

Core Outcome Sets in Cancer Clinical Trials: Current Status and Future Opportunities

TOUR

Transforming Cancer Outcomes through Research

EORTC

European Organisation for Research and Treatment of Cancer

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Introduction

- Outcome selection in clinical trials is often based on researcher's preference, leading to inconsistent outcomes reported, and variability in the definitions or instruments used across trials.
- Core outcome sets (COS) offer a solution to this problem.
- A COS is a minimum set of standardised and agreed-upon outcomes that should be measured and reported in all clinical trials in specific areas of health or health care.
- The European Organisation for Research and Treatment of Cancer (EORTC), is an independent cancer research organisation, which evaluates new cancer treatments in collaboration with the pharmaceutical industry and patients.
- The EORTC currently do not have an official position on the use of COS in their trials.
- We aimed to 1) establish the availability of COS for each tumour type and 2) assess COS uptake within EORTC-affiliated clinical trials.

Methods

Review of the COMET database

- Core Outcome Measures in Effectiveness Trials (COMET) collates known and in-development COS into one database.
- The COMET database was searched for cancer-specific COS in June 2023.

Assessment of COS uptake in EORTC clinical trials

- EORTC members were queried on their awareness and use of COS over two survey questions.
- The survey was shared with 3733 EORTC members on November 28th, 2023, and closed on April 5th, 2024.

Results

Figure 1: Participant geography reported

- A total of 710 EORTC members (19%) answered the COS questions.
- Most respondents were physicians (93%) working in Europe (93%).
- Breast, genito-urinary, gastrointestinal tract, and lung were the most common cancer specialties respondents work within.

Review of the COMET database

Figure 2: Number of COS per tumour type available on the COMET database

- A total of 85 cancer-related COS were identified.
- Most COS were completed (61 [72%]) or ongoing (22 [26%]), with two (2%) in the planning phase.

Assessment of COS uptake in EORTC clinical trials

- The majority of EORTC trialists described COS as 'outside their area of expertise' (352 [50%]) or reported no available COS for their disease speciality (162 [23%]).
- Almost a fifth (126 [18%]) reported not using a relevant COS.
- A tenth (68) stated that they use an available COS.

Figure 3: Reasons respondents chose not to implement a COS

Figure 4: Trialists open-ended responses as to why they do not implement a COS

Conclusion

- To improve COS implementation in cancer clinical trials, COS must be available, trialists must be aware and understand COS, and barriers to COS uptake must be addressed.
- Widespread uptake of COS is possible; relevant COS are reported in over 80% of rheumatoid arthritis trials.