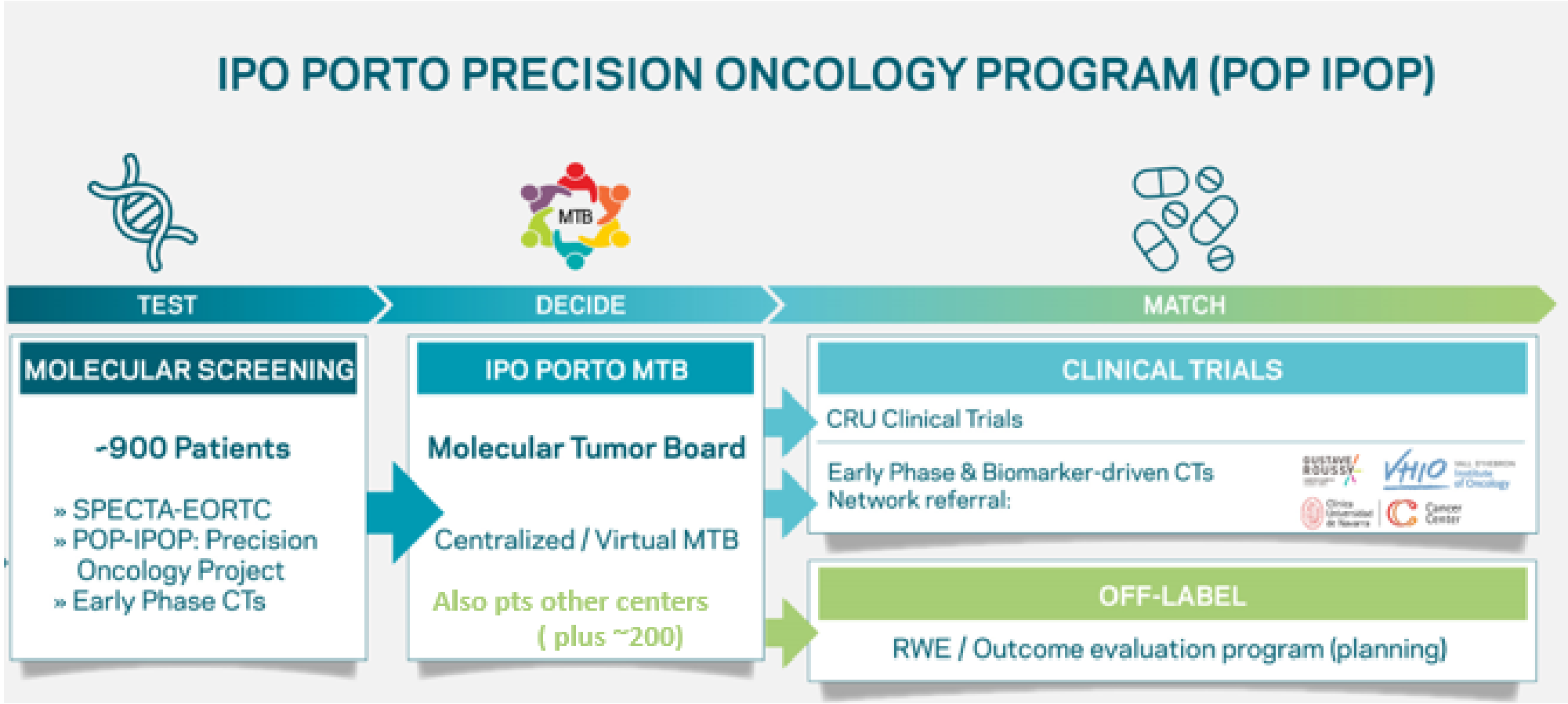


Main aim: to evaluate the feasibility of using molecular profile-based evidence to support individualized cancer therapy for adult and pediatric patients with advanced/refractory, rare or hard-to-treat cancers

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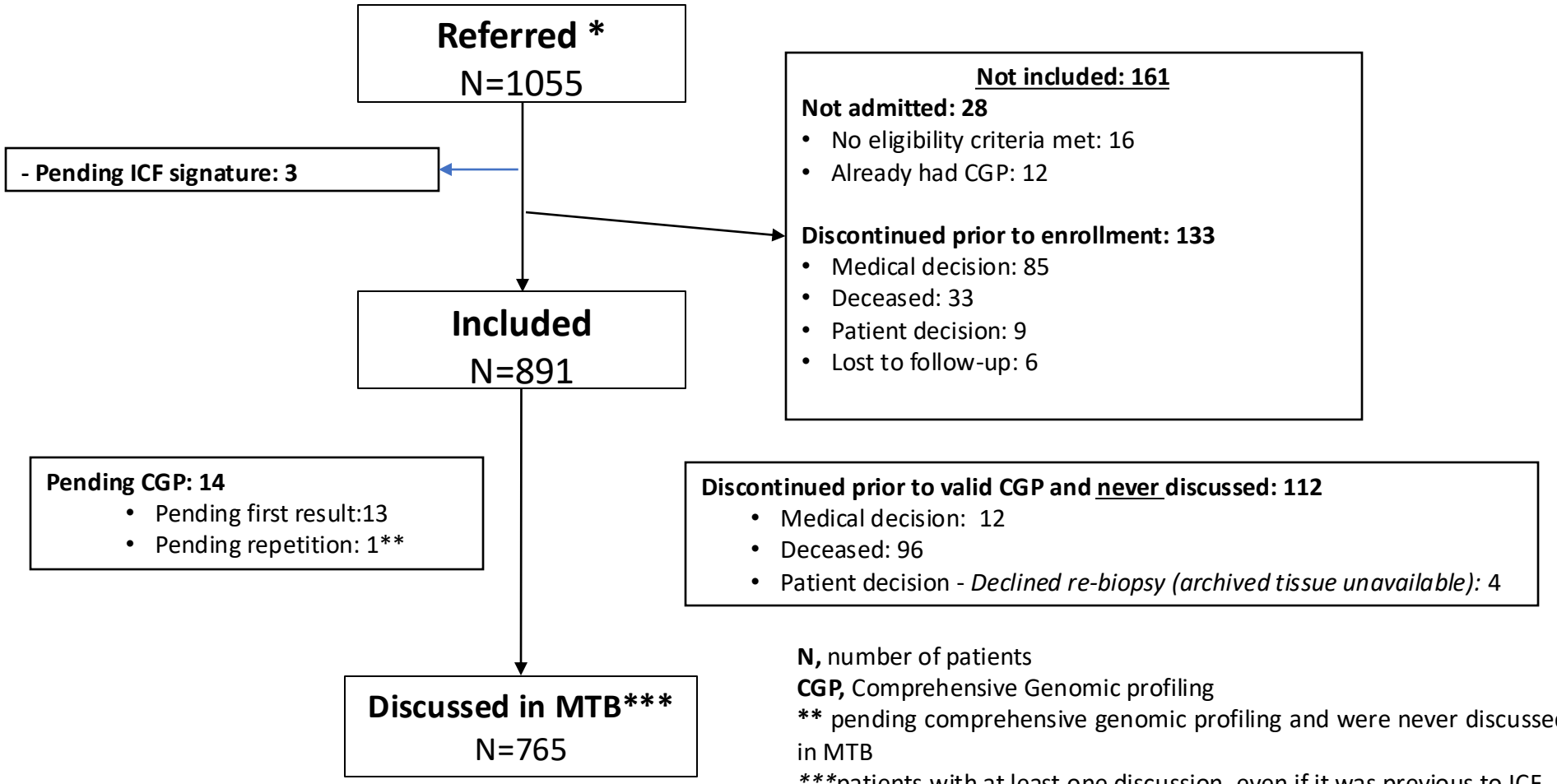
Networks for Delivering Precision Oncology

The IPO Porto Precision Oncology Program (POP-IPOP) and Molecular Tumor Board



Networks for Delivering Precision Oncology

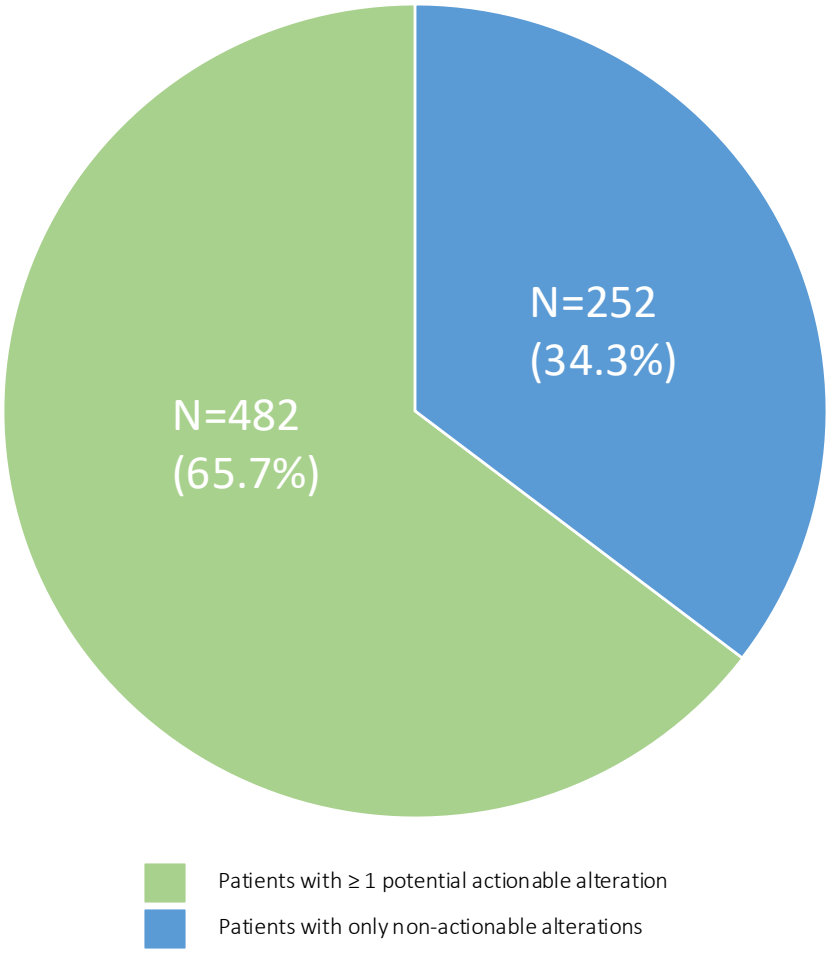
The IPO Porto Precision Oncology Program (POP-IPOP) and Molecular Tumor Board
Preliminary results (Jan. 2021 – Dec.2025)



N, number of patients
CGP, Comprehensive Genomic profiling
** pending comprehensive genomic profiling and were never discussed in MTB
***patients with at least one discussion, even if it was previous to ICF

Networks for Delivering Precision Oncology

The IPO Porto Precision Oncology Program (POP-IPOP) and Molecular Tumor Board
Preliminary results (Jan. 2021 – Dec.2025)



Total number of **PPA events** detected in each genomic category.

Alteration group	Total PPAs* Identified
Small variant	497 (67.2%)
Genomic signature	103 (13.9%)
Copy number variation	99 (13.4%)
Fusion	38 (5.2%)
Splice variant	3 (0.4%)
N total	740

Note: *the number alterations does not represent unique biological variants, as multiple PPAs may occur within the same gene or fusion family.*

*** PPAs:** Pathogenic Potentially Actionable alterations
***PNAs:** Pathogenic non-actionable alterations

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Networks for Delivering Precision Oncology

The IPO Porto Precision Oncology Program (POP-IPOP) and Molecular Tumor Board

Preliminary results (Jan. 2021 – Dec.2025)

	Patients, N (%)
Patients discussed by the MTB	765 (100%)
Patients with ≥1 therapeutic recommendation*	158 (20.7%)
Patients who followed the MTB recommendation	59 (37.3%)
Patients treated as per MTB recommendation among all discussed patients	59 (7.7%)

***therapeutic recomendations:**

- Genomic biomarker-driven
- Non-genomic biomarker-driven
- Clinical practice/guidelines-based
- Specific clinical trial

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Networks for Delivering Precision Oncology

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2024, VOL. 63, 1–6
https://doi.org/10.2340/1651-226X.2024.34791

MJS PUBLISHING

SHORT REPORT

PCM4EU and PRIME-ROSE: collaboration for implementation of precision cancer medicine in Europe

Kjetil Taskén[a], Soemeya F. Haj Mohammad[b*], Gro Live Fagereng[a*], Ragnhild Sørum Falk[c], Åslaug Helland[d], Sahar Barjesteh van Waalwijk van Doorn-Khosrovani[e], Katarina Steen Carlsson[f], Bettina Ryll[g], Katriina Jalkanen[h], Anders Edsjö[i], Hege G. Russnes[j], Ulrik Lassen[k], Ebba Hallersjö Hult[g], Iwona Lugowska[l], Jean-Yves Blay[m], Loic Verlingue[m], Edvard Abel[n,o], Maeve A. Lowery[p], Matthew. G. Krebs[q], Kristoffer Staal Rohrberg[k], Kristiina Ojamaa[r], Julio Oliveira[s], Henk Verheul[t], Emile Voest[u], and Hans Gelderblom[v]

[a]Institute for Cancer Research, Oslo University Hospital, Oslo, Norway; [b]Department of Medical Oncology, Leiden University Medical Centre; [c]Oslo Center for Biostatistics and Epidemiology, Oslo University Hospital; [d]Division of Cancer Medicine, Oslo University Hospital, Oslo, Norway; [e]Department of Medical Oncology, Leiden University Medical Centre, CZ Health Insurance; [f]Swedish Institute for Health Economics; [g]Stockholm School of Economics Institute for Research; [h]Clinical Trial Unit, Comprehensive Cancer Centre, Helsinki University Hospital; [i]Department of Clinical Genetics, Pathology and Molecular Diagnostics, Region Skåne; [j]Department of Pathology and Institute for Cancer Research, Oslo University Hospital; [k]Department of Oncology, Rigshospitalet, Copenhagen University Hospital; [l]Maria Sklodowska-Curie Institute of Oncology; [m]Centre Leon Berard; [n]Department of Oncology, Institute of Clinical Sciences, Sahlgrenska Academy at University of Gothenburg; [o]Department of Oncology, Sahlgrenska University Hospital; [p]Trinity St James Cancer Institute, Trinity College, Dublin; [q]Division of Cancer Sciences, The University of Manchester and The Christie NHS Foundation Trust, Manchester, UK; [r]Head of Hematology-Oncology Clinic at Tartu University Hospital; [s]Instituto Português de Oncologia do Porto FG; [t]Department of Medical Oncology, Erasmus MC Cancer Institute; [u]Department of Molecular Oncology & Immunology, Netherlands Cancer Institute; [v]Department of Medical Oncology, Leiden University Medical Centre

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Networks for Delivering Precision Oncology

PCM4EU
Personalised Cancer Medicine for all EU Citizens

PRIME-ROSE
Precision Cancer Medicine Repurposing System Using Pragmatic Clinical Trials

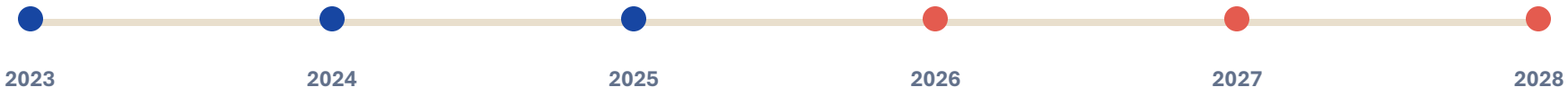
PCM4EU establishes the implementation foundation; PRIME-ROSE carries it into pragmatic evidence and routine adoption.

Genomic diagnostics • molecular tumour boards • access models • training

PCM4EU — IMPLEMENTATION FOUNDATION

PRIME-ROSE — PRAGMATIC EVIDENCE + SCALE

Data aggregation • synthetic controls • expansion cohorts • implementation



€3.68m
PCM4EU overall budget

€5.97m
PRIME-ROSE EU-funded cost

15 → 19
countries represented

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Networks for Delivering Precision Oncology

PCM4EU
Personalised Cancer Medicine for all EU Citizens

PRIME-ROSE
Precision Cancer Medicine Repurposing System Using Pragmatic Clinical Trials

- **The shared objetive is implementation, not just discovery**
- **Both projects address the same broken chain: molecular insight only helps when patients can reach diagnostics, interpretation, treatment and evidence generation.**

01

Molecular diagnostics

Detect actionable tumour alterations

→

02

Expert interpretation

Translate data through molecular tumour boards

→

03

Matched treatment

Reach targeted and repurposed medicines

→

04

Learning system

Feed outcomes back into evidence and practice

THE BARRIER

Unequal access between and within European countries

Diagnostics, trial access, reimbursement, expertise and data interoperability all determine whether PCM reaches routine care.

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Networks for Delivering Precision Oncology

PCM4EU
Personalised Cancer Medicine for all EU Citizens

Main goal: Turning practice into a transferable model

SCALE

17
partner institutions

15
European countries

LUMC
coordinator

€2.94m EU contribution

IMPLEMENTATION ARCHITECTURE

01 — **Diagnostics standards**
Guidance for molecular assays and interpretation

02 — **Decision support**
Harmonised molecular and clinical data review

03 — **Cross-border access**
Extend DRUP-like pragmatic trial capability

04 — **Capability building**
Education, virtual tumour boards and policy dialogue

Foundation logic **Codify → connect → train → transfer**

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Networks for Delivering Precision Oncology

PCM4EU
Personalised Cancer Medicine for all EU Citizens

Main result: An implementation toolkit

The project's value is cumulative: standards, a mapped European landscape, implementation recommendations and a trained network.

MAY 2024

Diagnostics guidance

White paper on molecular assays and molecular tumour boards for study inclusion.

NOV 2024

Network consolidation

Final consortium conference in Leiden linked partners and implementation experience.

APR 2025

Implementation report

European precision-cancer-medicine implementation report launched in Stockholm.

2025

Landscape assessment

Comprehensive EU assessment published in ESMO Open, turning country evidence into priorities.

NETWORK CAPABILITY

Academies

Virtual MTBs Interactive sessions

Podcasts

Networks for Delivering Precision Oncology

PCM4EU
Personalised Cancer Medicine for all EU Citizens

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ESMO OPEN SCIENCE FOR OPTIMAL CANCER CARE

ORIGINAL ARTICLE

A comprehensive assessment of the existing landscape of personalized cancer medicine in the European Union, on behalf of the PCM4EU consortium

S. F. Haj Mohammad[1], H. van der Pol[1,2], E. Vrdoljak[3], U. Lassen[4], K. Ojamaa[5], K. Jalkanen[6], L. Verlingue[7], A. Stenzinger[8], A. Patócs[9], G. Curigliano[10,11], E. Baltruškevičienė[12], Å. Helland[13,14], H. G. Russnes[13,14,15], I. Ługowska[16], B. Mainoli[17], A. Edsjö[18], E. Lonardi[19], K. Taskén[13,14] & H. Gelderblom[1*]

Table 2. Combined use of biomarker testing techniques

	IHC	FISH	PCR	MSI	NGS panel (small)	NGS panel (large)	RNAseq (targeted)	RNAseq (full)	WES	WGS	Genomic assay	Liquid biopsy	TMB
Croatia	Always	Never	For research purposes	Usually	Usually	Occasionally	Never	Not available	Not available	Not available	Occasionally	Occasionally	Occasionally
Denmark	Always	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	For research purposes	Occasionally	For research purposes	Occasionally	Occasionally
Estonia	Always	Usually	Usually	Usually	Never	Usually	Occasionally	Not available	Not available	Not available	Occasionally	Occasionally	Usually
Finland	Always	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	For research purposes	For research purposes	For research purposes	For research purposes	For research purposes	Occasionally	Occasionally
France	Always	Occasionally	Occasionally	Usually	Usually	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	For research purposes	Occasionally	Occasionally
Germany	Usually	Usually	Usually	Usually	Usually	Occasionally	Occasionally	For research purposes	For research purposes	For research purposes	For research purposes	Occasionally	Occasionally
Hungary	Always	Occasionally	Usually	Usually	Usually	Occasionally	Occasionally	For research purposes	Never	Never	For research purposes	Occasionally	Occasionally
Italy	Always	Always	Always	Always	Usually	Occasionally	Occasionally	For research purposes	For research purposes	For research purposes	Always	Occasionally	Occasionally
Lithuania	Always	Always	Usually	Occasionally	Occasionally	Never	Not available	Not available	Not available	Not available	Occasionally	Never	Never
The Netherlands	Always	Occasionally	Never	Occasionally	Always	Occasionally	Occasionally	Never	For research purposes	For research purposes	Never	For research purposes	Occasionally
Norway	Always	Always	Always	Occasionally	Always	Occasionally	Occasionally	For research purposes	For research purposes	For research purposes	Occasionally	For research purposes	Occasionally
Poland	Usually	Occasionally	Usually	Occasionally	Occasionally	For research purposes	Occasionally	Occasionally	For research purposes	For research purposes	Occasionally	For research purposes	For research purposes
Portugal	Usually	Occasionally	Occasionally	Usually	Occasionally	Occasionally	For research purposes	For research purposes	For research purposes	For research purposes	For research purposes	Occasionally	For research purposes
Sweden	Always	Occasionally	Occasionally	Occasionally	Occasionally	Usually	Occasionally	For research purposes	For research purposes	For research purposes	For research purposes	For research purposes	Occasionally

IHC, immunohistochemistry; large, >50 genes; MSI, microsatellite instability; NGS, next-generation sequencing; PCR, polymerase chain reaction; RNAseq, RNA sequencing; small, <50 genes; TMB, tumor mutational burden; WES, whole-exome sequencing; WGS, whole-genome sequencing.

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Networks for Delivering Precision Oncology

PRIME-ROSE
Precision Cancer Medicine Repurposing System Using Pragmatic Clinical Trials

The project is organized as an evidence engine, with six linked work packages that move from shared data to clinical evidence and adoption.

WP7
PROJECT MANAGEMENT
coordination with national initiatives

WP1	**Data aggregation**	Common evidence base
WP2	**Control cohorts**	Synthetic comparators
WP3	**Expansion cohorts**	Refined biomarkers + endpoints
WP4	**Drug repurposing**	Early access + off-label pathways
WP5	**EU implementation**	Decision-ready documentation
WP6	**Social innovation**	Patient-relevant outcomes

WP8
DISSEMINATION
stakeholders
outputs
engagement

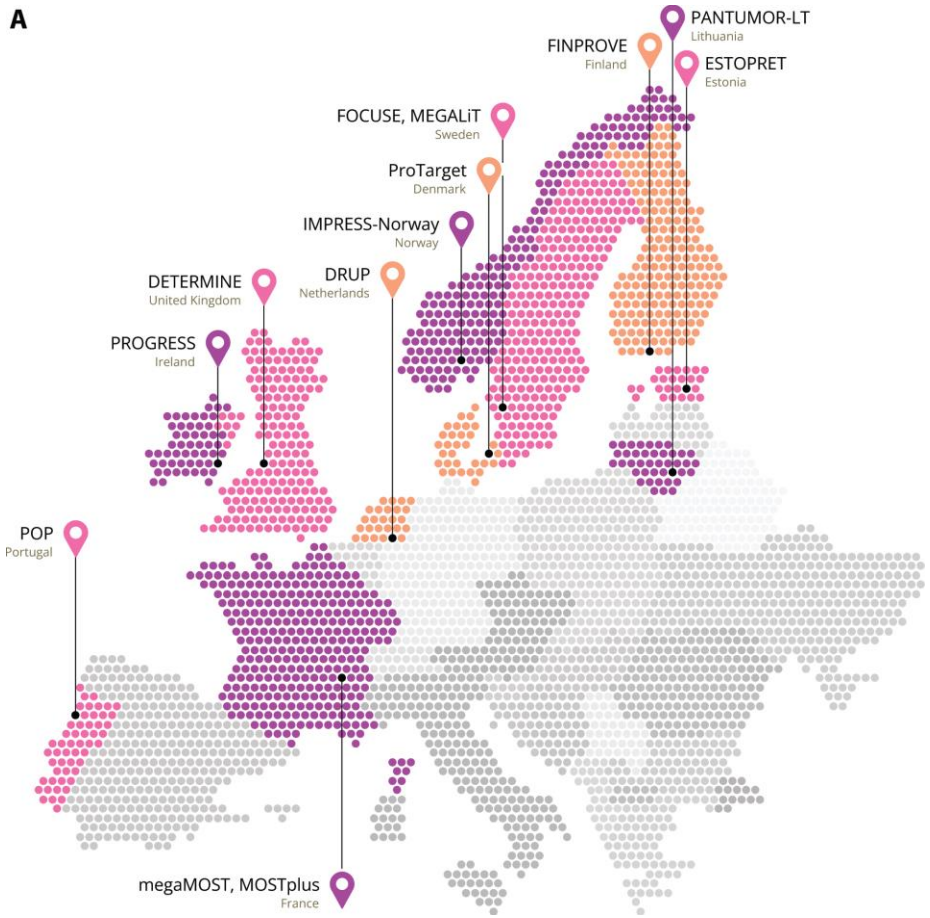
28 partners • 19 countries • €5.97m EU contribution • Oslo University Hospital coordinator

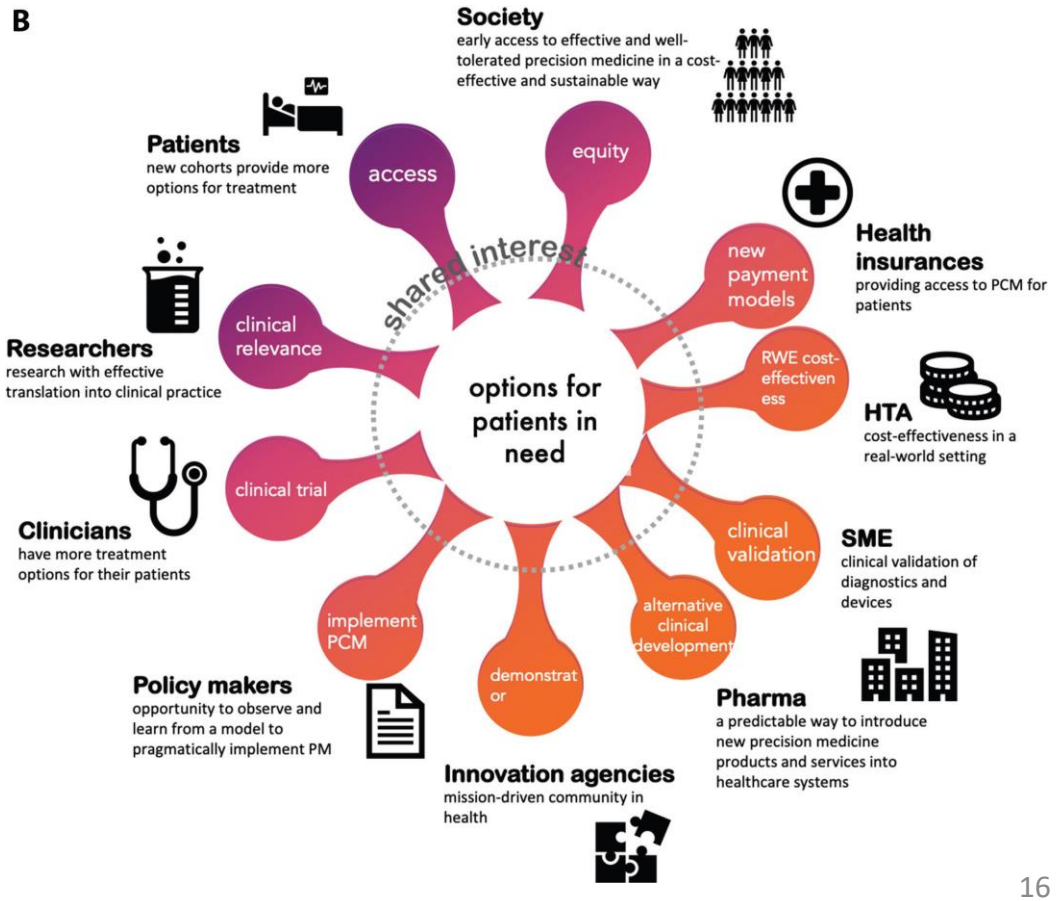
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Networks for Delivering Precision Oncology

PRIME-ROSE
Precision Cancer Medicine Repurposing System Using Pragmatic Clinical Trials

DRUP-like protocols proposed in several European countries to generate data which might be combined across institutions





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Networks for Delivering Precision Oncology

PRIME-ROSE
Precision Cancer Medicine Repurposing System Using Pragmatic Clinical Trials

DRUP-like protocols proposed in several European countries to generate data which might be combined across institutions

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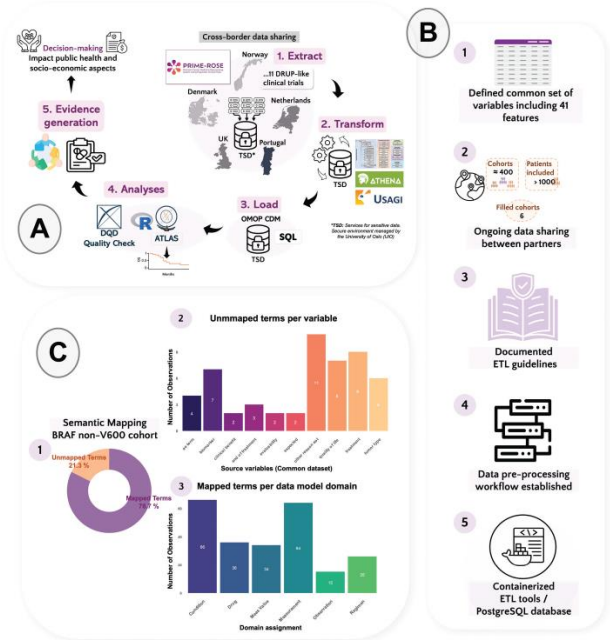
NPCM 2025

MJS PUBLISHING

LETTER

'Crossing borders' in data standardisation: application of OMOP CDM in an international clinical trial network in precision cancer medicine

Maria Martin Agudo[a], Henk van der Pol[b,c], Gabriel Bratseth Stav[a], Tina Kringelbach[d], Katarina Puco[a], Åsmund Flobak[e], Hans Gelderblom[b], Kjetil Taskén[a], Gro Live Fagereng[a], Eivind Hovig[a]; on behalf of the PRIME-ROSE Consortium

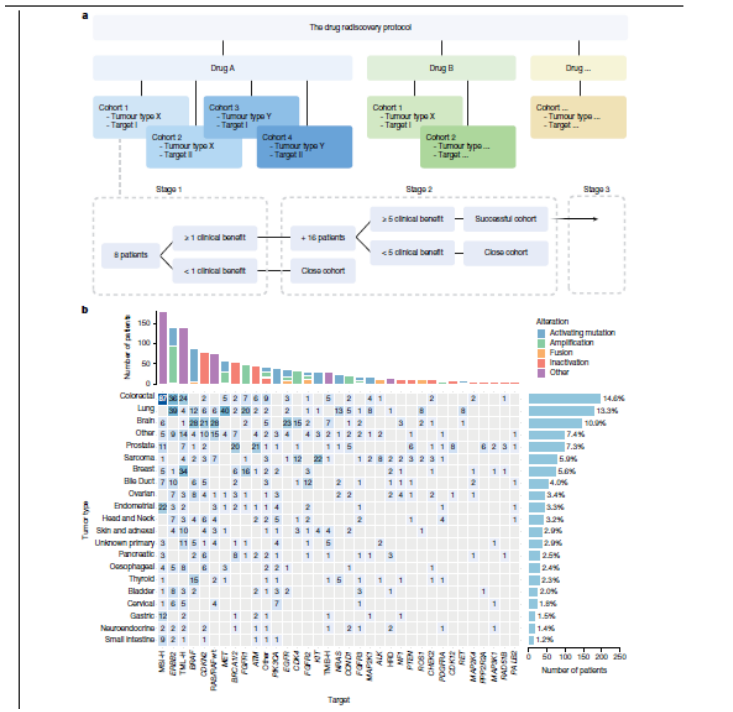


Article

Prospective evaluation of genomics-guided off-label treatment

https://doi.org/10.1038/s41586-026-10405-x
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K. Verkerk[1,2], A. C. Spiekman[3,41], S. F. Haj Mohammad[1,4,41], F. A. J. Verbeek[1,2,41], H. Timmer[1,4,41], M. A. van Maren[3,41], L. J. Zeverijn[1,2], B. S. Geurts[1,2], V. van der Noort[5], P. Roepman[6], A. M. L. Jansen[7], W. W. J. de Leng[7], H. Gelderblom[4], H. M. W. Verheul[3], E. E. Voest[1,2] ✉ & The DRUP Trial Investigators*



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Networks for Delivering Precision Oncology

PCM4EU
Personalised Cancer Medicine for all EU Citizens

PRIME-ROSE
Precision Cancer Medicine Repurposing System Using Pragmatic Clinical Trials

FOUNDATION

PCM4EU

01 Common diagnostic language

02 Molecular tumour-board guidance

03 Cross-border implementation network

04 Training and country-level insight

EVIDENCE CYCLE

PRIME-ROSE

01 Aggregate interoperable trial data

02 Build synthetic control cohorts

03 Run and refine expansion cohorts

04 Translate evidence into access decisions

One European learning system: standards → evidence → access → feedback

PORTO. PORTO COMPREHENSIVE CANCER CENTRE RAQUEL SERUCA

Networks for Delivering Precision Oncology

PRIME-ROSE
Precision Cancer Medicine Repurposing System Using Pragmatic Clinical Trials

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NPCM 2023

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SHORT REPORT

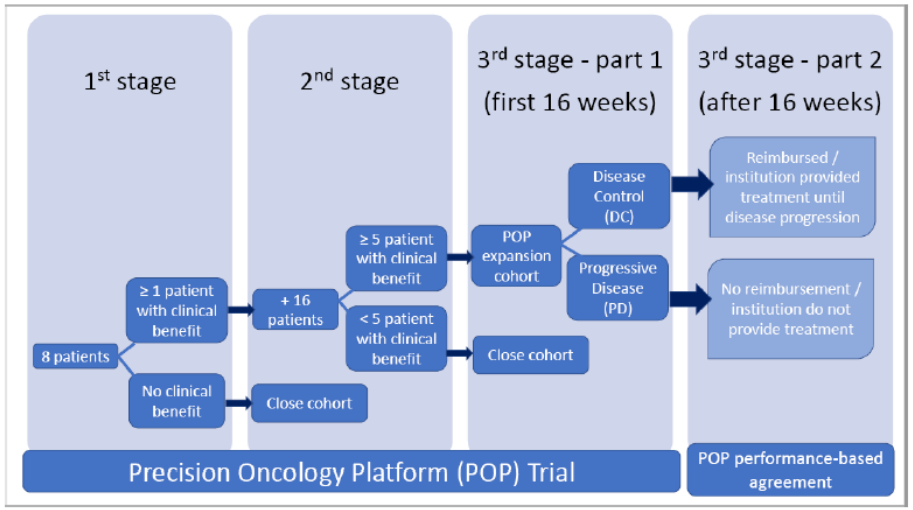
Pioneering the implementation of a precision oncology strategy in Portugal: the Precision Oncology Platform trial

Beatrice Mainoli[a*], Joana Assis[a*], José Dinis[a,b], Rui Henrique[c,d] and Júlio Oliveira[a,b,e]

Study concept POP- Precision Oncology Platform Trial (PT)

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INSTITUTO PORTUGUÊS DE ONCOLOGIA DO PORTO FG, EPE

- Open-label, non-randomized clinical trial.
- Multi-center, single-country trial
- Investigator initiated-trial
- Study design is composed of **sequential stages**
- Patients will be enrolled in **multiple parallel cohorts**, each defined by one tumour type, one tumour profile and one study drug.
  - Each cohort will be monitored using a Simon-like two-stage 'admissible' monitoring plan to identify tumour/variant/drug cohorts with evidence of activity
  - Stage III is an **expansion cohort**, in which additional patients will be enrolled to confirm the results obtained in the first 24 patients.



Sponsor: IPO Porto
Funding: pharma and other private/public entities

Networks for Delivering Precision Oncology

The IPO Porto Precision Oncology Program (POP-IPOP) and Molecular Tumor Board

MTB

1249

Patients discussed

Cut-off date:31DEC2025

- ✓ **Since 2021:**
  - Includes pediatric patients
  - (06JUL2026) 130 MTB meetings
- ✓ **Every 2 weeks**
- ✓ **Centralized MTB meeting (in-person/virtual)**
  - Collaboration agreements with other institutions
  - ~ 24% of cases are from other hospitals

ULS Braga
ULS Gaia / Espinho
ULS Alto Ave

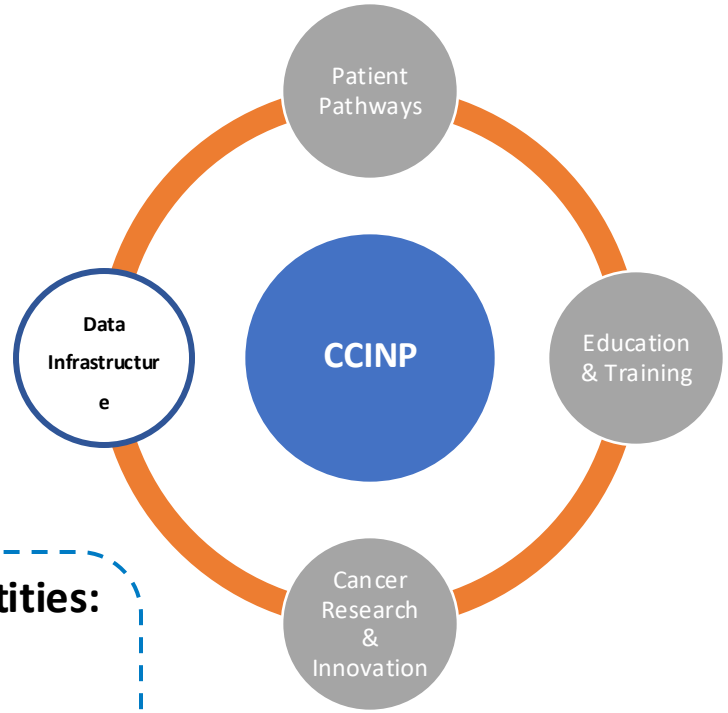
108 patients (~50% of non-IPO Porto cases)

Networks for Delivering Precision Oncology

Regional expansion of the program in 2024: the Comprehensive Cancer Infrastructure – Northern Portugal (CCINP)



Collaborative Dimensions



Supporting Entities:

DIREÇÃO EXECUTIVA SNS
CCDR NORTE
DGS
Programa Nacional para as Doenças Oncológicas
AICIB

Networks for Delivering Precision Oncology

The Comprehensive Cancer Infrastructure – Northern Portugal (CCINP)



Day 1 Precision Oncology: Here and Now

08:30 AM PRE-MEETING COURSE
Summer Academy on Precision Oncology: a hands-on course
Training team: Beatrice Mainoli, Joana Assis, Ana Peixoto, Manuela Pinheiro, Nuno Coimbra, João Lobo, José Dinis Silva IPO PORTO / PORTO.CCC, PORTUGAL
This course is exclusively for selected members of the partner institutions of Comprehensive Cancer Infrastructure of North of Portugal – IPO Porto, ULS Alto Ave, ULS Braga and ULS Vila Nova de Gaia/Espinho

12:30 PM Lunch Break

01:45 PM **Welcome and Opening Remarks**
Speaker: Júlio Oliveira IPO PORTO / PORTO.CCC, PORTUGAL

02:00 PM **Implementing Personalized Medicine in Routine Oncology Care: Collaboration is Key to Success**
Moderators: Ana Oliveira DE-SNS, *Ana Gomes* CCDRN, *Júlio Oliveira* IPO PORTO / PORTO.CCC

- **02:00 PM** **Structuring comprehensive cancer care delivery across Europe: the role of Comprehensive Cancer Infrastructures**
  Speaker: Simon Oberst CCMEU COORDINATOR, OECI, BELGIUM
- **02:25 PM** **Building a Comprehensive Cancer Infrastructure in the North of Portugal focusing on Precision Cancer Medicine: lessons learned and the way ahead**
  Speaker: Rui Henrique CCMEU PILOT COORDINATOR, IPO PORTO / PORTO.CCC, PORTUGAL
- **02:50 PM** **Panel Discussion**
  Panel Speakers: Ana Oliveira DE-SNS, *Ana Gomes* CCDRN, *Júlio Oliveira* IPO PORTO / PORTO.CCC, *Pedro Cunha* ULS ALTO AVE, *Américo Afonso* ULS BRAGA, *Luís Matos* ULS GAIA-ESPINHO, *Claudio Sunkel* ISS / PORTO.CCC, *Vítor Veloso* LPCC-NRN
- **03:45 PM** **Colaborative agreement signature: Comprehensive Cancer Infrastructure - North of Portugal (CCINP)**

04:00 PM Coffee Break

04:30 PM **Introducing Precision Oncology into Everyday Practice**
Moderators: Carlos Lima Alves INFARMED, *Nuno Sousa* AICIB, *Isabel Fernandes* INEGI, *Júlio Oliveira* IPO PORTO / PORTO.CCC

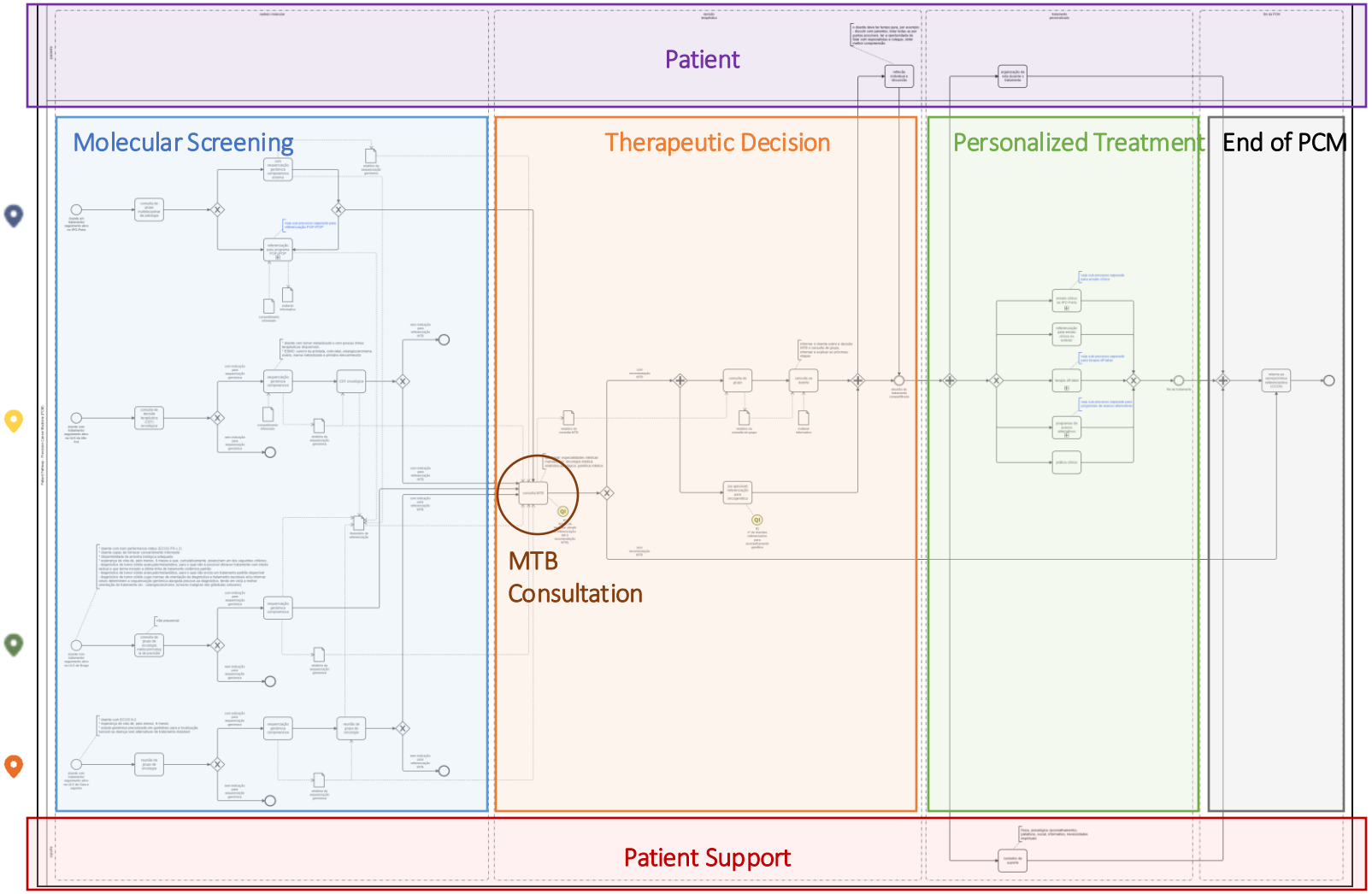
- **04:30 PM** **Precision Oncology: What Every Physician Should Know**
  Speaker: Jordi Rodon Ahnert MD ANDERSON CANCER CENTER, HOUSTON, TEXAS, USA
- **05:00 PM** **Liquid Biopsies in Clinical Practice: Applications and Limitations**
  Speaker: Christian Rolfo THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER, COLUMBUS, OHIO, USA
- **05:30 PM** **The Role of Molecular Tumor Boards in Guiding Treatment Decisions**
  Speaker: Irene Braña VALL D'HEBRON INSTITUTE OF ONCOLOGY, BARCELONA, SPAIN

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UNIDADE LOCAL DE SAÚDE BRAGA

UNIDADE LOCAL DE SAÚDE GAIA / ESPINHO

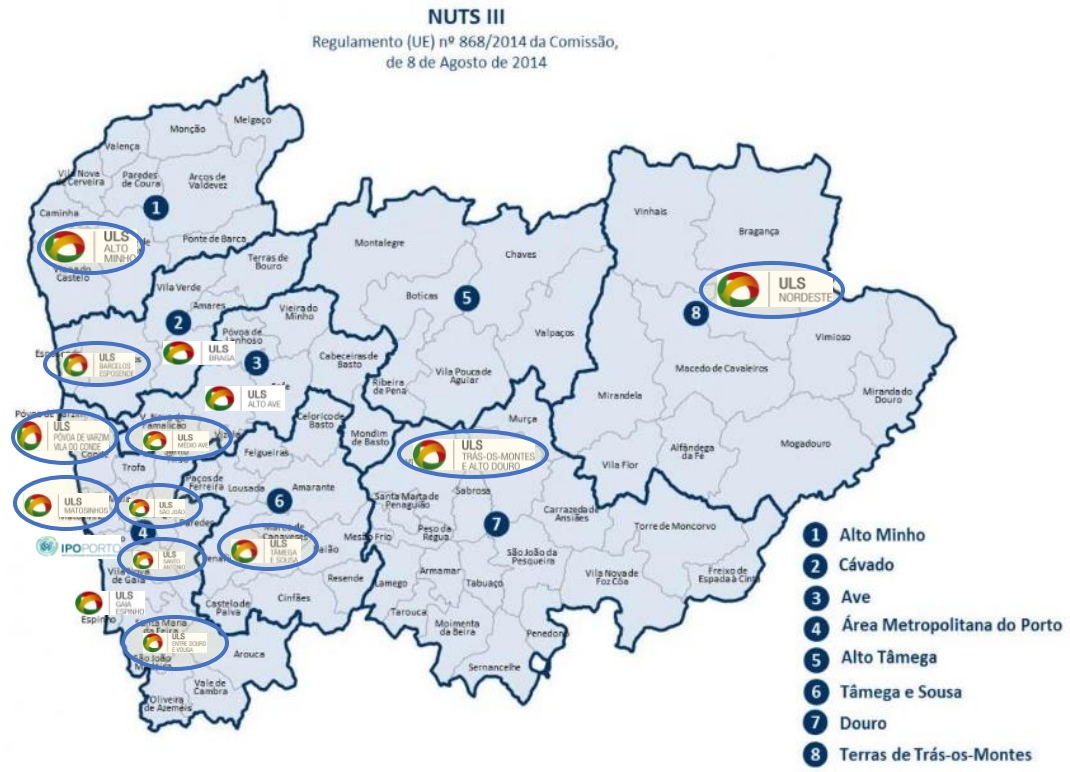


PORTO. PORTO COMPREHENSIVE CANCER CENTRE RAQUEL SERUCA

Networks for Delivering Precision Oncology

The Comprehensive Cancer Infrastructure – Northern Portugal (CCINP)





PORTO. PORTO COMPREHENSIVE CANCER CENTRE RAQUEL SERUCA

Networks for Delivering Precision Oncology

EQUIO PROJECT | Cross-Border Oncology Equity

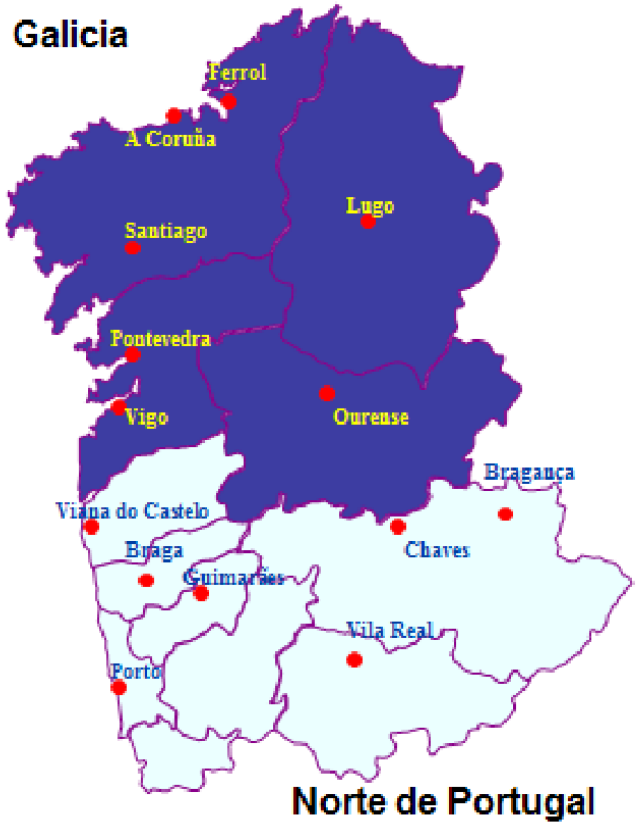
Interreg España - Portugal

Cofinanciado por la Unión Europea
Cofinanciado pela União Europeia

EQUIO

- A transborder initiative, led by the Health Service of Galicia (SERGAS) in cooperation with IPO Porto, aiming to create the first integrated network of cancer care across Galicia and North Portugal

- Main objectives:
  - Coordinate cancer care between the two regions
  - Focus on Precision Oncology for colorectal and lung cancer
  - Harmonization of cancer patient pathways



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Networks for Delivering Precision Oncology

Take home messages

- Precision Oncology is already transforming delivery of care and progressively expanding into routine clinical practice
- Evidence on effectiveness of Precision Oncology trials is difficult to generate and collect, requiring an organized joint effort
- European level collaboration is key to success, enabling the implementation of sustainable Precision Oncology initiatives which may themselves generate evidence that impacts clinical practice and help reduce access inequalities
- Institutions (and their professionals) need to be prepared for this new dimension of research-driven care

Session 4 - Precision Medicine Initiatives

Networks for Delivering Precision Oncology: the case of IPO Porto

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