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Position Paper

The Breast International Group: a new spirit of collaboration in breast cancer research for the new millennium

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Abstract

The Breast International Group (B.I.G.-aisbl), an official non-profit organisation since 1999, is an association whose members are well established clinical breast cancer research groups located around the world. Inspired by the American 'Intergroup' model, B.I.G. functions as a 'consortium of consortia': it is a partnership among independent co-operative groups, each with its own extensive network of affiliated centres, hospitals, laboratories and investigators. Through B.I.G., groups draw on combined resources to reduce the wasteful duplication of efforts and to achieve results in breast cancer research impossible for any individual group in a comparable period of time. International collaboration through a mechanism like B.I.G. will become increasingly frequent in the future, especially as we move towards exploring therapies targeted at subgroups of patients with specific tumour molecular profiles.

Keywords: Breast cancer; Clinical trials; Intergroup collaboration

1. Introduction

In 1996, a small group of leading breast cancer specialists from the European Organization for the Research and Treatment of Cancer, Breast Cancer Cooperative Group (EORTC BCCG) and the International Breast Cancer Study Group (IBCSG) joined forces to create a European 'Intergroup' that could lead to exponential growth in the adjuvant treatment of breast cancer and would stimulate collaboration with the American Continent. Inspired by the example of 'Intergroup' collaboration in clinical research already established in the USA, the time had come to encourage the various European research groups to work together with a similar spirit of cooperation. In the autumn of 1996, 23 representatives from Europe and Canada (including one from the US Intergroup) gathered in Bordeaux, and the Breast International Group — or B.I.G. — was born.

Since then, B.I.G. has become an official international non-profit organisation under Belgian law (aisbl), and its reach has expanded beyond its initial bounds: today's B.I.G. consists of well established, clinical research groups based in Europe, Australia, New Zealand, South Africa and Canada, each with affiliated centres around the world. B.I.G.'s hope is that by bringing clinical research groups together to work towards answering critical questions in a short period of time — and with the necessary statistical power — research efficacy can be multiplied exponentially without compromising the identity of each member group. Needless to say, speeding up the pace of research, especially as we enter a millennium when access to information through technology is more rapid and democratic than ever, is critical for the individual breast cancer patient waiting for results that could impact significantly upon her treatment. In summary, B.I.G. can be viewed as a 'consortium of consortia': it is a partnership among independent cooperative research groups, each with its own extensive network of affiliated centres, hospitals, laboratories and investigators. Through B.I.G., groups draw on combined resources to reduce the wasteful

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duplication of efforts and to achieve results in clinical breast cancer research impossible for any individual group in a comparable period of time.

2. B.I.G.'s mission

The primary role of B.I.G. is to facilitate and accelerate the initiation and progress of large or difficult breast cancer trials by increasing interaction and co-operation among its member groups and by maintaining close collaboration with, but scientific independence from, the pharmaceutical industry. The organisation aims to be most instrumental in clinical trials too complex to be feasibly conducted by any one cooperative group within a reasonable period of time. This particular scenario — trials being too complex for an individual collaborative group — is very likely to become increasingly frequent as we move towards exploring therapies targeted at subgroups of patients with specific tumour molecular profiles.

In large part, B.I.G. achieves this increased collaboration by *facilitating communication* among the groups. A central component of this process is the organisation of scientific meetings, held during major cancer research conferences, at least twice a year. These meetings provide a forum for updating participants on ongoing B.I.G. studies, but are devoted largely to the presentation and discussion of new trial proposals that could be of interest to group members. B.I.G. further enhances communication among its groups through regular e-mail, fax and telephone contact, as well as the publication of a newsletter. This communication is especially important as groups consider their interest in various study proposals. For example, the groups inform the Secretariat of their wish to participate in a given study, and the Secretariat, in turn, ensures that these groups receive all relevant information and that the group proposing the trial is kept apprised of who is interested in collaborating with it.

Another role of B.I.G. is educational. To this end, the association periodically publishes a booklet containing summaries of the most important — recent and ongoing — adjuvant clinical trials for breast cancer. The booklet's purpose is to encourage care providers and investigators to consult what is available in clinical research for patients in the adjuvant setting. In keeping with the times, a planned internet version will allow for greater flexibility, enabling contributors to update their information at regular intervals and new groups to contact B.I.G. with information about their research. Finally, the B.I.G. Secretariat will also serve as an archive for all publications on studies conducted under its umbrella.

A third goal of B.I.G. is to support clinical trials in the area of breast cancer by providing logistical and financial assistance. The logistical help consists of working particularly closely with the co-ordinating group, for example, as it prepares the protocol, case report forms (CRFs) and other relevant documents. Financial assistance is provided for studies that do not have pharmaceutical company support or are otherwise underfunded. This assistance is made possible largely by contributions from member groups participating in well-funded B.I.G. studies. Other sources of funding comprise general educational grants from pharmaceutical firms, as well as donations from charitable or other organisations.

3. Current B.I.G. studies

A minimum of two cooperative groups must commit to a study in order for it to become a B.I.G. trial, although in most cases, three or more groups are involved. One of these becomes the designated 'co-ordinating group'. A pharmaceutical company usually supports the study either wholly or in part, but trials without industry backing are strongly encouraged. As of early 2000, five studies (including several substudies) are ongoing and rapidly accruing patients; two are ready to launch; and seven are under discussion (Table 1). As our infrastructure and membership grow, so will our capacity to discuss and initiate new, important trials.

4. Relationship with the pharmaceutical industry

Close collaboration with pharmaceutical companies is vital for B.I.G. and the research process. The B.I.G. trial always involves cooperative groups who are association members, but if the study is supported by a pharmaceutical company, the firm is also invited to create an *ad hoc* participating group with centres of its own choice. Despite this apparent complexity, the protocol and contract negotiation process — as well as the entire conduct of the trial — is simplified because of the co-ordinating group designated for the study. This group has several critical roles: it is the communication partner for both the pharmaceutical industry and B.I.G.; it prepares the protocol, CRF and monitoring forms to be used by all participating groups; and it co-ordinates the data collection, monitoring and analysis, ultimately ensuring consistency and quality through every stage of the trial.

Once the basics of the study have been agreed upon, a steering committee, which includes representatives from all the parties involved, is formed. This committee approves the protocol prepared by the co-ordinating group and takes important decisions during the conduct of the study, further ensuring overall quality (Fig. 1).

Table 1
Clinical trials currently running under the B.I.G.-aisbl umbrella

B.I.G. trial	Target (*n* pts.)	Co-ordinating group	Question asked	Pharmaceutical partner
01-97[a]	2380	NCIC CTG	Tamoxifen (5 years)→letrozole (5 years) superior to tamoxifen (5 years) alone?	Novartis
02-97	4400	ICCG	Tamoxifen→exemestane: superior to tamoxifen alone?	Pharmacia & Upjohn
03-97	1300	SBG	Hormone replacement therapy: safe after radically treated *in situ*, stage I or stage II b.c. (with < 4 + nodes)	–
01-98	5180	IBCSG	Sequencing of tamoxifen/letrozole or letrozole/tamoxifen superior to either agent alone?	Novartis
02-98	2200	BREAST	Incorporation of docetaxel in sequence or combination with doxorubicin: benefit to patients?	Aventis
Total	15460			

IBCSG, International Breast Cancer Study Group; NCIC CTG, National Cancer Institute of Canada — Clinical Trials Group; ICCG, International Collaborative Cancer Group; SBG, Scandinavian Breast Group; BREAST, Breast European Adjuvant Studies Team; b.c., breast cancer.
[a] Also run in collaboration with the US Intergroup.

Finally, all groups participating in well-funded B.I.G. studies are expected to make a small contribution to the association to help support underfunded studies and to defray the Secretariat's running expenses: this is calculated at 1–5% of the amount paid per patient enrolled.

5. B.I.G. membership and organisation

The decision-making body of B.I.G. is its General Assembly, consisting of the individual cooperative groups embodied by their voting representatives. The following groups are currently — or in the process of becoming — members of B.I.G.; others are encouraged to join:

ANZ BCTG, Australian New Zealand Breast Cancer Trials Group.
BREAST, Breast European Adjuvant Studies Team.
CEEOG, Central and East European Oncology Group.
CRC, Cancer Research Campaign, University College London.
DBCG, Danish Breast Cancer Cooperative Group.
EORTC BCCG, European Organization for Research and Treatment of Cancer, Breast Cancer Cooperative Group.
FBSG, French Breast Study Group
GABG, German Adjuvant Breast Cancer Group.

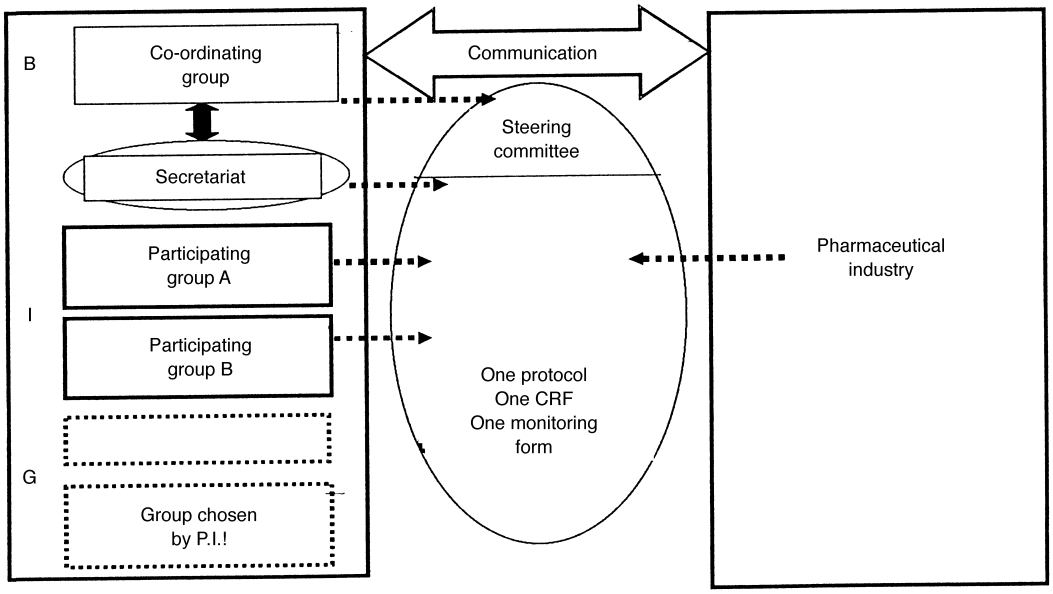

Fig. 1. B.I.G. and the pharmaceutical industry. Collaboration between B.I.G. and the P.I.: scientific aspects.

GOIRC, Italian Oncology Group for Clinical Research.
GONO MIG, Gruppo Oncologico Nord Ovest Mammella Intergruppo.
GROCTA, Gruppo di Recerca in Oncologia Clinica e Terapie Associate.
IBCSG, International Breast Cancer Study Group.
ICCG, International Collaborative Cancer Group.
ICORG, Irish Clinical Oncology Research Group.
IDBBC, Investigational Drug Branch for Breast Cancer.
ITMO, Italian Trials in Medical Oncology.
NCIC CTG, National Cancer Institute of Canada, Clinical Trials Group.
SAKK, Swiss Group for Clinical Cancer Research.
SBCG, Swedish Breast Cancer Group.
SBG, Scandinavian Breast Group.
UKCCCR, United Kingdom Co-ordinating Committee on Cancer Research.
YBG, Yorkshire Breast Group.

B.I.G. also has a Board of Directors acting as its administrative body and consisting of:

Dr Martine J. Piccart, IDBBC, Chair.
Dr Aron Goldhirsch, SAKK, Vice-Chair.
Dr Monica Castiglione, IBCSG, Treasurer.
Dr Laura Biganzoli, IDBBC, Secretary.
Dr Patrick Therasse, EORTC BCCG, Vice-Secretary.

This group meets once monthly to see that decisions taken by the General Assembly are carried out and to ensure the smooth running of the association.

Working for both the Board of Directors and the General Assembly is the group's Secretariat, located in Brussels, Belgium. This office is responsible for all daily business, in particular communicating with member groups, editing and publishing the overview of adjuvant trials in both book and internet form, issuing a newsletter on a trimestral basis, organising all meetings and events, and co-ordinating various other activities related to general administration, membership and fundraising. For additional information about B.I.G., please contact Carolyn Straehle, Coordinator, B.I.G.-aisbl Secretariat, Chemotherapy Unit, Jules Bordet Institute, Rue Héger-Bordet 1, 1000 Brussels, Belgium, Tel: +32-2-541-3146; fax: +32-2-538-0858; e-mail: big@bordet.be