NEWSLETTER

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Voorwoord

Allen,

De eerste nieuwsbrief van de DCCG van 2026 met in het nieuwe jaar een aantal belangrijke bestuurswissels. Zowel Karin Horsthuis, Kees Verhoef als Leon Moons zijn vervangen en worden door respectievelijk Monique Maas, Niels Kok en Barbara Bastiaansen vervangen als vertegenwoordigers in de DCCG. Als bestuur zijn we zeer verheugd met deze uitstekende vervangers en danken uiteraard Karin, Kees en Leon voor hun inspanningen de afgelopen jaren.

In deze update vindt u een overzicht van de lopende studies die door de DCCG zijn endorsed en op de wetenschapsmiddag zullen daar mogelijk weer een aantal nieuwe studies aan worden toegevoegd. Mocht u nog een nieuw idee hebben op gebied van multicentrisch darmkanker onderzoek, dan bent u uiteraard van harte uitgenodigd om dit via de juiste formulieren te presenteren bij het bestuur. In ieder geval tot de maandag 13 april in Utrecht voor de eerste wetenschapsmiddag van dit jaar.

Met vriendelijke groeten,

Hans de Wilt

Aankondiging DCCG bijeenkomsten 2026

DCCG wetenschapsmiddagen 2026

Maandag 13 april 2026, locatie Vredenburg19 te Utrecht, van 12.30-17.00 uur. Opgeven kan via schnater.dccg@gmail.com.

Maandag 2 november 2026, locatie Vredenburg19 te Utrecht, van 12.30-17.00 uur. Opgeven kan via schnater.dccg@gmail.com

DCCG Masterclass en DCCG Dag 2026

3 en 4 december a.s. in de regio Eindhoven, Catharina Ziekenhuis. Meer info volgt spoedig.

Corporate Support

DCCG corporate activities are funded with corporate sponsorship. The corporate sponsors provide general support and have no influence on activities or policy of the DCCG.

DCCG is pleased to acknowledge the corporate support of:

Secretariat

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This newsletter can be downloaded from the DCCG website.

COLLISION RELAPSE

Recurrent colorectal liver metastases: upfront local treatment versus neoadjuvant systemic therapy followed by local treatment - a phase III prospective randomized controlled trial

"To demonstrate superiority of neoadjuvant systemic therapy followed by repeat local treatment as compared to upfront repeat local treatment in patients with at least one locally treatable recurrent CRLM in the absence of extrahepatic disease."

Planned total accrual: 360 patients
Start of study: April 24, 2023

Principal investigators

Dr. Kathelijn S. Versteeg, dept of Medical Oncology, AUMC

Prof.dr. Martijn R. Meijerink, dept of Interventional Radiology, AUMC

Study coordinator

Dr. Madelon Dijkstra, dept. of Interventional Radiology, AUMC

E: m.dijkstra3@amsterdamumc.nl

Drs. Hannah H. Schulz, PhD Candidate dept. Of Interventional Radiology, AUMC

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Study update:

Primary endpoint: overall survival

Secondary endpoints: distant and local progression-free survival, morbidity, mortality and toxicity, length of hospital stay, quality of life and cost-effectiveness

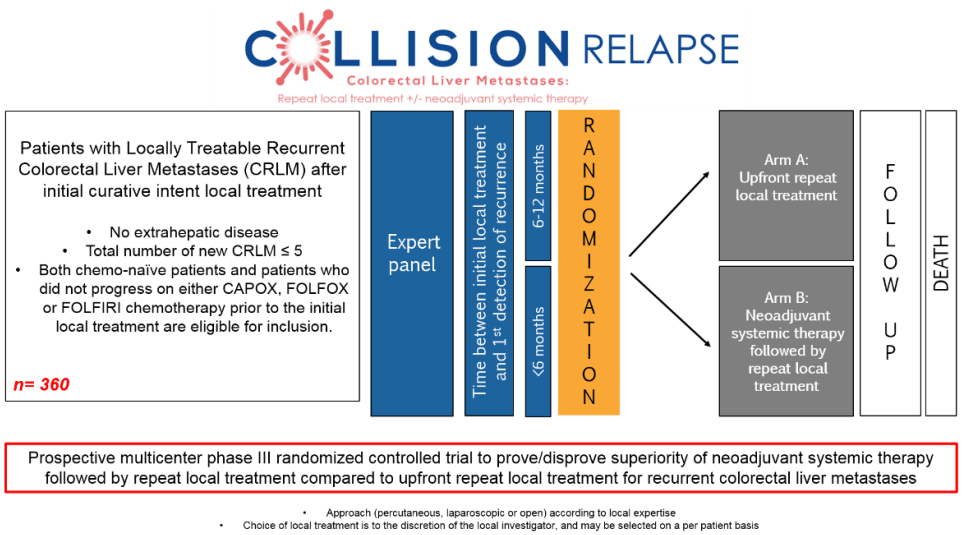
Main inclusion criteria

Patients with a maximum of 5 recurrent new locally treatable CRLM within 12 months after initial curative intent local treatment of CRLM, no extrahepatic disease, and a good performance status (ECOG 0-2) are considered eligible. Both chemo-naïve patients and patients who did not progress on either oxaliplatin or irinotecan chemotherapy prior to the initial local treatment are eligible for inclusion.

Current status

Number of inclusions: 3
Participating centers: AUMC, NWZ, LUMC, Maxima Medisch Centrum.

We would like to thank all participating centers in advance. Anyone who is interested in COLLISION RELAPSE or who would like to participate can contact the study coordinators.



COLLISION XL

Unresectable colorectal liver metastases: stereotactic body radiotherapy vs microwave ablation – a phase II, multicenter, randomized controlled trial for CRLM 3-5 cm

"To compare the efficacy of MWA to the efficacy of SBRT in patients with at least 1 CRLM 3-5 cm suitable for both MWA as SBRT."

Randomized patients: 23

Planned patient accrual: 68

Primary endpoint: local tumour progression free survival at 1 year

Principal investigators
Martijn Meijerink, MD, PhD, dept. Interventional Radiology, Amsterdam UMC, location VUmc

Peter van Rossum, MD, PhD, dept. Radiation Oncology, Amsterdam UMC, location VUmc

Study coordinator
Susan van der Lei, MD, dept. Interventional Radiology, Amsterdam UMC, location VUmc

E:s.vanderlei@amsterdamumc.nl

Tess Bartels, dept. interventional Radiology, Amsterdam UMC, location Vumc

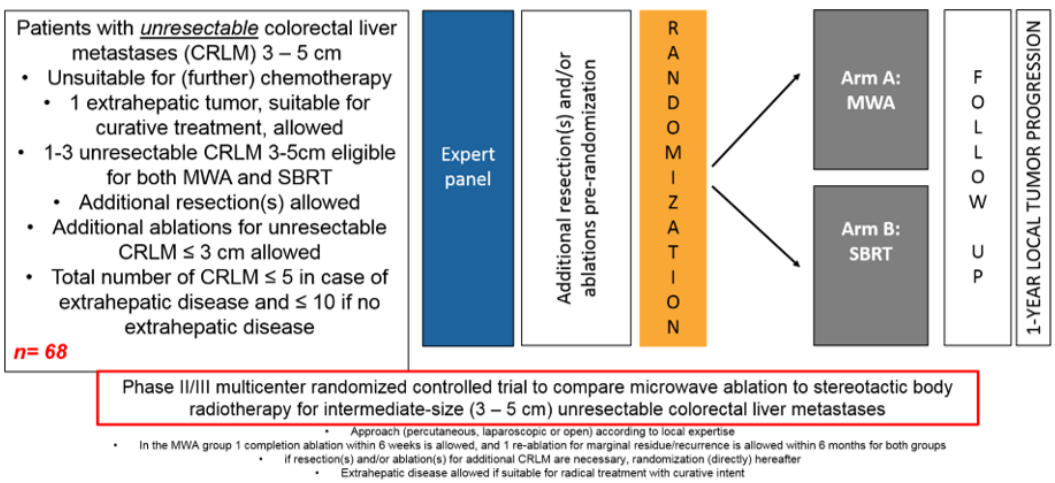
E: t.h.bartels@amsterdamumc.nl

P: 020 444 3047

Study update:

Current status:
COLLISION-XL is open for inclusion. New inclusions are very welcome. We would like to thank all participating centers! Anyone who is interested in COLLISION-XL or who would like to participate can contact the study coordinators.

Participating centers:
- Amsterdam UMC, location VUmc
- Ziekenhuis Gelderse Vallei, Ede
- UMCG, Groningen
- Medisch Centrum Leeuwarden



DOSAGE

A multicenter randomized phase III trial of upfront DOSe-reduced Chemotherapy for Advanced Colorectal Cancer in Older patients

Planned total accrual: 587 patients

Study Objective: To investigate whether upfront dose-reduced chemotherapy is non-inferior to full-dose chemotherapy in older patients (≥70 years) with metastatic colorectal cancer, stratified for expected risk of toxicity.

Primary endpoint: PFS

Secondary endpoints: Grade ≥3 toxicity, number of treatment cycles, dose reductions during treatment, cumulative received dose, hospital admissions, QoL and physical functioning, OS and cost-effectiveness

Most important inclusion criteria: Patients aged 70 years or older with metastatic colorectal cancer, who are candidates for systemic treatment according to their treating medical oncologist

Most important exclusion criteria: Prior palliative chemotherapy or prior adjuvant chemotherapy in the year before inclusion, DPD deficiency, candidates for triple therapy or local curative therapy

Study design: Prior to treatment initiation, patients are classified as either "*low*" or "*high risk* of toxicity" based on the oncologist's judgement, advised by the outcome of the Geriatric-8 (G8) screening tool. Patients classified as "*low risk*" are randomized in a 1:1 ratio to receive combination therapy, either at full standard dose or with a 25% upfront dose reduction.

Patients classified as "*high risk*" are randomized in a 1:1 ratio to receive monotherapy with capecitabine, either at full standard dose or with a 25% upfront dose reduction.

Participating centers:

A total of 43 Dutch hospitals have agreed to participate. For participation please contact DOSAGE@lumc.nl

Principal investigator:
Prof. dr. Johanneke Portielje, Department of Medical Oncology, LUMC
E: DOSAGE@lumc.nl

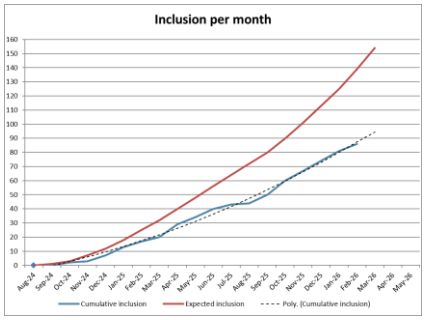
Data management:
Clinical Research Center, LUMC

Study coordinator:
drs. Trishika Binda, Department of Medical Oncology, LUMC

E: T.R.R.Binda@lumc.nl
E: DOSAGE@lumc.nl

Study update:

As of March 5th, 2026, the DOSAGE trial has a total of 88 inclusions. To further encourage participation our study team is busy with the production of an informational video for patients. To be able to implement this informational video, a new substantial amendment will be sent to the METC for approval. Any interested hospitals in participating in the DOSAGE trial are welcome to contact the DOSAGE team so we can incorporate start of participation in the future amendment.



MEDOCC-CrEATE

Circulating tumor DNA (ctDNA)-based adjuvant chemotherapy in stage II colon cancer patients

MEDOCC-CrEATE is a **substudy of PLCRC** and MEDOCC using the Trial within Cohorts (TwiCs) design to randomize stage II colon cancer patients 1:1 between the intervention - and control arm. **The aim of the study** is to assess 1) the proportion of stage II colon cancer patients with detectable postoperative ctDNA accepting ACT, and 2) whether ctDNA-guided ACT reduces 2-year recurrence rate (RR).

In the intervention arm, ctDNA analysis is performed directly after resection and, if ctDNA is detected in the post-surgery blood, adjuvant chemotherapy is offered (3 months of CAPOX).

In the control arm, patients receive standard of care (no adjuvant chemotherapy) and follow-up of ctDNA with later analysis according to MEDOCC.

Planned patient accrual: We will continue inclusion until we have at least 12 patients with detectable ctDNA treated with ACT.
Inclusion will end in Q4 2026. To ensure that we can complete the study successfully and within the planned timelines, it is essential that we increase the number of randomized patients in the upcoming months.

Actual patient accrual: 563

MEDOCC-CrEATE study team:
E: plcrcmedocc@umcutrecht.nl
T: 06 46 91 95 66

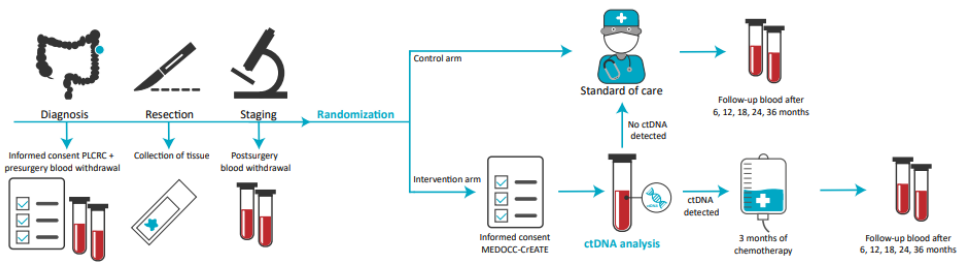
Principal Investigators:
Prof. Dr. Miriam Koopman, medical oncologist UMCU

Project team:
Dr. Jeanine Roodhart, medical oncologist UMCU
Dr. Remond Fijneman, group leader NKI-AvL
Dr. Niels Kok, GI surgeon NKI-AvL
Dr. Anna van Tetering, program manager PLCRC

Inclusion criteria:
- Histological confirmed stage II colon cancer
- Fit for chemotherapy treatment
- Age ≥ 18 years
- Informed consent for PLCRC, including consent for additional blood withdrawals, collection of tissue and invitation for future research
- Inclusion in PLCRC-MEDOCC

Exclusion criteria:
- Indication for adjuvant chemotherapy according to treating physician
- Incomplete primary tumor resection (R1 or R2)
- Contraindication for fluoropyrimidines or oxaliplatin
- Another malignancy in previous 5 years
- Pregnancy

Participating hospitals:
Admiraal de Ruyter Ziekenhuis
Albert Schweizer Ziekenhuis
Amphia
Beatrixziekenhuis Rivas Zorggroep
Bernhoven
Bravis Ziekenhuis
Canisius Wilhelmina Ziekenhuis
Deventer Ziekenhuis
Diakonessenhuis
Flevoziekenhuis
Haaglanden Medisch Centrum
Ikazia Ziekenhuis
Jeroen Bosch Ziekenhuis
Maastricht UMC
Maxima Medisch Centrum
Meander Medisch Centrum
NKI-AVL
Noordwest Ziekenhuisgroep
Reinier de Graaf Gasthuis
Rijnstate
Spaarne Gasthuis
St Antonius Ziekenhuis
St Jans Gasthuis Weert
UMC Utrecht
Van Weel-Bethesda Ziekenhuis
VieCuri Medisch Centrum
Ziekenhuisgroep Twente
Ziekenhuis Gelderse Vallei
Ziekenhuis St Jansdal



OPAXX

OPAXX study: organ preservation in patients with a good clinical response after (chemo)radiation for rectal cancer.

Summary: patients with rectal cancer and a clinically good, but not complete response at the first response evaluation (<14 weeks after the last date of radiotherapy) are eligible for this phase II feasibility study. Patients will be randomised to one of the two additional local treatment options aiming at organ preservation:
contact x-ray brachytherapy (Papillon)
extension of the waiting interval +- local excision (TAMIS).

Primary endpoint: rate of successful organ preservation at one year.

Secondary endpoints: functional and oncological outcomes, morbidity and toxicity of additional local treatment.

Inclusion criteria

- rectal cancer patients treated with neoadjuvant (chemo)radiotherapy;
- clinically near-complete response or a small residual tumour mass <3cm at first response evaluation;
- technically feasible to perform both treatment options (contact x-ray brachytherapy or local excision).

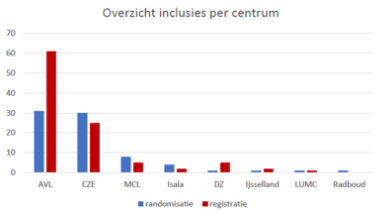
Exclusion criteria

- neoadjuvant or induction chemotherapy prior or adjacent to (chemo)radiation (e.g. Rapido or M1-scheme);
- presence of suspicious lymph nodes (ycN+) at first response evaluation;
- residual tumour >3cm and/or >50% of the circumference of the rectal lumen.

Principal investigators:
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Antoni van Leeuwenhoek
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Pim Burger, MD, PhD, dept. Surgery,
Catharina Hospital Eindhoven
E: pimburger@catharinaziekenhuis.nl

Study coordinator:
Charlotte Ceuppens, MD, dept. Surgery,
Antoni van Leeuwenhoek
E: c.ceuppens@nki.nl / waitandseerectum@nki.nl
P: 020-5129111 (1480)

Current status:
Inclusions OPAXX randomisation: 77
Inclusions OPAXX registration: 101



In case of a patient with a near complete response, but doesn't meet the inclusion criteria for the OPAXX study: please contact us! We would be happy to include the patient in the OPAXX registration study (M16WAS)

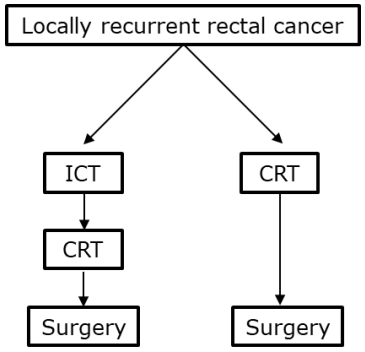
Visit our website for more information:
www.OPAXX.nl

PelvEx II

Per 17 februari 2026 staat de inclusieteller van de PelvEx II studie op maar liefst 288 deelnemers! Dat betekent dat de countdown naar de laatste 100 inclusies officieel is gestart – met nog 76 inclusies te gaan tot deze mooie mijlpaal bereikt is. Graag zien we de komende periode weer veel inclusies tegemoet!

Mocht u een patiënt hebben met een recidief rectumcarcinoom, maar twijfelt u of uw patiënt kan deelnemen aan de PelvEx II? Aarzel niet en stel deze vraag bij uw regionale expert centrum. Mocht u andere vragen hebben dan laat het ons weten via het bekende e-mailadres of neem contact met ons op via het vermelde telefoonnummer. Voor verdere vragen en/of opmerkingen omtrent de studie kunt u ons ook op dezelfde wijze bereiken!

Primair eindpunt: R0 resectie ratio



Totaal benodigde inclusies: 364

Inclusies momenteel: 288 (per 17 februari 2026)

Top 3 includerende centra in 2025

1. Catharina Ziekenhuis Eindhoven
2. NKI-AvL
3. Erasmus Medisch Centrum

Project leider

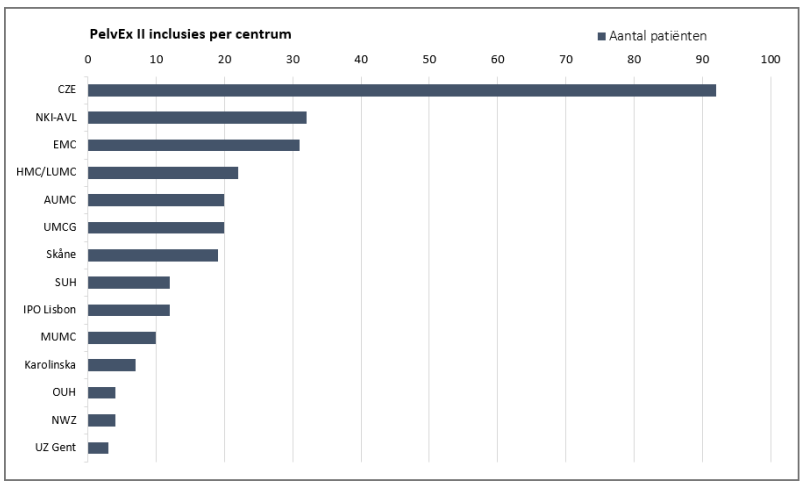
Prof.dr. J.W.A. Burger, Chirurgische Oncologie, Catharina Ziekenhuis Eindhoven

pim.burger@catharinaziekenhuis.nl

Trial coördinatoren

Drs. Fleur Vande Kerckhove, Chirurgie, Catharina Ziekenhuis Eindhoven

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PLCRC

PLCRC , the Prospective Dutch Colorectal Cancer cohort, is a population-based observational cohort study for all Dutch patients diagnosed with small bowel, colorectal and anal cancer.

Aim of PLCRC is to establish a continuous source for a large variety of research purposes. Currently more than 90 sub-studies make use of, or have used, the infrastructure and/or PLCRC data.

For this project, prospectively collected clinical data are requested from the Netherlands Cancer Registry. Participating patients will also be invited to complete questionnaires on self-reported Health Related Quality of Life (HRQoL) and work ability, and to donate blood and tumor tissue samples for future research purposes. This cohort of lower GI cancer patients provides an infrastructure for research and can be used for studies, e.g. to evaluate the impact of diet and lifestyle on treatment response, or to evaluate new treatment modalities according to the Trials within Cohort design (TwiCs).

Program manager
Dr. Anna van Tetering-Houben
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a.j.s.houben@umcutrecht.nl

PLCRC Study team
06-46919566
info@plcrc.nl
www.plcrc.nl

Study update

Number of patients: Per March 2026, the number of 25,915 included patients as well as participation of all 70 Dutch hospitals was reached.

Several multicenter sub-studies are ongoing, including (www.plcrc.nl):

-CONCERN: value of ctDNA in patients with early- to intermediate-stage rectal cancer as a real-time marker of response during neoadjuvant chemoradiation and as predictor of regrowth/recurrence during follow-up

- DOLPHIN: DNA-testing Of Liquid biopsies for Patient care close to Home In the Netherlands

- **MEDOCC:** prospective observational cohort study to evaluate the prognostic relevance of ctDNA in stage II CRC

- **MEDOCC-CrEATE:** circulating tumor DNA based adjuvant chemotherapy in stage II colon cancer patients

- **OLIPEC**: cytoreduction, HIPEC and local treatment for patients with colorectal peritoneal and limited liver/lung metastases; a parallel cluster trial

- **REACT**: value of adjuvant chemotherapy in preventing disease recurrence in patients with high-risk rectal cancer who have detectable ctDNA after surgery

- **SENTRY**: Sentinel node and organ sparing surgery in stage I colon carcinoma;

- **VANTAGE**: optimizing minimal invasive surgical techniques for rectal cancer in ‘dedicated centers’: a prospective observational multicenter study.

PLCRC-DOLPHIN

DNA-testing Of Liquid biopsies for Patient care close to Home In the Netherlands

Monitoring treatment response in patients with metastatic colorectal cancer using cfDNA fragmentomics testing: the DOLPHIN trial

Background

The PLCRC-DOLPHIN study is a multi-centre, prospective, observational study to investigate the added clinical value of longitudinal circulating tumor DNA (ctDNA) measurements compared to CT imaging for treatment response monitoring in patients with mCRC. The methodology to detect ctDNA is based on the analysis of cell-free DNA fragments, an approach that can be generically applied independent of access to tumor tissue and independent from tumor mutations (van 't Erve et al., 2024)

Study update

A total of 500 participants were included in the PLCRC-DOLPHIN study. Enrollment in the study closed in September 2025 and the final blood samples and images were collected in March 2026. We thank the PIs and study teams of all participating centers for their ongoing efforts regarding patient inclusion and blood sample collection.

Inclusion criteria:

- Metastatic colorectal carcinoma
- Inclusion in PLCRC + informed consent for additional blood withdrawals
- Before start first-line systemic therapy
    - Immunotherapy
    - Targeted therapy
    - (Induction) Chemotherapy

Exclusion criteria:

- Other metastatic malignancies in the past 5 years
- Pregnancy

Patient accrual: 504

Primary endpoint: The association between ctDNA changes and clinically determined treatment response in mCRC patients.

Secondary endpoints:

- Association between ctDNA level changes and clinical, biochemical and radiological response at various timepoints during systemic treatment.
- Prognostic value of (DELFI-TF) ctDNA testing pre-treatment and during treatment (PFS/OS).
- Lead time of ctDNA-testing compared to imaging to detect progressive disease

Principal investigators:

Dr. N.F.N. Kok, department of Surgical Oncology, Netherlands Cancer Institute - Antoni van Leeuwenhoek

Dr. R.J.A. Fijneman, department of Pathology, Netherlands Cancer Institute - Antoni van Leeuwenhoek

Dr. .J.M.L. Roodhart, department of Medical Oncology, University Medical Center Utrecht

Dr. G.R. Vink department of Medical Oncology, University Medical Center Utrecht / Netherlands Comprehensive Cancer Organization (IKNL

Dr. M.J. Lahaye, department of Radiology, Netherlands Cancer Institute - Antoni van Leeuwenhoek

Dr. M.N.G.J.A. Braat, department of Radiology, University Medical Center Utrecht

Dr. F.H. van der Baan, department of Medical Oncology, University Medical Center Utrecht

Dr. A.J.S. Houben, department of Medical Oncology, University Medical Center Utrecht

Study coordinator:

Denise van Steijn, Netherlands Cancer Institute - Antoni van Leeuwenhoek

E: d.v.steijn@nki.nl

The following centers are participating in PLCRC-DOLPHIN:

1. Antoni van Leeuwenhoek
2. UMC Utrecht
3. Spaarne Gasthuis
4. OLVG
5. Meander MC
6. Rijnstate
7. RIVAS zorggroep
8. Bernhoven
9. TerGooi MC
10. NWZ
11. St. Jansdal

PUMP-IT-RCT

*Hepatic arterial infusion **PUMP** chemotherapy combined with systemic therapy versus systemic therapy alone as **I**nduction **T**herapy for initially unresectable colorectal liver metastases.*

Objective: to investigate whether hepatic intra-arterial chemotherapy combined with systemic therapy (HAIP-SYST) prolongs survival in chemo-naive patients with initially unresectable synchronous colorectal liver metastases.

Primary endpoint: overall survival

Main inclusion criteria:

- Unresectable synchronous CRLM (according to predefined criteria and National Liver Panel)
- No previous systemic therapy for CRC
- Primary tumor in situ and resectable without neoadjuvant treatment
- Suitable hepatic arterial anatomy (GDA connected to one of the liver arteries)

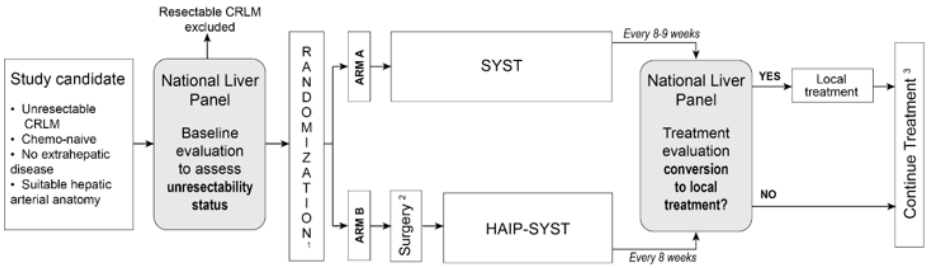
Main exclusion criteria

- Extrahepatic disease
- Previous hepatic resection/ablation/RT
- DPD/ MMR deficiency

Principle investigator
Dr. K.F.D. (Koert) Kuhlmann
k.kuhlmann@nki.nl

Study coordinator
Drs. E.M. (Elisa) ter Kuile
pump@nki.nl / 020 512 9111 (sein 8104)

Study design



CRLM colorectal liver metastases **SYST** systemic therapy **HAIP-SYST** hepatic arterial infusion pump chemotherapy with systemic therapy

[1] Stratification: side primary tumor, *RAS* and *BRAF*^{V600E} mutation status, unresectability status, inclusion center, preference to initiate triplet or doublet systemic therapy if randomized to arm A.
[2] Pump placement and resection primary tumor. Preoperative: CT-arterial phase of the liver. Postoperative: ^{99m}Tc-MAA scintigraphy
[3] In case of conversion, the total treatment duration for both arms is 6 months

Study update

Accrual status | 38/306

Important update
Patient enrollment has been temporarily suspended due to SAEs related to patient selection. An amendment to optimize safety is under review by the METC. The trial is expected to continue in June 2026.

Open for inclusion

Antoni van Leeuwenhoek
Albert Schweitzer Ziekenhuis
Amphia
Deventer Ziekenhuis
Erasmus MC
Frisius MC
Jeroen Bosch Ziekenhuis
LUMC
Máxima Medisch Centrum
Medisch Spectrum Twente
Meander Medisch Centrum
MUMC
OLVG
UMCG
UMCU

Opening soon

Amsterdam UMC IJsselland Ziekenhuis, Isala, Radboud UMC, Spaarne Gasthuis

STARTREC-3

*Can we **S**ave the rectum by watchful waiting or transanal microsurgery following shor**T**-course radiotherapy and **A**dditional local o**R** systemic **T**reatment for early-stage **RE**ctal **C**ancer?*

Study design: The STARTREC-3 is a non-randomized, multicenter, phase 2 platform study aiming to increase organ preservation rates for early-rectal cancer patients by investigating neoadjuvant treatment intensification with SCRT followed by local radiotherapy (either internal radiotherapy boosy by contact X-ray brachytherapy or an external beam radiotherapy boost on an MR-guided linear accelerator) or systemic chemotherapy (in terms of 3 cycles CAPOX), with response evaluations guiding organ preservation feasibility.

Objective: to improve the organ preservation rate for early-stage rectal cancer.

Study population: Patients with early-stage (cT1-3abN0M0) or early-intermediate (cT1-3abN1(≤3 nodes ≤8mm)M0) rectal cancer, of whom the tumor is ≤40mm in size and located in the mid or distal part of the rectum, and with a wish for organ preservation.

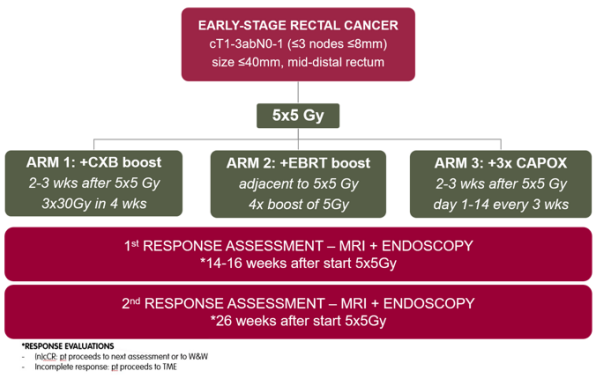
Primary endpoint: the proportion of patients with successful organ preservation at 24 months from the start date of SCRT

Intervention:

ARM 1 CXB boost: additional 3 fractions of 30 Gy by means of contact X-ray brachytherapy (CXB).

ARM 2 EBRT boost: adjacent to SCRT, additional 4 fractions of 5 Gy will be given on the primary tumour as external boost (by MR Linac or MRIdian)

ARM 3 CTx: 3 courses of CAPOX



Study update:

Patient enrollment has reached **94 participants** across all study arms. We would like to thank all participating centres for their continued efforts. MC Frisius, together with RI Friesland, will be initiated Tuesday 17th of March, and will include patients in arm 1 (SCRT + CXB boost).

In February 2026, it was decided to temporarily stop further inclusions in study arm 2 (SCRT + EBRT boost) until a full interim toxicity analysis has been performed. A final decision regarding the continuation of this arm is expected in March/April 2026.

STUDY ARM – CENTER	STATUS	INCLUSIONS 94/210
ARM 1 – AvL	*Open*	**23**
ARM 1 – Catharina	*Open*	**22**
ARM 1 – Frisius MC / RIF	*Initiation March 17*	
ARM 2 – Radboudumc	*Open*	**9**
ARM 2 – Diakonessenhuis / UMCU	*Open*	**1**
ARM 2 – Deventer / RT Deventer	*Open*	**5**
ARM 2 – Rijnstate / RT Deventer	*Open*	**4**
ARM 2 – UMC Utrecht	*Open*	**3**
ARM 3 – LUMC	*Open*	**5**
ARM 3 – Isala	*Open*	**6**
ARM 3 – Amphia / BVI	*Open*	**10**
ARM 3 – IJselland / EMC	*Open*	**4**
ARM 3 – OLVG / AUMC	*Open*	**1**
ARM 3 – Amsterdam UMC	*Open*	-
ARM 3 – ETZ / BVI	*Open*	-
ARM 3 – Martini / UMCG	*Open*	-
ARM 3 – Spaarne Gasthuis	*Opening on hold*	-

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