



Agenda for Cancer Research KI Strategy meeting and Executive Board

Monday November 18, 2024, 12:00-14:00 Biomedicum B0313

(IP= information point, D=discussion point, DP=Decision point, A=Attached document)

Board members	<p>Chair and Director Elias Arnér, Department of Medical Biochemistry and Biophysics Co-Director Yvonne Wengström, Department of Neurobiology, Care Sciences and Society, Co-Director Marco Gerling, Department of Clinical Science, Intervention and Technology – CLINTEC Simon Ekman, Department of Oncology-Pathology Linda Lindström, Department of Oncology-Pathology Päivi Östling, Department of Oncology-Pathology, SciLifeLab Margareta Wilhelm, Department of Microbiology, Tumor and Cell Biology (joined 12:11) Matthias Löhr, Department of Clinical Science, Intervention and Technology Renske Altena, Department of Oncology-Pathology Keith Humphreys, Department of Medical Epidemiology and Biostatistics Ninib Baryawno, Department of Women's and Children's Health, Junior faculty representative Eva Jolly, Karolinska Comprehensive Cancer Centre coordinator (joined 12:47) Patrik Rossi, Managing Director, Cancer Theme Karolinska University. Jonas Fuxe, Department of Laboratory Medicine, Reference Group Chair Lise-lott Eriksson, Chair of the Blood Cancer Forum, Patient Group Joakim Dillner Department of Clinical Science, Intervention and Technology, Cancer Prevention Europe. Lena Sharp, RCC Stockholm-Gotland Dina Dabaghie, Department of Medical Biochemistry and Biophysics Liselotte Bäckdahl, Department of Medical Biochemistry and Biophysics Stefina Milanova, Department of Medical Biochemistry and Biophysics Johanna Mayer, Department of Medical Biochemistry and Biophysics</p>
Invited Guests	<p>Johanna Vernersson, Karolinska Hospital, (CKC) Center for Clinical Cancer studies. Santeri Kiviluoto, SciLifeLab, Department of Oncology-Pathology</p>
Not attending	<p>Stefina Milanova, Renske Altena, Joakim Dillner, Lise-lott Eriksson, Jonas Fuxe, Patrik Rossi, Marco Gerling, Lena Sharp, Yvonne Wengström, Johanna Vernersson</p>

- 1) Welcome to the meeting and approval of minutes from the previous CRKI Executive Board meeting 2024-10-31(A) (E. Arnér, 1 min) DP

The agenda for today's meeting was approved. The minutes from the previous EB meeting were approved. A comment regarding the previous meeting: We need to discuss about changing the name for one of the task forces, not to confuse the Mayo CRKI Task Forces and Task Forces for Different Diagnoses.

The minutes from the previous EB meetings are now available on the website: [About Cancer Research KI](#).



2) Report on CRKIs support for CKC (Johanna Vernersson, 10 min) IP

CKC is the abbreviation for Centrum för Kliniska Cancerstudier at Karolinska University Hospital. Johanna Vernersson was unable to attend the meeting, and her presentation will be postponed to the next EB meeting.

3) CCC reaccreditation summary (Elias Arnér, 5 min) IP

Elias Arnér updated on the re-accreditation audit. In a preliminary oral summary by OEI, they were impressed by a lot of the strengths, but also had a few ideas for improvements. OEI will send a preliminary report in January 2025. After two rounds of revision the final report will be available during spring 2025. The CRKI EB will discuss the first preliminary report early in 2025.

4) Decision CRKI support to European Academy of Cancer Sciences (Elias Arnér, 10 min) DP

Last EB meeting, Klas Kärre presented the European Academy of Cancer Sciences (EACS). The academy is compiled of 270 prominent cancer researchers across Europe with the purpose of promoting cancer research and care in Europe. EACS advocated the launch of Europe's beating cancer plan and other EU initiatives. They are now seeking to continue their work as an independent organization, in closer cooperation with CCC's and specific institutions across Europe. Therefore, they aim for membership contributions from cancer research institutions to support their Stockholm and Brussels offices. So far, a few other CCC's have already granted their support for EACS, and now EACS is also seeking support from CRKI. EACS is asking for 5 000 Euros per year as support from CRKI.

What can CRKI gain from supporting EACS? The idea of membership contributions is that the supporting organization will also receive support from the academy in turn for their financial contribution. For example, the EACS network could aid in finding grant reviewers, provide comments on strategic plans and CRKI activities.

Discussion about supporting EACS or not:

- Matthias Löhr: It is clearly beneficial to have the EACS office in Stockholm, but what is our benefit in supporting the office in Brussels? The office in Brussels is most likely important due to EACS work in policy making and to be close to the European Commission and Parliament, which could also be beneficial for CRKI.
- Ninib Baryawno: Suggested that we can test how it goes and re-evaluate afterwards. By supporting EACS, we could improve not only CRKI, but also cancer research at KI in general.
- The financial contribution will be mainly used for the EACS administrative offices in Stockholm and Brussels.
- The initial membership contribution of different European Universities, e.g. KI, will be used as an incentive to secure additional, larger funding in the future.

Decision:

CRKI EB is in favor of supporting EACS with 5000 Euros/year. However, it will be important to evaluate the benefit we receive from EACS in return. EACS could serve in an advisory role and we can send them information about what CRKI is doing, e.g. annual report, website, and ask for



comments from EACS on our organization/activities as well as feedback on what CRKI could do better.

5) Decision Blue Sky Grant 2024 (Elias Arnér, 10 min) DP

The Blue Sky Grant is a 625 000 SEK one time funding opportunity, for initially six recipients. Since there were 72 applicants for the current call, in the last EB meeting it was decided that if more than six applications meet the quality standards, up to ten Blue Sky Grants can be granted.

Nine external reviewers evaluated the applications. It was decided against a triage step, and all applications were reviewed. As it would be too much for each reviewer to grade 72 applications, each grant application was judged by three reviewers, matching their field of expertise. The review criteria included scientific content, chances to acquire subsequent funding, merit, novelty, and the Blue Sky nature of the project.

Last week, a consensus meeting was held. The top 14 applications were discussed one-by-one by the reviewers. In the end of the meeting, the reviewers agreed on a final ranking resulting in eight funded projects. After the meeting, it was brought to attention there was an underrepresentation of females (12.5%) While around 33% of the applicants were female. The next female applicants had the total rank 9 and 10. Therefore, they were proposed to also be rewarded the grant.

Decision: The EB decided not to remove anyone who has been chosen to receive a grant, but to add 2 more grant receivers. As there were exceptionally many applicants (72), it is reasonable to fund 10 applications.

The reviewers will be informed about the decision to fund two additional projects, due to the gender aspect.

6) Mayo CRKI Task Forces Updates (Elias Arnér, 5 min) DP

There was an update on Mayo Clinic Comprehensive Cancer Center (MCCC) and CRKI Task Forces during the KI-Mayo meeting in October. The three task forces aim to raise more funding and to give larger grants to promote exceptional, KI-Mayo synergistic projects. Chairs for the task forces from KI have been appointed:

- Breast Oncology: Linda Lindström, Renske Altena
- Hematological Cancers: Päivi Östling
- Tools & Technology: Thuy Tran

Co-chairs for each task force were appointed at the KI and at the Mayo side, those task forces are now starting to work on identifying research areas at the two institutes that could generate synergistic effects when combined in collaborative projects.

This new funding opportunity is in addition to the previous Mayo-KI collaborative grant, therefore additional new funding needs to be secured. Potentially the European Academy of Cancer Sciences can contribute to identifying new funding sources for the task forces.

7) Work group 5 strategy update (Simon Ekman, Santeri Kiviluoto 10 min) IP



It has been a couple of years since we have had update on the strategies from the industry work group, they would like to have input on the strategy points.

Santeri Kiviluoto presented that WG5 has worked extensively on the industry strategy. Present the overall plan, current status and the plan ahead in order to gain input from the EB members.

Challenges identified: 1) Siloing 2) Perceived lack of support 3) Lack of tools. CRKI is in an ideal position to help with the resources and the networks that we have. Santeri presented the Ghant chart and the timelines, with the tasks that are achieved and delayed.

Goal 1: CRKI is the main facilitator for cancer research projects between KI, NKs and industry. (More outreach). We can see the data for funding that KI that researchers are receiving, in the last 3 years. Companies: is the industries sponsoring research (not clinical trials because those go to the hospital and they are higher than this, there was an increase in 17% in clinical trials in 2023 compared to previous years), Foundations: is all non-governmental organizations (ex: cancerfonden, all except VR and governmental funding).

The goal is to have the industry funding to increase in the upcoming years. We need to do more in order to attract more industry to sponsor to both clinical trials and research.

Goal 2: Kis formal support structures are built to incentivize KI scientists to work with industry.

Since 2023 we have regular more industry focused seminars with specific themes and we got the feedback of people, and they really appreciate them. Feedback is continuously collected and implemented in the future plannings.

Suggestions/ discussions:

- Industrial PhDs, Post-doc positions.
 - One way to attract industry is to attract them to positions at KI. That is where the Merit portfolio is discussed, on how to make the industry experience as one of the merits that are evaluated. → this needs to be covered with the recruitment committee.
 - Through the TEF health project they are working with SMEs on how to make the infrastructure at SciLife and KI more available to researchers and industries, and one of their focus is cancer. We can reach out to Johanna Furuhjelm regarding this.
 - For the industry collaboration website is now updated and we can advertise it through for example: LIF, Swedenbio, KI innovations, Innuti.

If anyone has any suggestions on what else can be done, please reach out to WG5 regarding that.

8) SAB end of term, new board members needed. Karolinska Comprehensive Cancer Center Update (Eva Jolly, 10 min) IP

KCCC re-accreditation we have reported and presented how we worked with the improvement plan from the first re-accreditation. One of the major things was to have close collaboration between the university and the hospital. We have created a joint SAB and we have showed how we worked with



them. SAB members their term of serving is coming to an end, some of them cannot continue because of retirement or other conflicting tasks, some are willing to continue, the chair of the SAB is stepping down due to retirement and we will need to find a replacement. KCCC board would like to give CRKI board the governance and procedure for the selection of the new board with input from the KCCC board. The end point is to have a new board by April, but to have a process that can begin before the end of the year. Also to possibly have a SAB meeting in spring. KCCC is gathering input from the KCCC board on the suggestions and which competences are needed there. There is currently 8 members now, and there was 9 from the beginning where we lost the person on radiotherapy and research. It is important to have a broad perspective but not too many people so decisions can still be made.

There are instructions for the SAB members selection from the last term, it can be used as a starting point and updated for the new process.

We can also ask the members that are stepping down if they have suggestions.

There is no geographic boundaries, currently we have from EU and north America.

Decision: CRKI will take over this task, we will compile the profile of current SABs, the status on who is staying and not, get the instructions and update them, get the input and suggestions from KCCC board members. We will compile all the information and distribute it to EB members for input and we will have it as a discussion point next meeting and a decision point the meeting after.

Workshop form 3rd of October working on the strategy and the audit prep. It was decided to have a follow up workshop with the different boards (CRKI, KCCC; patient network) in April after the final decision from OEI when we have the report and improvement plan.

9) Cancer Research KI organization: IP

- All WG leaders, update on working group progress (3 min each, 18 min total) IP
- WG1 Research (L. Lindström)

Linda Lindström updated on the ongoing planning of the PI retreat (17-18 February 2025) and soon they'll start planning for the Djurönäset retreat 2025. There are two new members of the WG Research: Dhifaf Sarhan and Ioannis Zerdas. WG Research is also evaluating the feedback on the KI-Mayo meeting in October.

- WG2 Education (M. Wilhelm)

In the application round for spring PhD courses, there were very few applications, and it seems similar for other programs. According to the student representative, this could be potentially due to too short application time for courses, especially for students starting their studies in September. An alternative reason could be difficulties with the new course application system. In the electronic ISP it is also more difficult to choose a research education program compared with the previous ISP system, which might hinder the access of students to information about courses.



There is also a budget to send around 10 students to a PhD conference in Manchester.

There will be a joint course on PCM in spring, with 8-9 participants from FoTO, 6 from NIO, and 20-24 from NatiOn.

- WG3 Outreach (R. Altena)

Renske Altena was not present at the meeting.

- WG4 Precision Cancer Medicine (P. Östling)

Päivi Östling presented updated slides about Personalized Cancer Medicine (PCM) at KI to be included in the CRKI presentation. The official term for PCM is Personalized Cancer Medicine, but Precision Cancer Medicine can also be used. There are several PCM meetings, including working group meetings every month, clinical task force meetings every month and 1-2 steering group meetings per term. Entities working with the PCM program are Precision Medicine Center Karolinska - Forum Cancer, Center for Clinical Cancer Studies (CKC), and Karolinska Comprehensive Cancer Center (KCCC). The PCM program received strategic funding from Radiumhemmets Forskningsfonder from 2014-2024. The PCM program applied again to Radiumhemmets Forskningsfonder and is waiting for the decision. The PCM program includes multiple projects on clinical trials, and projects for implementation in clinical routine (e.g. implementation of Personalized Cancer Medicine iPCM, Molecular Tumor Board Portal). iPCM is on hold and waiting to be implemented in clinical routine practice in the Karolinska hospital. It will be discussed to bring up the issue at the Board of Directors meeting. Other PCM projects include access to and preparation of samples for multimodal analysis (Biopsy and Intervention Center, PM Sample Central, PhenoPCM, Cytology – single cells) as well as data- and IF efforts (Virtual Data Center, Symptomics, AI).

There is a new EU joint action on personalized cancer medicine, which is currently establishing working groups. KCCC will be leading a work package on ethical, legal and equity aspects. One of the projects' arms is diagnosis and treatment and Päivi Östling is recruiting interested members for a pilot.

- WG5 Industrial Collaboration (S. Ekman)

The new [Cancer Research KI Industry Collaboration webpage](#) has been published. The industry working group has a new member: Ferdinand Xiankeng Choong.

The next seminar will be on 4th of December on Biomarker driven Precision Medicine followed by an after-work event. There is no news on the ongoing collaboration with AstraZeneca, and discussions with Elekta are ongoing.

- CPE Cancer Prevention Europe (J. Dillner)

Joakim is not present at the meeting.



10) Cancer Research KI administration update including Budget update (L. Bäckdahl and D. Dabaghie, 5 min)

Liselotte Bäckdahl presented an overview of the 2025 budget plan. The translational seed grants will carry on from 2024 into 2025. There will be new calls for the Blue Sky grant and KI-Mayo collaborative grants in 2025. The TFDD grant will not be announced in 2025, but the next call will be in 2026. Compensation to NatiOn increased for 2024, and now they will be asked to provide a proposal for next year's budget. For 2025 the "myndighetskapital" will have been reduced from 25% to 10% from 2023 to 2025.

The budget will be revised to include the European Academy of Cancer Sciences, SCRM meeting 2025 and INDI. There will be a decision on the final budget at the next meeting.

11) Seminar and workshops by CRKI and relevant organizations:

- a. Online CRKI-CDO seminar Navigating the Regulatory Landscape at Ease – Support at KI for Ethics Applications, 22 November.
- b. LIF-KI industry collaboration seminar -Biomarker driven Precision Medicine, 4 December, Ragnar Granit, Biomedicum
- c. CCE site visit to KI/KCCC, 30 January
- d. PI retreat Djurönäset, 17-18 February 2025
- e. PCM course with NIO 24-28 March Stockholm
- f. Radiotherapy workshop with NIO, 12-13 May Stockholm
- g. Swedish Cancer Research Meeting SCRM Malmö, 22-23 May 2025

Additional events:

- h. KCCC day together with Sjöberg Stiftelsen, 31 March 2025
- i. PMCK event in Swedish, 13 December, register for lunch

12) Any other issues?

13) End of meeting

The meeting ended at 13:54.