OligoCare cohort study

Evaluating the impact of radical radiotherapy on patients with oligometastatic disease

Interview with Matthias Guckenberger and Piet Ost, respectively ESTRO and EORTC OligoCare project leaders

The European SocieTy for Radiotherapy and Oncology (ESTRO) and the European Organisation for Research and Treatment of Cancer (EORTC) joined forces in 2018 to launch ESTRO-EORTC radiotherapy infrastructure for Europe (E^2-RADIatE). E^2-RADIatE is a project to improve infrastructure for research and data collection. It aims to support collaboration among radiation oncology professionals to develop and guide the design of prospective clinical trials and daily clinical practice.

E^2-RADIatE serves as an umbrella for multiple cohort studies that will collect real-world data prospectively to support radiotherapy research. During this interview, we place the spotlight on one of the E^2-RADIatE cohorts – OligoCare.

OligoCare is a pragmatic, observational, cohort study to evaluate the use of radical radiotherapy for patients with oligometastatic disease. The main objective is to identify patient, tumour, diagnostic and treatment characteristics that impact overall survival rates when all cancer sites are treated with definitive local therapy.

OligoCare had recruited 1,680 patients from 44 institutions across Austria, Belgium, The Czech Republic, France, Germany, Switzerland, Italy, The Netherlands, Spain, Slovenia and the UK before the cut-off date of 7 November 2022.

Tell us in simple terms what you aim to achieve in terms of impact with the OligoCare project?

Through OligoCare, we aim to collect real-world data about patients with oligometastatic disease and the use and value of radiotherapy as a definitive local treatment modality. Due to the large heterogeneity of oligometastatic disease, OligoCare offers many benefits to the large and highly active radiation oncology community of ESTRO, and simultaneously takes advantage of the expertise in clinical-trial design at EORTC. The knowledge will inform us about current patterns-of-care and patterns-of-outcome and will therefore provide information about best clinical practice and in particular uncertainties, which must be addressed within prospective clinical trials.

What are the next steps for OligoCare?

Preliminary analyses have been performed. These first analyses enabled the validation of the ESTRO and EORTC oligometastatic disease classification system and informed us about SBRT doses that are used in the setting of SBRT. Current analyses focus on the acute toxicity of SBRT, especially when combined with systemic therapy. From a medium-term perspective, we aim to implement the trials-within-a-cohort methodology within OligoCare, which will enable the answering of questions in a randomised form.

What will be the benefit for patients, in terms of overall survival, of the data collected in the frame of this project?

OligoCare is a pragmatic registry trial, not an interventional clinical trial. Consequently, there is no immediate risk to patients who participate in OligoCare. Benchmarking within the OligoCare project might bring benefits to patients as our radiation community is continuously informed about optimal care and through the outreach and education activities of OligoCare. Additionally, the randomised OligoRare clinical trial was developed within the framework of OligoCare to offer patients access to an interventional trial with overall survival as the endpoint.

How do you think cancer care will evolve in the field of metastatic diseases over the next five to ten years?

We expect oligometastatic disease to be recognised as a spectrum of diseases, in which the value of local treatment as part of a multimodality treatment strategy will be evident for large patient cohorts. The number of imaging-defined metastases will be one parameter among many that will be used to select patients for definitive local therapy; more clinical and especially biological and molecular factors will be integrated into a multi-parameter risk model. Additionally, we hope to gain a higher level of evidence than we have now in this field, guided by real-world data and randomised trials.

What do you think EORTC and ESTRO have brought to the project?

OligoCare was possible because of the complementary and synergistic contributions of ESTRO and EORTC, as ESTRO provided the scientific expertise and active research community and EORTC contributed the methodology and infrastructure of this joint project.

MORE ON THE OLIGOCARE PROJECT:

- Publication *in Lancet Oncology*

Metastases-directed stereotactic body radiotherapy in combination with targeted therapy or immunotherapy: systematic review and consensus recommendations by the EORTC-ESTRO OligoCare Consortium - https://authors.elsevier.com/a/1gfxW5EIlgl0lb

- Proffered papers at the 2023 ESTRO annual congress, 12-16 May 2023, Vienna, Austria:
  - Early toxicity of SBRT for oligometastatic cancer patients in the EORTC/ESTRO OligoCare cohort https://estro.org/Abstract?a=325155e6-0655-ed11-bba2-000d3adea461
  - Metastases-directed SRT [stereotactic radiation therapy] and systemic therapy: EORTC-ESTRO OligoCare Delphi consensus recommendations https://estro.org/Abstract?a=fb364f0d-7954-ed11-bba2-000d3adea461

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