Syllabus

Appendix

2024

Contents

5-ALA in children and adolescents 5
ALCL-VBL 7
ALL SCTped FORUM 2012 9
ALLTogether01 11
EsPhALL2017 COGAALL1631 13
TDC KWF Caterpillar 15
APAL2020D - Venetoclax AML 17
VACCinATE 19
ATRT01 21
Fanconi Anemie 23
Da Vincy Trial 26
Randomet 28
EWOG MDS'06 31
LuDO-N 33
EWOG SAA 2010 35
FaR-RMS 37
iCML-Ped 40
VERITAS 42
PHITT 44
MAKEI-V 46
LCH-IV 48
HR-NBL2 51
Umbrella 53
NB-SCI 56
CHIP-AML22 58
PNOC022 DMG 60
HIT-HGG-2013 63
SIOP PNET 5 MB 65
LOGGIC Core 68
SIOP Ependymoma II 70
IntReALL SR 74

SIOP HRMB 76
Euronet C2 79
ICC APL study 02 82
ML-DS 2018 84
LBL2018 86
Pro-Teico 88
IntReALL HR 90
NIVO-ALCL 93
Interfant-21 95
FU poli botsarcomen 97
Near Infrared 99
Testis biopsy/PRINCE 101
QoL NEMO 103
QoL Thyrodynamics 105
Sensory-2 107
Parel 109
ENERGICE 112
QoL Early 114
Micado-2 116
EndoWatch-I - KWF 14984 119
HAPPYthalamus 121
SIMBA - Kika 450 123
LATER IZP 125
Follow-on study 127
CONTACT/Optimaliseren diagnosegesprek 129
BSI prediction - VIKinG 131
Symptom ap/Approach - sponsor 133
Watch Us Move 136
VANISH 138
Educational priorities 140
LATER MetVasA - Kika 433 142
KinderOnconet 145
Pilot ademonderzoek 147

SPACE 149
OpKoersOnline 152
PrediCT 154
Pinocchio 156
LTF-304 158
ALD 104 160
PAVO studie - CCTL019A2205B 164
SDM bottumoren 166
RELIVE 168
PanCareSurPass WP1 170
DIAMONDS 172
Dulamp 175
CIP 177
Dabrafenib roll-over 179
LOGGIC Firefly-2 Europe 181
7T MITCH 183
PanCareFollowUp 185
AML slaap studie 187
NOPHO-DBH AML 2012 189
ALL 11 191
RM-493-040 Setmelanotide 194
FOCUS 196
The Drug Access Protocol 198

Studie informatie

5-ALA in children and adolescents

Protocol:	Clinical safety study on 5-Aminolevulinic acid (5-ALA) in children and adolescents with supratentorial brain tumors
Local Investigator:	Hoving, E.W.
National Coordinating Investigator:	Hoving, E.W.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	5-ALA in children and adolescents

General

Sponsor:	Universitätsklinikum Münster
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase II
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	The study protocol is a prospective, open, single-armed, multinational, multicenter, phase II study for application of 5-ALA in children and adolescents with supratentorial brain tumors.
Primary objective:	To determine the safety of 5-ALA for fluorescence-guided resections in children and adolescents with supratentorial, intra-axial brain tumors.
Study population:	Age 3 - <18 years First radiological diagnosis of intra-axial, supratentorial contrast-enhancing tumor on MRI or recurrent supratentorial intra-axial brain tumor (malignant glioma, astrocytoma,

	malignant ependymoma, AT/RT, Oligodendroglioma, etc.)
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	01-02-2023
Start national recruitment:	01-02-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	80

National recruitment:

Recruitment target national:	10
Actual number of patients included:	-

ALCL-VBL

Protocol:	International cooperative prospective study for children and adolescents with standard risk ALK-positive anaplastic large cell lymphoma (ALCL) estimating the efficacy of vinblastine
Local Investigator:	Veening, M.A.
National Coordinating Investigator:	Veening, M.A.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	ALCL-VBL

General

Sponsor:	German Paediatric Oncology Group
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	International prospective open-label study: a non-randomized study assessing the efficacy of a 24-months Vinblastine monotherapy in standard risk (SR) ALCL patients
Primary objective:	To show that it is possible to cure at least 75% of patients belonging to the SR group with Vinblastine-monotherapy for 24 months
Study population:	Children and adolescents with standard risk ALK-positive ALCL
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	04-11-2022
Start national recruitment:	04-11-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	106

National recruitment:

Recruitment target national:	10
Actual number of patients included:	-

ALL SCTped FORUM 2012

Protocol:	Allogeneic Stem Cell Transplantation in Children and Adolescents with Acute Lymphoblastic Leukaemia
Local Investigator:	Bierings, M.B.
National Coordinating Investigator:	Bierings, M.B.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	ALL SCTped FORUM 2012

Published articles

Total Body Irradiation or Chemotherapy Conditioning in Childhood ALL: A Multinational, Randomized, Noninferiority Phase III Study: https://ascopubs-org.proxy.library.uu.nl/doi/full/10.1200/JCO.20.02529

General

Sponsor:	St. Anna Children's Hospital Vienna
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology, Stem Cell Transplantation

Design

Study design:	The ALL SCTped 2012 FORUM is a multinational, multi-centre, randomized, controlled, prospective phase III study for the therapy and therapy optimisation for children and adolescents with ALL in complete remission. The randomization is closed since December 2018, the study continued as registration.
Primary objective:	Stratum 1 – randomisation related question was closed in December 2018; patients are in active follow-up: To show

	that a non total body irradiation (TBI) containing conditioning (Flu/Thio/ivBu or Flu/Thio/Treo) results in a non-inferior survival as compared to conditioning with TBI/Etoposide in children older than 4 years after HSCT from a Human leucocyte antigen (HLA) identical sibling donor (MSD) or a HLA matched donor (MD). Stratum 1 – MSD/MD: To explore the impact of risk factors on the incidence of adverse events of special interest (AESIs) and on overall survival and event free survival in the entire MSD/MD cohort (question 3 and 5). Stratum 2 - MMD: To explore event free survival (EFS) after HSCT from HLA mismatched donors using mismatched unrelated donors (MMD), mismatched cord blood or HLA haplo-identical family members.
Study population:	Children and adolescents less than 21 years old with the diagnosis ALL in first or any following remission with high risk (HR) or very HR of recurrence of ALL.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	10-09-2014
Start national recruitment:	04-09-2018
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	1800

National recruitment:

Recruitment target national:	33
Actual number of patients included:	-

ALLTogether01

Protocol:	ALLTogether01: A Treatment study protocol of the ALLTogether Consortium for children and young adults (1-45 years of age) with newly diagnosed acute lymphoblastic leukaemia (ALL).
Local Investigator:	Sluis, van der I.M.
National Coordinating Investigator:	Sluis, van der I.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	ALLTogether01

General

Sponsor:	Karolinska University Hospital
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology, Stem Cell Transplantation

Design

Study design:	The treatment protocol is an international multi-centre prospective, open label study arranged as a master protocol with additional non-randomised and randomized interventions. The randomised interventions are phase III and one of the non-randomised interventions is a phase II trial.
Primary objective:	he Primary Objective is to improve survival and quality of survival in children and young adults with acute lymphoblastic leukaemia (ALL) by testing a number of randomised and non-randomised interventions. Since failure of the current treatment of ALL in children and young adults are due to both under- and overtreatment, both under- and over-treatment related adverse outcomes are targeted. Thus, these interventions are designed to either:

	- decrease the risk of serious side-effects and therapy-failure by treatment-related death for patients at low risk of relapse. - decrease the risk of relapse for patients at high risk of relapse and therapy-failure by death from disease. - decrease the risk of relapse and reduce toxic side-effects for patients with genetic lesions targetable by Tyrosine-kinase inhibition by the addition of Imatinib to standard chemotherapy. - decrease the risk of serious side-effects for patients with high-risk B-cell precursor ALL by making them available for experimental immunotherapy.
Study population:	Patients with newly diagnosed T-lymphoblastic (T-cell) or B-lymphoblastic precursor (BCP) leukaemia (ALL), age 0- < 46 years, with the exception of infants with KMT2A-rearranged (KMT2A-r) BCP ALL. In the Netherlands patients with age 0 - = 25 years will be included.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	25-06-2020
Start national recruitment:	07-07-2020
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	6430

National recruitment:

Recruitment target national:	550
Actual number of patients included:	-

EsPhALL2017_COGAALL1631

Protocol:	International phase 3 trial in Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL) testing imatinib in combination with two different cytotoxic chemotherapy backbones
Local Investigator:	Pieters, R.
National Coordinating Investigator:	Pieters, R.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	EsPhALL2017_COGAALL1631

General

Sponsor:	Universita degli studi di Milano Bicocca
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	EsPhALL 2017/COG AALL1631 is an international collaborative protocol conducted by COG and EsPhALL with the primary objective of reducing treatment-related morbidity and mortality without adversely impacting DFS in Ph+ and ABL-class fusion positive ALL patients classified as Standard Risk (SR) based on low minimal residual disease (MRD) at week 10-12 of therapy.
Primary objective:	To compare disease-free survival (DFS) of Standard Risk (SR) pediatric Ph+ ALL treated with continuous imatinib combined with either a high-risk COG ALL chemotherapy backbone or the more intensive EsPhALL chemotherapy backbone.

Study population:	Patiënts with BCR-ABL1 fusion genes: newly diagnosed ALL (B-ALL or T-ALL) or mixed phenotypic acute leukemia (MPAL meeting 2016 WHO definition) with definitive evidence of BCR-ABL1 fusion by karyotype, FISH and/or RT-PCR. Age > 1 year and < 21 years at ALL diagnosis.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	27-08-2018
Start national recruitment:	09-11-2018
Expected date end of national recruitment:	27-09-2024

International recruitment:

Recruitment target protocol:	280

National recruitment:

Recruitment target national:	28
Actual number of patients included:	-

TDC KWF Caterpillar

Protocol:	The efficacy of a lock solution containing taurolidine, citrate and heparin for the prevention of tunneled central line-associated bloodstream infections in pediatric oncology patients, a randomized controlled, mono-centre trial
Local Investigator:	Wijnen, M.H.W.A.
National Coordinating Investigator:	Wijnen, M.H.W.A.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	TDC KWF Caterpillar

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	Fase III
Research areas:	Quality of Life

Design

Study design:	Investigator-initiated, mono-center, open-labelled randomized controlled trial (RCT).
Primary objective:	To compare the efficacy of the TCHL to the HL in the prevention of tunneled CLABSIs in pediatric oncology patients
Study population:	Pediatric oncology patients (n=462), ranging from 0-19 years old, who will receive a tunneled CVAD in the Princess Maxima Center.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	19-10-2020
Start national recruitment:	19-10-2020
Expected date end of national recruitment:	30-08-2023

International recruitment:

Recruitment target protocol:	462

National recruitment:

Recruitment target national:	462
Actual number of patients included:	-

APAL2020D - Venetoclax AML

Protocol:	Randomized phase 3 trial of fludarabine/cytarabine/gemtuzumab ozogamicin with or without venetoclax in children with relapsed AML
Local Investigator:	Goemans, B.F.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	APAL2020D - Venetoclax AML

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	Zwaan, C.M. & Ishimaru, S.I.
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	This is an open-label phase 3 randomized multicenter international trial in children with relapsed acute myeloid leukemia (AML), to assess if venetoclax combined with FLA+GO (fludarabine, high-dose cytarabine, and gemtuzumab ozogamicin) will improve overall survival compared to FLA+GO.
Primary objective:	To compare the overall survival (OS) of venetoclax in combination with fludarabine and high dose cytarabine (FLA), and gemtuzumab ozogamicin (GO) (FLA+GO+VEN) compared with FLA+GO alone.
Study population:	The target population of this study is: children and adolescents under the age of 18, however a limited number of young adult patients between the age of 18 and 21 years of age may be included. A minimum of 80% patients under 18 years of age is required.

	This study includes children, adolescents, and young adults without FLT3/ITD mutation in: ? second relapse, who are sufficiently fit to undergo another round of intensive chemotherapy ? first relapse who per investigator discretion cannot tolerate additional anthracycline containing chemotherapy. Refractory patients to the last line of therapy are not eligible as they will be treated in another subtrial.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	01-04-2022
Start national recruitment:	17-08-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	98

National recruitment:

Recruitment target national:	5
Actual number of patients included:	-

VACCinATE

Protocol:	Prospective monitoring of immune response following SARS-CoV-2 vaccination in children with cancer_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	VACCinATE

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	Fase IV
Research areas:	Quality of Life, Other indications

Design

Study design:	Prospective, observational parallel cohort study. Children with cancer will be compared to healthy controls (children of the same age range).
Primary objective:	To assess the immunogenicity of SARS-CoV-2 vaccination in children with cancer
Study population:	children with cancer (n=130) and controls (n=34) will be included. Healthy controls (of the same age group) as included in the PRIDE study (on the SARS-CoV-2 vaccination in Down Syndrome patients) will be used as healthy controls for this study.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	17-07-2021
Start national recruitment:	17-07-2021
Expected date end of national recruitment:	21-02-2023

International recruitment:

Recruitment target protocol:	130

National recruitment:

Recruitment target national:	130
Actual number of patients included:	-

ATRT01

Protocol:	An international prospective umbrella trial for children with atypical teratoid/rhabdoid tumours (ATRT) including A randomized phase III study evaluating the non-inferiority of three courses of high-dose chemotherapy (HDCT) compared to focal radiotherapy as consolidation therapy
Local Investigator:	Franke, N.E.
National Coordinating Investigator:	Franke, N.E.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	ATRT01

General

Sponsor:	German Paediatric Oncology Group
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	Prospective, open label multicentre, international, umbrella trial including a randomized phase III study evaluating the non-inferiority of 3 courses of high-dose chemotherapy compared to focal radiotherapy plus standard chemotherapy as a consolidation measure following conventional chemotherapy in children with ATRT ranging from 12 – 35 months at the time of consolidation (RT vs. HDCT).
Primary objective:	Part A: To test the non-inferiority, as evaluated by 2-year overall survival (OS), of three courses of HDCT compared to focal

	RT plus conventional chemotherapy as consolidation therapy following conventional chemotherapy in children with ATRT aged 12 – 35 months at consolidation therapy. Part B: To assess the efficacy, as evaluated by OS, of three courses of HDCT as a consolidation measure following conventional-type chemotherapy in children with ATRT aged <12 months or with contraindications to RT at the time of HDCT and not eligible for randomization within Part A of this protocol, compared to historical controls. Part C: To assess the efficacy, as evaluated by overall survival, of RT as a consolidation measure combined with conventional-type chemotherapy in children aged =36 months with ATRT or contraindications to HDCT and ineligibility for Part A, compared to historical controls.
Study population:	Patients with ATRT of any site and any stage.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	16-01-2023
Start national recruitment:	16-01-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	152

National recruitment:

Recruitment target national:	10
Actual number of patients included:	-

Fanconi Anemie

Protocol:	Diagnostiek, behandeling en follow-up van patiënten met Fanconi anemie. _registry
Local Investigator:	Bierings, M.B.
National Coordinating Investigator:	Bierings, M.B.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Fanconi Anemie

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	Doelstelling van deze richtlijn is te streven naar het verbeteren van levensduur en kwaliteit van FA patiënten. Dit kan worden gerealiseerd door een uniforme en geprotocolleerde patiëntenzorg in alle centra in Nederland die betrokken zijn bij diagnostiek, behandeling en follow-up van FA patiënten. Daarnaast worden de gegevens van de Nederlandse patiënten prospectief geregistreerd in een database die wordt beheerd door de Stichting Kinderoncologie Nederland (SKION, www.skion.nl). Dit is ook van belang voor Nederlandse participatie in internationale onderzoeken zoals bijvoorbeeld publicaties over het voorkomen van solide tumoren bij Fanconi anemie patiënten alsmede evaluatie van transplantatie-richtlijnen, m.b.t. effectiviteit en toxiciteit op korte en lange termijn.

Primary objective:	1. Retrospectieve en prospectieve inventarisatie van de Fanconi anemie patiënten in Nederland, de medische problematiek van deze patiënten en hun behandelingstraject. Het gaat hierbij om klinische en laboratoriumgegevens zoals leeftijd, geslacht, uitslag MMC-test en moleculaire diagnostiek, congenitale afwijkingen, hematologische parameters, androgeen gebruik, transfusies, transplantatiegegevens, solide tumoren, endocrinopathie en doodsoorzaken. Deze gegevens zullen worden verzameld en opgeslagen in een centrale database bij de SKION. 2. Geprotocolleerde diagnostiek voor Fanconi anemie patiënten, inclusief moleculaire subtypering. 3. Gestandaardiseerde centrale review van bloed- en beenmerg preparaten via de SKION. Het opzetten van een celbank voor opslag van beenmerg- en bloedmonsters van Fanconi anemie patiënten bij de SKION. Deze celbank is bedoeld voor toekomstige onderzoeksinitiatieven. 4. Het beschikbaar stellen van een “best available treatment “ behandelrichtlijn voor Fanconi anemie patiënten in Nederland. 5. Langdurige follow-up van Fanconi anemie patiënten volgens een gestructureerd follow-up schema, om het verdere beloop, complicaties en het voorkomen van secundaire tumoren te registreren. 6. De mogelijkheid bieden aan onderzoekers in en buiten Nederland verdere add-on studies te koppelen aan dit klinische protocol, dan wel te participeren in internationale studies naar FA.
Study population:	Fanconi anemie is zowel klinisch als genetisch zeer heterogeen. Inmiddels zijn 13 zogenaamde complementatie groepen gedocumenteerd, gebaseerd op cel-fusie experimenten (FA-A, B, C, D1, D2, E, F, G, I, J, L, M, N).6-11 Iedere complementatie groep representeert een ander gen en inmiddels zijn alle 13 genen geïdentificeerd.7;9;10 Van de meeste genen zijn vele verschillende mutaties beschreven, met verschillende functionele consequenties. De ziekte is doorgaans autosomaal recessief, met uitzondering van het FANCB gen, dat op het X-chromosoom

	gelegen is, en dus een geslachtsgebonden overervingpatroon heeft.12 In Nederland komt, in tegenstelling tot de rest van de wereld, met name de c.67delG mutatie van het FANCC gen, gelegen op chromosoom 9q22.3 relatief vaak voor. De indruk bestaat dat dit gepaard gaat met een relatief mild fenotype.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	01-01-2008
Start national recruitment:	01-09-2007
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	1000

National recruitment:

Recruitment target national:	100
Actual number of patients included:	-

Da Vincy Trial

Protocol:	Da Vincy Trial: optimal Duration of Aprepitant therapy for nausea and Vomiting INduced by ChEmotherapY in children: a double-blind placebo-controlled crossover randomized phase III trial
Local Investigator:	Vos - Kerkhof, de E.
National Coordinating Investigator:	Zwaan, C.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Da Vincy Trial

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology, Clinical Unit: Neuro-oncology, Clinical Unit: Solid tumors, Quality of Life

Design

Study design:	a double-blind placebo-controlled randomized cross-over phase III study
Primary objective:	To evaluate the effect of prolonged duration of (fos)aprepitant prophy-laxis on the prevention of delayed CINV (complete remission in the 24-72 hours after the final dose of chemotherapy) in children. The current 3-day regimen is compared to a regimen of (fos)aprepitant prophylaxis during the complete course of chemotherapy in the same patient in subsequent similar courses of chemotherapy, creating an intrapatient comparison of anti-emetic control. To ensure that treatment lasts equally long in both arms the 3-day regimen will be prolonged with placebo, and participants and medical staff (with the exception of phar-macy personnel) will be

	blinded.
Study population:	patients (= 6 months to = 18 years) who have documented malignancy and who are scheduled to receive moderate and highly emetogenic chemotherapy.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	03-02-2022
Start national recruitment:	21-12-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	76

National recruitment:

Recruitment target national:	76
Actual number of patients included:	-

Randomet

Protocol:	SIOP RANDOMET 2017 Randomized multi-centre open-label non-inferiority phase 3 clinical trial for patients with a stage IV childhood renal tumour comparing upfront Vincristine, Actinomycin-D and Doxorubicin (VAD, standard arm) with upfront Vincristine, Carboplatin and Etoposide (VCE, experimental arm)
Local Investigator:	Grotel, van M.
National Coordinating Investigator:	Heuvel - Eibrink, van den M.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	Randomet

General

Sponsor:	German Paediatric Oncology Group
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	Phase 3, open label, multi - centre, multi - national, randomized, noninferiority, two arms, open - label clinical tria
Primary objective:	To determine non-inferiority of preoperative 6 weeks of VCE to VAD in the overall metastatic rapid response rate (MetRR) in newly diagnosed stage 4 childhood renal tumours. The MetRR will include the pulmonary response rate (PRR) and the response rate on non-pulmonary metastasis (NPRR).

Study population:	Inclusion criteria: - Age <18 years >3 months - Patient suffering from metastatic renal tumour at initial diagnosis having at least one circumscript, non-calcified (pulmonary) nodule (or other lesion highly suspicious of metastasis according to criteria for metastatic disease) =3 mm as determined by chest CT-scan and abdominal CT-scan/MRI. Metastatic disease must be confirmed by central review. - Understand and voluntarily provide permission (subjects and when applicable, parental/legal representative(s)) to the ICF prior to conducting any study related assessments/procedures - Able to adhere to the study visit schedule and other protocol requirements - No pre-existing and ongoing cardiac malfunction disease - No pre-existing and ongoing liver function deficiency which is not controllable by substitution
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	10-04-2024
Start national recruitment:	09-04-2024
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	406

National recruitment:

Recruitment target national:	406
Actual number of patients included:	2

EWOG MDS'06

Protocol:	Prospective non–randomized multi-center study for epidemiology and characterization of Myelodysplastic Syndromes (MDS) and Juvenile Myelomonocytic Leukemia (JMML) in childhood. _registry
Local Investigator:	Haas, de V.
National Coordinating Investigator:	Haas, de V.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	EWOG MDS'06

General

Sponsor:	University Medical Center Freiburg
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	Prospective, non-randomized, multi-center study
Primary objective:	To assess the epidemiology and to characterize subtypes of MDS and JMML in childhood. • To evaluate the frequency of the different subtypes of MDS in childhood and adolescence by a standardized diagnostic approach • To evaluate the frequency of cytogenetic and molecular abnormalities, using array-CGH to evaluate the frequency of subtle chromosomal imbalances, using mFISH to identify unknown chromosomal aberrations
Study population:	Confirmed diagnosis of MDS or JMML (morphology, cytogenetics)

	Age less than 18 years
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	14-03-2007
Start national recruitment:	29-12-2006
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	100

National recruitment:

Recruitment target national:	100
Actual number of patients included:	-

LuDO-N

Protocol:	A phase II trial of 177Lutetium-DOTATATE in children with primary refractory or relapsed high-risk neuroblastom LuDO-n
Local Investigator:	Noesel, van M.M.
National Coordinating Investigator:	Noesel, van M.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	LuDO-N

General

Sponsor:	Karolinska University Hospital
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase II
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	Phase II, open label, multi-centre, single arm two stage design clinical trial
Primary objective:	To correlate tumour dosimetry with response To correlate somatostatin type 2 receptor (SSTR-2) expression with 68 Ga-DOTATOC PET/CT uptake To correlate the uptake on 68 Ga-DOTATOC PET/CT with response to 177 Lu-DOTATATE therapy
Study population:	Children and young people > 18 months old with high-risk, relapsed or primary refractory neuroblastoma (INSS stage 4 or INRGSS stage M)
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	26-01-2023
Start national recruitment:	27-01-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	24

National recruitment:

Recruitment target national:	10
Actual number of patients included:	-

EWOG SAA 2010

Protocol:	Acquired aplastic anemia: a best available treatment guideline for Dutch Childhood Oncology Group centers. _registry
Local Investigator:	Bierings, M.B.
National Coordinating Investigator:	Bierings, M.B.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	EWOG SAA 2010

General

Sponsor:	University Medical Center Freiburg
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	To developed a nation-wide registry on pediatric aplastic anemia at the DCOG trial office including data on all patients diagnosed with AA in the Netherlands in children below 19 years of age, and to add these data to the EWOG-AA database To improve the quality of the diagnosis of aplastic anemia by setting up a standardized central review process of blood and bone marrow smears and trephine biopsies To build up a cell bank at the DCOG laboratory from left over material from peripheral blood and bone marrow for further research and add-on studie
Primary objective:	This protocol gives a guideline for diagnosis, treatment and follow up of children with Aplastic Anemia. It is especially important to clarify cases of patients presenting

	with pancytopenia as caused by inherited syndromes, pre-leukemic myelodysplasia and auto-immune cytopenia. The protocol then gives guidelines for treatment and biological studies.
Study population:	Confirmed diagnosis of SAA Age: 6 months to less than 18 year
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	31-10-2023
Start national recruitment:	03-09-2010
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	100

National recruitment:

Recruitment target national:	100
Actual number of patients included:	-

FaR-RMS

Protocol:	FaR-RMS - An overarching study of Children and adults with Frontline and Relapsed Rhabdomyosarcoma
Local Investigator:	Merks, J.H.M.
National Coordinating Investigator:	Merks, J.H.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	FaR-RMS

General

Sponsor:	University of Birmingham
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	FaR-RMS is an over-arching study for patients with newly diagnosed and relapsed RMS including multi-arm, multi-stage questions with three principal aims. These are to evaluate systemic therapy through the introduction of new agent regimens, the duration of maintenance therapy, and radiotherapy to improve local control.
Primary objective:	Phase I Dose Finding Studies • To determine the recommended phase II dose (RP2D) of new systemic therapy regimens. o The first combination to be tested is irinotecan in combination with ifosfamide, vincristine and actinomycin D (IRIVA) Frontline Chemotherapy Questions • To compare systemic therapy regimens for patients

with VHR disease at diagnosis (CT1A).

- o The first new combination regimens to be compared are IVADo and IRIVA in a dose intense schedule
- To compare new systemic therapy regimens with standard chemotherapy for patients with HR disease at diagnosis. The standard chemotherapy is ifosfamide, vincristine, actinomycin D (IVA) (CT1B).
- o The first new combination regime to be compared is irinotecan combined with IVA (IRIVA) in a dose intense schedule

Radiotherapy Questions

- To determine whether pre-operative or standard post-operative radiotherapy is better for patients with resectable disease (RT1A).
- To determine whether dose escalation of radiotherapy improves the outcome in patients with a higher local failure risk (RT1B/C).
- To determine whether radiotherapy treatment of all sites of disease, including metastatic sites, when compared to radiotherapy treatment to the primary site and involved regional lymph nodes alone, improves the outcome for patients with unfavourable metastatic disease (RT2).

Maintenance Chemotherapy Questions

- To determine whether the addition of a further 12 cycles of vinorelbine and cyclophosphamide (VnC) to standard 12 cycles of maintenance chemotherapy (i.e. 24 cycles total) improves the outcome for patients with VHR disease at diagnosis (CT2A).
- To determine whether the addition of a further 6 cycles of to the standard 6 cycles (i.e. 12 cycles total) improves the outcome for patients with localised HR disease at diagnosis (CT2B).

Relapsed RMS Question

- To determine whether new systemic therapy regimens improve outcome in relapsed RMS (CT3). Initial new systemic therapy combination to be tested: The addition of temozolomide (T) to vincristine and irinotecan (VIR), (VIRT)

Study population:	Patients with newly diagnosed or relapses rhabdomyosarcoma

Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	26-10-2020
Start national recruitment:	26-10-2020
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	1672

National recruitment:

Recruitment target national:	140
Actual number of patients included:	-

iCML-Ped

Protocol:	International Study of chronic myeloid leukemia (CML) in children and adolescents (I-CML-Ped study). _registry
Local Investigator:	Luesink, M. & Luesink, M.
National Coordinating Investigator:	Luesink, M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	iCML-Ped

General

Sponsor:	CHU Poitiers
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	Observational study
Primary objective:	1) To describe the characteristics of CML in a large cohort of patients less than 18 years of age; 2) To describe the treatment policies; 3) To identify prognostic factors in this age-group; 4) To determine prognostic scoring systems in this population in order to optimize individual treatment choices; 5) To determine side effects and long term effects of treatments, mainly the tyrosine kinase inhibitor effect, on growth and development of a pediatric population.
Study population:	All patients less than 18 years of age with newly diagnosed Philadelphia positive and/or bcr-abl positive CML are eligible whatever the phase of the disease, the type of treatment and

	the enrollment or not in a clinical study.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	07-09-2011
Start national recruitment:	01-06-2018
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	600

National recruitment:

Recruitment target national:	15
Actual number of patients included:	-

VERITAS

Protocol:	An international multicenter phase II randomised trial evaluating and comparing two intensification treatment strategies for metastatic neuroblastoma patients with a poor response to induction chemotherapy A SIOPEN Study
Local Investigator:	Kraal, K.C.J.M.
National Coordinating Investigator:	Kraal, K.C.J.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	VERITAS

General

Sponsor:	Department Direction de la Recherche Clinique. Gustave Roussy
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	Fase II
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	Prospective, open-label, randomised, multi-centre phase 2 trial
Primary objective:	The main objective is to evaluate the efficacy of two intensified consolidation strategies in very-high risk neuroblastoma (VHR-NBL) patients in terms of event-free survival from randomisation date. This evaluation will follow a hierarchical testing procedure: each experimental treatment will be first evaluated as a single-arm phase 2 study, and in case of positive conclusion, the relative efficacy of both arms will then be evaluated comparatively.

Study population:	Very High-Risk Neuroblastoma; patients with insufficient response after induction chemotherapy
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	20-02-2020
Start national recruitment:	20-02-2020
Expected date end of national recruitment:	01-08-2023

International recruitment:

Recruitment target protocol:	150

National recruitment:

Recruitment target national:	16
Actual number of patients included:	-

PHITT

Protocol:	Paediatric Hepatic International Tumour Trial
Local Investigator:	Zsiros, J.
National Coordinating Investigator:	Zsiros, J.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	PHITT

General

Sponsor:	University of Birmingham
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	The PHITT trial is an over-arching study including four randomised comparisons addressing therapeutic questions. This trial will use a risk-adapted approach to the treatment of children diagnosed with hepatoblastoma (HB). Children with hepatocellular carcinoma (HCC) will also be included as separate cohort.
Primary objective:	- To evaluate if the treatment of Low Risk HB can be reduced (Group B1). - To compare different treatment regimens for Intermediate risk HB (Group C). - To compare different post induction treatment regimens for High Risk HB (Group D2). - To determine the outcome is improved when GEMOX is added to PLADO in the treatment of unresected HCC (Group F). - To collect samples for biological and toxicity studies (all groups).

Study population:	Patients = 30 years with hepatoblastoma or hepatocellular carcinoma
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	19-06-2019
Start national recruitment:	29-07-2019
Expected date end of national recruitment:	05-01-2024

International recruitment:

Recruitment target protocol:	450

National recruitment:

Recruitment target national:	25
Actual number of patients included:	-

MAKEI-V

Protocol:	Multicentre prospective trial for extracranial malignant germ cell tumours including a randomized comparion of Carboplatin and Cisplatin
Local Investigator:	Mavinkurve - Groothuis, A.M.C.
National Coordinating Investigator:	Mavinkurve - Groothuis, A.M.C.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	MAKEI-V

General

Sponsor:	UK Bonn
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	Prospective, multicentre phase III-trial in malignant extracranial germ cell tumours including a randomization between Carboplatin-and Cisplatin-combination standard chemotherapy based on a risk-stratification derived from the preceding MAKEI 96 trial andpublished data
Primary objective:	The primary objective of MAKEI V is to assess in a randomized comparison whether the efficacy of Carboplatin (600 mg/m² percycle) (AUC 7.9 mg/ml/min.) is not inferior to Cisplatin (100 mg/m² per cycle) in malignant GCT (MGCT) of intermediate, high andvery high risk with regard to Event-free survival (EFSr).
Study population:	All children and adolescents with MGCT up to 17 11/12 years of age, and patients with ovarian primaries up to 29 11/12 years of age.

Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	29-08-2023
Start national recruitment:	29-08-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	360

National recruitment:

Recruitment target national:	360
Actual number of patients included:	-

LCH-IV

Protocol:	International Collaborative Treatment Protocol for Children and Adolescents with Langerhans Cell Histiocytosis
Local Investigator:	Bos, van den C.
National Coordinating Investigator:	Bos, van den C.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	LCH-IV

General

Sponsor:	St. Anna Children's Hospital, Vienna
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	The LCH-IV is an international, multicenter, prospective clinical study for pediatric LCH (age < 18 years).
Primary objective:	- To investigate whether mortality in MS-LCH can be further decreased by an early switch of patients with risk organ involvement who do not respond to front-line therapy to more intensive salvage treatment (Stratum III or Stratum IV). - To investigate in a randomized fashion whether further prolongation (12 vs. 24 months) and intensification (± mercaptopurine) of continuation therapy will reduce the reactivation rate and permanent consequences in MS-LCH. - To investigate in a randomized fashion whether prolongation of continuation therapy (6 vs. 12 months) will reduce the reactivation rate and permanent consequences in SS-LCH patients with isolated "CNS-Risk" lesion or multifocal

bone lesions.

- To investigate whether second-line therapy with PRED/ARA-C/VCR for 24 weeks, followed by 24 months of continuation therapy (indometacin vs. 6-MP/MTX) can help achieve disease resolution, prevent further reactivations and permanent consequences in patients with non-risk LCH (MS-LCH without risk organ involvement, isolated “CNS-Risk” lesion, or multifocal bone lesions), who are non-responders to first-line therapy, or experience disease progression/ reactivation in non-risk organs on or off first-line therapy.
- To study the value of 2-CdA in patients with isolated tumorous CNS-LCH
- To study whether systemic therapy with intravenous immunoglobulin (IVIG) or low dose cytarabine for patients with clinically manifest neurodegenerative CNS-LCH can achieve improvement of the neuro-psychological symptoms.
- To study the spectrum and incidence of permanent consequences in systemically treated patients, identify possible risk factors, and assess the role of systemic treatment in their prevention
- To prospectively study the natural course of SS-LCH in patients who initially are not candidates for systemic therapy, with respect to disease progression, reactivations, need for medical interventions, as well as permanent consequences, at any time after diagnosis.

Study population:

Patients < 18 years with definitive diagnosis of Langerhans cell histiocytosis. Stratum I Group 1: Multisystem LCH:
Two or more organs/systems involved, with or without involvement of “Risk Organs” (e.g. hematopoietic system, liver, or spleen)
Stratum I Group 2: Single-system LCH:

- isolated “CNS-risk” lesion
- multifocal bone lesions (MFB)

Stratum II: Second-line treatment for non-risk LCH:
Patients of Stratum I who have:

- Progressive disease (AD worse) in non-risk organs after 6 weeks
- AD intermediate or worse in non-risk organs or AD better in risk organs after 12 weeks
- Disease progression (AD worse) in non-risk organs at any time during continuation treatment, AD intermediate or worse in risk-organs, who do not meet organ dysfunction eligibility criteria at any time of Stratum I treatment
- Active disease at the end of Stratum I treatment

- Disease reactivation in non-risk organs at any time after completion of Stratum I treatment
- Disease reactivation in risk-organs, who do not meet organ dysfunction criteriaat any time or after completion of Stratum I treatment

Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	20-01-2014
Start national recruitment:	15-01-2014
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	1400

National recruitment:

Recruitment target national:	85
Actual number of patients included:	-

HR-NBL2

Protocol:	High-Risk Neuroblastoma Study 2 of SIOP-Europa-Neuroblastoma (SIOPEN)
Local Investigator:	Tytgat, G.A.M.
National Coordinating Investigator:	Kraal, K.C.J.M. & Dierselhuis, M.P. & Tytgat, G.A.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	HR-NBL2

General

Sponsor:	Department Direction de la Recherche Clinique. Gustave Roussy
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	Randomized, international and multicentric phase 3 study that evaluates and compares 2 treatment strategies in 3 therapeutic phases (induction, high-dose chemotherapy and radiotherapy) for patients with high-risk neuroblastoma.
Primary objective:	R-I: Comparison of the EFS rate of 2 induction regimens, GPOH and RAPID COJEC, in patients with high-risk neuroblastoma. R-HDC: Comparison of the EFS rate of single HDC with busulphan and melphalan (Bu-Mel) versus tandem HDC with Thiotepa followed by Bu-Mel in patients with high-risk neuroblastoma. R-RTx: Comparison of the EFS rate of 21.6 Gy radiotherapy to the preoperative tumor bed versus 21.6 Gy radiotherapy

	and a sequential boost up to 36 Gy to the residual tumor in patients with macroscopic residual disease after HDC and surgery.
Study population:	Patients with High Risk Neuroblastoma
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	03-03-2021
Start national recruitment:	03-03-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	800

National recruitment:

Recruitment target national:	70
Actual number of patients included:	-

Umbrella

Protocol:	UMBRELLA PROTOCOL SIOP-RTSG 2016 Integrated research and guidelines for standardized diagnostics and therapy for paediatric renal tumours
Local Investigator:	Heuvel - Eibrink, van den M.M.
National Coordinating Investigator:	Heuvel - Eibrink, van den M.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	Umbrella

General

Sponsor:	Universität des Saarlandes
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	The study design of the UMBRELLA protocol includes data registration, biological sample collection and biological studies
Primary objective:	1. To show the feasibility of storing serial blood, urine samples, tumour and germline material at diagnosis and at specific time points during treatment for international collaborative studies. These will be used to validate and quantify (using multivariate analysis), the relative adverse prognostic significance of specified somatic molecular biomarkers (listed in aim 2) in relation to blastemal volume (aim 3). They will also be used for exploratory analyses of potential novel biomarkers, including circulating nucleic acids detectable in blood and urine, for diagnosis and prognosis. 2. To assess genomic 1q gain and other copy number

	variants as a prognostic biomarker in WT. Moreover, the feasibility of returning biomarker results to treatment centres within a clinically relevant time frame will be tested. 3. To optimize the definition of high risk WT, 'blastemal type' through accurate measurement of the residual blastemal cells volume including centralized 'real time' pathology and radiology review. The blastemal cell volume will be assessed in relation to other biomarkers and outcome measures including overall and event-free survival. 4. To optimize radiological diagnostics/review by (real time) central review to monitor and give appropriate feedback on diagnostic imaging quality, harmonies diagnostic procedures and standardize reporting of radiology findings. Additionally, diffusion-weighted imaging (DWI) results will be linked to pathological assessment of the tumour. 5. To optimize pathological diagnostics/review by (real time) central review to monitor and give appropriate feedback on local pathological diagnosis, stratify treatment based on central pathological review and store biological material according to standardized guidelines.
Study population:	All children, adolescents or young adults with a primary or relapsed renal tumour diagnosed in a participating SIOP-RTSG center. The inclusion of patients is independent of the histology of the renal tumour, the age of the patiënt (except for RCC patients: <18 years old) or the country of residence.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	18-03-2019
Start national recruitment:	25-02-2019
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	4500

National recruitment:

Recruitment target national:	350
Actual number of patients included:	-

NB-SCI

Protocol:	PROSPECTIVE STUDY REGISTRY OF PERIPHERAL NEUROBLASTIC TUMOURS PRESENTING WITH SPINAL CANAL INVOLVEMENT (SCI). _registry
Local Investigator:	Kraal, K.C.J.M.
National Coordinating Investigator:	Kraal, K.C.J.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	NB-SCI

General

Sponsor:	Ospedale Pediatrico Istituto Giannina Gaslini di Genova
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	Multi-centre, observational, prospective study registry.
Primary objective:	To describe the natural history of peripheral neuroblastic tumour presenting with SCI and evaluate the combined effects of different risk factors on the eventual neurologic and orthopaedic outcomes.
Study population:	Patients with a peripheral neuroblastic tumour (neuroblastoma, ganglioneuroblastoma, ganglioneuroma) presenting with symptomatic or asymptomatic spinal cord involvement
Study participation:	Multicenter

Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	01-01-2015
Start national recruitment:	01-01-2015
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	400

National recruitment:

Recruitment target national:	400
Actual number of patients included:	-

CHIP-AML22

Protocol:	CHildhood International Protocol – Acute Myeloid Leukemia (CHIP-AML) 2022: A phase III, open label trial in newly diagnosed pediatric de novo AML patients - A study by the NOPHO-DB-SHIP consortium.
Local Investigator:	Goemans, B.F.
National Coordinating Investigator:	Kaspers, G.J.L.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	CHIP-AML22

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	This will be an multinational randomized phase III open-label study with two sequential randomisations and therefore two sequential parallel group comparisons , with safety run-ins for GO, flt3-inhibitor and venetoclax. Results will also be put into perspective of that of a large, historical and similarly defined cohort very recently treated according to protocol NOPHO-DBH AML-2012 with similar chemotherapy and allo-SCT, by the same consortium. That historical cohort is also well characterized regarding treatment response, as measured by flow cytometry-based MRD status at different time-points, and events such as refractory disease, relapse and death in remission. Several objectives of CHIP-AML21 can not be proven by adequately powered randomized studies, in view of the rarity of the subgroups, and require historical

	comparisons.
Primary objective:	The overall objective of this study is to improve event-free survival, and to reduce the burden of treatment toxicity through reduction of consolidation chemotherapy.
Study population:	Children and adolescents from birth up to and including 18 years of age, with newly diagnosed and de novo acute myeloid leukemia (AML). Enrollment into the study will be based on local diagnostics. For each randomization and arm, there will be specific inclusion and exclusion criteria.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	14-07-2023
Start national recruitment:	14-07-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	905

National recruitment:

Recruitment target national:	120
Actual number of patients included:	-

PNOC022 DMG

Protocol:	PNOC022: A Combination Therapy Trial using an Adaptive Platform Design for Children and Young Adults with Diffuse Midline Gliomas (DMGs) including Diffuse Intrinsic Pontine Gliomas (DIPGs) at Initial Diagnosis, Post-Radiation Therapy and at Time of Progression
Local Investigator:	Lugt, van der J.
National Coordinating Investigator:	Lugt, van der J.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	PNOC022 DMG

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	On hold
Research phase:	Fase II
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	This is a multi-arm, multi-cohort trial using a Bayesian drug combination platform design for children and young adults with DMGs. This trial will randomize participants at study entry who are at different stages of disease (newly diagnosed (Cohort 1), post-radiation therapy but with no evidence of progression (Cohort 2), and at time of progression (Cohort 3) to different combination therapies. Given the very favorable safety profile of ONC201 and anticipated known side effects of novel agents to be used in this trial, no specific phase 1 evaluations of the combination therapy will be conducted within the confines of this trial but, toxicity will be carefully monitored throughout the trial and stopping rules will be implemented. ONC201 will be used as

	a backbone and will be combined with novel agents that have been shown in preclinical studies to be additive or synergistic in combination. At this moment, study arms 2, 4 and 6 are open, which include paxalisib as novel agent.
Primary objective:	Cohorts 1 and 2 Maintenance Combinations: - To assess efficacy of combination therapy with ONC201 and novel agent in participants with DMG based on median progression-free survival at 6 months (PFS6) Cohort 3 - To assess efficacy of combination therapy with ONC201 and novel agent in participants with recurrent DMG based on overall survival at 7 months (OS7)
Study population:	This study will enroll children and young adults (2-39 years of age) with diffuse midline gliomas (DMGs; excluding Grade 2, H3K27M negative tumors) at different stages of their disease. Cohort 1: Will include participants with newly diagnosed DMGs. Cohort 2: Will include participants with DMGs who have completed focal radiation therapy and are within 4-14 weeks from completion of radiation therapy without evidence of progression. Cohort 3: Will include participants with DMGs who have evidence of progression but have not been treated for this progression and have not previously undergone re-irradiation therapy.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	22-11-2022
Start national recruitment:	21-11-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	120

National recruitment:

Recruitment target national:	10
Actual number of patients included:	-

HIT-HGG-2013

Protocol:	International cooperative Phase III trial of the HIT-HGG study group for the treatment of high grade glioma, diffuse intrinsic pontine glioma, and gliomatosis cerebri in children and adolescents < 18 years.
Local Investigator:	Vuurden, van D.G.
National Coordinating Investigator:	Vuurden, van D.G.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	HIT-HGG-2013

General

Sponsor:	Georg-August–Universität Göttingen
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	Fase III
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	This is a multicentre prospective clinical trial in patients = 3 years and < 18 years of age with diffuse high grade glioma with central neuropathological review including WHO grade IV/CNS WHO grade 4 and WHO grade III/CNS WHO grade 3 diffuse high grade gliomas as well as diffuse high grade gliomas without a distinct grade, DIPG (as confirmed by neuroradiological review), and gliomatosis cerebri (as confirmed by neuroradiological review) which involves historical comparisons (HIT-HGG-2007 study sample).
Primary objective:	To confirm that the Event-Free Survival (EFS) in patients = 3 years of age with WHO grade IV/CNS WHO grade 4 and WHO grade III/CNS WHO grade 3 diffuse high grade gliomas as well as diffuse high grade gliomas without a distinct grade, DIPG, and gliomatosis cerebri differs for children treated with

	additional VPA compared to children in the historical HIT-HGG-2007 study sample.
Study population:	Patients = 3 years and < 18 years of age with previously untreated (diffuse) high grade glioma (WHO III and IV; as confirmed by neuropathological review), diffuse intrinsic pontine glioma (as confirmed by neuroradiological review), or gliomatosis cerebri (as confirmed by neuroradiological review).
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	15-08-2023
Start national recruitment:	08-08-2023
Expected date end of national recruitment:	20-12-2023

International recruitment:

Recruitment target protocol:	167

National recruitment:

Recruitment target national:	167
Actual number of patients included:	-

SIOP PNET 5 MB

Protocol:	An International Prospective Trial on Medulloblastoma (MB) in Children Older Than 3 to 5 Years With WNT Biological Profile (PNET 5 MB - LR and PNET 5 MB - WNT-HR), Average-risk Biological Profile (PNET 5 MB-SR), Or TP35 Mutation, and Registry For MB Occurring in the Context of Genetic Predisposition
Local Investigator:	Plasschaert, S.L.A. & Plasschaert, S.L.A.
National Coordinating Investigator:	Plasschaert, S.L.A.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	SIOP PNET 5 MB

General

Sponsor:	University Medical Center Hamburg-Eppendorf
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	LR-arm: This is an international, prospective, Phase-II, open study in patients between the ages of 3 to 5 years and less than 16 years, with ‘standard-risk’ medulloblastoma and a low-risk biological profile SR-arm: an international, prospective, Phase-III, randomised study in patients between the ages of 3 to 5 years and less than 22 years, with ‘standard-risk’ medulloblastoma and an average-risk biological profile WNT-HR-arm: an international study in patients older than 3 to 5 years, with a medulloblastoma with low-risk biological

	profile (WNT-activation) and clinically high-risk features SHH-TP53-arm: an international, prospective phase II study for patients with SHH-activated, TP53 somatic or germline including mosaicism mutated medulloblastoma Registry: registry of patients with genetic predisposition and MB
Primary objective:	LR-arm: to confirm that the 3-year event-free survival rate in children and adolescents with standard-risk medulloblastoma having a low-risk biological profile remains in excess of 80% when patients are treated with 18.0 Gy neuraxis irradiation plus boost to the primary tumour, and reduced-intensity chemotherapy. SR-arm: to test whether the event-free survival in children and adolescents with standard-risk medulloblastoma having an average-risk biological profile is different for patients treated with or without carboplatin concomitantly with radiotherapy (23.4 Gy neuraxis irradiation plus boost to the primary tumour) followed by a modified maintenance chemotherapy. WNT-HR-arm: to confirm the 3-year event-free survival of rate of 80% in children and adolescents with high-risk medulloblastoma having a low-risk biological profile when patients are treated with 23.4 Gy (35.2 Gy) neuraxis irradiation plus boost to the primary tumour (and metastates, if applicable) and reduced-intensity chemotherapy SHH-TP53-arm: to determine the superiority of event-free survival in MB SHH-TP53-mutant patients receiving treatment adapted to presence of somatic or germline TP53 mutation in comparison to historic MB SHH TP53mut cohort Registry: data on initial presentation, treatment and outcome can be documented for all medulloblastoma patients with diagnosis of a pathogenic germline alteration or cancer predisposition syndrome, who cannot be included in any prospective trial due to unavailability or due to physician or family decision. The acquired data are intended to generate a prospective data base to inform the clinical decisions on treatment for the next patients and possibly the next trials
Study population:	LR-arm: patients between the ages of 3 to 5 years and less than 16 years, with ‘standard-risk’ medulloblastoma and a low-risk biological profile. SR-arm: patients between the ages of 3 to 5 years and less than 22 years, with ‘standard-risk’ medulloblastoma and an average-risk biological profile.

	WNT-HR-arm: patients older than 3 to 5 years, with a medulloblastoma with low-risk biological profile (WNT-activation) and clinically high-risk features SHH-TP53-arm: patients older than 3 to 5 years, with SHH-activated, TP53 somatic or germline including mosaicism mutated medulloblastoma Registry: patients with medulloblastoma not eligible for the other study arms and identified with pathological germline alternation.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	17-02-2020
Start national recruitment:	17-02-2020
Expected date end of national recruitment:	11-01-2023

International recruitment:

Recruitment target protocol:	410

National recruitment:

Recruitment target national:	30
Actual number of patients included:	-

LOGGIC Core

Protocol:	LOGGIC: Low Grade Glioma in Children
Local Investigator:	Schouten - van Meeteren, A.Y.N.
National Coordinating Investigator:	Schouten - van Meeteren, A.Y.N. & Plasschaert, S.L.A.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	LOGGIC Core

General

Sponsor:	KiTZ
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	Non-interventional observational registry including biological and clinical data
Primary objective:	The overall aim of the LOGGIC Core BioClinical Data Bank is to set up a molecular and clinical data bank for pediatric low grade gliomas
Study population:	Children, adolescents and young adults 0 to 21 years old with all subtypes of LGG tumours at primary diagnosis or progression/relapse
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	12-05-2022
Start national recruitment:	12-05-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	5000

National recruitment:

Recruitment target national:	400
Actual number of patients included:	-

SIOP Ependymoma II

Protocol:	An international Clinical Program for the diagnosis and treatment of children, adolcescents and young adults with ependymoma
Local Investigator:	Lugt, van der J.
National Coordinating Investigator:	Lugt, van der J.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	SIOP Ependymoma II

General

Sponsor:	Centre Leon Berard
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	The Ependymoma Program is a comprehensive program to improve the accuracy of the primary diagnosis of ependymoma and explore different therapeutic strategies in children, adolescents and young adults, accordingly. This program is opened to all patients diagnosed with ependymoma below the age of 22 years. It will include a centralised review of pre and post-operative imaging to assess the completeness of the resection. It will also include a central review of pathology to confirm the histological diagnosis. The biological markers 1q gain, Tenascin C status, RELA-fusion, YAP fusion, H3.3K27me3 and molecular subgroup by methylation array will be prospectively assessed for prospective evaluation of disease subgroups.

Further biological evaluations will be coordinated within the integrated BIOMECA study.
After surgery and central review of imaging and pathology, patients will be offered the opportunity to undergo second look surgery, if possible. Patients will be enrolled in one of 3 different strata according to the outcome of the initial surgical resection (residual disease vs no residual disease), their age or eligibility / suitability to receive radiotherapy. These 3 different strata correspond to 3 therapeutic strategies according to the patient status.
Stratum 1: is designed as a randomised phase III study for patients who have had a complete resection, with no measurable residual disease (as confirmed by centrally reviewed MRI) and are = 12 months and < 22 years at diagnosis. Those patients will be randomised to receive conformal radiotherapy followed by either 16 weeks of chemotherapy with VEC+CDDP, or observation
Stratum 2: is designed as a randomized phase II study for patients who have inoperable measurable residual disease and who are = 12 months and < 22 years at diagnosis. Those patients will be randomized to two different treatment schedules of chemotherapy either with VEC or VEC+ high dose methotrexate (VEC +HD-MTX).
After completion of the frontline chemotherapy, patients will be assessed for response (MRI) and will receive second look surgery when feasible. For those patients who remain unresectable with residual disease despite frontline chemotherapy and for whom second line surgery is not feasible, there will be a study of the safety of a radiotherapy boost of 8 Gy that will be administered to the residual tumour immediately after the completion of the conformal radiotherapy. Patients without evidence of residual disease after the chemotherapy and/or a second look surgery are not eligible for radiotherapy boost. All patients who have not shown progression under chemotherapy will receive, as maintenance therapy, a 16 week course of VEC+CDDP following completion of radiotherapy
Stratum 3: is designed as a randomised phase II chemotherapy study in children <12 months of age or those not eligible to receive radiotherapy. These patients will be randomised to receive a dose dense chemotherapy alternating myelosuppressive and relatively non-

	myelosuppressive drugs at 2 weekly intervals, with or without, the addition of the histone deacetylase inhibitor, valproate Observational study: after staging phase, patients that do not fulfil the inclusion criteria of one of the interventional strata will be enrolled and followed up via an observational study which will be analysed descriptively
Primary objective:	Overall program: to determine whether the assessment of residual disease can be improved by a centralized review of post-operative MRI and whether such review increases the rate of complete resection compared to historical controls. Does central neurosurgical and radiological review increase resection rates? Stratum 1: to test the hypothesis that there will be an improvement in progression-free survival in patients who receive 16 weeks chemotherapy (VEC+CDDP) following surgical resection and conformal radiotherapy when compared to those that undergo surgical resection and radiotherapy alone Stratum 2: to compare the activity of 2 post-operative chemotherapy schedules, VEC or VEC+HD-MTX in patients who have incompletely resected tumour Stratum 3: to evaluate the progression free survival in children unable to receive radiation therapy and who receive valproate, as a histone deacetylase inhibitor in addition to the primary chemotherapy strategy when compared to those that undergo chemotherapy without valproate
Study population:	Stratum 1: patients with no measurable residual disease and =12 months of age - phase III Stratum 2: patients with inoperable measurable residual disease and =12 months of age - phase II Stratum 3: randomized phase II chemotherapy study in children < 12 months of age or those not eligible to receive radiotherapy
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	30-06-2020
Start national recruitment:	13-07-2020
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	30

National recruitment:

Recruitment target national:	80
Actual number of patients included:	-

IntReALL SR

Protocol:	International Study for Treatment of Standard Risk Childhood Relapsed ALL 2010
Local Investigator:	Hoogerbrugge, P.M.
National Coordinating Investigator:	Hoogerbrugge, P.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	IntReALL SR

General

Sponsor:	Charité – Universitätsmedizin Berlin
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	The IntReALL SR 2010 trial is an inter-group, international multi-centre, treatment optimization trial. It contains the followings branches: - SR induction/consolidation arm A (ALL-REZ BFM 2002, arm protocol II-IDA) versus B (UKALL-R3, arm MITOX): prospective, randomized, open label, phase III trial - SR consolidation +/- epratuzumab: prospective, randomized, open label, phase III trial
Primary objective:	- Overall: Improvement of event-free survival (EFS) probabilities in childhood relapsed ALL - Randomization 1: EFS of Arm A (ALL-REZ BFM 2002) versus B (ALLR3) in SR patients - Randomization 2: Influence of epratuzumab on EFS in consolidation of SR patients
Study population:	• Morphologically confirmed diagnosis of 1st relapsed precursor B-cell or T-cell ALL

	• Children less than 18 years of age at inclusion • Meeting SR criteria: late isolated or late/early combined BCP BM relapse, any late/early isolated extramedullary relapse • Patient enrolled in a participating centre • Written informed consent • Start of treatment falling into the study period • No participation in other clinical trials 30 days prior to study enrolment that interfere with this protocol, except trials for primary ALL Inclusion criteria specific for the epratuzumab randomization: • Precursor B-cell immunophenotype. A specific CD22 expression level is not required • M1 or M2 status of the bone marrow after induction
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	27-10-2016
Start national recruitment:	27-10-2016
Expected date end of national recruitment:	31-07-2020

International recruitment:

Recruitment target protocol:	640

National recruitment:

Recruitment target national:	15
Actual number of patients included:	-

SIOP HRMB

Protocol:	An Internatinal prospective trial on high-risk medulloblastoma in patients older than 3 years
Local Investigator:	Franke, N.E. & Plasschaert, S.L.A.
National Coordinating Investigator:	Gidding, C.E.M. & Franke, N.E. & Plasschaert, S.L.A.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	SIOP HRMB

General

Sponsor:	Birmingham Children's Hospital
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:

SIOP-HRMB is an international, prospective, phase III randomised trial in patients aged 3 years and older with 'high-risk' medulloblastoma with a high-risk biological profile. Prior to entry into the trial, patients will undergo a screening phase. This will include a clinical and molecular diagnostic assessment. Biological assessments will be carried out centrally in accordance with a national scheme, see section 18. Eligible and consenting patients will be entered into the SIOP-HRMB trial and randomised to R1 after a definitive diagnosis of high risk medulloblastoma, prior to starting induction chemotherapy. Randomisation 1 (R1) will compare three different treatment arms. Patients will be randomised between:

- Arm A: Conventional radiotherapy (36 Gy CSI) (control arm)

- Arm B: HART radiotherapy (39.2 Gy CSI)
- Arm C: High-dose chemotherapy followed by conventional radiotherapy (36 Gy CSI)

All trial patients will be randomised at trial entry. For the majority of patients taking part in R1, randomisation will take place prior to the commencement of induction chemotherapy. However, in cases of clinical urgency to start induction patients may be treated with one cycle of induction chemotherapy prior to trial entry/randomisation at the discretion of the treating Investigator. Any patients who are found to be ineligible after trial entry e.g. due to SHH P53 germline mutation will be excluded from the analysis of R1 and will be withdrawn from the trial (see section 24).

Enough time should be allowed after randomisation for stem cells to be harvested in patients randomised to the high-dose chemotherapy/conventional RT arm. Both experimental arms (Arms B and C) will be evaluated with an interim analysis with an aim to drop one of the experimental arms, so that the final analysis of R1 is a comparison of one experimental arm vs control. The interim analysis will take a 'pick-a-winner' selection design. One of the R1 treatment arms will be removed from R1 via substantial amendment. In the event that one of the experimental arms becomes unavailable for the trial, R1 will randomize between the remaining available treatment arms.

Randomisation 2 (R2) will compare two different maintenance regimens. Patients will be randomised between:

- Arm D: Maintenance therapy with vincristine (VCR)/CCNU/cisplatin alternating with VCR/cyclophosphamide (control arm)
- Arm E: Temozolomide maintenance therapy

Participation in R2 is not mandatory. Randomisation will take place after completion of radiotherapy and within 7 days prior to the planned start of maintenance therapy. Patients who take part in R1 and are treated in accordance with Arm C (high-dose chemotherapy) will
not be eligible to take part in R2, as it is felt that Arm D maintenance therapy will not be tolerated due to bone marrow suppression. This group of patients will be treated with Arm E temozolomide maintenance therapy; however will not contribute to the analysis of R2. Treatment and adverse event data will be collected for this group of patients. Patients who do not take part in R2 and have received either conventional radiotherapy alone or HART radiotherapy will be

	treated with standard maintenance therapy, as per arm D
Primary objective:	Overall program: • To evaluate whether the outcome in children, young people and adults with HR-MB is improved over standard therapy for those treated with: (i) conventional (once a day) radiotherapy (RT) (standard therapy), (ii) hyperfractionated-accelerated radiotherapy (HART), or (iii) high-dose therapy (HDT) with thiotepa followed by conventional RT. • To evaluate whether the outcome in HR-MB is different for those treated with two different maintenance chemotherapy therapies.
Study population:	Children, teenagers and adults with newly diagnosed high-risk medulloblastoma.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	17-05-2022
Start national recruitment:	19-05-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	40

National recruitment:

Recruitment target national:	40
Actual number of patients included:	-

Euronet C2

Protocol:	European Network-Paediatric Hodgkin's Lymphoma Study Group (EuroNet-PHL) Second International Inter-Group Study for Classical Hodgkin's Lymphoma in Children and Adolescents
Local Investigator:	Beishuizen, A.
National Coordinating Investigator:	Beishuizen, A.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	Euronet C2

Published articles

Risk and Response Adapted Treatment Guidelines for Managing First Relapsed and Refractory Classical Hodgkin Lymphoma in Children and Young PeopleNAP Recommendations from the EuroNet Pediatric Hodgkin Lymphoma Group:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7000476/

General

Sponsor:	University of Giessen
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	The EuroNet-PHL-C2 trial is an international, multicentre, randomised controlled trial. EuroNet-PHL-C2 is risk adapted with stage and risk factors defining the treatment level (TL) and it is response adapted with response to chemotherapy defining the radiotherapy indication. Patients are risk stratified in to one of three Treatment Levels (TL) ? TL-1, TL-2 and TL-3 for low, intermediate and advanced HL

	respectively. Patients in TL-1 are not randomised, but patients in TL-2 and TL-3 are randomised between standard COPDAC-28 versus intensified DECOPDAC-21 as soon as the TL is confirmed.
Primary objective:	1. To increase event-free survival in ERA PET-negative intermediate and advanced stage patients (TL-2 and TL-3) without radiotherapy by using intensified consolidation chemotherapy (DECOPDAC-21). 2. To demonstrate in ERA PET-positive TL-2 and TL-3 patients that the combination of intensified consolidation chemotherapy (DECOPDAC-21) plus restricted field RT to sites that remain FDG-PET positive at the late response assessment (LRA) is comparable to the standard consolidation chemotherapy (COPDAC-28) plus standard involved node radiotherapy. 3. To further reduce the radiotherapy indication in early stage patients by increasing the threshold for a positive FDG PET scan at early response assessment (ERA) to Deauville 4+ while still preserving a 5 year EFS estimate at a target of 90% or above.
Study population:	EuroNet-PHL-C2 is open to patients with untreated classical Hodgkin’s lymphoma under 18 years of age. There may be country-specific lower age limits. In Australia, France, Italy, New Zealand and UK the upper age limit can be raised to under 25 years of age (on the date of written informed consent) for patients treated within specific teenage-young adult (TYA) cancer units.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	20-10-2016
Start national recruitment:	20-10-2016
Expected date end of national recruitment:	31-12-2020

International recruitment:

Recruitment target protocol:	132

National recruitment:

Recruitment target national:	132
Actual number of patients included:	-

ICC APL study 02

Protocol:	Treatment study for children and adolescents with Acute Promyelocytic Leukemia
Local Investigator:	Kaspers, G.J.L.
National Coordinating Investigator:	Kaspers, G.J.L.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	ICC APL study 02

General

Sponsor:	Associazione Italiana Ematologia Oncologia Pediatrica
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase I/II
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	International, multi-center study, aimed at recruiting at least 46 SR patients
Primary objective:	To evaluate the efficacy in terms of event-free survival of a treatment combining arsenic trioxide (ATO) and all-trans retinoic acid (ATRA) in newly diagnosed APL standard-risk children and adolescents
Study population:	- Newly diagnosed APL confirmed by the presence of PML/RARa fusion gene - Age <18 years - Written informed consent by parents or legal guardians - If applicable, female participants must have pregnancy test by beta-HCG dosing and be negative. - Patients of child-bearing or child-fathering potential must be

	willing to practice and must contact their physician. With their physician, they must agree on the most appropriate approach for birth control from the time of enrolment in this study and for 3 months after receiving the latest infusion.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	15-08-2023
Start national recruitment:	07-07-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	90

National recruitment:

Recruitment target national:	5
Actual number of patients included:	-

ML-DS 2018

Protocol:	Phase II/III Clinical Trial for the Treatment of Myeloid Leukemia in Children with Down Syndrome 2018
Local Investigator:	Goemans, B.F.
National Coordinating Investigator:	Goemans, B.F.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	ML-DS 2018

General

Sponsor:	German Paediatric Oncology Group
Coordinating Investigator:	-
Study status:	On hold
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	ML-DS 2018 is a prospective, non-randomized, open-label, historically-controlled, international and multicenter phase III trial for children with ML-DS. The single-arm non-inferiority trial will be compared against the historical control (ML-DS 2006 trial) with event free survival as the primary endpoint.
Primary objective:	Achieving an event-free survival, which is not inferior to the ML-DS 2006 trial.
Study population:	Children with myeloid leukemia associated with Down syndrome (ML-DS).
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	23-02-2022
Start national recruitment:	23-02-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	150

National recruitment:

Recruitment target national:	10
Actual number of patients included:	-

LBL2018

Protocol:	LBL 2018 - International cooperative treatment protocol for children and adolescents with lymphoblastic lymphoma
Local Investigator:	Loeffen, J.L.C.M.
National Coordinating Investigator:	Loeffen, J.L.C.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	LBL2018

General

Sponsor:	Universitätsklinikum Münster
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	International inter-group multi-centre open-label randomized prospective clinical trial
Primary objective:	• Randomization R1 Dexamethason vs Prednisolon in induction: Cumulative incidence of relapse with involvement of the CNS (CNS-relapse, pCICR). The time to relapse is the time from randomization to the first relapse or the date of last follow-up. Other events (non-response, progressive disease, relapse, second malignancy or death before and in CR) will be taken into account as competing events. • Randomization R2 in High group (Notch1/FBXW7 wildtype) standard arm vs experimental arm with High risk blocks: Estimated probability of event-free survival (pEFS). The pEFS is the time from randomization to the first event (non-response, progressive disease, relapse, second malignancy or death from any cause) or date of last follow-up.

Study population:	Children and adolescents up to 18 years of age with untreated lymphoblastic lymphoma are potentially eligible for the study LBL 2018.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	21-06-2021
Start national recruitment:	21-06-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	683

National recruitment:

Recruitment target national:	42
Actual number of patients included:	-

Pro-Teico

Protocol:	Teicoplanin as Infection Prophylaxis in Pediatric Acute Myeloid Leukemia (Pro-Teico study)
Local Investigator:	Goemans, B.F.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Pro-Teico

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	Kaspers, G.J.L.
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology, Quality of Life

Design

Study design:	Prospective, international, multicenter, open-label, randomized clinical trial, preceded by a safety run-in. The design for the safety run-in includes the Rolling 6 design based on dose-limiting toxicity (DLT). The sample size for the randomized phase of the study is 122 evaluable patients.
Primary objective:	To assess the safety of i.v. teicoplanin prophylaxis three times per week with a two to three days interval in children with newly-diagnosed AML. A patient will be considered evaluable for safety if they experience a DLT during a prophylactic cycle with teicoplanin or, in case no DLT occurs, if exposure to teicoplanin is either at least 2 consecutive weeks with at least 5 doses of teicoplanin or at least 3 weeks in total with at least 6 out of 9 doses of teicoplanin, or 8 out of 12 doses in case of 4 weeks, or 10 out of 15 doses in case of 5 weeks.

Study population:	Pediatric patients (aged 0-19 years) with newly-diagnosed AML registered and treated according to the international Nordic Society of Pediatric Hematology and Oncology-Dutch, Belgium, Hong Kong (NOPHO-DBH) AML 2012 study protocol, or a consecutive protocol.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	20-05-2021
Start national recruitment:	20-05-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	130

National recruitment:

Recruitment target national:	55
Actual number of patients included:	-

IntReALL HR

Protocol:	International Study for Treatment of High Risk Childhood Relapsed ALL 2010 - A randomized Phase II Study Conducted by the Resistant Disease Committee of the International BFM Study Group
Local Investigator:	Hoogerbrugge, P.M.
National Coordinating Investigator:	Hoogerbrugge, P.M.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	IntReALL HR

General

Sponsor:	Charité – Universitätsmedizin Berlin
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase II
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	The IntReALL HR 2010 trial is an inter-group, international multi-centre, treatment optimization trial. It contains the following treatment arms: - induction: prospective, randomized, adaptive, open label phase II trial comparing arm A (modified ALL R3) versus arm B (modified ALL R3 + bortezomib). - post-induction single arm observational trial with intensive multidrug chemotherapy courses HC1 (modified AIEOP-BFM ALL 2009 HR1), HC2 (modified HR3) - a third post-induction chemotherapy block HC3 (modified AIEOP-BFM ALL HR2) may

	optionally be given within the IntReALL HR 2010 trial or used as standard comparator for an investigational window trial - all patients in morphological CR2 will be subjected to allogeneic HSCT - termination of the trial after completion of the 2nd or 3rd consolidation block before investigational window trial and/or allogeneic HSCT. Follow-up will be done until reaching secondary EFS / OS endpoints. - patients with insufficient treatment response (MRD = 10-3 after induction) may be allocated to individualized consolidation therapy based on individual biologic features of the leukemia, if such approaches are available
Primary objective:	Improvement of CR2 rates after induction with ALL R3 with bortezomib versus without bortezomib in HR relapsed ALL patients
Study population:	- Morphologically confirmed diagnosis of 1st relapsed precursor B-cell or T-cell ALL - Children less than 18 years of age at date of inclusion into the study - Meeting HR criteria (any T BM relapse, early/very early isolated BM relapse, very early isolated/combined extramedullary relapse) - Patient enrolled in a participating centre - Written informed consent - Start of treatment falling into the study period - No participation in other clinical trials 30 day prior to study enrolment that interfere with this protocol, except trials for primary ALL
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	18-06-2020
Start national recruitment:	18-06-2020
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	250

National recruitment:

Recruitment target national:	15
Actual number of patients included:	-

NIVO-ALCL

Protocol:	Phase II trial of nivolumab for pediatric and adult relapsing/refractory ALK+ anaplastic large cell lymphoma, for evaluation of response in patients with progressive disease (Cohort 1) or as consolidative immunotherapy in patients in complete remission after relapse (Cohort 2) (ITCC-076)
Local Investigator:	Beishuizen, A.
National Coordinating Investigator:	Beishuizen, A.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	NIVO-ALCL

General

Sponsor:	Department Direction de la Recherche Clinique. Gustave Roussy
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase II
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	A one-stage phase II trial with unacceptable ORR = 40% and promising ORR = 70%. 12 eligible and evaluable patients are required.
Primary objective:	Cohort 1: estimate the efficacy of nivolumab treatment in patients with relapsed/refractory ALK+ ALCL in terms of best objective response within the first 24 weeks Cohort 2: estimate the efficacy of nivolumab treatment as consolidative immunotherapy after CR in patients with relapsed/refractory ALK+ ALCL in terms of progression-free survival

Study population:	Cohort 1: relapsed/refractory ALK+ ALCL with progressive disease after treatment (including chemotherapy and ALK inhibitor and/or brentuximab vedotin). Cohort 2: patients with a relapsed/refractory ALCL, having achieved CR with a treatment including ALK-inhibitor or Brentuximab vedotin of at least 2 months and for whom HSCT is considered for their consolidation therapy. In this case, nivolumab for 24 months would be considered as consolidative immunotherapy instead as HSCT.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	22-12-2022
Start national recruitment:	22-12-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	43

National recruitment:

Recruitment target national:	2
Actual number of patients included:	-

Interfant-21

Protocol:	Interfant-21 - International collaborative treatment protocol for infants under one year with KMT2A-rearranged acute lymphoblastic leukemia or mixed phenotype acute leukemia
Local Investigator:	Sluis, van der I.M. & Pieters, R.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	Interfant-21

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	Stutterheim, J.
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	International multicenter open-label non-randomized phase 3 clinical trial conducted in the Interfant network. This protocol is a master protocol with sub-studies that may be performed in a limited number of countries or sites. The sub-studies are provided separately and described in section 19.2 of this protocol. During the course of this study new sub-studies may be added or sub-studies may end, which will be handled as amendments to the protocol.
Primary objective:	The primary objective is to improve the outcome (in terms of event-free survival (EFS) as the primary endpoint) of newly diagnosed KMT2A-rearranged (KMT2A-r) infant acute lymphoblastic leukemia (ALL) compared with the historical results of the Interfant06

	protocol.
Study population:	The study will enroll 160 newly diagnosed infants (= 365 days of age at the time of diagnosis) with KMT2A-r ALL or B-cell mixed phenotype acute leukemia (MPAL). The planned enrollment period is 3 years.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	13-01-2023
Start national recruitment:	15-12-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	160

National recruitment:

Recruitment target national:	12
Actual number of patients included:	-

FU poli botsarcomen

Protocol:	Functional outcome, quality of life and adverse events after local therapy for bone sarcoma in children; a multidisciplinary and standardized approach feeding into optimal follow-up care for the future'_QICR
Local Investigator:	Merks, J.H.M.
National Coordinating Investigator:	Merks, J.H.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	FU poli botsarcomen

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Solid tumors, Quality of Life

Design

Study design:	Prospective cross-sectional nationwide cohort study
Primary objective:	To determine functional outcome after local therapy in pediatric bone sarcoma survivors
Study population:	patients and survivors of pediatric Ewing sarcoma or osteosarcoma
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	01-11-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	125
Actual number of patients included:	-

Near Infrared

Protocol:	Near-infrared fluorescence imaging using indocyanine green as an adjucnt to improve standard-of-care lymph node procedure in pediatric patients with melanoma or sarcoma of head/neck/trunk, paratesticular or extremities: a feasibility trial_QICR
Local Investigator:	Wijnen, M.H.W.A.
National Coordinating Investigator:	Wijnen, M.H.W.A.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Near Infrared

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study closed
Research phase:	Fase III
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	A feasibility single-institution trial to assess the use of ICG combined with 99mTc-nanocolloid or ICG alone for the SLN procedure of paediatric patients with melanoma or sarcoma of the extremity, head, neck, trunk or paratesticular. Standard-of-care SLN procedure will be performed. When indicated ICG will be premixed with 99mTc-nanocolloid prior to injection. In accordance with the standard-of-care SLN procedure, blue dye will be used in addition if deemed necessary by the surgeon.
Primary objective:	The intraoperative detection of SLNs in paediatric patients who received a pre-operative injection of ICG-99mTc-nanocolloid or ICG alone without blue dye.

Study population:	Patients 0-18 years of age with either a malignant melanoma or a sarcoma of an extremity, head/neck/trunk or paratesticular with the indication to undergo a SLN procedure.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	07-07-2020
Expected date end of national recruitment:	03-11-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	22
Actual number of patients included:	-

Testis biopsy/PRINCE

Protocol:	Testicular Biopsies in Young Boys Diagnosed with Cancer To Cryopreserve Future Fertility; Towards a Safe and Feasible Future Autologous Cell Therapy_QICR
Local Investigator:	Wetering, van de M.D.
National Coordinating Investigator:	Wetering, van de M.D.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Testis biopsy/PRINCE

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	Intervention (prospective cohort) and retrospective follow-up
Primary objective:	1. To preserve testicular tissue of young boys with cancer with high risk of infertility and to develop the optimal tools to identify and propagate SSC (spermatogonial stem cells) in and from this tissue to allow possible autologous transplantation in the future if infertility has become apparent. 2. To gain insight in the molecular profile of isolated testicular cell fractions, including SSCs and supportive (niche) cells, before and after propagation in vitro to develop the most optimal and safe standard operation protocol for SSC isolation and in vitro propagation, to prepare for optimal circumstances of SSCs to thrive to mature spermatozoa.

	3; To follow up the unique cohort of testicular biopsied prepubertal boys diagnosed with cancer with regards to testicular damage. We will focus on local damage (ultrasound), function of the Leydig cells (androgen production) and function of the Sertoli cells (semen production and/or inhibin B) This cohort will be followed yearly x 5 years during their usual visit to the outpatient clinic. We will perform this for the prospective cohort and the retrospective cohort from the previous study NL27690.000.09
Study population:	All young boys who are diagnosed with cancer and who are scheduled to undergo treatment at high risk of infertility and who are unable to produce semen by masturbation. In addition a retrospective follow up of the previous cohort Amsterdam UMC, location AMC (102 patients).
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	17-09-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	80
Actual number of patients included:	-

QoL NEMO

Protocol:	Longitudinal Monitoring of Neuropsychological Outcomes in Pediatric Oncology_QICR
Local Investigator:	Partanen, M.H.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	QoL NEMO

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	Single-center, prospective observational cohort study
Primary objective:	To examine whether changes in brief monitoring measures of cognition and behavior are associated with functional outcomes in pediatric cancer survivors. Additional objectives are to examine trajectories, risk factors, and frequencies of neuropsychological impairment in early phases of treatment and survivorship as well as to determine the feasibility and acceptability of a neuropsychology monitoring program.
Study population:	Patients (aged 6-18 years) newly diagnosed with a brain tumor, other solid tumor, or hemato-oncological condition, followed at the Princess Máxima Center for Pediatric Oncology.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	11-06-2021
Expected date end of national recruitment:	19-05-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	168
Actual number of patients included:	-

QoL Thyrodynamics

Protocol:	The THYRO-Dynamics study: Is the dynamics of thyroid hormones during cancer treatment in children adaptive or disruptive? - a prospective evaluation_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E. & Santen, van H.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	QoL Thyrodynamics

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	Prospective observational study
Primary objective:	To obtain insight in the prevalence and severity of aberrant thyroid function determinants and individual changes of thyroid function during cancer treatment in children.
Study population:	All children (<21 years) who are diagnosed with leukemia, lymphoma, sarcoma, brain tumors or treated with stem cell transplantation in the period 2019-2021 in the Princess Máxima Center
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	10-01-2020
Expected date end of national recruitment:	01-02-2022

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	400
Actual number of patients included:	-

Sensory-2

Protocol:	Smell and Taste changes in Childhood Cancer Patients (SENSORY-2) - a Longitudinal Study_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Sensory-2

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	Prospective cohort study
Primary objective:	To study taste and smell function in childhood cancer patients at several time points during– and after chemotherapy. Secondary parameters that will be investigated by questionnaires are: eating behavior, dietary intake, health-related quality of life, and sensory processing patterns.
Study population:	Children with cancer between 6 and 17 years old, receiving chemotherapy.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	03-12-2020
Expected date end of national recruitment:	08-02-2022

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	100
Actual number of patients included:	-

Parel

Protocol:	Preserving ovarian function through cryopreservation and informing girls with cancer about infertility due to gonadotoxic treatment_QICR
Local Investigator:	Heuvel - Eibrink, van den M.M.
National Coordinating Investigator:	Heuvel - Eibrink, van den M.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Parel

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	Cohort A (laag, gemiddeld en hoog risico op onvruchtbaarheid) --> vragenlijst aan het eind van de behandeling Cohort B zijn de meisjes uit cohort A die individuele aanvullende counseling krijgen. En kiezen tussen wel (Cohort C) of geen OTC. In cohort B krijgen ze 1-2 maanden na de counseling een vragenlijst en 1 jaar na de behandeling wordt er lab afgenomen. Cohort C zijn de meisjes die een OTC ondergaan om de vruchtbaarheid te behouden. ZIj tekenen hiervoor de Parel OTC PIF. 1 dag na de OTC wordt er lab afgenomen. Er is een optionele optie om 15% van het materiaal beschikbaar te stellen voor onderzoek (dit is anders

	restmateriaal en wordt weggegooid). 1 week na OTC wordt er gecontroleerd of er zich complicaties hebben voorgedaan. 1 maand na OTC wordt er gecontroleerd of er zich complicaties hebben voorgedaan. Cohort 0 zijn patienten die een counseling hebben gehad tussen 2015-2020; zij krijgen een vragenlijst.
Primary objective:	Met dit project willen we de veiligheid van de OTC (ovarian Tissue Cryopreservation)-procedure in een nationale groep meisjes evalueren. We onderzoeken ook het effect van het invriezen van eierstokweefsel op de eicelvoorraad. Bij sommige meisjes zijn er ook tumorcellen in de eierstokken aanwezig. Door de behandeling met chemotherapie of bestraling gaan die tumorcellen kapot, ook in de eierstok in het lichaam van het meisje. De ingevroren eierstok krijgt deze (hele) behandeling niet en daar zouden dus nog tumorcellen in kunnen zitten. Om het eierstokweefsel in de toekomst veilig terug te kunnen plaatsen, willen we de eierstok controleren op tumorcellen. De beste manier hiervoor willen we verder onderzoeken. We zullen hiervoor bekende en nieuwe technieken gebruiken. Voor een deel van deze technieken kijken we ook naar het erfelijk materiaal van het meisje en de kanker. Als er in de toekomst nieuwe technieken ontwikkeld worden die kunnen helpen tumorcellen op te sporen, dan zullen we daar ook gebruik van maken.
Study population:	Meisjes die in het Prinses Máxima Centrum worden behandeld voor een vorm van kinderkanker (0-18 jaar). Zij hebben door de behandeling een hoog risico op onvruchtbaarheid. De behandeling die een meisje gaat krijgen, geeft schade aan de eicellen in de eierstokken. De kans dat een meisje onvruchtbaar wordt door de behandeling is groot, namelijk meer dan 50%. Het mogelijk om een behandeling te doen om de vruchtbaarheid te behouden.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	19-11-2020
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	515
Actual number of patients included:	-

ENERGICE

Protocol:	Resting energy expenditure in children with cancer_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	ENERGICE

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	In this prospective observational study resting energy expenditure (REE) and body composition (BC) will be measured around 6 weeks, three months and six months after diagnosis. Indirect calorimetry will be used to measure REE while BC will be determined by bio-electric impedance (BIA). Futhermore, physical activity and dietary intake will be measured during the week following the REE and BV measurements using an accelerometer on the wrist and a food diary. At last, at each time point a blood sample will be taken for cytokine analysis and validation of differences in metabolism on cellular level.
Primary objective:	The investigate the REE of children with a hematological, solid or brain malignancy during treatment.
Study population:	All children between 4-18 years with a newly diagnosed hematological, solid or brain malignancy for which treatment

	with chemotherapy is intended.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	13-02-2020
Expected date end of national recruitment:	09-05-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	90
Actual number of patients included:	-

QoL Early

Protocol:	Early detection of acute and early-onset cardiovascular toxicity in children with cancer using a multiparametric approach_QICR
Local Investigator:	Kremer, L.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	QoL Early

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	Prospective observational pilot study
Primary objective:	The aim of the study is to assess the extent to which early, subclinical cardiac dysfunction can be identified with advanced echocardiography and magnetic resonance imaging (MRI) techniques at specific time-points prior, during and shortly after initiation of treatment (for acute and early onset cardiotoxicity) in children receiving anthracyclines and/or radiotherapy as part of their cancer treatment.
Study population:	100 childhood cancer patients (0-18 years old) reveiving anthracyclines as part of their cancer treatment. Of which 30 patients with Hodgkin lymphoma or Ewing or osteosarcoma or a soft tissue sarcoma > 8 years old additional cardiac MRI evaluation.
Study participation:	Monocenter

Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	19-11-2020
Expected date end of national recruitment:	23-08-2022

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	100
Actual number of patients included:	-

Micado-2

Protocol:	Managing Insomnia after Childhood Cancer in Adolescents (Micado-2)_QICR
Local Investigator:	Litsenburg, van R.R.L.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Micado-2

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	a single center randomized-controlled clinical trial of 70 patients. At baseline patients will be randomized to either e-CBT-I (n=35) or a waiting-list condition (n=35) stratified on sleep medication use in the past month.
Primary objective:	Our primary objective is to evaluate the effectiveness of the e-CBT-i: “i-Sleep” compared to a waiting list condition on sleep efficiency at 3 months post-randomization. The secondary objectives are: a) to assess the long-term effects of the i-Sleep intervention at 6 and 12 months post-randomization; b) to assess the effects of eCBT-I on secondary outcomes: subjective sleep, sleep onset latency, night wakening’s, sleep duration, fatigue, quality of life, chronic stress and psychosocial functioning; c) to assess

	feasibility and acceptability of i-Sleep in the target population
Study population:	The study population of 70 ACC with insomnia in MICADO-2 is derived from the prior MICADO-1 study: an insomnia screening in circa 500 ACC from pediatric oncology centers the Netherlands, aged 12-30 years, currently within 10 years after diagnosis and at least 6 months since their last treatment. To achieve the necessary power in MICADO-2, taking into account a potential study drop-out of 20%, 70 patients will be included in the RCT. About 300 children and adolescents between the age of 6-18 years are diagnosed with childhood cancer each year and the overall survival rate is 75-80%. Previous research showed response rates of over 65%. Assuming an insomnia prevalence of 20-25% within the circa 500 ACC in the screening, and taking into account that some patients will not be eligible (e.g. ongoing treatment, comorbidities), we expect that enough patients can be recruited in 2.5 years
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	24-01-2019
Expected date end of national recruitment:	14-12-2021

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	70
Actual number of patients included:	-

EndoWatch-I - KWF 14984

Protocol:	ENDO-Watch (eerder hypo-watch) genoemd; the device that may serve as “external hypothalamus “to improve quality of life in children and young adolescents with hypothalamic dysfunction after surviving a supra-sellar brain tumor._QICR
Local Investigator:	Santen, van H.M.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	EndoWatch-I - KWF 14984

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	-
Research areas:	Clinical Unit: Neuro-oncology, Quality of Life, Clinical Unit: LATER

Design

Study design:	In total, 10 participants will be asked to wear the smart wearable for 14 days consecutively and to download the Corsano App. Participants will be asked to keep record of changes in their medication throughout the study. When the study period is finalized, a feasibility questionnaire will be filled out by participants and/or parents, and a semi-structured close-out interview will be held. Participants will not be asked to make any changes in their behaviour.
Primary objective:	The aim of this study is to take first steps needed for the development and implementation of a smart wearable (Corsano EndoWatch) that can detect hypothalamic imbalances by continuous monitoring of core body temperature, heart rate variability (HRV), blood pressure

	(BP), skin conductance, sleep and daily activity in children and adults with hypothalamic damage due to a suprasellar brain tumor. The adherence of continuously wearing a smart wearable by patients with hypothalamic dysfunction will be assessed in this study, as well as barriers and facilitators. Findings of study will be used for further studies in the development of the Corsano EndoWatch.
Study population:	Patients between 2-40 years old, with hypothalamic dysfunction after childhood diagnosis of, or treatment for, a (supra)sellar brain tumor (N=10: 8 children between 2-18 y.o. and 2 adults =18-40 y.o.).
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	07-06-2024
Expected date end of national recruitment:	27-08-2024

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	10
Actual number of patients included:	10

HAPPYthalamus

Protocol:	HAPPYthalamus, de app die jouw hypothalamus weer blij maakt._QICR
Local Investigator:	Santen, van H.M.
National Coordinating Investigator:	Santen, van H.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	HAPPYthalamus

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	-
Research areas:	Clinical Unit: Neuro-oncology, Quality of Life

Design

Study design:	Explorative feasibility study, in which n = 20 patients are offered the use of the Happythalamus application.
Primary objective:	To improve lifestyle of children with hypothalamic weight gain or obesity after treatment for a suprasellar brain tumor with the new developed “Happy-thalamus” application.
Study population:	The study population includes children, aged 10-18 years, with hypothalamic overweight or obesity following treatment or diagnosis of a suprasellar brain tumor (craniopharyngioma, low-grade glioma or germinoma).
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	06-02-2023
Expected date end of national recruitment:	14-02-2024

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	40
Actual number of patients included:	-

SIMBA - Kika 450

Protocol:	Seven Tesla Imaging Biomarkers of Cognitive Outcomes after Treatment for Pediatric Brain Tumor._QICR
Local Investigator:	Partanen, M.H.
National Coordinating Investigator:	Partanen, M.H.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	SIMBA - Kika 450

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	Single center observational study
Primary objective:	Age-standardized performance on a sustained attention task (K-CPT-2/CPT-3 measure) is the endpoint of the main analysis. The 7T MRI metrics measuring vasculature, metabolism, and white matter diffusion in the brain will be used to predict performance on this task.
Study population:	tudy population: Participants (n=77) will include children aged 6-23 years old, who are at least 6 months and up to 5 years after diagnosis and who have completed treatment for a posterior fossa brain tumor. There will be 3 groups (with a minimum of 10 patients) who received: - surgery/chemotherapy only (no RT) - focal proton RT - cranial-spinal proton RT

Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	25-05-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	30
Actual number of patients included:	-

LATER IZP

Protocol:	Evaluating an individual care plan for long-term follow-up care for childhood cancer survivors: a pilot implementation study
Local Investigator:	Kremer, L.
National Coordinating Investigator:	Kremer, L.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	LATER IZP

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	This pilot study is an prospective observational implementation study conducted in the LATER-outpatient clinic at the Princess Máxima Center.
Primary objective:	The primary objective of this study is to examine user satisfaction with the LATER-ICP (product and process) among CCSs and their LATER-HCPs.
Study population:	The LATER-ICP pilot study will comprise of 20 consecutive CCSs and their LATER-HCPs. To be eligible for participation CCSs should be diagnosed with any type of cancer under the age of 19, survived at least 5 years after diagnosis, aged at least 16 years at time of the study, treated with chemotherapy and/or radiotherapy, receive follow-up care in the LATER-outpatient clinic of the Princess Máxima Center, and adequately master the Dutch language.

Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	25-10-2023
Expected date end of national recruitment:	29-03-2024

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	20
Actual number of patients included:	-

Follow-on study

Protocol:	Very long-term FOLLOW-up of symptomatic OsteoNecrosis after treatment for childhood acute lymphoblastic leukemia_QICR
Local Investigator:	Heuvel - Eibrink, van den M.M.
National Coordinating Investigator:	Heuvel - Eibrink, van den M.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Follow-on study

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Quality of Life

Design

Study design:	The design of this study is a single-center observational cross-sectional descriptive study in a well-documented Dutch cohort of long-term childhood ALL survivors who have experienced symptomatic osteonecrosis during or shortly after discontinuation of treatment (DCOG ALL-9, 10, 11 and the EsPhALL protocol).
Primary objective:	To assess the long-term physical sequelae and prevalence of long-term physical morbidity in childhood ALL survivors who have experienced symptomatic osteonecrosis during or shortly after discontinuation of treatment (according to DCOG ALL-9, 10, 11 and the EsPhALL protocols).
Study population:	The very long-term follow-up of childhood ALL survivors who have experienced symptomatic osteonecrosis will be studied in a well-documented cohort of 70 Dutch patients who have

	been treated for ALL from 1997-2015, according to DCOG ALL-9 (1997-2004), ALL-10 (2004-2012), ALL-11 (2012-2015), Dutch EsPhALL 2004 (2005-2009), and Dutch EsPhALL 2010 (2010-2014) treatment protocols, and who have developed symptomatic osteonecrosis during or shortly after discontinuation of treatment.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	06-12-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	72
Actual number of patients included:	-

CONTACT/Optimaliseren diagnosegesprek

Protocol:	Analyse van patiëntgerichte communicatie tijdens het diagnosetraject bij kinderen met hematologische maligniteiten._QICR
Local Investigator:	Grootenhuis, M.A.
National Coordinating Investigator:	Grootenhuis, M.A.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	CONTACT/Optimaliseren diagnosegesprek

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Quality of Life

Design

Study design:	The current observational prospective pilot study uses a mixed-methods design, comprising both qualitative (audio-recordings and interviews) and quantitative (standardized questionnaires) components.
Primary objective:	The objective of this pilot study is to describe communication processes during the diagnosis trajectory according to the domains of patient-centered communication and to evaluate patient, parent and HCP experiences with the diagnosis trajectory.
Study population:	We expect to include 30 children, (one of) their parents and their primary healthcare provider between start of the study over the course of one year. The inclusion criteria are (1) a new hematologic malignancy diagnosis, (2) children aged 0-

	18 years at the time of diagnosis.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	19-05-2022
Expected date end of national recruitment:	31-07-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	90
Actual number of patients included:	-

BSI prediction - VIKinG

Protocol:	Voorspellen van Infecties bij KINderkanker met ontlastinG._QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	BSI prediction - VIKinG

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Quality of Life

Design

Study design:	The study will be conducted as a mono-centre observational prospective cohort study. All patients will be monitored and asked to collect a faecal sample at predefined time points. Patients will be included in the study after the first chemotherapy course.
Primary objective:	To study the association between gut microbiota composition and the development of blood stream infections in children with haematological malignancies.
Study population:	Patients 1-18 year diagnosed with acute myeloid leukaemia (AML) or lymphoma patients receiving treatment according to the current Burkitt's lymphoma protocol including potential amendments and needing treatment with chemotherapeutic agents.

Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	23-03-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	108
Actual number of patients included:	-

Symptom ap/Approach - sponsor

Protocol:	KWF 14874 - Symptom management in children with advanced cancer: the development of a symptom app_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Symptom ap/Approach - sponsor

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	This is a prospective study using qualitative research methods, and codesign. Interviews will be conducted with patients with advanced cancer and parents/caregivers to explore their experiences with symptoms and their needs. In a focus group with parents of a deceased child, their experiences with symptoms and symptom management will be discussed. In a focus group with HCPs, their ideas about patient symptom assessment and symptom management and the integration of the app in the dayto- day workflow will be collected. After having obtained this information on needs and wishes, a co-design process with all involved stakeholders (HCPs, patients, and parents),

	consisting of three phases, will be conducted to develop the symptom app.
Primary objective:	We propose to develop an app for systematic symptom assessment using patient-reported outcomes (PROs) that supports children and their families in the palliative phase of cancer and helps to diminish the impact of distressing symptoms. The app should support parents in the care for their child, be helpful in communication with the healthcare professionals (HCPs), and support HCPs to deliver patient-centered and evidence based care. To ensure that the app meets the needs of patients and HCPs, we propose for the development of the app the co-design method with optimal user involvement in combination with traditional research methods.
Study population:	- Children aged 0-18 years with (advanced) cancer and/or their parents/caregivers. - Parents of a child with cancer who passed away in the last five years - Healthcare professionals with at least twelve months experience in caring for children with advanced cancer (pediatric oncologists, pediatricians, nurse practitioners, (pediatric oncology)nurses and general practitioners) - Work package 1 (select list of symptoms + PROM): o 6-12 children with advanced cancer and 6-12 parents. o 4-6 parents of a deceased child. - Work package 2 (developing the app): o 6-10 healthcare professionals (for focus group) o Phase 1: 6-10 children with cancer (or their parents) o Phase 2: 5-10 children with cancer (or their parents) o Phase 3: 9-12 children with cancer (or their parents) o In each phase, 4-6 HCPs can participate. Children, parents, and HCPs can participate more than once in the co-design phases.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	08-02-2024
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	73
Actual number of patients included:	20

Watch Us Move

Protocol:	Watch Us Move: Real-time physical activity tracking in children with cancer: a feasibility and quality improvement study_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Watch Us Move

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	To improve feasibility of long-term physical activity tracking in children with cancer, this prospective quality-improvement study will encompass several iterative cycles in which parent- and patient-acceptance and wear-ability but also practical and technical barriers and facilitators will be evaluated. Therefore, subjects will be asked to wear a non-invasive wrist-worn consumer-level smartwatch for three months consecutively. Parent- and patient-acceptance, wear-ability and practical and technical barriers and facilitators will be evaluated and improved using Plan-Do-Study-Act cycles at evaluation points. In addition, the smartwatch's step count and heart rate measures will be validated in children with cancer.
Primary objective:	The primary aim of this study is to examine feasibility of long-term physical activity tracking in children during treatment for cancer. Secondly, the step count and heart rate validity of a

	consumer-level smartwatch in children with cancer will be established.
Study population:	Children aged 8-18 years, who are currently being treated at the Princess Máxima Center for Pediatric Oncology will be included in this study over a timespan of two years.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	11-04-2023
Expected date end of national recruitment:	13-06-2024

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	30
Actual number of patients included:	-

VANISH

Protocol:	The evolution of pulmonary lesions on high resolution computed tomography scans in immunocompromised children with an suspected invasive fungal disease_QICR
Local Investigator:	Bont, L. J.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	VANISH

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Stem Cell Transplantation, Quality of Life

Design

Study design:	Prospective observational
Primary objective:	The primary objective of our study is to examine the evolution of pulmonary lesions on serial High Resolution Computed Tomography (HRCT) scans in pediatric patients with possible or probable/ proven IA by evaluating the volume of lesions of serial HRCT scans.
Study population:	Children with hemato-oncological malignancies or undergoing an allogenic hematopoietic stem cell transplantation (HSCT) diagnosed with possible or probable/proven invasive fungal infection.
Study participation:	Monocenter

Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	02-04-2024
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	32
Actual number of patients included:	-

Educational priorities

Protocol:	Educational priorities in a paediatric oncology curriculum for general practice paediatricians: a national modified Delphi study_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Educational priorities

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Clinical Unit: Neuro-oncology, Clinical Unit: Solid tumors, Quality of Life

Design

Study design:	First, five focus groups will be performed with general pediatricians, pediatric oncologists, parents and patients. Hereafter, a three-round modified Delphi consensus technique will be performed among general paediatricians (n=100) working in different general hospitals in the Netherlands
Primary objective:	This study will list general paediatricians' educational needs and priorities for a curriculum about paediatric oncology for general paediatricians in the CPD domain. This learner and task analysis is the starting point for this curriculum about this rare disease.
Study population:	Study population in Part 1 (focusgroups): 8-10 paediatric oncologists, 8 -10 general paediatricians working in general

	hospitals, 8 -10 general paediatricians working in a shared care hospital and 8-10 parents/children >16 years. Study population in part 2: Part 2 is a modified 3 round Delphi consensus among 100 general paediatricians in the Netherlands.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	10-03-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	16
Actual number of patients included:	-

LATER MetVasA - Kika 433

Protocol:	Metabolic syndrome and vascular damage in relation to accelerated aging in survivors of hematopoietic stem cell transplantation for hematological malignancy: towards preventive lifestyle interventions._QICR
Local Investigator:	Bresters, D. & Pluijm, S.M.F.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	LATER MetVasA - Kika 433

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Quality of Life, Clinical Unit: LATER

Design

Study design:	This is a retrospective (for data on childhood cancer and treatment) and cross-sectional (for sociodemographic factors, lifestyle behavior and end points) observational study in two cohorts of long term survivors of HSCT for a hematological malignancy. Data in the first cohort have already been collected in the Dutch Childhood Cancer Survivorship Study (DCCSS)-LATER2 study (cancer diagnosis between January 1963 and January 2002) and will be analyzed for this study. A second cohort of HSCT survivors with a cancer diagnosis between January 2002 and January 2021 will be invited for this study in the late effects clinic.
Primary objective:	The primary aims of this study include investigation of: 1. the prevalence and possible risk factors, including

	treatment and lifestyle behavior, of the metabolic syndrome (MetS) and its components (e.g. obesity and high blood pressure). 2. the prevalence and possible risk factors, including treatment and lifestyle behavior, of endothelial dysfunction (ED). 3. the prevalence and risk factors, including treatment and lifestyle behavior, of clinical phenotypes of accelerated aging, and its indicators, including: inflammation, “multimorbidity”, low muscle and high fat mass, muscle strength, poor physical performance and physical function.
Study population:	The first cohort (cohort I) consists of 102 adults (at least 18 years and older) HSCT survivors transplanted for a hematological malignancy, who participated in the Dutch Childhood Cancer Survivorship Study (DCCSS)-LATER2 study. The second cohort (cohort II) will consist of about 120 HSCT survivors, including children and adults, treated with HSCT between 01-01-2002 and 01-01-2021 for a hematological malignancy, who are 4 years of age or older at inclusion and at least 2 years after HSCT, and who will visit the LATER clinic of the Máxima between 2023 and 2026 for care.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	12-12-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	120
Actual number of patients included:	-

KinderOnconet

Protocol:	Development and Evaluation of a National Network of Allied Health Professionals working with Children with Cancer to improve Participation and Quality of Life (KinderOncoNet)_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	KinderOnconet

Published articles

The views of parents of children with cancer and pediatric physical therapists on a network for continuity and optimal quality of care for children with cancer: KinderOncoNet: https://pubmed.ncbi.nlm.nih.gov/38055083/

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	The project will be a development and research design. The research part will be a mixed methods approach, with quantitative (survey) and qualitative focus groups to collect data on the needs of multiple stakeholders. Through co-creation sessions we will develop knowledge products in partnership with parents/children, define responsibilities and care processes. Subsequently, we evaluate the functioning of this network.
Primary objective:	The development and realization of a National Network of

	Allied Health Professionals working with children with cancer and their families, KinderOncoNet, informed by the results of identified needs of children, families and healthcare professionals
Study population:	Healthcare professionals from the following selection of allied health professionals' disciplines: pediatric physiotherapy, dietetics, occupational therapy, and speech and language therapy, and with relevant stakeholders, including children and parents as well as service organizations.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	15-05-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	45
Actual number of patients included:	-

Pilot ademonderzoek

Protocol:	Detectie van schimmelinfecties in uitademingslucht: een pilot studie_QICR
Local Investigator:	Lindemans, C.A.
National Coordinating Investigator:	Lindemans, C.A.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Pilot ademonderzoek

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Stem Cell Transplantation, Quality of Life

Design

Study design:	Het onderzoek is een prospectieve observationele pilot studie bij patienten die in het Prinses Máxima Centrum diagnostiek naar schimmelinfecties ondergaan. Ademmonsters worden afgenomen van de studie- en controlegroep. De ademmonsters worden geanalyseerd door middel van Gas chromatography – mass spectometry (GC-MS) om vast te stellen of er onderscheid gemaakt kan worden tussen een invasieve pulmonale schimmelinfectie versus de afwezigheid van een schimmelinfectie.
Primary objective:	Is het mogelijk om, door middel van het analyseren van uitgeademde lucht met behulp van GC-MS, immuun gecompromitteerde kinderen met en zonder een invasieve pulmonale schimmelinfectie accuraat van elkaar te onderscheiden?

Study population:	Onderzoekspopulatie: Kinderen van 1-18 jaar met een hemato-oncologische aandoening en een verdenking op een schimmelinfectie. Controlegroep: Kinderen van 1-18 jaar zonder verdenking op een schimmelinfectie die gescreend worden voordat zij een stamceltransplantatie zullen ondergaan.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	17-02-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	42
Actual number of patients included:	-

SPACE

Protocol:	Satisfaction with Port-A-Cath (PAC) location in pediatric oncology patients_QICR
Local Investigator:	Wijnen, M.H.W.A.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	SPACE

Published articles

Satisfaction of Paediatric Oncology Patients, Survivors, and Nurses with the Position of Their Totally Implantable Venous Access Port (SPACE-Study): https://pubmed.ncbi.nlm.nih.gov/38212153/

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Clinical Unit: Solid tumors, Clinical Unit: Neuro-oncology, Quality of Life, Stem Cell Transplantation

Design

Study design:	Observational prospective questionnaire study. All participants (N=140) will be included within three months. Patient characteristics will be obtained from the patient files. Every participant will be asked to complete one questionnaire. Additionally, the scar of childhood cancer survivors will be evaluated once by the investigator.
Primary objective:	To compare hindrance and scar-related symptoms between PACs inserted at the anterior thoracic wall versus the lateral

	thoracic wall as reported by pediatric oncology patients or their parents. To compare hindrance between PACs inserted at the anterior thoracic wall versus the lateral thoracic wall as reported by pediatric oncology nurses. To observe scar-related symptoms and scar appearance as reported by survivors of pediatric oncology who previously received a PAC at the anterior thoracic wall during their treatment (PACs were previously not inserted at the lateral thoracid wall).
Study population:	To investigate the objectives, we will evaluate four different groups with different inclusion and exclusion criteria. Parents of children with pediatric cancer 0-<8 years old (n=40) Children diagnosed with pediatric cancer =8-<19 years old (n=40) Pediatric oncology nurses (n=30) Pediatric cancer survivors >25 years old (n=30, 15 male, 15 female)
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	25-04-2022
Expected date end of national recruitment:	20-06-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	110
Actual number of patients included:	-

OpKoersOnline

Protocol:	Empowering parents in pediatric oncology with an online cognitive-behavioral based group intevention: a randomized controlled trial_QICR
Local Investigator:	Grootenhuis, M.A.
National Coordinating Investigator:	Grootenhuis, M.A.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	OpKoersOnline

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study closed
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	A Randomized Clinical Trial (RCT) with two conditions (Intervention and Waitlist-control) is proposed to assess the efficacy of the online intervention. Feasibility of the intervention will be assessed cross-sectionally.
Primary objective:	The present study aims to evaluate efficacy and feasibility of a cognitive behavioral-based online group intervention that focuses on the specific issues that play a role in parents coping with a child with cancer. The intervention, led by psychologists, aims to improve psychosocial wellbeing, and to prevent psychosocial problems by improving coping skills.
Study population:	Parents are eligible if their child is diagnosed with any cancer at the age of 0-18 years, is within 5 years from diagnosis, and is still living with their parents at the time of recruitment.
Study participation:	Monocenter

Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	03-09-2020
Expected date end of national recruitment:	01-01-2022

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	98
Actual number of patients included:	-

PrediCT

Protocol:	The contribution of genetic predisposition to pediatric cancer: a study integrating extensive phenotyping and state of the art genotyping_QICR
Local Investigator:	Jongmans, M.C.J.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	PrediCT

Published articles

Comparison of clinical selection-based genetic testing with phenotype-agnostic extensive germline sequencing to diagnose genetic predisposition in children with cancer: a prospective diagnostic study: https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(24)00144-5/abstract

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	Prospective nationwide cohort study. We will use WES-data generated routinely from all children diagnosed with cancer or neoplasms in the Princess Máxima Center. After informed consent, a panel of known pediatric cancer predisposing genes will be analysed in the germline data. In the Hemato add-on study, children with hematological malignancies will be additionally analysed for a panel of potentially relevant PID- and IBMFS-associated genes (separate informed consent requested retrospectively for already included patients, or prospectively for newly recruited patients). In

	addition, patients and parents will be recruited for a psychosocial add-on study consisting of two questionnaires. The first questionnaire focuses on the counselling and decision-making process; the second on the feedback of sequencing results. Furthermore, a subset of teenage participants will be recruited for qualitative interviews to explore their perspectives in more depth.
Primary objective:	ediatric cancer predisposition syndromes diagnoses (molecular and/or clinical). We will compare the number of cancer predisposition syndromes diagnosed by the genotype first approach (molecular diagnosis based on WES panel analysis) to the phenotype first approach (clinical diagnosis and/or molecular diagnosis based on targeted tests).
Study population:	A prospective cohort of children (age < 19 years) who are newly diagnosed with and/or treated for cancer or neoplasms at the Princess Máxima Center in a period of three years. The Hemato add-on study will only include children with hematological malignancies. The psychosocial add-on study will recruit all parents of these children and children over the age of 12.
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	29-03-2023
Expected date end of national recruitment:	30-06-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	843
Actual number of patients included:	-

Pinocchio

Protocol:	PINOCCHIO-study: Pharmacokinetics of cytostatic agents in children's oncology_QICR
Local Investigator:	Zwaan, C.M.
National Coordinating Investigator:	Huitema, A.D.R. & Zwaan, C.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Pinocchio

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Quality of Life, Clinical Unit: Hemato-oncology, Clinical Unit: Neuro-oncology, Clinical Unit: Solid tumors

Design

Study design:	This study has two strata. Stratum 1 will investigate the PK/PD of the most used chemotherapeutic agents in pediatric oncology. Stratum 2 will investigate the PK/PD of the most used target kinase inhibitors in paediatrics. Prospectief observationeel
Primary objective:	to assess the pharmacokinetics of various cytotoxic agents (carboplatin, cisplatin, cytarabine, dactinomycin, daunorubicin, doxorubicin, etoposide, methotrexate and vincristine) TKIs (ALK inhibitors, MEK inhibitors, BCR-ABL inhibitors, EGF-R Inhibitors, FLT3 inhibitors, NTRK inhibitors, and Multikinase inhibitors) and their known metabolites (if applicable) in children to characterize the age-related changes in pharmacokinetics.

Study population:	Stratum 1: kinderen 0-17 jaar behandeld met chemotherapeutica Straum 2: kinderen 0-21 jaar behandeld met TKIs
Study participation:	Monocenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	26-06-2018
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	810
Actual number of patients included:	-

LTF-304

Protocol:	Longterm Follow-up of Subjects With Cerebral Adrenoleukodystrophy Who Were Treated With Lenti-D Drug Product
Local Investigator:	Lindemans, C.A.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	LTF-304

General

Sponsor:	BlueBirdBio Inc
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Stem Cell Transplantation

Design

Study design:	This is a multi-center, long-term safety and efficacy follow-up study for subjects with cerebral adrenoleukodystrophy (CALD) who have received eli-cel in parent clinical studies.
Primary objective:	Monitor for long-term safety of the Lenti-D Drug Product (also known as elivaldogene autotemcel; hereafter referred to as eli-cel) administered in parent clinical studies. Monitor for long-term efficacy of eli-cel administered in parent clinical studies
Study population:	Subjects who have received eli-cel in parent studies and who meet the

	eligibility criteria for LTF-304.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	07-02-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	2
Actual number of patients included:	-

ALD 104

Protocol:	A Phase 3 Study of Lenti-D Drug Product After Myeloablative Conditioning Using Busulfan and Fludarabine in Subjects = 17 Years of Age With Cerebral Adrenoleukodystrophy (CALD)
Local Investigator:	Lindemans, C.A.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	ALD 104

General

Sponsor:	BlueBirdBio Inc
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	Fase III
Research areas:	Stem Cell Transplantation

Design

Study design:	This will be an international, non-randomized, open-label, multi-site study in male subjects with CALD (= 17 years of age at enrollment). Approximately 35 subjects will be infused with eli-cel after myeloablative conditioning with busulfan and fludarabine. The study has 4 distinct phases after informed consent/assent: • Screening and Enrollment. Subjects who meet eligibility criteria based on screening assessments are considered enrolled. Patients who do not meet eligibility criteria are considered screen failures. • CD34+ Cell Collection, Transduction, Disposition of eli-cel,

and
Reconfirmation of Eligibility
• Conditioning and Washout, followed by eli-cel Infusion on Day 1
• Maintenance (Follow-up) (Day 2 through Month 24)
From Screening through when it is assessed that the subject is stably transplanted
(by approximately the Month 3 Visit), visits will occur at one of a small number
of sites (referred to as primary study sites). However, due to the rarity of CALD,
it is likely that some subjects may have to travel far for participation at the
primary study sites. Therefore, after the subject is stably transplanted,
arrangements will be made wherever possible to open up a suitable site closer to
the subject's home (referred to as secondary study sites) where they should attend
subsequent visits. In all cases, subjects will be asked to return to their primary
study site for their assessments for Month 12 and Month 24 Visits to ensure
consistency in key efficacy assessments.
Screening Phase tests and procedures will determine study eligibility.
Subjects who are confirmed to be eligible and are enrolled in the study will
undergo hematopoietic stem cell (HSC) mobilization mediated by granulocyte
colony stimulating factor (G-CSF, either filgrastim or lenograstim) and
plerixafor, and cells will be harvested by apheresis using institutional practice
treatment guidelines. The harvested cells will be selected for the CD34+ marker
to enrich for HSCs, transduced with Lenti-D lentiviral vector (LVV), stored
frozen in cryopreservation solution while aliquots are being tested to ensure they
meet product quality specifications.
Only after the transduced cells are dispositioned for clinical use and the drug
product is at the clinical site will the subject undergo

	myeloablation with busulfan intravenous (IV) and fludarabine IV. There should be a minimum of 48 hours of washout after conditioning before drug product infusion. Eli-cel will be administered by IV infusion through a central venous catheter. Back-up cells (mobilized peripheral blood mononuclear cells [PBMCs]) will also be harvested during apheresis and stored frozen in accordance with institutional guidelines. If back up cells cannot be procured from apheresis, a bone marrow (BM) harvest may be performed. All subjects will be followed for approximately 24 months post-drug product infusion under this protocol. Then, subjects are expected to be followed for an additional 13 years under a separate follow-up protocol (LTF-304).
Primary objective:	To evaluate the efficacy and safety of Lenti-D Drug Product (also known as elivaldogene autotemcel or Skysona, hereafter referred to as eli-cel) after myeloablative conditioning with busulfan and fludarabine in subjects with CALD
Study population:	Males aged 17 years and younger, and active CALD as defined by: a. Elevated very long chain fatty acids (VLCFA) values, and b. Active central nervous system (CNS) disease established by central radiographic review of brain magnetic resonance imaging (MRI) demonstrating i. Loes score between 0.5 and 9 (inclusive) on the 34-point scale, and ii. Gadolinium enhancement (GdE) on MRI of demyelinating lesions.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	24-09-2020
Expected date end of national recruitment:	24-03-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	6
Actual number of patients included:	-

PAVO studie - CCTL019A2205B

Protocol:	Long Term Follow-up of Patients Exposed to Lentiviral-Based CD19 directed CAR T-CELL Therapy
Local Investigator:	Zwaan, C.M.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	PAVO studie - CCTL019A2205B

General

Sponsor:	Novartis Pharma B.V.
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Stem Cell Transplantation, Clinical Unit: Hemato-oncology

Design

Study design:	This is a global, prospective, multi-center study that is designed as a basket protocol to follow all enrolled patients for safety and efficacy, who have received a Novartis or Penn CAR-T therapy
Primary objective:	Describe selected, delayed AEs that are suspected to be related to previous CAR T-cell therapy as outlined in current Health Authority guidelines.
Study population:	All patients who have been treated with Novartis or Penn CAR-T for any indication.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	08-04-2020
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	25
Actual number of patients included:	-

SDM bottumoren

Protocol:	Evaluatie van “Shared Decision Making” (SDM) bij primaire maligne bottumoren chirurgie rond de knie bij kinderen en jongvolwassenen_QICR
Local Investigator:	Merks, J.H.M.
National Coordinating Investigator:	Merks, J.H.M. & Bramer, J.A.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	SDM bottumoren

General

Sponsor:	Amsterdam UMC - Lokatie AMC
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Solid tumors, Quality of Life

Design

Study design:	Het is een longitudinaal prospectieve multicenter cohort studie.
Primary objective:	et doel van deze studie is het evalueren van “Shared Decision Making” bij de besluitvorming van de chirurgische interventie bij kinderen en jongvolwassenen met een primaire maligne bottumor rond de knie. De hypothese is dat door de patiënt goed te informeren en de keuze gezamenlijk te maken we een betere geïndividualiseerde keuze bij elke patiënt bewerkstelligen alsmede een beter verwachtingspatroon betreffende het uiteindelijke resultaat na operatie. De verwachting is dat daarmee op lange termijn de kwaliteit van leven zal verbeteren
Study population:	Alle kinderen en jongvolwassen (0-25 jaar oud) die zich presenteren met een osteosarcoom of Ewing-sarcoom rond de knie in het AmsterdamUMC of het Prinses Máxima

	Centrum.
Study participation:	Multicenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	19-10-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	35
Actual number of patients included:	-

RELIVE

Protocol:	International registry for patients with a relapsed or refractory hepatoblastoma or hepatocellular carcinoma. _registry
Local Investigator:	Zsiros, J. & Kraal, K.C.J.M.
National Coordinating Investigator:	Zsiros, J. & Kraal, K.C.J.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	RELIVE

General

Sponsor:	University of Geneva
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Solid tumors

Design

Study design:	The registry is designed as a REDCapTM database residing on a server hosted by Geneva University Hospital, with a web-based user interface allowing data entry, data cleaning, and data access for the purpose of data aggregation and evaluation according to the principles defined in section 10.
Primary objective:	1. To achieve an overview of the past approaches and recent developments in the treatment of refractory or relapsed HB, HCC or HCN NOS in children, and 2. To investigate the short- and longterm outcomes in patients treated with these regimens in order to identify the most promising treatment approaches for this patient cohort.
Study population:	Patients with documented relapsed or refractory hepatoblastoma (HB), hepatocellular carcinoma (HCC) or

	hepatocellular neoplasm not otherwise specified (HCN NOS)
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	10-06-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	100
Actual number of patients included:	-

PanCareSurPass WP1

Protocol:	Facilitators and barriers for scaling up use of SurPass v2.0 in three health-system scenarios – a survey study
Local Investigator:	-
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	PanCareSurPass WP1

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	Kremer, L.
Study status:	Study finalisation
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	nan
Primary objective:	nan
Study population:	nan
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-

Start national recruitment:	01-01-2022
Expected date end of national recruitment:	01-01-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	-
Actual number of patients included:	-

DIAMONDS

Protocol:	Diagnosis and Management of Febrile Illness using RNA Personalised Molecular Signature Diagnosis_QICR
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	Tissing, W.J.E.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	DIAMONDS

General

Sponsor:	UMC Utrecht
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	-
Research areas:	Other indications, Quality of Life

Design

Study design:	DIAMONDS Search is the first clinical component of the DIAMONDS study. The DIAMONDS consortium will acquire clinical data and research samples (including but not limited to RNA samples) from subjects with infectious or inflammatory disease through prospective recruitment of patients attending at the participating European, West African and Asian DIAMONDS consortium clinical sites (emergency department, inpatient and out-patient settings), as part of an observational study. DIAMONDS Search is designed to obtain research samples and clinical information required for the prototype PMSD device configuration and design. In total, an estimated 5,000 samples from adults and children will recruited. These will be supplemented with samples from well-curated collections held by collaborators. For prospective recruitment, subjects will have research

	samples collected at presentation, during the acute illness and at convalescence, where possible taken at the same blood draw alongside their usual clinical tests, but otherwise as agreed by the patient or their carer/parent. Written consent and assent (if applicable) will be obtained for all subjects taking part. Clinical nodes will work with existing or new local networks of collaborating centres and investigators. The Principal Investigator in each node will take responsibility for local networks including budget and local ethics. Prospective patients will be recruited into DIAMOND Search over 2.5 years. For existing sample collections. The prospective data and samples will be merged with existing RNA expression libraries and Biobanks. These will be drawn from previous studies performed by the consortium and collaborators, and will include only those patients and their samples for whom their use in future research has been agreed by participants, parents or guardian.
Primary objective:	We will discover and validate RNA-based biomarkers that distinguish children and adults with infectious and inflammatory conditions.
Study population:	The focus of recruitment will be on patient groups who are less well represented in the existing gene expression database and RNA biobank collected as part of PERFORM or other completed studies. This will include recruitment across vulnerable groups of all ages, as these groups might benefit most from a PMSD diagnostic device. The target conditions include: • Autoinflammatory diseases: for instance, PFAPA Syndrome, Familial Mediterranean Fever, among others. • Rheumatological and inflammatory diseases: including those affecting the young (e.g. Kawasaki disease, systemic JIA) and adults (e.g. rheumatoid arthritis, vasculitis, lupus); inflammatory bowel disease Immunodeficiencies: including (a) co-morbidities or immunosuppressive conditions, such as HIV or underlying cancer; (b) iatrogenic immunosuppression, such as chemotherapy or steroids; (c) primary immunodeficiencies • Patients with underlying complex diseases and/or co-morbidities (including major post-operative patients, onco-hematologic disorders, pulmonary disorders (COPD, asthma), metabolic disorders or chronic

	neurological disorders) • Pregnant women with suspected infection • Neonates with suspected sepsis or encephalopathy caused by infection, hypoxic brain insult or cerebral bleed • Tropical diseases: including Malaria, Dengue, Typhoid, Hepatitis A, Chikungunya, Zika • Geographically located and atypical infections: TB, Rickettsial infection, Tick Borne Encephalitis, severe enterovirus infection, leishmaniasis, brucellosis and mycoplasma infection. Patients with confirmed or suspected Lyme disease may also be included. • Emerging pathogens such as SARS-CoV-2
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	03-09-2021
Expected date end of national recruitment:	01-09-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	500
Actual number of patients included:	-

Dulamp

Protocol:	Divergent Low Level Laser Therapy as novel treatment for oral mucositis in pediatric cancer patients (DuLamp)
Local Investigator:	Tissing, W.J.E.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Dulamp

General

Sponsor:	Universitair Medisch Centrum Groningen - Division Laboratory and Pharmacy
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Quality of Life

Design

Study design:	Double-Blind Randomized Controlled Trial
Primary objective:	To assess the effect of divergent low level laser therapy on the number of days of mucositis > grade 1 in children with cancer.
Study population:	Children with cancer aged 4-18 years who develop mucositis moren than CTCAE grade 1.
Study participation:	Multicenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	12-07-2021
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	41
Actual number of patients included:	-

CIP

Protocol:	Cancer in Pregnancy_QICR Máxima is deelnemend centrum, EMC = NCC. NCC aangevinkt om dossier zichtbaar te krijgen
Local Investigator:	Heuvel - Eibrink, van den M.M.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	CIP

General

Sponsor:	University Hospitals Leuven UZ Leuven
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Quality of Life

Design

Study design:	Registratie studie
Primary objective:	De studie bestaat uit twee delen. Het eerste deel betreft het verloop van de zwangerschap, bevalling en gezondheid van moeder. Het tweede deel betreft de lange termijn opvolging van de kinderen. DEEL 1: Zwangerschap, bevalling en gezondheid van moeder 1.1A Registratiestudie moeder en pasgeborene. Het registreren van het verloop van kanker tijdens de zwangerschap en hoe de uitkomst is voor moeder en kind na kanker tijdens de zwangerschap. 1.1B Effecten van kanker(behandeling) op het pasgeboren

	kind: de placentastudie. 1.2 Psychologische vragenlijst – Hoe hebben patiënten (en partners) de diagnose kanker tijdens de zwangerschap ervaren en wat zijn de zorgen. 1.3 Biobank (enkel indien borstkanker werd vastgesteld). Het centraal opslaan van weefsel- en bloedstalen om verschillen vast te leggen tussen de biologie van borstkanker tijdens de zwangerschap, ten opzichte van borstkanker die niet met de zwangerschap samenvalt. 1.4 Farmacokinetiek – metingen van chemotherapie in bloed, ten tijde van 1 kuur chemotherapie. DEEL 2: Opvolging van het kind – Invloed van kanker en behandeling daarvan op het kind – lange termijn effecten.
Study population:	Moeders en kinderen geboren na diagnose kanker tijdens de zwangerschap
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	06-06-2018
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	40
Actual number of patients included:	-

Dabrafenib roll-over

Protocol:	An open label, multi-center, roll-over study to assess longterm effect in pediatric patients treated with Tafinlar (dabrafenib) and/or Mekenist (trametinib). CDRB436G2401
Local Investigator:	Lugt, van der J.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	Dabrafenib roll-over

General

Sponsor:	Novartis Pharma B.V.
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase IV
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	This is a global single-arm, open-label, multi-center study to collect data on the long-term effects of dabrafenib, trametinib or the combination in pediatric subjects who have been treated on Novartis sponsored trials. No formal hypothesis will be tested. Additionally, this study will provide continued access to study medication(s) for subjects who have previously participated in dabrafenib and/or trametinib treatment studies (parent studies).
Primary objective:	To assess the long-term safety of treatment with dabrafenib, trametinib or the combination
Study population:	Pediatric patients (or young adults at the time of consent to this study) who have participated in an eligible parent protocol will be eligible to enroll into the observational period of this study. In addition, those patients who are currently eligible to

	receive treatment with dabrafenib and/or trametinib in the parent protocol, and who in the opinion of the investigator, would benefit from continued treatment will be eligible to take part in the treatment period of this study.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	17-01-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	3
Actual number of patients included:	-

LOGGIC Firefly-2 Europe

Protocol:	DAY101-002 A Phase 3, Randomized, International Multicenter Trial Of DAY101 Monotherapy Versus Standard Of Care Chemotherapy In Patients With Pediatric Low-Grade Glioma Harboring An Activating RAF Alteration Requiring First-Line Systemic Therapy
Local Investigator:	Schouten - van Meeteren, A.Y.N.
National Coordinating Investigator:	Plasschaert, S.L.A. & Schouten - van Meeteren, A.Y.N.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	LOGGIC Firefly-2 Europe

General

Sponsor:	Day One Biopharmaceuticals, Inc.
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	This is a 2-arm, randomized, open-label, multicenter, global, Phase 3 trial to evaluate the efficacy, safety, and tolerability of DAY101 monotherapy versus SoC chemotherapy in patients with pediatric low-grade glioma harboring an activating RAF alteration requiring front-line systemic therapy.
Primary objective:	The primary objective is to compare the objective response rate (ORR) per Response Assessment in Neuro-Oncology for low-grade gliomas (RANO-LGG) criteria assessed by independent review committee (IRC) of DAY101 monotherapy versus standard of care (SoC) chemotherapy in patients with pediatric lowgrade glioma

	harboring an activating RAF alteration requiring front-line systemic therapy
Study population:	Approximately 400 treatment naïve low-grade glioma patients will be randomized 1:1 to either DAY101 (Arm 1) or an Investigator's choice of SoC chemotherapy (Arm 2). Patient is less than 25 years of age with a low-grade glioma harboring a documented known activating RAF alteration, as identified through molecular assays performed at CLIA or other similarly certified laboratories.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	13-09-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	10
Actual number of patients included:	-

7T MITCH

Protocol:	Non-invasive characterization of paediatric brain tumours using metabolic imaging at high magnetic field
Local Investigator:	Plasschaert, S.L.A.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	7T MITCH

General

Sponsor:	UMC Utrecht
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	This is an observational study. The study will be conducted at and coordinated from the University Medical Center Utrecht (UMCU) and includes children with a LGG or a DIPG. The majority of children will be included and centred in the Prinses Máxima Centrum (PMC) for Paediatric Oncology, Utrecht. Subjects will visit the research facility three times within 12 months (see section 5.3). The duration of the study depends on the inclusion of the required number of subjects, with an expected overall duration of 24 months.
Primary objective:	To determine whether metabolic imaging at 7 Tesla is feasible and suitable to detect changes in phospholipids and APT levels in paediatric brain tumours.
Study population:	Patients are recruited from the Prinses Máxima Centrum for Paediatric Oncology (PMC). Patients and their parents / legal

	guardian will be asked for participation in the study by their paediatric oncologist. On average, 30-50 children are diagnosed with a LGG in the Netherlands every year. We think it is feasible to include 20 patients with LGG in 2 years. Although pontine tumours are rare, we think it is possible to include 5 patients with a DIPG.
Study participation:	Multicenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	24-12-2020
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	25
Actual number of patients included:	-

PanCareFollowUp

Protocol:	Overlevenden van kinderkanker hebben gerichte zorg nodig om hun gezondheid en kwaliteit van leven te behouden en verbeteren. Dit type zorg, survivorship care, is ondanks internationale evidence-based richtlijnen echter niet toegankelijk voor de meerderheid van de Europese kinderkankeroverlevers. De PanCareFollowUp Care interventie is de implementatie van persoonsgerichte zorg op basis van behandelgeschiedenis en internationale richtlijnen binnen vier verschillende zorgsystemen in Europa (België, Italië, Tsjechië, Zweden).
Local Investigator:	Kremer, L. & Pluijm, S.M.F. & Pal, van der H.J.H.
National Coordinating Investigator:	Kremer, L. & Pluijm, S.M.F. & Pal, van der H.J.H.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	PanCareFollowUp

General

Sponsor:	Prinses Máxima Centrum
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	-
Research areas:	Other indications, Quality of Life

Design

Study design:	nan
Primary objective:	nan
Study population:	nan
Study participation:	Multicenter

Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	01-01-2022
Expected date end of national recruitment:	01-01-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	-
Actual number of patients included:	-

AML slaap studie

Protocol:	AML slaap studie - site: Kwaliteit van leven en slaap tijdens en na behandeling voor acute myeloide leukemie op de kinderleeftijd.
Local Investigator:	Heuvel - Eibrink, van den M.M.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	AML slaap studie

General

Sponsor:	VU Medisch Centrum
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	-
Research areas:	Clinical Unit: Hemato-oncology, Quality of Life

Design

Study design:	This study is designed as a prospective, longitudinal, multicenter observational cohort study. Patients will be observed during treatment for AML according to the NOPHO-DBH AML protocol and will be followed up until a year after the end of treatment. The main outcomes of this study will subjectively be assessed with reliable and validated questionnaires and sleep will also be objectively assessed with actigraphy. Parent-proxy questionnaires will be collected for all patients and children over the age of eight will be invited to fill out self-reports.
Primary objective:	The main study questions to be answered are: 1. What is the (development of) quality of life of children with AML, during and after treatment? 1a. Is quality of life associated with specific factors such as

	demographic variables, treatment variables, sleep, fatigue and financial burden? 2. What is the prevalence and development of sleep problems in children during and after treatment for AML? 2a. Is child sleep associated with specific factors such as fatigue, demographic or treatment variables? 3. What is the financial burden of having a child with AML to the family? 4. What is the cost-effectiveness and cost-utility of AML treatment according to the NOPHO-DBH AML 2012 protocol in the Netherlands?
Study population:	All children and adolescents treated according to the NOPHO-DBH AML 2012 protocol.
Study participation:	Multicenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	28-10-2013
Expected date end of national recruitment:	13-07-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	50
Actual number of patients included:	-

NOPHO-DBH AML 2012

Protocol:	NOPHO-DBH AML 2012 Protocol: Research study for treatment of children and adolescents with acute myeloid leukaemia 0-18 years
Local Investigator:	Kaspers, G.J.L.
National Coordinating Investigator:	Kaspers, G.J.L.
Is Princess Máxima Center the national coordinating center?:	Yes
Link to protocol:	NOPHO-DBH AML 2012

General

Sponsor:	Vastra Gotelandsregionen
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	The NOPHO-DBH AML2012 study is a treatment and research protocol which contains two randomised studies. The first compares the efficacy of mitoxantrone vs. liposomal daunorubicin in the first induction course (DNX study) and the second compares the efficacy of ADxE vs. FLADx as the second induction course (FLADx study).
Primary objective:	The AML 2012 study is a treatment and research protocol with the overall aim of improving prognosis for children and adolescents with AML. The specific aims of the randomised studies are: 1) To investigate if either DaunoXome or Mitoxantrone, when given in course 1, is more effective in reducing the MRD level to < 0.1% as measured on day 22. 2) To investigate if either of the courses ADxE or FLADx

	is more effective in reducing the MRD level to < 0.1% after the second induction course.
Study population:	Patients with newly diagnosed Acute Myeloid Leukemia (AML), excluding patients with MDS-AML, myeloid leukemia of Down syndrome and acute promyelocytic leukemia, age <19 years at time of diagnosis.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	17-01-2014
Expected date end of national recruitment:	17-07-2023

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	41
Actual number of patients included:	-

ALL 11

Protocol:	ALL 11 - Treatment study protocol of the Dutch Childhood Oncology Group for Children and adolescents (1-19 year) with newly diagnosed acute lymphoblastic leukemia
Local Investigator:	Pieters, R.
National Coordinating Investigator:	Pieters, R.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	ALL 11

Published articles

Improved Outcome for ALL by Prolonging Therapy for IKZF1 Deletion and Decreasing Therapy for Other Risk Groups: https://ascopubs.org/doi/full/10.1200/JCO.22.02705_x000D_Immunoglobulin prophylaxis prevents hospital admissions for fever in pediatric acute lymphoblastic leukemia: results of a multicenter randomized trial: https://pubmed.ncbi.nlm.nih.gov/39113674/_x000D_Continuous PEGasparaginase Dosing Reduces Hypersensitivity Reactions in Pediatric ALL: A Dutch Childhood Oncology Group ALL11 Randomized Trial: https://pubmed.ncbi.nlm.nih.gov/38306592/

General

Sponsor:	Stichting Kinderoncologie Nederland
Coordinating Investigator:	-
Study status:	Study finalisation
Research phase:	Fase III
Research areas:	Clinical Unit: Hemato-oncology

Design

Study design:	Stratification 1. Standard risk (SR) group: • MRD-negativity at TP1 (day 33) and at TP2 (day 79 before start of Protocol M) AND • no CNS involvement or testis involvement at diagnosis AND

	• no prednisone poor response at day 8 AND • absence of any HR criterium 2. Medium risk (MR) group • inconclusive/missing MRD results or MRD-positivity at TP1 and/or at TP2, but MRD level at day 79 < 10–3 AND • absence of any HR criterium 3. High Risk (HR) group: • MRD level > 10-3 or unknown at TP1 and MRD level of = 10–3 at TP2, OR • presence of the t(4;11)(q11;q23) translocation or the corresponding fusion gene MLL/AF4, OR • no complete remission at day 33 Note: children with Down syndrome that fulfill the HR criteria are assigned to the MR group
Primary objective:	1. To improve the overall outcome as compared to the previous protocols of the DCOG, especially ALL-9 and ALL-10. This is aimed for by decreasing therapy for part of the patients (TEL/AML1, Down syndrome, PPR only), increasing therapy for IKZF1 mutated cases, decreasing the cumulative dose of anthracyclines, omitting cranial irradiation and total body irradiation and individualizing asparaginase therapy for all patients. 2. Does a continuous schedule of Asparaginase lead to less allergic reaction/inactivation of Asparaginase than the standard non continuous schedule of Asparaginase? Patients are randomized to receive noncontinuous PEGasparaginase in IA (induction) and intensification of the Medium Risk group (standard arm A) or to receive continuous PEGasparaginase in IA, IB, M and intensification (continuous arm B) with the same cumulative number of doses of PEGasparaginase. 3. Does prophylactic administration of intravenous immunoglobulins reduce the number of infections during the intensive treatment phases? Patients are randomized in the induction and MR treatment group to receive or not receive prophylactic immunoglobulins. 4. Individualize the dose schedule of asparaginase by therapeutic drug monitoring in order to detect silent inactivation of asparaginase, to prevent allergic/anaphylactic reactions, to switch Asparaginase preparation in time and to prevent too high levels with possible toxicity.
Study population:	Newly diagnosed patients with T-lineage or precursor-B lineage ALL (patients with mature B-ALL are not eligible) Age between > 1 and < 19 years

	Informed consent signed by parents/guardians and patient if 12 years or older Diagnosis ALL confirmed by DCOG laboratory Patient should be treated in a Dutch Childhood Oncology Centre Patient should be >3 months settled in The Netherlands at diagnosis.
Study participation:	Multicenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	01-04-2012
Expected date end of national recruitment:	01-07-2020

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	259
Actual number of patients included:	-

RM-493-040 Setmelanotide

Protocol:	A Phase 3, Double Blind, Randomized, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of Setmelanotide in Patients with Acquired Hypothalamic Obesity
Local Investigator:	Santen, van H.M.
National Coordinating Investigator:	Santen, van H.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	RM-493-040 Setmelanotide

General

Sponsor:	Rhytm Pharmaceuticals Inc.
Coordinating Investigator:	-
Study status:	Closed for inclusion
Research phase:	Fase III
Research areas:	Clinical Unit: Neuro-oncology

Design

Study design:	This is a Phase 3, double-blind, multi-center, placebo-controlled, randomized 2:1 (active to placebo), registrational trial, designed to assess the efficacy and safety of setmelanotide on weight loss and hunger in patients =4 years of age with acquired hypothalamic obesity (HO). Approximately 120 patients aged 4 years and older are planned to be enrolled at up to 35 clinical sites in North America and RoW. Setmelanotide is being evaluated as a potential treatment for obesity in populations with rare mechanistically induced acquired hypothalamic injury. This Phase 3, double-blind, randomized (2:1 active to placebo), placebo-controlled, multi-center registrational trial is designed to assess the effect of setmelanotide on weight loss and hunger in patients with acquired HO =4 years of age.

	Placebo is considered the appropriate comparator since no treatment has been approved for use in patients with acquired HO. The 60-week duration of this Phase 3 trial provides sufficient time to collect long-term controlled efficacy and safety data and demonstrate the efficacy of setmelanotide versus placebo.
Primary objective:	To evaluate the efficacy of setmelanotide on change in body mass index (BMI)
Study population:	This trial will enroll patients with HO who are =4 years of age. Setmelanotide is expected to provide clinical benefit to these patients based on the results of a Phase 2 trial (RM-493-030), which demonstrated efficacy and safety of setmelanotide in patients =6 years of age with acquired HO. Due to the acute injury and progressive symptoms of HO, there is a strong rationale to treat patients earlier in life. Experience with setmelanotide in pediatric patients as young as 2 years of age suggests that the safety profile of setmelanotide will be similar for patients 4 to 6 years of age.
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	02-11-2023
Expected date end of national recruitment:	10-01-2024

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	10
Actual number of patients included:	-

FOCUS

Protocol:	Pharmacokinetics of fluconazole given orally or intravenously as prophylaxis or therapy to children and adolescents with invasive fungal infections (FOCUS)
Local Investigator:	Bont, L. J.
National Coordinating Investigator:	Bruggemann, R.M.
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	FOCUS

General

Sponsor:	Radboud Universitair Medisch Centrum
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	Fase IV
Research areas:	Clinical Unit: Hemato-oncology, Clinical Unit: Solid tumors, Clinical Unit: Neuro-oncology, Stem Cell Transplantation, Quality of Life

Design

Study design:	Prospective, open-label, multi-centre, observational pharmacokinetic study
Primary objective:	Primary objective: To establish an improved fluconazole dosing regimen for paediatric and adolescent patients aged 2-18 years. Exploratory objectives: • To explore the role of renal function on the clearance of fluconazole. • To explore the bioavailability of oral fluconazole versus intravenous fluconazole in paediatric patients.

Study population:	children and adolescents with invasive fungal infections
Study participation:	Multicenter
Scope:	International

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	10-05-2023
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	15
Actual number of patients included:	-

The Drug Access Protocol

Protocol:	A Dutch National Study Protocol to Facilitate Patient Access to Novel Anti-cancer Drugs Awaiting Regulatory Approval or Reimbursement; The DRUG Access Protocol
Local Investigator:	Dierselhuis, M.P.
National Coordinating Investigator:	-
Is Princess Máxima Center the national coordinating center?:	No
Link to protocol:	The Drug Access Protocol

General

Sponsor:	Nederlands Kanker Instituut
Coordinating Investigator:	-
Study status:	Open for inclusion
Research phase:	-
Research areas:	Clinical Unit: Solid tumors, Clinical Unit: Neuro-oncology

Design

Study design:	Prospective, open-label, non-randomized data collection trial. Patients will be enrolled in multiple parallel cohorts, each defined by the novel unauthorised drug and its requested label after authorisation or the authorised, not (yet) reimbursed drug with its registered indication.
Primary objective:	? To enable and assist oncologists to prescribe unauthorized anticancer drugs used for treatment of patients with solid tumors, awaiting FDA/EMA approval or authorized anticancer drugs, awaiting reimbursement in the Netherlands ? To provide real-world safety and efficacy data by describing the anti-tumor activity and toxicity of unauthorized anti-cancer drugs awaiting FDA/EMA approval and of authorized anticancer drugs that are awaiting reimbursement in the Netherlands used for treatment of patients with solid

	tumors, that fulfill the required FDA/EMA selection criteria (including but not limited to genomic- or protein profiles known to be a drug target or to predict sensitivity to a drug). ? To provide controlled access to authorised anticancer drugs that are not being reimbursed for an on-label indication because of a gap in data, in order to provide the needed data for Zorginstituut to (re)assess the dossier for (full) reimbursement (e.g. voorwaardelijke toelating). To perform refined biomarker analyses, including (but not limited to) next generation sequencing, on a fresh tumor biopsy specimen.
Study population:	Eligible adult and pediatric patients have solid tumors and acceptable performance status and organ function. For authorised indications or for drugs with a positive CHMP opinion, the eligibility will be based on the EMA label. If required, a molecular profile test must have been performed on a specimen of the tumor and the results must identify the target for the drugs included in this protocol.
Study participation:	Multicenter
Scope:	National

Planning and Recruitment

Planning:

Start international recruitment:	-
Start national recruitment:	14-09-2022
Expected date end of national recruitment:	-

International recruitment:

Recruitment target protocol:	-

National recruitment:

Recruitment target national:	4
Actual number of patients included:	-