

Oncology

Clinical Trial Solutions in Europe

Pharmnet expertise

Pharmnet has significant expertise in the field of oncology having conducted more than 60 trials (with two projects involving paediatric population) over the last 25 years.

We have extensive experience with the following indications:



Other: Biliary tract tumour, Liposarcoma, Macroglobulinemia, Malignant heart neoplasm, Mesothelioma

We can offer access to the patients with oncologic diseases at the largest oncology sites in the Central European region. We can further boost recruitment in Western European countries. Our familiarity with highly specialized European sites is important for certain projects such as rare patient populations and unmet medical needs. By maintaining an active relationship with Key Opinion Leaders particularly in Central Europe, including but not limited to the Czech Republic, Slovakia, and Hungary, we can provide excellent access to the community.

Why conduct a clinical trial with us?

The patient population in Europe, our access to sites, knowledge of local requirements and arrangements for different treatments, allow us to ensure fast and high-quality recruitment.

We take the diagnosis-oriented approach when doing top-line feasibility for selected countries of interest. The executive summary results for a specific pathology/protocol and proposed scenarios assists our clients in selecting the best study solution in terms of study speed and cost.

Key figures in cancer and oncology in Europe

The European Society of Medical Oncology (ESMO) is the leading professional organization in the field of medical oncology. It has over 25,000 members representing oncology professionals from more than 160 countries around the world.

Cancer affects Europeans disproportionately. While EU citizens constitute only one-tenth of the global population, Europe accounts for approximately 25% of all annual cancer cases.

According to estimates, there were approximately 4 million new cancer cases in Europe in 2020. Sadly, around 1.9 million people are estimated to have died from cancer in Europe that year.

Breast, colorectal, prostate, lung and bladder cancers are the most frequently occurring forms of cancer in the EU.

Leading cancer centres improve cancer health in Europe:

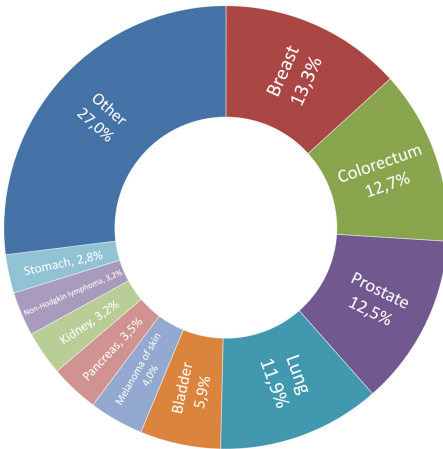


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Incidence by cancer in Europe in 2020:

EU-27, Both sexes, All ages, Percentage distribution (%)
Source: ECIS - European Cancer Information System



Lung cancer is Europe's leading cancer killer, accounting for approximately 20% of all cancer deaths and 3.2 million disability-adjusted life-years lost each year. More than a quarter of lung cancer cases occur in people under the age of 60. Lung cancer accounted for 11.9% of all new cancer diagnoses (excluding non-melanoma skin cancers) and 20.4% of all cancer deaths in the EU-27 countries in 2020. As a result, it is the fourth most common cancer (after prostate, breast, and colorectal cancers) and the leading cause of cancer death.

Breast cancer accounted for 13.3% of all new cancer cases diagnosed in EU-27 countries in 2020. This makes it the most frequently occurring cancer. It is estimated that it accounts for 28.7% of all new cancers in women. Breast cancer was the most frequently diagnosed cancer type and the leading cause of cancer death among women in the EU in 2020.

Prostate cancer is a major public health concern, affecting over 2 million people in Europe and causing an estimated 107,000 deaths in 2018.

In 2020, **colorectal cancer** accounted for 12.7% of all new cancer diagnoses and 12.4% of all cancer deaths in EU-27 countries. This made it the second most frequently occurring cancer (after breast cancer) and the second leading cause of cancer death (after lung cancer).

Blood cancers, some of which mainly affect young people, contribute strongly to premature cancer-related mortality and lost productivity in Europe. Blood cancers – leukaemia, Hodgkin and non-Hodgkin lymphomas, and multiple myeloma – rank third in terms of age-adjusted mortality in the European Economic Area, after lung cancer and colorectal cancer. Several new therapies have now been introduced, radically changing the treatment of haematology patients.

Case Study 1 - metastatic colorectal cancer study

The study was conducted at 5 sites located in 2 countries, with Pharmnet responsible for two sites in the Czech Republic. Due to our strong relationships with leading oncology sites, key opinion leaders, and regulatory bodies, delivery to the Sponsor outpaced the other sites for study approval site initiation and patient recruitment. Despite the complexity of the patient population, recruitment began within two weeks of the site's initiation. The first cohort of 17 subjects was recruited in less than 12 weeks and the second cohort of 8 subjects randomized within 5 weeks.

Case study 2 - renal cell carcinoma

Pharmnet participated in a Phase III study for a major pharmaceutical company to evaluate an adjuvant treatment for localized renal cell carcinoma. The study was conducted in 26 countries with Pharmnet responsible for the Czech Republic. Despite having a country with a smaller population, we ranked 5th highest recruiter and nearly doubled the global average recruitment rate per site with 9 subjects randomized per site for 10 sites.