

Vision and strategy 2021 - 2025



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Science and Care connected

Our goal is to cure cancer. To achieve that, we conduct cutting-edge research, push boundaries and boldly take action. This way, we provide unique care for and alongside the patient.

CONTEMPORARY ONCOLOGICAL CARE IN A NUTSHELL

Contemporary oncological care in a nutshell In recent years, the care for patients with cancer has undergone significant changes and improvements. We have gradually shifted from more traditional surgeries to remove tumors to performing minimally invasive procedures. Previously, we used to irradiate a broad field, whereas nowadays we apply MRI-guided stereotactic radiation, precisely targeting the disease and not the healthy tissue surrounding it. We have also shifted our focus from non-specific chemotherapy to targeted therapy. This has been made possible, among other things, by improved diagnostic capabilities. Through new imaging techniques, we can not only visualize the anatomy but also the functional properties of cancer in detail. Moreover, the use of targeted or whole genome sequencing has provided us with much more information about specific tumor characteristics.



Cancer Center Amsterdam aims to connect cancer care and research.



All these developments contribute to making therapy more effective for patients, with fewer acute side effects and less long-term damage. In short, the duration and quality of life after treatment have significantly improved.

The many distinguished researchers at Cancer Center Amsterdam have greatly contributed to these developments in collaboration with the medical specialists at Amsterdam UMC, and in many cases, they have even been the initiators.

A BRIEF GLIMPSE INTO THE FUTURE

Cancer Center Amsterdam aims to further integrate cancer care and science. By conducting today's research, we can offer improved therapies tomorrow. Therefore, in the coming years, Cancer Center Amsterdam will invest in facilities and experts. An example of this is the acquisition of a much more sensitive total-body PET-CT, which enables precise monitoring of drugs or cells within the patient. This way, we can see if the therapy is effectively reaching the tumor. The future *Advanced Therapy Medicinal Products* facility in the new yet-to-be-built Research and Diagnostics Center is also an investment in research that can improve care. It could enable the production of laboratory-developed cellular products, such as CAR-T cells, making cellular immunotherapy more effective, affordable, and accessible to patients.

Cancer Center Amsterdam also aims to establish a robust data infrastructure to better combine clinical and biological data. This will facilitate hypothesis-driven research and enable the use of artificial intelligence to improve diagnostics and treatment. We want to provide employees with specific expertise in this field with a conducive work environment, and we also want to form alliances with entities in the Amsterdam region and beyond. Cancer Center Amsterdam is already collaborating with researchers from Amsterdam Neuroscience in these areas. Furthermore, there are close ties with Amsterdam Infection & Immunity. The synergy here is evident, as immunology forms the basis for cancer immunotherapy, thus leading to the formation of the Amsterdam Center for Cancer Immunology and Immunotherapy through joint efforts.

Cancer Center Amsterdam is an integral part of Amsterdam UMC for a reason since a strong academic environment around an oncological center is of great importance. The changes in the field of oncology require a new form of organizing care and research. Care will increasingly differentiate, necessitating a greater number of different specialists to treat individual patients. Having the best cardiologist and intensive care expertise is also crucial to providing top-level oncological care.

However, patients do not have to come to Amsterdam UMC for all their cancer treatments, which is why they are increasingly being treated in various hospitals in the region. Cancer Center Amsterdam knows precisely where the cancer care provided by Amsterdam UMC adds value in this context. Knowledge about the added value of care is essential for accountability to funding parties and for facilitating care within Amsterdam UMC, in collaboration with healthcare providers in the region.

In summary, Cancer Center Amsterdam takes the responsibility to coordinate oncological care provided within and outside Amsterdam UMC. The borderlessness of care also demands collaboration in research with hospitals in the region. In the coming years, Cancer Center Amsterdam aims to facilitate research outside Amsterdam UMC as well.

In doing so, the center intends to create opportunities for establishing joint biobanks, ensuring that blood and tissue are available for research from the initial diagnosis to the last recurrence. And of course, throughout all of this, we are not only focused on the patient but also work together with them to achieve the desired quality of life.



CANCER CENTER AMSTERDAM BOARD

- Prof. dr. Geert Kazemier, chair
- Prof. dr. Sonja Zweegman, vice-chair
- Prof. dr. Jan Paul Medema, research director
- Prof. dr. Hanneke van Laarhoven, board member
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Our vision

CONNECT RESEARCH AND CARE FOR EVERY PATIENT

In Cancer Center Amsterdam, the care for cancer patients is inherently linked to cancer research. By directly utilizing the knowledge obtained from our research, we can provide innovative oncological care. Our patients also have direct access to all other specialized care that may be necessary for their treatment because Cancer Center Amsterdam is located within Amsterdam UMC, the largest university medical center in the Netherlands.

OUR RESEARCH IS FOCUSED ON THE CLINIC

To evaluate the response to chemotherapy, morphological examination has been the gold standard in acute myeloid leukemia (AML) for many years. However, because more than 50% of AML patients in morphologically determined complete remission (CR) experience disease recurrence, we believed that a more precise assessment of the quality of CR was necessary. The AML group at Amsterdam UMC is internationally leading the research in detecting minimal residual disease (MRD) through flow cytometry in patients who have achieved CR. It has enabled better prediction of the likelihood of cure and has also had significant clinical implications. For example, patients no longer need to undergo highly intensive treatment with an allogeneic stem cell transplant from a donor if MRD is not detectable.

This technology also allows for earlier detection of recurrence, identifying cases where early intervention can be employed. Last but not least, MRD can be used as a surrogate marker for survival, which can significantly accelerate the introduction of new drugs. In short, the research is constantly progressing. Aspects such as the harmonization of antibody panels, the introduction of single-cell tube systems (for the determination of residual leukemic stem cells), and standardized analytical programs that utilize artificial intelligence will further contribute to individual risk assessment, making personalized therapy increasingly possible.

Within Cancer Center Amsterdam, we aim to learn from the experiences of all patients. Therefore, we not only ask patients to participate in our research but also involve them in the development of future research.

Every healthcare professional within Cancer Center Amsterdam is also a researcher or closely connected to researchers. We apply the results of our basic, translational, and clinical research as quickly and safely as possible in patient care. This way, we improve existing treatments and develop the care of tomorrow. We do this in a socially responsible manner by considering the cost-effectiveness and accessibility of new treatments.

Our research network starts at both campuses of the two Amsterdam universities, converges within Amsterdam UMC, and then extends worldwide.

Our internationally leading experts provide care to patients with complex problems, directly utilizing the knowledge obtained from research.

We strive to apply biologically driven, efficient therapies that are provided in a caring manner and lead to a valuable life for the patients. This applies to both systemic anticancer treatments and surgical and other local interventions. We not only consider whether the tumor can be technically removed but also whether it is meaningful to do so. And if it indeed seems to be the case, we explore whether the removal can be minimally invasive to minimize collateral damage to the patient. For the same reason, we search for specific targets for targeted medicinal therapy. And we follow the drug using innovative imaging techniques in the patient to see if it reaches the disease.

CONNECTION TO THE REGION

Cancer Center Amsterdam has a strong connection to the region. Together with our regional healthcare partners and the patients, we ensure that cancer care is optimally accessible to patients in the region and can always be provided in the right place. We strive for the care to preferably take place in the local hospital. Only if the care within the walls of Cancer Center Amsterdam clearly appears to have added value for the patient, we choose that option. This requires not only multidisciplinary "old-style" consultations but also frequent and digital sharing of clinical data and imaging research, as well as sharing of tissue.

This way of working brings together healthcare providers, pathologists, radiologists, clinical geneticists, and researchers within expert panels, allowing them to collectively create a comprehensive picture of the patient and their disease. In some cases, only images and tissue will be examined and evaluated

in Cancer Center Amsterdam, followed by treatment advice. In other cases, the patient will come (for parts) of the treatment to Cancer Center Amsterdam.



Together with our regional healthcare partners and patients, we ensure that cancer care is optimally accessible for patients in the region and can always be provided in the right place.



In order to optimize care not only for the current patient but also for the patient of tomorrow, Cancer Center Amsterdam, together with regional hospitals, will establish longitudinal biobanks. We will continue to follow the patient and their disease, even if part of the treatment takes place in another hospital. Additionally, we will set up collaborative clinical trial units in the region to increase both translational research and participation in clinical studies, not only within but also outside Amsterdam UMC.

NATIONAL AND INTERNATIONAL POSITION

Cancer Center Amsterdam explicitly looks beyond the region as well. Our specific expertise in many areas is nationally and internationally recognized. We lead consortia of research institutes, establish connections with international specialists, and maintain national and international interdisciplinary networks that prioritize innovation and knowledge transfer.

EUROPEAN BRAIN TUMOR EXPERTISE CENTER

A brain tumor, using glioblastoma as the most common primary brain tumor as an example, is among the three deadliest malignancies and is rare. In the brain tumor center of Amsterdam UMC, a European recognized center of expertise for rare conditions, neurologists, neurosurgeons, radiation oncologists, medical oncologists, radiologists, and pathologists coordinate complex care and treatment through digital multidisciplinary regional meetings three times a week. A triage panel for the region efficiently and effectively facilitates newly referred patients. A closely-knit national network of brain tumor centers collects and assesses the quality of care based on professional associations and the National Neuro-Oncology Working Group. Clinicians and researchers from the Cancer Center Amsterdam and Neuroscience Campus Amsterdam meet every six weeks in the patient research workgroup to discuss strategy, guidelines, and research developments. Preclinical, translational, and clinical research is established, led, and conducted in national and international collaborations.

KNOWLEDGE SHARING

Good development of healthcare providers and researchers of the future is of great importance to us. That's why we provide education to students within the universities in Amsterdam, the Oncology Research School, and the Doctoral School Amsterdam UMC. To our satisfaction, we are seeing traditional boundaries increasingly fade away: the scientific researcher teaches the doctor, and the doctor involves the scientific researcher in the challenges of healthcare. This way, we create expert panels around the patient consisting of medical professionals and researchers.

We share our knowledge on a daily basis within multidisciplinary meetings and expert panels, involving healthcare professionals in the region. Additionally, we

also share our insights and research findings with other national and international knowledge institutions in the public domain and with entities in the private sector. All of this is done in a socially responsible manner, with the improvement of cancer patient care being the guiding principle.

EXPERT PANELS - CONTINUED ACCESS TO EXPERTS ENSURED

Colorectal carcinoma is the third most common cancer and the second leading cause of cancer-related deaths worldwide. Most deaths from this form of cancer are a result of metastasis progression, including to the liver (CRLM). Determining the optimal treatment for patients with colorectal liver metastases poses a challenge for physicians. Fortunately, extensive research on the best treatment is being conducted at the Cancer Center Amsterdam. As a result of the insights gained from this research, we established a CRLM expert panel for patients in the region in September 2016 (in collaboration with Dijklander Ziekenhuis, Noordwest Ziekenhuisgroep, Spaarne Gasthuis, Zaan Medisch Centrum, and Ziekenhuis Amstelland). The expert panel, consisting of interventional radiologists, radiation oncologists, colon and liver surgeons, and medical oncologists, provides tailored advice on treatment options to patients with CRLM and the local physicians, both online and within three working days. A rapid exchange of imaging studies between hospitals is crucial for this service. To facilitate this, a national initiative called the "DVD-exit" initiative has been established by Amsterdam UMC. As of January 1, 2021, every hospital in the Netherlands is connected through this initiative.

Cancer Center Amsterdam offers top-level care to cancer patients by conducting practice-changing research, pushing boundaries, sharing knowledge, and carefully taking action - with courage! We do this within the Cancer Center Amsterdam, with thousands of professionals from 26 departments and medical disciplines, to ensure that oncology patients receive the best possible treatment.

WHERE WILL CANCER CENTER AMSTERDAM BE IN 5 YEARS?

To give shape and substance to our vision and ambition, our goal is to achieve the following results in the next five years:

1. *Excellent care -research drive*

By closely linking cancer care and cancer research, we can improve care. Patient Research Groups (PRGs) are formed, where healthcare professionals and (basic and clinical) researchers, in consultation with patients, meet at least biannually to ensure that 80% of our cancer care is linked to research, ranging from data collection to clinical or translational research. Our aim is to develop a PRG for 80% of our patient population within five years.

Regional care

In addition to multidisciplinary collaboration between the Cancer Center Amsterdam and hospitals in the region, at least three hospitals will be involved in transmural PRGs, conducting joint research. There is a shared biobank infrastructure for research, allowing patients in those regional hospitals to be included in clinical research through the collaboration of cross-hospital trial bureau staff and research nurses. Moreover, at least 25% of the patients included in phase I/II trials at the Cancer Center Amsterdam will be referred from those hospitals.

2. *Patient interests and desires*

Patients and their loved ones are directly involved in shaping care and research in 100% of the PRGs. Patient panels are formed, consisting of members of different ages and cultural backgrounds. The panels include patients undergoing treatment and those who have received surgical or systemic, curative or palliative treatment. Through direct dialogue between oncology patients, their loved ones, and healthcare professionals, their experiences are utilized to improve care.

3. *Research*

Two new research facilities will be established: the Advanced Therapy Medicinal Products (ATMP) facility and the Induced Pluripotent Stem Cell (iPSC) facility. The ATMP facility will enable the development of new forms of cellular therapy. Gene editing in iPSCs provides a non-animal alternative to gain insight into cancer pathogenesis and allows for drug screening. This strengthens our position in drug and cell therapy development. We will also collaborate with Neuroscience Amsterdam to develop the ADORE Clinical Research Unit, providing methodological, administrative, and legal support for researchers in translational and clinical research.

4. *Entrepreneurship with boldness*

In addition to our research ambition, we are expanding our business development efforts. This strengthens our valorization mission and enhances our recruiting power. Our goal is to increase research output and recruiting power by 20%. We fully benefit from the proximity of the European Medicines Agency at Zuidas and the attractiveness it holds for the biotech and pharmaceutical industries. With our location at Zuidas, state-of-the-art research facilities, internationally recognized expertise, and large, regionally organized patient cohorts, we are an appealing partner for businesses. We foster entrepreneurship among our researchers. The overall ecosystem is a powerful Life sciences & Health ecosystem with a focus on cancer, where innovation thrives.

5. *Future talent scouting and support*

For new, upcoming, and existing talent, Cancer Center Amsterdam is the most attractive environment for oncology education and (medical specialist and nursing) training. The professionals at Cancer Center Amsterdam make a significant contribution to this.

ROLE AND POSITION OF CANCER CENTER AMSTERDAM

PORTFOLIO CHOICES

The primary task of the Cancer Center Amsterdam is to develop a vision and coordinate care for cancer patients that goes beyond individual departments, divisions, and often Amsterdam UMC itself. The treatment of cancer patients is multidisciplinary in nature, and thus, the care provided by Amsterdam UMC extends beyond individual healthcare providers, departments, and divisions. Whenever possible, care will be provided in the region.

Currently, approximately one-third of patient care in Amsterdam UMC is oncology care. The Cancer Center Amsterdam will sharpen its focus and make choices regarding which oncology care will be provided within and outside of Amsterdam UMC. These choices will be made based on several non-disease-specific principles.

Firstly, Cancer Center Amsterdam possesses unique expertise that is not available elsewhere in the region or nationally, or falls under expertise centers for rare conditions (ECZA). An example of this is cellular therapies, which include not only patient or donor blood stem cell transplantation but also CAR-T cell treatments. Due to our strong translational CAR-T research program and the expectation that CAR-T cell therapy will soon be used

for non-hematological cancers as well, the development of CAR-T cell therapy will be a focal point within the Cancer Center Amsterdam. This includes solid tumors. Another example is innovative diagnostic imaging. While a patient with breast cancer can receive treatment elsewhere, innovative nuclear imaging must take place in Cancer Center Amsterdam.



Our unique expertise in the field of diagnostics, intervention and therapy is often disease-transcending. Therefore, we see patients for whom we add value, regardless of the oncological conditions they have. Often, this is only for innovative and complex diagnostics or only for a part of the treatment.



This diagnostic research determines the type of treatment that has a higher chance of success and is more cost-effective. Breast cancer itself is not a focal point, but imaging for breast cancer is. Specific expertise in imaging guides the decision to provide (part of) the care in Amsterdam UMC.

Furthermore, patients with *rare diseases* are exclusively treated within the Cancer Center Amsterdam. An example of this is the treatment of brain tumors (mentioned earlier in the context). For many of these rare conditions, the Cancer Center Amsterdam is not only a national but also a European center of expertise.

We will also treat patients for whom specific research programs are available in the Cancer Center Amsterdam. However, this does not necessarily mean that the entire treatment will take place within the Cancer Center Amsterdam. We explicitly choose to collaborate on research with a select number of partner hospitals in the region. Sometimes, patients only need to visit Amsterdam UMC or one of the partner hospitals in the region for specific diagnostics or a part of the treatment. We strive to provide treatment to patients at the nearest hospital whenever possible. Regarding the quality of regional care, we share responsibility with the partner hospitals.

Thus, care extends beyond the boundaries of Amsterdam UMC to specialists in surrounding hospitals in the region. This regional care is fluid in nature, as individual treatment trajectories may take place both within and outside Amsterdam UMC. Complex care that currently only takes place within Amsterdam UMC may become applicable on a larger scale outside Amsterdam UMC tomorrow. Conversely, new developments in cancer patient care may lead to bringing that care back within the walls of Amsterdam UMC.

INTENSIVE COLLABORATION - A COLORECTAL UNIT AT TWO LOCATIONS - FLEVOZIEKENHUIS AND AMSTERDAM UMC

Since 2008, there has been an alliance between Flevoziekenhuis and Amsterdam UMC regarding colorectal oncology. We are one colorectal unit with two locations. This is especially true for Radiotherapy, Oncology, and Surgery. Patients with non-complex colorectal malignancies are operated on at Flevoziekenhuis. This also applies to adjuvant chemotherapy treatment they receive at Flevoziekenhuis.

The decision on how, where, and by which team the patient will be treated is discussed within the Colorectal Oncology Multidisciplinary Consultation GIOCA, which involves all specialists from the colorectal unit of Amsterdam UMC. Additionally, all patients with liver metastases from colorectal carcinoma from both Flevoziekenhuis and Amsterdam UMC are discussed. The collaboration in the field of colorectal oncology is successful because it is one team offering comprehensive colorectal care at two locations.

RELATIONSHIP WITH AvL

In our region, alongside Cancer Center Amsterdam, the Antoni van Leeuwenhoek Hospital/Dutch Cancer Institute (AvL/NKI) is a significant player in oncology care and research. The board of Cancer Center Amsterdam sees it as its task to explore, in the next five years, areas where collaboration within healthcare can be established and where mutual coordination of care does justice to the specific expertise of both institutions. A partnership would broaden and deepen the expertise and could enhance efficiency. The board of Cancer Center Amsterdam takes the lead in shaping this collaboration and will do so comprehensively and across departments, but not without actively involving the departments.

Collaboration with AvL is already taking place in the field of basic and clinical research. We anticipate that closer collaboration will promote the development of new treatments. With the increasingly precise molecular characterization of cancer, specific patient populations for clinical trials with targeted therapy will become smaller, while the ambition of the Cancer Center Amsterdam is precisely to translate basic research into clinical studies for those patients. Through collaboration, the number of successful, biologically-driven treatments will increase, and by combining our patient populations, the aforementioned investigator-initiated studies will be able to produce results faster. It is also logical to jointly design efficient and costly research facilities.



Translation of our research is of great importance to improve cancer care. Cancer Center Amsterdam therefore focuses on collaborations and research facilities that make this possible and positions talent to make a difference.



COORDINATION IN RESEARCH

Cancer Center Amsterdam considers it a distinct task to create an inseparable connection between care and research. This should be reflected in the daily actions of researchers and healthcare professionals and should be implemented within patient-research groups. The research institute of the Cancer Center Amsterdam is responsible for coordinating cancer research - from fundamental to quality-of-life research. Translating our research is of great importance in improving cancer care. Therefore, the research institute focuses on collaborations and research facilities that enable this and positions talent to make a difference. The ability to make strategic choices requires a mandate in early-stage professor appointments, both for internal and external candidates. The board sees a role for itself in the development of new chairs and in consolidating successful chairs to support research areas that are successful and allow new promising talents and teams to flourish.

ONCOLOGY GRADUATE SCHOOL AMSTERDAM

Within the Cancer Center Amsterdam, professionals actively contribute to education. This is done in close collaboration with Amsterdam Health Education (currently the Institutes for Education and Training of both universities) for students in a broad sense. The Oncology Graduate School Amsterdam, in collaboration with NKI-AvL, trains oncology PhD students. The training of medical specialists remains the responsibility of the parent specialty. Finally, Cancer Center Amsterdam sees it as an important task to ensure that the knowledge generated here benefits society. We do this by sharing our knowledge with other scientific institutions and patient associations, as well as within research projects with companies.

THE ADORE INITIATIVE

Cancer Center Amsterdam also aims to collaborate more with researchers and clinicians in neuroscience and immunology to gain new insights into disease processes and treatment options from different perspectives and methods. For example, cellular therapy, which plays a key role in the treatment of hematological malignancies, is now being studied for multiple sclerosis. Insights from one discipline can lead to breakthroughs in another.

Within Amsterdam UMC, this multidisciplinary collaboration is implemented through the ADORE initiative: Amsterdam Oncology & Neuroscience Research. The neuroscientists and clinicians, as well as the oncology researchers and clinicians, have defined joint research lines carried out in shared research facilities - such as the ADORE Clinical Research Unit, which includes legal support - mostly housed in a new research and diagnostics building. ADORE also has close collaboration with immunological researchers (from Amsterdam Infection & Immunity), which will be further developed within the upcoming Amsterdam Center for Cancer Immunology and Immunotherapy.

CANCER CENTER AMSTERDAM FOUNDATION

Cancer Center Amsterdam is grateful for the support of the Cancer Center Amsterdam Foundation. This independent foundation's mission is to stimulate research and innovation in cancer care within the Cancer Center Amsterdam through financial support. After peer review and advice from the foundation's management, the foundation's board then decides which projects to support at its discretion. The Cancer Center Amsterdam Foundation has also explicitly committed itself to the ADORE initiative.



CANCER CENTER AMSTERDAM DELIVERS THE VERY BEST CARE BY BEING BOUNDLESS, BY INVESTIGATING, AND BY TAKING BOLD INITIATIVES

CANCER CENTER AMSTERDAM IS BOUNDLESS

Cancer Center Amsterdam is boundless. It looks beyond the boundaries of Amsterdam UMC and connects with partners in the region to ensure that patients receive optimal treatment at the most desired location. It collaborates with various disciplines and sectors to foster innovation in healthcare, research, and education, thereby nurturing the future caregivers, researchers, and educators.

Increasing collaboration with the two universities in Amsterdam and companies like SAS aims to harness the power of artificial intelligence (AI) in our research and healthcare services. AI assists in automating the "response evaluation" of chemotherapy, allowing us to quickly assess its effectiveness.

By analyzing large amounts of patient data from biomarkers, DNA, genomics, and CT scans using SAS's AI platform, we determine the most optimal therapy for each individual patient: whether to continue or adjust chemotherapy or opt for surgical tumor removal.

Cancer Center Amsterdam now makes these decisions faster and more accurately, thanks to AI. This significantly contributes to improving care for these patients.

Amsterdam UMC achieved this using SAS software and solutions including SAS® Visual Data Mining and Machine Learning, SAS® Visual Analytics and SAS® Visual Statistics on SAS® Viya®

Click on the image to go to the SAS platform.

CANCER CENTER AMSTERDAM INVESTIGATES...

to apply innovative insight into the biology of cancer directly to the care of patients with cancer, thereby improving diagnosis, prevention and treatment and discovering the care of tomorrow.

CANCER CENTER AMSTERDAM UNDERTAKES...

by boldly and socially responsible valorizing discoveries to make new treatments possible and accessible.

The stages of research to translate (sometimes with external parties) insights from biology into clinical applications, such as new drugs, take place in protocolled steps. Below, as an example, are the steps researchers at Cancer Center Amsterdam take

to develop new cell therapies. With Amsterdam UMC's advanced imaging technology, we are at the forefront of efficient drug development. Our explicit goal is to reduce the development costs of new drugs and thus increase the affordability of care.

