MATRIX
NORWEGIAN CENTRE FOR
CLINICAL CANCER RESEARCH

Centre for
Clinical Treatment
Research

Annual Report 2025

MATRIX has an overall ambition *to help patients* with hard-to-treat cancers to live longer and with *better quality* of life

MATRIX Co-Funders:

The Research Council of Norway
The Norwegian Cancer Society

Table *of* Contents

Greetings from the Director 4
MATRIX – A Brief Overview 7
Research 12
Centre Structure 28
Patient and Public Involvement 32
Clinical Trials 33
Highlights from 2025 44
International Collaboration 60
Funding 64
Publications 66
Dissemination Activities 2025 72
New MATRIX staff 75
Contact Information 76

INTRODUCTION

Greetings *from* the Director

Åslaug Helland
Director, MATRIX

Dear friends, colleagues, and supporters of MATRIX. It is a great pleasure to present to you the 2025 MATRIX annual report that summarises main activities from the past year and key features of what we do. Highlights from 2025 include the first site visit from our Scientific Advisory Board, a national MATRIX gathering in Oslo, and co-organising the second ACTA Oncologica Nordic Precision Cancer Medicine Symposium. External funding for important new research projects was secured, and MATRIX-affiliated key researchers received several awards.

This year we were happy to welcome Akershus University Hospital as a new partner. Sixteen hospitals from across Norway are now involved in MATRIX, allowing inclusion of patients in all health regions. We are happy with our results across all work packages. The number of trials and included patients is high and rising. Our publishing record is strong, with several papers published in highly ranked journals. New diagnostic methods are established, and in 2025, we reached a major milestone within patient centred care when the MyPath-MATRIX digital solution went live at Oslo University Hospital.

MATRIX is proud to contribute to building competence in clinical trials. This year, OsloMet has developed a second master level course, supplementing the already established introductory course. Mentoring and teaching activities in collaboration with the University of Oslo Growth House and School of Health Innovation are also underway. In addition, the clinical trial engine provides support to investigator initiated clinical trials.

The MATRIX user advisory board was formally appointed in 2025. We are happy to have a group of highly competent and committed users aboard. They have participated at several activities during the year.

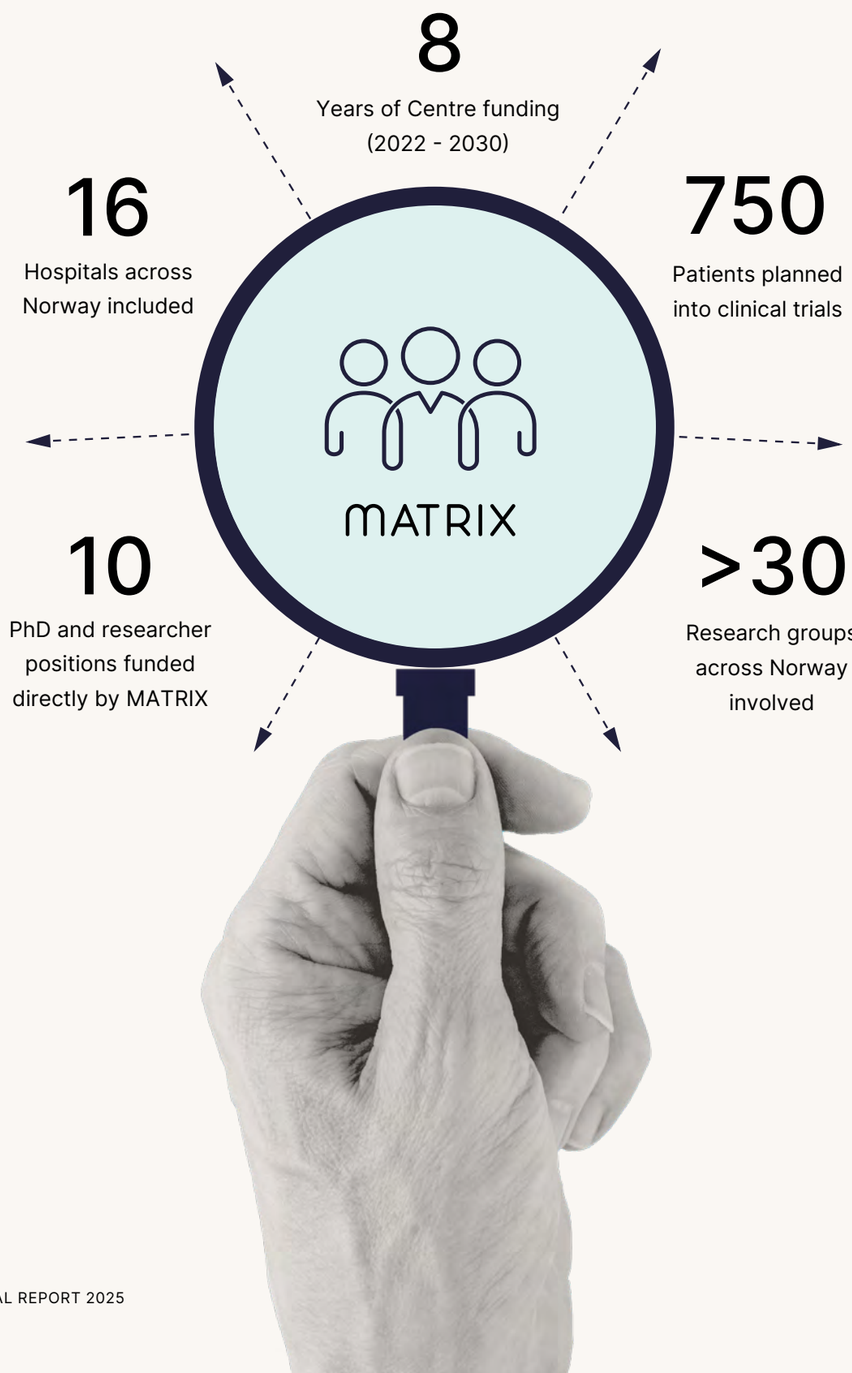
In 2026, we especially look forward to the Research Council of Norway underway assessment. This is an opportunity to evaluate what we have achieved so far and allows us to reflect on the need for adjustments.

I take this opportunity to thank all clinicians, researchers, students and staff across our eighteen partner institutions for their enthusiasm, dedication and hard work over the past year.

We encourage researchers, industrial partners, patients and other interested stakeholders to contact us to get more information and discuss opportunities to shape the future of cancer treatment together.

March 2026

Åslaug Helland
Director, MATRIX



ABOUT

MATRIX – A *Brief* Overview

The Norwegian Centre for Clinical Cancer Research is a national research centre with an overall ambition to help patients with hard-to-treat cancers live longer with better quality of life. The scope of the centre is broad, ranging from the development of new diagnostics and new treatments to the development of new cancer care tools. Thus, MATRIX facilitates the development and implementation of next-generation cancer care.

MATRIX was established in August of 2022 and is funded by the Research Council of Norway and the Norwegian Cancer Society. The centre is one of four Centres for Clinical Treatment Research (FKB) in Norway. This funding scheme aims to establish and strengthen clinical research environments, and through outstanding research, the aim is to contribute to improved outcomes for Norwegian patients. The centres receive support for a maximum of eight years, and the primary research tasks are to perform clinical trials.

All Norwegian hospitals with cancer departments were invited to join MATRIX, and the centre has partners and study sites across all health regions in Norway. Altogether, sixteen hospitals as well as the University of Oslo and Oslo Metropolitan University (OsloMet) are partners in MATRIX.

MATRIX collaborates closely with large ongoing national precision cancer medicine initiatives, national tumour groups, national initiatives in patient-centred care and the unique infrastructure for clinical trials. The centre has a close collaboration with a private ICT company, DNV Imatis, regarding digital innovations for better patient care and care planning. In addition, MATRIX has a broad network of international collaborators and is strongly involved in several large ongoing EU projects within the areas of precision cancer medicine and patient-centred and palliative care.

IMPACT

Clinical Cancer *Research*

Improved diagnostics

MATRIX develops new diagnostic methods in molecular profiling and for functional precision medicine including drug sensitivity screening and anti-tumour immunity assessments, as well as artificial intelligence (AI) tools for analysis of images and clinical real-world data.

More clinical studies and precise treatment

MATRIX develops and tests new treatment strategies in clinical trials. We support trials focusing on patient benefit for hard-to-treat cancers. This includes trials focusing on testing new diagnostics, precision cancer medicine or improving quality of life. MATRIX can design and offer trials on drugs in earlier lines of treatment or trials of new drug combinations. The trials should be available to patients from all of Norway.

Patient follow-up and patient participation are central

There is a need for novel digital tools that ensure that the patient's needs and preferences are integrated into all treatment decisions. MATRIX is developing systematic digital symptom assessment and patient-centred care pathways with evidence-based content that will secure treatment and follow-up tailored to the individual patient. A dedicated work package focuses on how these systems can be implemented in the Norwegian healthcare system.

Photo: OUS, Per M Didriksen

AMBITIONS

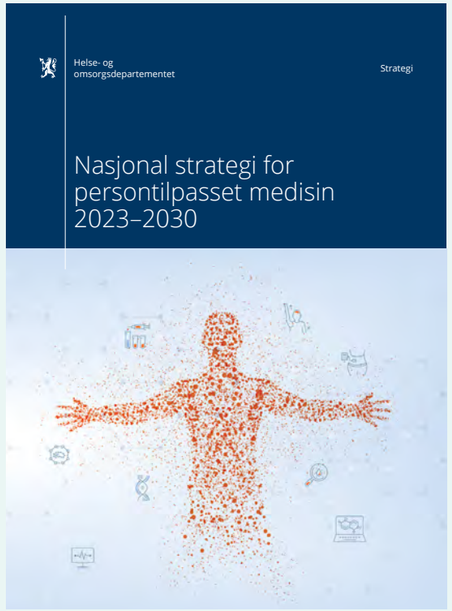
Desired Outcomes

The Norwegian national strategy for personalised medicine (2023-2030) have three clearly expressed strategic goals:

1. Equality in access to personalised medicine with close integration of patient care, research and other types of systematic generation of knowledge

2. Healthcare services that possess the relevant competence to meet individual needs related to personalised prevention, diagnostics, treatment and follow-up

3. Safe and efficient use, analysis, sharing and storage of large-scale health data needed for personalised medicine applications in healthcare, service development and research within a framework that secures the integrity of the individual and data privacy



The aim is that Norway should offer personalised medicine to its citizens as part of an integrated line of treatment within the public healthcare system. The patients should be offered more precise and targeted diagnostics and treatment while avoiding treatment without effect, as well as to involve patients in shared decision-making processes.

MATRIX collaborates with and builds on already ongoing initiatives in Norway within precision cancer medicine and patient-centred care. Internationally, MATRIX collaborates closely with the ongoing EU-funded consortium “MyPath – The Digital Solution to Patient-centred Cancer Care”, as well as with two large European precision medicine initiatives, PRIME-ROSE and Joint Action on Personalised Cancer Medicine (JA PCM). These two projects build on the success of national initiatives to expand access to precision cancer medicine to more patients across Europe and to address key challenges related to implementation. The overall aim of all the combined efforts is to make Norway world-leading in precision cancer research, treatment, and care.

Build competence and experience

with next-generation diagnostics and treatment by conducting a number of clinical trials. Patients are recruited at hospitals all over the country.

Facilitate advanced clinical trials

through the established Clinical Trial Engine for handling regulatory, logistical and clinical needs. The centre will also contribute to the training of study personnel.

Establish a systematic pipeline

for the development of new diagnostics, treatments and digital solutions, to be tested in clinical trials and for implementation in the healthcare system.

WORK PACKAGES

Research

Each year, more than 38,000 people in Norway are diagnosed with cancer. Although a majority of patients are cured, cancer remains the leading cause of death in Norway, with over 11,000 deaths annually. Continued progress is therefore needed in diagnostics, earlier detection, and the development of new and more targeted treatment options, particularly for hard-to-treat cancer subtypes.

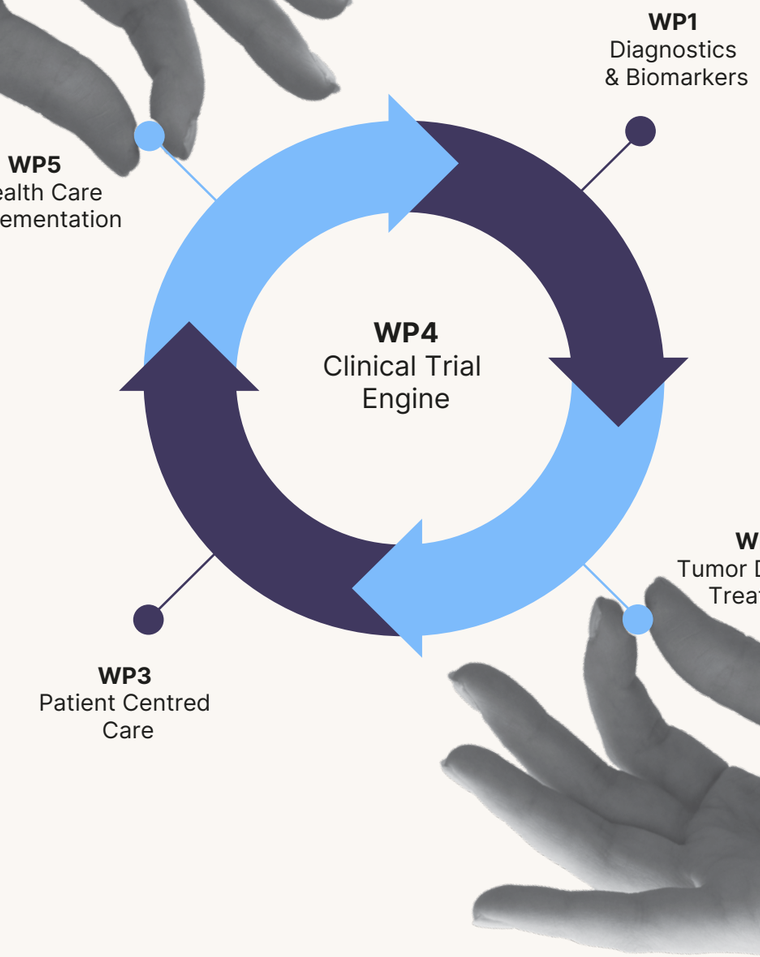
Alongside advances in tumour-directed therapy, patient-centred care is increasingly important. As more patients live longer with cancer, many experience long-term effects of both the disease and its treatment. Quality of life, symptom management, and functional level is therefore increasingly important. For patients living with incurable cancer, structured involvement of both patients and families in care planning is essential, including decisions regarding the balance between anticancer treatment and end-of-life care.

Precision cancer medicine plays a central role in modern oncology by enabling treatment decisions based on detailed molecular characterisation of each patient's disease. Molecular differences can explain why patients with similar cancer types and stages may respond differently to the same treatment, highlighting the need for individualised therapeutic strategies.

MATRIX is a national initiative involving sixteen hospitals and two universities across Norway, with the aim of improving outcomes for cancer patients through precision diagnostics, targeted treatment, and active patient involvement in decision making.

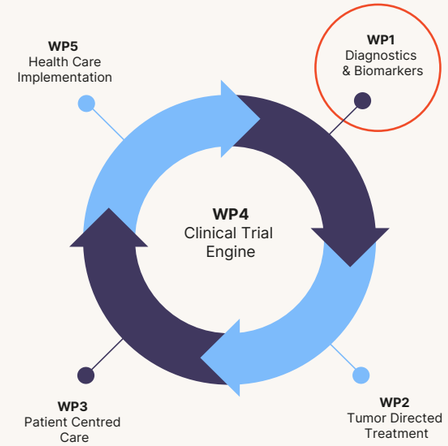
The centre focuses on providing patients with hard-to-treat cancers access to more appropriate diagnostic and therapeutic strategies while minimizing exposure to ineffective treatments with potential negative effects on quality of life. In parallel, MATRIX is developing digital patient centred care pathways in close collaboration with clinicians, patients, patient representatives, and DNV Imatis, a Scandinavian provider of healthcare specific digital solutions.

Research in MATRIX is organized into five work packages:



WP1

Next-Generation Cancer Diagnostics & Biomarkers



Research focus:

There is still a great potential to improve the benefit of therapy for individual cancer patients by better patient selection. This can be achieved through increased biological characterisation of their disease, as well as by the design of unique synergistic combination therapies that could give cure or overcome treatment resistance. Furthermore, a driver for precision cancer medicine is the advancement of methods and technologies for advanced data analyses for systems biology, machine learning, and artificial intelligence (AI).

Research in WP1 is organized into two sub-projects:

- WP1a utilizes and further develops available technologies in collaboration with the national infrastructure for precision diagnostics in cancer (InPreD), leading to the implementation of next-generation diagnostics. Other omics, liquid biopsy assays as well as functional approaches such as cancer drug sensitivity screening and pharmacogenomic profiling, are included.
- WP1b utilizes new imaging (MRI, CT and PET) technologies and methodologies, such as multi-parametric scanning in collaboration with the CRAI Unit at Oslo University Hospital, to gain decisive insight into resistance factors. Including clinico-pathological and / or molecular factors and analysis by learning algorithms (machine and deep learning) aid the development of predictive / prognostic markers for treatment selection.

Major aims:

- Establish advanced genomics for cancer diagnostics and standardize analysis to support clinical decisions on inclusion in trials
- Establish standard operating procedures (SOPs) and transfer cancer drug sensitivity screening (CDSS) and CDSS-based testing to a diagnostic platform for patient stratification in clinical trials
- Develop a pipeline for circulating tumour DNA (ctDNA) sequencing for patient stratification in clinical trials
- Develop frameworks for efficient extraction of big radiological data from PACS (picture archiving and communication system) to dedicated databases for deep learning-based model training
- Develop predictive models for assessment of treatment response
- Develop end-to-end pipelines for fully automated radio-genomic analysis for selected hard-to-treat cancers

Highlights 2025:

- Completed testing of HRD analyses (homologue repair defect) as an add-on to the TSO500 panel (Oslo University Hospital in collaboration with IMPRESS-Norway and Illumina).
- Optimizing protocols for functional multiplex in situ testing of HRD status (Oslo University Hospital in collaboration w/ Knights Cancer Institute, USA).
- Long read sequencing completed for 4 subprojects (Oslo University Hospital in collaboration w/ Oxford Nanopore Technologies).
- Pilot for WGS/WTS analyses of paediatric cancer completed (Oslo University Hospital).
- Prospective analyses of ctDNA by TSO500 liquid testing in IMPRESS-Norway is completed (Oslo University Hospital).
- COSENSE1 trial for clinical decision support in first line therapy for colon cancer patients with metastatic disease (CDSS methodology) has started inclusion of patients (St. Olavs Hospital).
- Risk and security (ROS) assessment for hospital-embedded software NeoMedSys for querying and curating radiographic data for artificial intelligence (AI) deployment is approved at Oslo University Hospital. Application for regional approval submitted (Oslo University Hospital).
- Successfully completed trial period for vendor AI platform (SECTRA Amplifier) (Oslo University Hospital).
- Research PACS is fully operational (Oslo University Hospital).

“We have made a lot of progress towards delivering new technologies to facilitate stratification of patients using functional testing, imaging and modelling approaches”

Kjetil Taskén, WP1 leader

Goals for 2026:

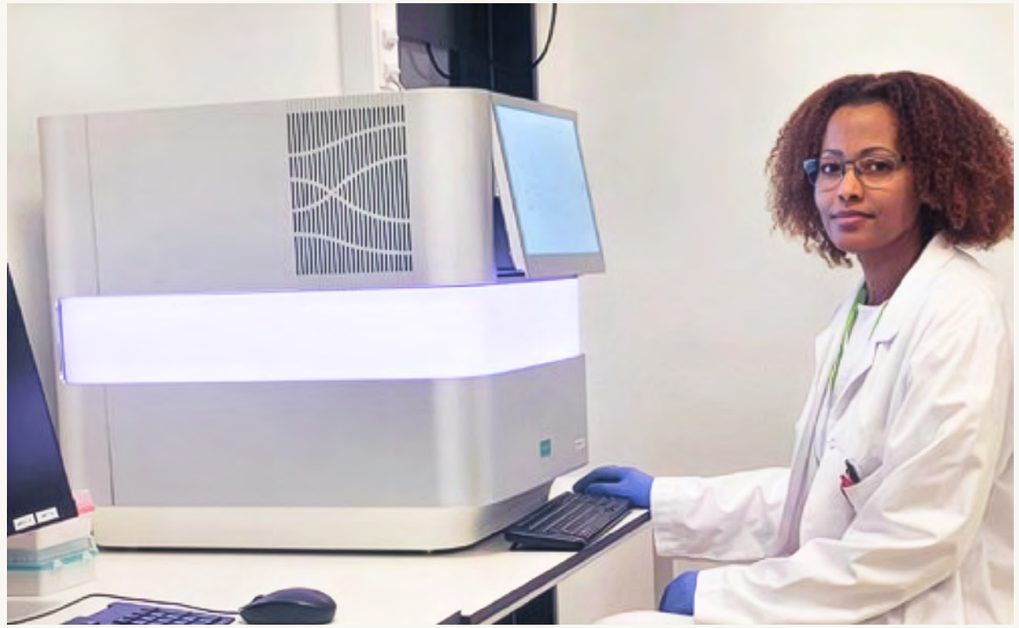
- Testing and validation of multimodal diagnostics for paediatric cancer patients with advanced disease in collaboration with InPreD (Oslo University Hospital).
- Build the logistics and plan start of implementation of WGS/WTS sequencing and DNA Methylation nationally (Oslo University Hospital).
- Benchmark a new library preparation assay (Watchmaker) that can be automated to provide scalability for different cancer types, including hard-to-treat and rare cancers (Oslo University Hospital).
- Standardize Cancer Drug Sensitivity Screening (CDSS) and adapt for patient stratification to trials in more cancers (Oslo University Hospital, St. Olavs Hospital, Stavanger University Hospital).
- Continue evaluation of ctDNA as a diagnostic tool for clinical trial inclusion and / or stratification (Oslo University Hospital, Stavanger University Hospital).
- Evaluation and approval of specific AI-based software solutions, including predicting glioma tumour progression and their relationship with proliferation, invasion and angiogenesis (CHRONOS) (Oslo University Hospital).
- As part of the EUropean Federation for CAncer IMages (EUCAIM) award (2025), the CRAI-team will implement the computer infrastructure to become a federated node for hosting local data (Oslo University Hospital).

Work package leader: Professor Kjetil Taskén, Oslo University Hospital

Work package co-leader: Professor Emiel Janssen, Stavanger University Hospital

Lead WP1a: Professor Hege G. Russnes, Oslo University Hospital

Lead WP1b: Kyrre E. Emblem, Oslo University Hospital



Researcher Almaz Nigatu Tesfahun at Stavanger University Hospital. Photo: Stavanger University Hospital.

Photo: Stavanger University Hospital, Helse Stavanger, Svein Lunde.

WP2

Tumour-Directed Treatment

Research focus:

MATRIX supports and develops investigator-initiated clinical trials focusing on hard-to-treat cancers with participation and engagement in hospitals throughout Norway. Altogether, 16 hospitals are partners and study sites in MATRIX.

Next-generation diagnostics guide the use of precision cancer therapy with new and old drugs, alone and in combinations. MATRIX facilitates the use of material and data across trials and connect clinical investigators with appropriate research groups and core facilities, allowing for the use of cutting-edge-technology and expertise within immunology, genomics, proteomics, imaging and other areas. Moreover, MATRIX aims to move the precision cancer medicine approach forward in the lines of treatment.

To reach the overarching goal to increase patient survival through the use of precision cancer medicine, we have established close collaborations with InPred, the national infrastructure for precision cancer diagnostics, the Centre for Advanced Cell & Gene Therapy (ACT), and have continuous interactions with the pharma industry.

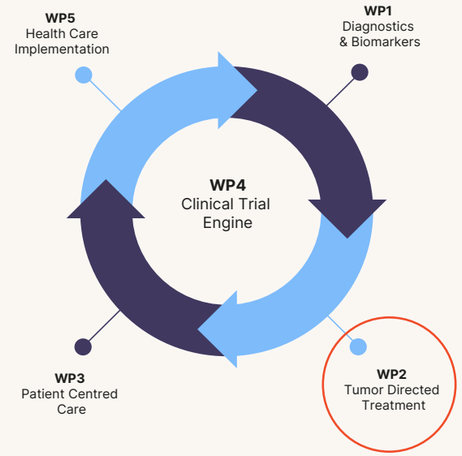
Principal investigators from MATRIX partner institutions with trials focusing on hard-to-treat cancers, can contact MATRIX for support, and proposals are discussed regularly by the national management team. MATRIX-supported trials are described in more detail under the clinical trials section.

Major aims:

- Increase the number of clinical studies available for patients with hard-to-treat cancers
- Increase the number of patients included in clinical trials
- Increase the number of national studies (multicentre trials)
- Include cell and gene therapy studies

Highlights 2025:

- MATRIX-Rare, a trial designed for rare and hard-to-treat cancers, received CTIS-approval and started inclusion of patients. An agreement with the company BeOne Medicines was reached to provide study drug (in addition to agreement made with Novartis in 2024), and one PhD fellow (funded by HSØ) was recruited to the trial.



- MATRIX received 13 applications for support to clinical trials. Applications were discussed by the national management team, and six new trials were funded.
- By the end of 2025, the MATRIX portfolio included 14 supported trials of which 12 are multicentre trials. Two have finalised inclusion, six have yet to start.
- By the end of 2025, 578 patients have received study treatment or diagnostics with support from MATRIX. Patients have been included in all health regions.

Goals for 2026:

- Support initiation of more clinical trials
- Provide support to at least three clinical trial protocols
- Secure inclusion in clinical trials from all health regions
- Secure and further develop the national network for clinical trials
- GMP production of CAR T product finalised for STEAP1-trial

"The MATRIX portfolio of clinical trials is growing, and we now have trials including patients in all health regions"

Åslaug Helland, WP2 leader

Work package leader:
Professor Åslaug Helland, Oslo University Hospital

Work package co-leader:
Professor Egil S. Blix,
University Hospital of North Norway

WP3

Patient-centred Care

Research focus:

Patient-centred care focuses on the patient living with disease or life after treatment has ended and not exclusively on the cancer diagnosis. This applies to the entire treatment trajectory, from diagnosis, throughout treatment and beyond. The aim is to optimize and maintain quality of life, level of functioning and well-being in all phases of treatment.

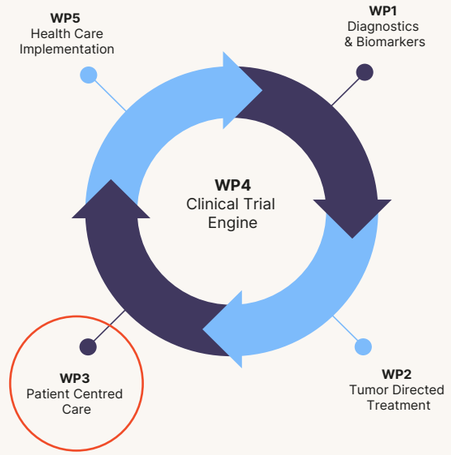
To improve current cancer treatment, patient-centred care should complement tumour-directed treatment on a systematic level, and treatment and care should be tailored to the individual patient. Thus, systematic information about the patient's symptoms, functions, needs, and preferences needs to be collected (Patient Reported Outcome Measures, PROMs). Although robust documentation from randomized trials shows convincing patient-centred benefits of routine use of PROMs, this is still not part of routine clinical practice today.

We develop, in WP3, digital patient-centred care pathways (dPCCP) building on digital registrations of PROMs in collaboration with DNV Imatis. Following iterative test-rounds and revisions, these pathways will be implemented into routine clinical practice at hospitals participating in MATRIX. Three Norwegian hospitals are currently participating in the development and testing: Ålesund Hospital, Telemark Hospital and Oslo University Hospital, with the latter having implemented the digital solution and begun using it in clinical practice.

The dPCCPs contain both real-time and prior information from patients' digital self-reports, and this provides patients and healthcare providers with sufficient information to plan for individualized symptom management and care. Rapid transfer of real-time data and online communication secure active patient involvement in decisions about their own care and treatment.

While WP3 operates on a national level, corresponding international solutions are being developed in the EU- funded project MyPath, also led by Stein Kaasa, OUH.

In WP3, we also aim to further develop the evidence base of patient-centred care by conducting a range of clinical trials exploring different aspects of patient-centred cancer care, with specific focus areas such as nutrition, pain management, implementation of advance care planning, shared-decision making etc.



Major aims:

- Develop the evidence-base of the content of PCC through clinical trials
- Develop digital patient-centred care pathways building on PROMs
- Revise the current version of Eir and other digital PROMs / PREMs to optimise the content for use in MATRIX clinical studies
- Perform iterative test rounds in mock patients and healthcare providers / clinicians to revise and adapt the patient-centred structure for optimal usability and performance
- Enhance screening and recruitment strategies to increase patient recruitment in clinical studies
- Monitor the effect of the above-mentioned strategies

Highlights 2025:

- Content, format, language, and scope of the digital solution was co-created with end-users. Content development for the PROMs application was finalized, and content development for the clinician application, including the structured consultation and care plans got to advanced stages.
- Conducted iterative testing of both the MyPath Patient app and the MyPath Clinician app, which enabled continuous refinement of content, structure, and functionality, ensuring both general and site-specific relevance. The PROMs app and the PROMs overview for clinicians were finalized and ready for use in clinical practice.
- Scientific dissemination, e.g. publications on the MyPath methodology and pathway development for both nutrition and pain.
- Established a user representative board in collaboration with Pancreatic Cancer Network Norway (PKNN).
- Inclusion of patients in the ongoing clinical trials (PARASTOP, GAIN, Pallsoft, iDECIDE).
- Developed new project ideas to build on and extend the work initiated through MyPath. We submitted to project applications, one within the EU framework and one to the Research Council of Norway's Pilot Health initiative.

“At the end of 2025, we reached a significant milestone in the MyPath project as we went live at the first centre, Oslo University Hospital. Patients at the pancreatic outpatient clinic at the Radium Hospital have started using MyPath, and the feedback from both patients and clinicians so far has been very positive”

Stein Kaasa, WP3 leader

Goals for 2026:

- Continuing the content development of the MyPath clinician application including support for structured consultation and care plans. We specifically plan to develop an Advance Care Planning (ACP) pathway.
- Continuing the close collaboration with key ICT personnel locally, and with our partner DNV Imatis who is developing the digital solution.
- Interview end-users every 3-4 months, and continuously adjust, modify and further develop the digital pathways.
- Collect quantitative usage metrics and user data to answer the main research question of MyPath: Can we implement MyPath in cancer care?
- Commence a sub-project of MyPath in Ålesund, called “Patient-centred care Ålesund (PCCÅ).
- Commence a sub-project in Telemark, aiming to develop ways of collaboration and work-sharing between the hospital and the primary healthcare sector.
- Continue the ongoing clinical trials and start the newly funded projects according to plan.
- Draft and submit publications from the formative and summative MyPath evaluation and the ongoing trials.

Work package leader:
Professor Stein Kaasa, Oslo University Hospital

Work package co-leader:
Associate Professor Jo-Åsmund Lund, Ålesund Hospital

Photo: OUS, Thea Tønnesen

WP4

Clinical Trial Engine

Research focus:

There are many hurdles to overcome when planning and conducting a researcher-initiated clinical trial. To build competence and support trials across Norway, including at hospitals with less in-house clinical trial support compared to the university hospitals, MATRIX has established a support function – a Clinical Trial Engine (CTE) – offering tailored services according to needs. Support from the CTE will hopefully result in more efficient initiation and conduct of trials and should secure quality in all phases of a trial.

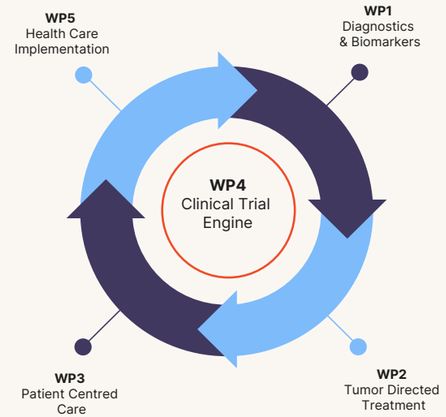
One major obstacle to the implementation of precision cancer medicine is access to employees with state-of-the-art knowledge and expertise. There is a need to raise competence of all types of study personnel (e.g. doctors, study nurses, project coordinators) on a national level. In collaboration with OsloMet, MATRIX develops new master-level courses in clinical intervention studies. A program in collaboration with the University of Oslo Growth House and Health Innovation School is also in progress.

Major aims:

- More effective initiation and conduct of clinical trials
- Establish a structure for decentralised clinical trials
- Establish formal education / training for clinical trial personnel

Highlights 2025:

- Associate professor (20%) hired at OsloMet
- Professor (20%) hired at the University of Oslo
- The CTE has provided full project management for a number of investigator-initiated trials, including the MATRIX-supported trials EVIDENT, COM-IT-2 and Pseudovax, including CTIS submissions.
- The CTE has provided support for several other investigator-initiated trials, including the MATRIX-supported ADIL and MATRIX-Rare trials.
- The master level course “Introduction to Clinical Studies for Healthcare Personnel” (MAVIT5800) was delivered at OsloMet for the third time.



- A second master level course was developed and approved by the OsloMet educational committee. “Clinical Trials for Healthcare Professionals - Planning and Conduct” (MAFAR500) is a more advanced course and will run for the first time in the fall of 2026.

Goals for 2026:

- Continue to provide low-threshold advice to trials prepared by MATRIX institutions
- Support trials selected by the MATRIX national management team
- Increase competence within the MATRIX Clinical Trial Engine
- Invite study teams from other MATRIX sites for visits and training
- Offer the course “Clinical Trials for Health-care Professionals - Planning and Conduct” (MAFAR500) for the first time
- Provide teaching and mentoring at the Growth House/School of Health Innovation, University of Oslo

“There is a lot of interest in the master course in clinical trials at OsloMet. We have now developed a second course that is approved and will be offered to students in 2026. Together with OsloMet and University of Oslo we are building a strong programme for increased competence in clinical trials”

Jon Amund Kyte, WP4 leader

Work package leader:
Professor Jon Amund Kyte, Oslo University Hospital and University of Oslo

Work package co-leader:
Bjørnar Gilje, Stavanger University Hospital

WP5

Healthcare Implementation

Research focus:

The rising cancer incidence and more people living with cancer and other complex conditions, have made the Norwegian Health Care Authorities request an increase in efficiency regarding the delivery of health care, in terms of more health of better quality to more people at the right level of care. Thus, in the future cancer care, resource optimization and efficient ways of care delivery at all levels is essential. Existing and cutting-edge clinical research results should guide evidence-based implementation in clinical care towards the goal of improved patient outcomes.

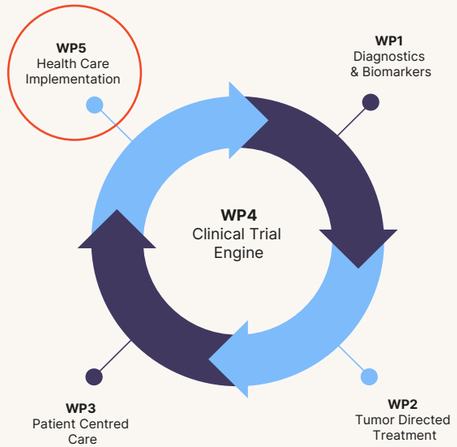
Both WP5 and WP3 aim to improve the quality of patient-centred care, communication and logistics by implementing digital patient-centred care pathways (dPCCPs). These pathways are developed and tested in WP3 before we in WP5 will use evidence-based implementation strategies to secure uptake in routine clinical care, not only as parts of designated clinical trials. Evaluation of success will follow the guidelines and theoretical frameworks for evaluation of complex interventions published by the Medical Research Council, including implementation theories, strategies, process and outcomes.

Major aims:

- Ensure commitment at all involved hospital sites
- Scoping at potential new sites as applicable
- Iterative test rounds of the dPCCP of pain, nutrition and emotional distress in synthetic patients and healthcare providers
- Publish a protocol for the implementation study
- Continue the integration, preparations with iterative test rounds among all end-users and ICT personnel
- Develop appropriate ICT systems to make dPCCP installations possible at all sites
- Perform staggered implementation based on the level of readiness

Highlights 2025:

- Each site reviewed their current work processes and developed a clinical plan for use of MyPath in routine clinical care, as a part of the preparation for the clinical adoption.
- Developed an implementation tutorial, as a part of the preparation for the implementation phase of MyPath. The tutorial is composed of three main dimensions: a technological/digital, a clinical and a research-related part. These serve as a guide describing in a stepwise manner what is needed from each center to implement MyPath.
- Finalized the implementation study protocol. Available for adjustments at the clinical sites.



- Submitted the application for ethical approval for the implementation study at OUS.
- Got approval from the local regulatory authorities to conduct the implementation study at OUS.
- Piloted the new MyPath workflow using a simpler/less developed tool, MyDignio, to facilitate change management.
- Installed and implemented the MyPath digital solution (as an approved clinical application) at the pancreatic outpatient clinic at the Radium Hospital, OUS.
- Reached a major milestone in the project when we went live with MyPath for pancreatic patients at OUS, who are now actively using the solution together with the clinicians.

Goals for 2026:

- Finalize the ICT installations and implementation of MyPath at the remaining sites: Telemark Hospital, focusing on patients with mixed cancer diagnoses, and Ålesund Hospital, targeting gastrointestinal (GI) and urological cancer.
- Get approval from the local regulatory authorities to conduct the implementation study in Skien and Ålesund.
- Expand the use of MyPath at OUS, with more clinicians using the digital tool.
- Conduct the formal implementation study. Continuous evaluation of implementation success will be conducted using a mixed methods formative and summative evaluation approach. The study will start at each site consecutively.

"At the end of last year, the implementation study became a reality at Oslo University Hospital, with Sykehuset Telemark Skien being almost ready by the start of 2026 after having the regulatory issues handled. Ålesund Sjukehus is forthcoming. The enthusiasm is great among the health care providers at all sites, as this is regarded as an opportunity to put PCC at the centre of care"

Marianne Hjermstad, WP5 leader

Work package leader:
Marianne Hjermstad, Oslo University Hospital

Work package co-leader:
Ørnulf Paulsen, Telemark Hospital

ORGANIZATION

Centre Structure


Åslaug Helland


Stein Kaasa


Kjetil Taskén


Jon Amund Kyte


Nina Ånensen

MATRIX is hosted by Oslo University Hospital and has 17 additional partners, with study sites across all the four health regions in Norway.

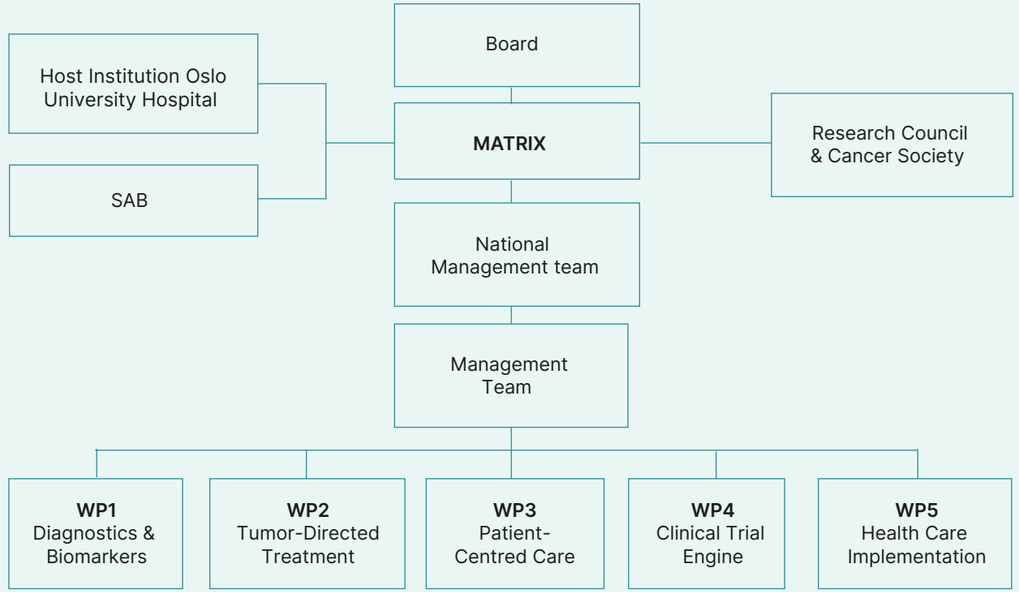
The centre is funded by the Research Council of Norway and the Norwegian Cancer Society for 2022 – 2030.

Centre Management Team

MATRIX is coordinated and managed from Oslo University Hospital (OUS).

The Centre Management Team takes care of the day-to-day business of MATRIX and consists of:

- **Director Åslaug Helland**, MD, PhD, Professor, Research leader of Oslo University Hospital Comprehensive Cancer Centre
- **Co-Director Stein Kaasa**, MD, PhD, Professor Emeritus, Department of Oncology, Oslo University Hospital
- **Professor Kjetil Taskén**, MD, PhD, Head of Institute for Cancer Research, Oslo University Hospital
- **Professor Jon Amund Kyte**, MD, PhD, Head of Department of Clinical Cancer Research, Oslo University Hospital
- **Nina Ånensen**, PhD, Administrative Manager MATRIX, Oslo University Hospital



MATRIX Organizational Chart

Extended National Management Team

The extended National Management Team coordinates activities in the five work packages and ensures national participation and engagement. The members of this team represent all health regions in Norway. Among the tasks of the national management team is assessment of trial proposals and approving initiation of new clinical trials within the centre.

The National Management Team consists of:

- **Bjørnar Gilje**, Stavanger University Hospital
- **Egil Blix**, University Hospital North-Norway
- **Emiel Janssen**, Stavanger University Hospital
- **Hege G. Russnes**, Oslo University Hospital
- **Jon Amund Kyte**, Oslo University Hospital
- **Jostein Dahle**, Akershus University Hospital
- **Jo-Åsmund Lund**, Ålesund Hospital
- **Kjetil Taskén**, Oslo University Hospital
- **Kyrre E. Emblem**, Oslo University Hospital
- **Line Bjørge**, Haukeland University Hospital
- **Marianne J. Hjermstad**, Oslo University Hospital
- **Stein Kaasa**, Oslo University Hospital
- **Ørnulf Paulsen**, Telemark Hospital
- **Åslaug Helland**, Oslo University Hospital
- **Åsmund Flobak**, St. Olav University Hospital

Photo: Helse Sør-Øst

MATRIX Board

The Board is, together with the Centre Management Team, responsible for the overall coordination and progress of MATRIX. The Board should also ensure that the interaction between the project management and the partners work well and according to plan.

Sigbjørn Smeland, Head of the Division of Cancer Medicine at Oslo University Hospital chairs the MATRIX Board. In addition, consortium partners are represented with one member each. The board also has patient representation. The funders, the Research Council of Norway and the Norwegian Cancer Society, participate in Board meetings as observers.

Scientific Advisory Board

The main role of the MATRIX Scientific Advisory Board (SAB) is to offer academic and strategic advice as well as benchmark the performance of the centre internationally. The SAB consists of five internationally renowned clinicians and researchers with expertise in precision medicine and cancer research.

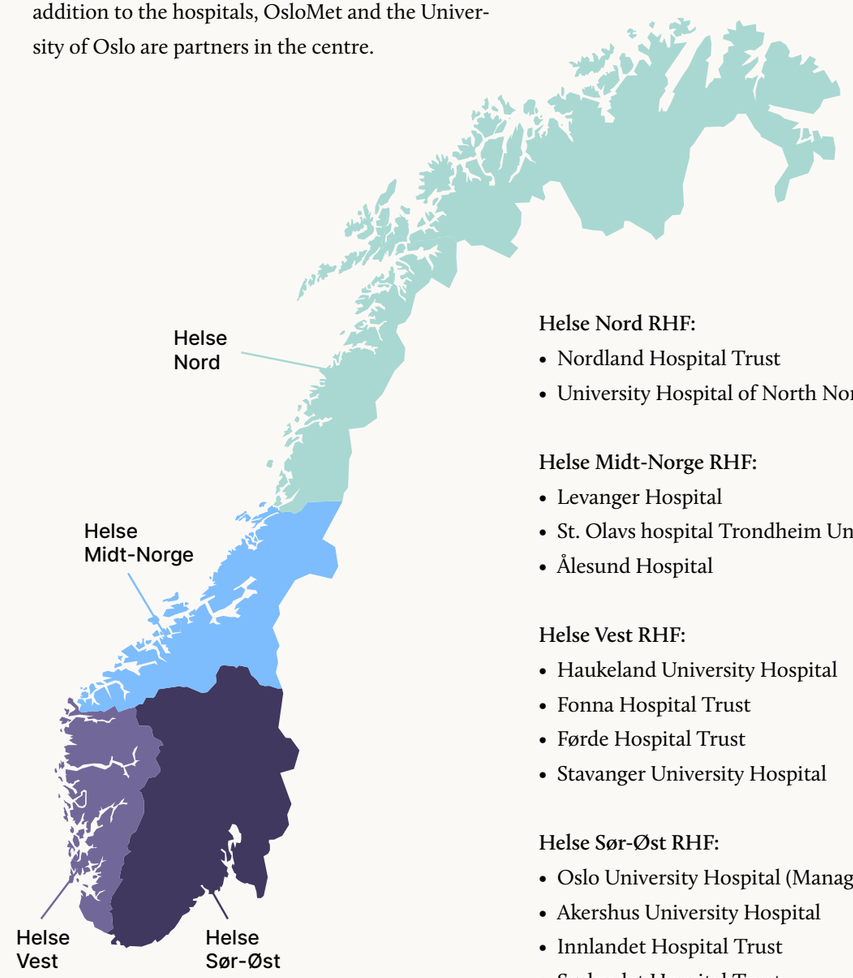
The following experts are members of the MATRIX SAB:

- Professor Ruth Plummer (chair), MD, PhD, Newcastle Hospitals NHS Trust / Newcastle University, UK
- Professor Ahmad H. Awada, MD, PhD, Chirec Cancer Institute / Université Libre de Bruxelles, Brussels, Belgium
- Professor Irene Higginson, PhD, Kings College London, UK
- Professor Janne Lehtiö, PhD, Karolinska Institute, Sweden
- Professor Sonja Loges, MD, PhD, University Medical Center Mannheim / German Cancer Research Center (DKFZ), Heidelberg, Germany

The SAB had their first MATRIX site-visit in Oslo in November 2025 (see more info in highlights).

Consortium Participants

MATRIX consists of altogether eighteen consortium partners. The national clinical network consists of sixteen partner hospitals with cancer departments. Participation of hospitals across Norway facilitates an important goal for MATRIX; that patients get the opportunity to participate in clinical trials as close to their homes as possible. In addition to the hospitals, OsloMet and the University of Oslo are partners in the centre.



Helse Nord RHF:
- Nordland Hospital Trust
- University Hospital of North Norway

Helse Midt-Norge RHF:
- Levanger Hospital
- St. Olavs hospital Trondheim University Hospital
- Ålesund Hospital

Helse Vest RHF:
- Haukeland University Hospital
- Fonna Hospital Trust
- Førde Hospital Trust
- Stavanger University Hospital

Helse Sør-Øst RHF:
- Oslo University Hospital (Management & Coordination)
- Akershus University Hospital
- Innlandet Hospital Trust
- Sørlandet Hospital Trust
- Telemark Hospital Trust
- Vestfold Hospital Trust
- Østfold Hospital Trust

PPI

Patient and Public Involvement

Patient and public involvement (PPI) in research is important to strengthen the relevance of the research and to ensure that patients' perspectives, experiences and needs are reflected in the projects.

A patient perspective in research and innovation processes is useful on different levels:

- In larger strategic decisions
- In planning and establishment of new projects
- In detailed planning to ensure that projects are aligned with the requirements and challenges of the people living with the diagnosis

The overall ambition of MATRIX is to extend the lives and improve the quality of life of patients with hard-to-treat cancers. Patient and public involvement is particularly important in work packages three and five where the aim is to develop and implement digital patient-centred care pathways (see research section for details) and where regular interactions with user representatives are essential for the project to succeed.

MATRIX User Advisory Board

The main role of the user advisory board is to advance patient and public involvement in MATRIX. They will interact regularly with the MATRIX management team, and their activity includes:

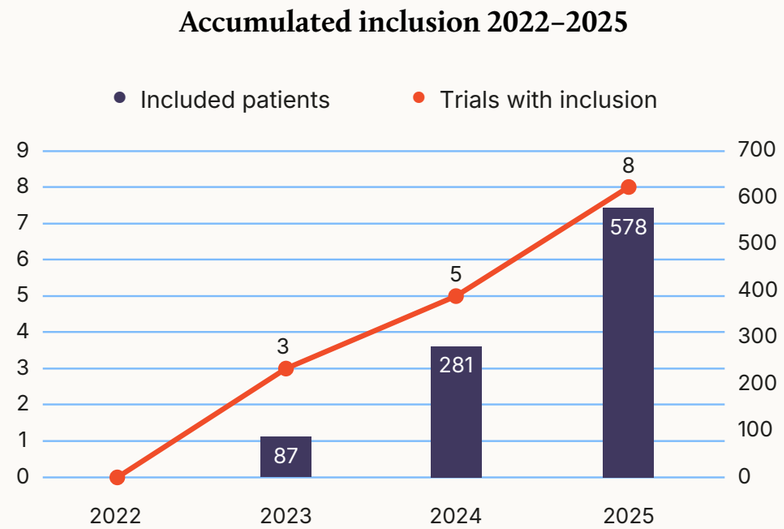
- Function as a link between users and MATRIX
- Contribute with knowledge and experience
- Represent users at various events
- Contribute to increased visibility of centre activities
- Create awareness of the need for precision cancer medicine and patient-centred care

Members of the MATRIX user board:

- Anita Eik Roald (chair)
  – The Norwegian Bladder Cancer Society
- Charlotte Borge-Andersen (vice chair)
  – Pancreas Cancer Network Norway
- Astrid Hjelle
  – The Norwegian Blood Cancer Society
- Thomas Engelskjøn
  – The Norwegian Cancer Society
- Arild Granerud
  – The Norwegian Prostate Cancer Society
- Kurt Myrvang
  – The Norwegian Prostate Cancer Society
- Ove Vestheim
  – The Norwegian Sarcoma Society

CLINICAL NETWORK

Clinical Trials



Since the opening in 2022, a total of 578 patients have received study diagnostics or treatment in MATRIX trials.

Centres for Clinical Treatment Research (FKBs) are to carry out top-calibre research to improve treatment for Norwegian patients. The primary research task for MATRIX is to conduct clinical trials for patients with hard-to-treat cancers. Our national clinical network consists of 16 hospitals across Norway.

MATRIX supports a wide range of trials, including trials using new drugs in earlier treatment lines, trials testing new diagnostics for treatment stratification, or new trial designs.

Principal investigators from MATRIX partner institutions can contact the centre to register new trials or ask for support from the Clinical Trial Engine via an electronic registration form. Proposed new trials must aim for patient benefit, either by offering precision cancer medicine, new diagnostics or because it will extend the expected lifespan or improve the quality of life of cancer patients. The extended national management team meets regularly to assess trial proposals and approve initiation of new clinical trials within MATRIX.

By the end of 2025, the MATRIX portfolio includes 14 clinical trials (some are yet to start inclusion), and a total of 578 patients have been included.

Photo: OUS, Apeland/Katrine Lunke

MATRIX-initiated clinical trials

MATRIX-Rare: Precision cancer medicine in hard-to-treat rare cancers - repurposing drugs in earlier lines of treatment (EUCT: 2024-513779-42-02)

Principal Investigator:

- Professor Åslaug Helland, MD, PhD, Oncologist, Oslo University Hospital

MATRIX-Rare offers precision cancer medicine in earlier lines of treatment to patients with rare and aggressive cancers. The reasoning behind the trial is that cancer cells are more susceptible to treatment in earlier lines of treatment. It is therefore likely that patients will benefit more if targeted therapy is attempted earlier in the course of the disease.

Included patients will be offered molecular diagnostics and targeted treatment based on genetic alterations. Currently, agreements have been signed with Novartis and BeOne Medicines to deliver drugs. Trial management is in regular contact with potential new pharmaceutical industry partners to include more study drugs. The trial also receives funding from the Norwegian Cancer Society and the South-Eastern Norway Regional Health Authority. MATRIX will cover per-patient contribution for 100 treated patients. All MATRIX partner hospitals participate in the trial.

The trial received CTIS approval and started inclusion in 2025. By the end of 2025, three patients have started treatment.

MATRIX-supported clinical trials

EVIDENT: Ex vivo drug sensitivity testing in metastatic colorectal cancer (EUCT: 2023-510092-62-00)

Principal Investigators:

- Tormod Guren, MD, PhD, Oncologist, Oslo University Hospital
- Professor Ragnhild A. Lothe, Head Dept. of Molecular Oncology, Oslo University Hospital

EVIDENT is a phase 2 study of ex vivo drug sensitivity testing in metastatic colorectal cancer (NCT05725200). Based on a combination of cancer molecular profiling and drug sensitivity testing of patient-derived ex vivo tumour organoids, the trial expands the oncologic treatment repertoire and improves the selection of treatments to individual patients. Patient inclusion is ongoing.

A crucial aspect of this study is the experimental ex vivo diagnostics, involving culturing of cancer cells from tumour tissues under conditions fostering formation of 3D organoids that resemble the architecture and molecular profile of the patient's own tumour. The organoids are exposed to many different drugs or drug combinations (n=72), providing robust read-outs of drug sensitivities of a growing "living biobank" of colorectal cancer models. A combined pharmacogenomics profile of all tumour samples and organoids per patient is presented in a report to the national molecular tumour board (MTB).

The MTB provides recommendations for ex vivo-guided treatment in the third line. EVIDENT has approval to intervene with 23 of the drugs in the screen, most of which are experimental treatments for metastatic colorectal cancer. Treatment nomination criteria include comparisons with a large reference panel of ex vivo drug sensitivities of patient-derived organoids from colorectal cancer liver metastases. In addition, evaluation of multiple samples from each patient reduces the risk of nominating drugs with heterogeneous activities across lesions and tumour sub clones.

MATRIX supports EVIDENT with a per-patient contribution for ex vivo diagnostics of up to 150 patients and for experimental treatment of up to 20 patients.

By 2025, samples from 134 patients have been processed and drug screened. Eight patients have started experimental treatment based on the pharmacogenomics profile of their organoid model.

REMNANT: The Relapse from MRD Negativity as Indication for Treatment Study (NCT04513639)

Principal Investigator:

- Fredrik Schjesvold, MD, PhD, Haematologist, Oslo University Hospital

REMNANT is a national phase 2/3 trial for multiple myeloma patients and includes thirteen of the MATRIX partner hospitals. Altogether, 400 newly diagnosed myeloma patients have been included in the trial over a four-year period (2020 – 2024). The study follows patients until they progress on second-line treatment, which means 10-12 years from enrolment in the trial.

Patients receive standard first-line treatment in the first part of the study (phase 2). Patients who show a deep response to treatment measured by the absence of minimal residual disease (MRD), subsequently move on to the part two of the study (phase 3). These patients are randomized to receive relapse treatment according to current treatment guidelines for myeloma, or to receive treatment in the event of earlier and minor signs of recurrence (become MRD+). The aim of the study is to discover whether very early relapse treatment affects long-term prognosis.

Data from REMNANT may change international as well as national guidelines for when to start relapse treatment. No other study in the myeloma community is comparing starting relapse treatment early versus later.

MATRIX supported the trial with a per-patient contribution for 50 patients. All 50 patients have been included.

Irja Alida Oppedal and Margrethe Schauffel at Haukeland university hospital. Photo: Elvira Semaeva

SAMVAL: Integrating geriatric assessment and shared decision-making to optimize treatment choice in advanced lung cancer

Principal Investigator:

- Associate Professor Margrethe A. Schaufel, MD, PhD, Oncologist, Haukeland University Hospital

SAMVAL is a phase IV implementation study looking at decision-making processes and patient outcomes in the treatment of advanced lung cancer. The aim is to improve the shared decision-making process. This multicentre study includes Haukeland University Hospital, Stavanger University Hospital, Helse Fonna and Helse Førde.

Patient inclusion was finalized in 2024 with a total of 40 patients.

MATRIX supported the trial with a per-patient contribution for all 40 patients. With MATRIX support, the trial soon will have three articles ready to be submitted for publication. The support has also contributed to the implementation of shared decision making and oncogeriatric assessment for patients with lung cancer in Helse Vest.

The trial will now be followed up by PhD fellow Irja Alida Oppedal at Haukeland University Hospital in the project "Decision-making process and user experiences with precision medicine". The project starts in 2026 and will investigate:

1. How decisions, uncertainty and recommendations are discussed in molecular multi-disciplinary meetings.

2. How clinicians experience the decision-making process.

3. How are patients informed and integrated in decisions, and what needs do the patients have for communication with healthcare personnel about precision medicine.

COMIT-2: Combinatory Immunotherapy-2 (EUCT: 2023-510089-28-00)

Principal Investigator:

- Vilde D. Haakensen, MD, PhD, Oncologist, Oslo University Hospital

Most patients with non-small cell lung cancer (NSCLC) who are treated with immune checkpoint inhibitors alone or in combination with chemotherapy, progress within the first year of treatment.

COM-IT-2 is a phase 2 study to assess the tolerability and efficacy of immunotherapy combined with extensive radiotherapy (photon or proton) for the treatment of stage IV NSCLC. Extensive radiotherapy is combined with immune checkpoint inhibitors alone or in combination with chemotherapy to increase response rates through immune activation, avoid hyper-progression by inducing local control and give the immune system time to develop cancer-specific immunity. The overall aim of the study is to develop a new personalized approach for immunotherapy treatment for patients with metastatic NSCLC to improve response rates and duration of response and potentially cure patients who are currently considered incurable.

The trial includes patients from Oslo University Hospital, St Olavs Hospital and Innlandet Hospital.

MATRIX supports the COM-IT-2 trial with a per-patient contribution for 28 patients in the photon arm and 10-15 patients in the proton arm.

By the end of 2025, the photon part of the trial is completed, with a total of 36 patients included. Analyses of the photon arm will be done before the proton arm is initiated.

ctDNA: Use of liquid biopsy and testing of circulating tumour DNA (ctDNA) for patients with advanced cancer

Principal Investigator:

- Professor Hege G. Russnes, MD, PhD, Pathologist, Oslo University Hospital

The ctDNA project is a sub-study of IMPRESS-Norway focusing on new diagnostic tools where liquid biopsy and ctDNA testing of patients with advanced cancer is performed in a prospective study design.

The short-term aim of the project is to identify patient groups where comprehensive genomic profiling of ctDNA in peripheral blood cells is beneficial. The long-term aim is to implement comprehensive profiling of ctDNA in diagnostics in the public healthcare system.

All MATRIX-affiliated hospitals are involved, and the trial will include 1000 patients.

MATRIX supports the project with a per-patient contribution for the included patients.

By the end of 2025, 320 patients were included.

Pseudovax: A cancer vaccine targeting mutated GNAS combined with immune checkpoint inhibition for patients with Pseudomyxoma peritonei (EUCT: 2024-517047-30-01)

Principal Investigator:

- Professor Kjersti Flatmark, MD, PhD, Consultant Surgeon, Oslo University Hospital

Pseudomyxoma peritonei (PMP) is a rare cancer, most commonly originating in the appendix, which spreads to the peritoneal surfaces in the

abdomen. In Norway, all PMP patients are treated at the Radium Hospital in Oslo, and standard treatment is cytoreductive surgery and hyperthermic intraperitoneal chemotherapy. Approximately half of the patients are cured, but patients with relapses or where the tumour cannot be completely removed, have very few effective treatment options today.

Patients with PMP have a frequent occurrence of mutations in the oncogene GNAS, but there is currently no targeted treatment for this mutation. In the Pseudovax phase I study patients with recurrent GNAS-mutated PMP will receive an in-house developed peptide vaccine in combination with a PD1 immune checkpoint inhibitor.

MATRIX supports the Pseudovax trial with a per-patient contribution for 10 included patients.

The trial received CTIS approval and started inclusion in 2025. By the end of 2025, two patients have been included.

COSENSE-1: A feasibility study for using a functional precision medicine platform to select oxaliplatin-based versus irinotecan-based chemotherapy regimens for patients with metastatic colorectal cancer (EUCT: 2024-517677-25-00)

Principal Investigator:
Professor Åsmund Flobak, MD, MSc, PhD, Oncologist, St. Olavs Hospital

COSENSE-1 is a feasibility study for implementing new diagnostics to select the appropriate chemotherapy for patients with colorectal cancer. Two chemotherapy regimens are approved and equal for patients with metastatic colorectal cancer: oxaliplatin -based FOLFOX and irinotecan-based FOLFIRI.

In clinical practice, there are no biomarkers to guide whether oxaliplatin-based or irinotecan-based chemotherapy will be most effective in treating the individuals' cancer disease. Therefore, treatment typically begins with either regimen, often influenced by local tradition or practices. The effectiveness of the chosen regimen is monitored clinically and if efficacy is insufficient or toxicities are intolerable, patients are switched to the alternative regimen after 2-3 months. These months are significant for patients with an already limited life expectancy. The current setting is the ideal basis for this trial, that will provide a more rational alternative, by offering the most promising chemotherapy regimen upfront for the patients.

The primary endpoint of COSENSE-1 is to assess the extent to which it is possible to use tumoroids to strengthen the decision-making basis when choosing between FOLFOX and FOLFIRI. Secondary objectives are to describe the tumour response to treatment using efficacy measures and assess the progression-free survival and the overall survival, and assess the toxicity experienced by the participants. Exploratory objectives include basal research on tumouroids and optimisation of the functional assay to be compatible with clinical practice.

MATRIX supports the COSENSE-1 trial with a per-patient contribution for 133 included patients.

The trial received CTIS approval and started inclusion in 2025. By the end of 2025, seven patients have been included.

IMPRESS-Norway: Improving public cancer care by implementing precision medicine in Norway A multi-cohort phase 2 treatment clinical study investigating efficacy of approved drugs outside indication in patients with advanced cancer – Melphalan cohort (EUCT: 2023-507894-16-00)

Photo: OUS, Thea Tønnesen

Principal Investigator:
- Otto Emil Nyquist, MD, Haematologist, Vestfold Hospital

IMPRESS-Norway is a nationwide, national precision cancer medicine trial. The trial is open to patients with advanced, non-curable cancer. The aim is to offer targeted treatment to more Norwegian cancer patients by using drugs that are already approved for specific cancer diagnoses in new cancer types, based on molecular alterations. Patients are assessed for treatment based on molecular profiling from an extended gene panel analysis mapping approximately 500 genes.

Each treatment cohort will first include eight patients. If one or more patients respond to treatment the cohort will be expanded to a total of 24 patients. The Melphalan cohort includes patients with acute myeloid leukaemia and high-

risk myelodysplastic syndrome unfit for intensive chemotherapy. In the first cohort (eight patients) there were five complete responses. The cohort will therefore expand to 24 patients.

MATRIX supports the Melphalan cohort with a per-patient contribution for 16 included patients.

By the end of 2025, the expanded cohort is to start inclusion.

Upcoming MATRIX-supported clinical trials

STEAP1: CAR-T cell therapy targeting treatment refractory prostate cancer and Ewing Sarcoma

Principal Investigator:

- Professor Jon Amund Kyte, MD, MSc, PhD, Oncologist, Oslo University Hospital

Kyte and his team have developed a specific CAR-T that targets the protein STEAP1. This protein is expressed in about 80-90% of all prostate cancers and Ewing sarcoma in addition to subsets of other cancers, including non-small cell lung cancer, bladder cancer, breast cancer, pancreatic cancer, glioblastoma, and ovarian cancer. Moreover, STEAP1 is highly expressed in metastatic disease.

CAR-T cell therapy is approved against leukaemia, lymphoma, and myeloma, but CAR-T treatment against solid tumours is more challenging, and little documentation is still available. A major challenge in solid tumours is the lack of attack points that are important for the ability of cancer cells to spread but at the same time are poorly expressed in normal tissue. STEAP1 is highly expressed in metastatic disease, and the proprietary CAR-T therefore offers hope for potent therapy for patients without other effective treatment options.

The STEAP1 CAR-T study will be a phase 1/2 trial where the newly developed STEAP1 CAR-T will be used in patients with refractory Ewing sarcoma or prostate cancer. Ewing sarcoma is a rare form of cancer that often affects children and young adults (5-25 years) and is usually incurable after metastasis. Approximately 5-10 new cases are diagnosed in Norway every year. Prostate cancer is the most common cancer among males and among the most common causes of cancer-related deaths. Altogether, 30 patients are planned for the screening phase of the trial, whereas 20 patients can be included for treatment.

The STEAP1 trial aims to open in 2026, and MATRIX will support the STEAP1 study provisionally with a per-patient contribution, provided that the GMP cell therapy product becomes approved.

DAHRTS: Durvalumab (MEDI4736) after concurrent platinum/etoposide chemotherapy and high-dose twice-daily thoracic radiotherapy in limited stage small cell lung cancer – an open label, randomized phase III trial

Principal Investigator:

- Professor Bjørn Henning Grønberg, MD, PhD, Oncologist, St. Olavs Hospital

Small cell lung cancer (SCLC) is an aggressive form of cancer. Untreated, it grows fast, metastasizes frequently and early, and prognosis is poor (2-4 months). Up to 90% of patients respond to therapy, but most experience relapse.

The DAHRTS study builds on the promising THORA study, also led by Grønberg, which showed that dose-escalated thoracic radiotherapy (TRT) of 60 Gy in 40 fractions prolonged survival compared with the standard 45 Gy schedule (median OS 43.5 vs.

Photo: OUS

22.5 months, 5-year survival 39% vs. 28%) in limited stage (LS) SCLC. THORA was the first randomized trial showing a survival benefit in LS SCLC for more than 20 years and attracted international attention. Later, a phase III trial has established consolidation durvalumab immunotherapy after CRT as the new standard systemic therapy in LS SCLC.

The main objective of the phase III DAHRTS study is to confirm whether 60 Gy is superior to 45 Gy, overall and among patients who receive such immunotherapy.

Secondary endpoints include response rates, intrathoracic control rate, progression free survival, toxicity and health related quality of life. Explorative endpoints include cognitive function and extensive translational studies to identify biomarkers for patient stratification and selection to treatment.

The trial will include 11 hospitals in Norway, as well as more than 80 international study centres. A total of 506 patients will be included, of which at least a 100 in Norway.

MATRIX will support the DAHRTS trial with a per-patient contribution for 50 included patients.

DAHRTS aims to start inclusion in 2026.

PERMABEV: PERsonalized therapy in MetAstatic Breast cancer treated with BEVacizumab (I-BCT-3)

Principal Investigator:

- Professor Olav Engebråten, MD, PhD, Oncologist, Oslo University Hospital

PERMABEV is a clinical study in metastatic breast cancer evaluating a personalized treatment approach using the anti-angiogenic drug bevacizumab in combination with chemotherapy. The study is based on prior evidence showing that patients with a specific biological tumor profile, characterized by an immune-related molecular signature (the ViRP signature), derive greater benefit from bevacizumab. Patients with a positive ViRP signature will be randomized to receive chemotherapy with or without bevacizumab, while those without the signature will receive standard chemotherapy. The primary aim is

Photo: OUS, Jannecke Sanne

to determine whether adding bevacizumab improves progression-free survival in biomarker-selected patients, while also assessing overall survival, tumour response, safety, and quality of life.

The PERMABEV trial will include 130 patients from four Norwegian hospitals.

MATRIX will support the PERMABEV trial with a per-patient contribution for included patients.

CTIS-approval will be sought in 2026, and the trial aims to start inclusion Q3 2026.

ADIL: A phase II randomised trial investigating the benefit of adjuvant immunotherapy after neoadjuvant chemoimmunotherapy for resectable NSCLC

Principal Investigator:

- Vilde D. Haakensen, MD, PhD, Oncologist, Oslo University Hospital

Lung cancer remains a leading cause of cancer mortality, with non-small cell lung cancer (NSCLC) accounting for approximately 80% of cases. Neoadjuvant chemo immunotherapy (C-ICI) has significantly improved outcomes in resectable NSCLC, achieving pathological complete response (pCR) rates of 20-30% and superior survival compared with chemotherapy alone. While neoadjuvant ICI consistently improves response, the added value of adjuvant ICI following surgery remains unclear, with mixed results across trials and no demonstrated survival benefit in recent large adjuvant-only studies. To date, no randomized trials have directly compared neoadjuvant only versus perioperative immunotherapy strategies. The phase II ADIL trial addresses this gap by randomizing patients with stage II–III resectable NSCLC to neoadjuvant C-ICI alone or perioperative C-ICI with adjuvant durvalumab, aiming to determine the survival benefit and identify biomarkers, including residual viable tumour cells and circulating tumour DNA, predictive of benefit from adjuvant immunotherapy.

The ADIL trial is a Nordic trial and will include 300 patients of which 180 will be randomized. Six Norwegian hospitals plan to include 100 patients, 60 will be randomized.

MATRIX will support ADIL with a per-patient contribution for the inclusion and randomization of the Norwegian patients.

Local investigators are recruited, and inclusion will start in Q2-Q3 2026.

NorCUP: Improving prognosis and personalized treatment of Unknown Primary (CUP) (NCT07366008)

Principal Investigator:

- Eli Sihn Samdal Steinskog, MD, PhD, Oncologist, Haukeland University Hospital/ Helse Møre og Romsdal

Cancer of unknown primary (CUP) is defined as metastatic disease without an identifiable primary tumour. Limited treatment options and poor prognosis highlight the need for research in this patient population. The NorCUP study aims to improve diagnostics through molecular profiling, report historical CUP data in Norway (2010–2020), and enable more personalized treatment of CUP.

The project will evaluate whether extended diagnostic work-up can improve survival in these patients and will also compare different diagnostic methods with respect to their ability to identify a possible site of origin. Key methods include gene expression profiling and DNA methylation analyses in both tumour tissue and blood. In addition, NorCUP will investigate whether the use of a study-specific CUP multidisciplinary team (MDT) influences treatment decisions.

Improved diagnostics based on these findings may enable more targeted treatment, potentially improved survival, and identification of novel biomarkers in CUP patients. The project will also provide valuable insight into current diagnostic and treatment practices in Norway and whether new diagnostic routines should be implemented for this patient group.

The NorCUP trial will include 300 patients from six Norwegian hospitals.

MATRIX will support NorCUP with a per-patient contribution for 300 patients to do ctDNA analysis.

NorCUP aims to start inclusion in 2026.

Highlights from 2025
Awards and honours

Stein Kaasa (in the middle) with Head of Division of Cancer Medicine at OUS, Sigbjørn Smeland, and Chancellor Mette Tverli from the Royal Court. Photo: Tonje Lundeby.

Royal Norwegian Order of St. Olav

Co-director of MATRIX, Stein Kaasa, was in September 2025 awarded the Royal Norwegian Order of St. Olav by His Majesty the King. The honour was awarded for his long-time commitment to advance knowledge in palliative medicine nationally and internationally.

Kaasa was Norway's first Professor of palliative medicine and has been key to establishing and developing research activity in the field. He has more than 600 publications and has supervised more than 40 PhD candidates. He is also the author and editor of several textbooks.

Kaasa leads MATRIX research on patient centred care.

Åslaug Helland receives honorary membership from the Norwegian Oncology Society. Photo: Moya Berli

Honorary member of the Norwegian Oncology Society

MATRIX-director, Åslaug Helland, was given honorary membership of the Norwegian Oncology Society. The honour was presented at the Oncology forum in Trondheim in November 2025.

Helland received this honour for her contributions to the oncology community. The committee stated in their justification:

Åslaug is a world-class professor and researcher and leads large national clinical and translational studies in cancer research and precision medicine that benefit all cancer patients. Åslaug is known for being an informal and down-to-earth colleague who is always there for the individual colleague and clinician who may have questions. Åslaug is a unifying force in the oncology community, has never lost focus on the individual patient and combines professional weight with human warmth in a way that inspires colleagues, researchers and patients.

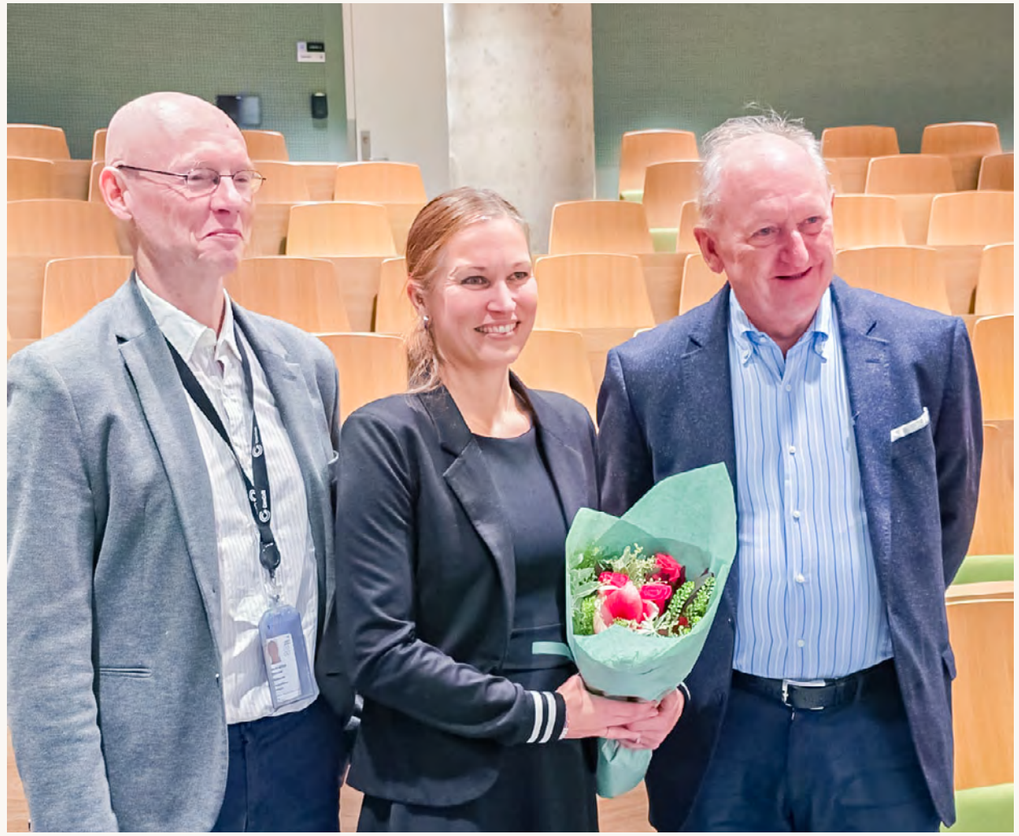
Åslaug Helland was elected a Fellow of the European Academy of Cancer Sciences. Photo: Per Marius Didriksen

Fellowship of the European Academy of Cancer Sciences

Åslaug Helland was elected a Fellow of the European Academy of Cancer Sciences (EACS) in November 2025.

The EACS is an independent, non-profit organization that brings together Europe's leading cancer researchers and oncologists. Its aim is to reduce the cancer burden in Europe through science-based advice, policy development, and collaboration. The Academy contributes to advancing knowledge, promotes quality in research, provides expert opinions to decision-makers, and works to improve cancer prevention, early diagnosis, treatment, and palliative care.

Fellows of the Academy are distinguished oncologists and cancer researchers covering the full spectrum of cancer research—from basic and preclinical research to clinical research, prevention, implementation, and health economics. New Fellows are elected annually by their peers based on outstanding contributions to cancer research and cancer care.



Sigrid Skånland with chair of the prize committee, Harald Stenmark (left), and business manager of the Dr. Ragnar Mørk legacy, Carl Rieber Mohn (right). Photo: Artur Cieslar-Pobuda.

Dr Ragnar Mørk's Prize for Excellent Cancer Research 2025

Sigrid Skånland, researcher at Institute for Cancer Research at Oslo University Hospital, was awarded the Dr Ragnar Mørk's Prize for Excellent Cancer Research in November 2025.

Skånland leads a project on functional precision medicine for hematologic cancers, with a particular focus on chronic lymphocytic leukaemia (CLL). Her team performs functional analyses directly on patient samples – including drug sensitivity screening and single cell signalling analyses - to identify biomarker signatures that can predict treatment response and help guide clinical decisions.

Skånland has been a researcher in MATRIX from 2023-2025.

180 delegates from 15 countries participated at the ACTA Oncologica Nordic Precision Cancer Medicine 2025 in Oslo in September.

ACTA Oncologica Nordic Precision Cancer Medicine Symposium 2025

MATRIX, in collaboration with ACTA Oncologica and Oslo University Hospital, organized the Nordic Precision Cancer Medicine (NPCM) conference in September. Close to 180 participants from 15 different countries participated. The topic of the conference was "Merging Clinical Research and Standard Healthcare". The conference was divided into four thematic sessions that took the participants on a journey from precision diagnostics, via immuno-oncology and functional precision oncology, to clinical precision medicine studies, before closing with a session on the implementation of precision medicine in the health service.

In addition, there was a short session on cancer strategies and initiatives in precision oncology in the Nordic countries. A varied program included world-leading speakers with keynote presentations from Andreas Bjerrum from Rigshospitalet in Copenhagen, Edwin Cuppen from the Hartwig Medical Foundation in the Netherlands, and former president of the American Association of Cancer Research (AACR), Patricia LoRusso from Yale in the USA. In addition, there were 15 invited speakers, as well as eight shorter presentations that were selected based on submitted abstracts. A total of 34 posters were also presented at the conference.

Kjetil Taskén gave an oral presentation at ESMO 2025. Photo Elisa Bjørgo.

ESMO 2025 in Berlin

Europe's largest cancer congress, ESMO, was held in Berlin on 17.-21. October. Several MATRIX partners were present at the congress, and two MATRIX-affiliated researchers gave oral presentations. Head of the Institute for Cancer Research at Oslo University Hospital and part of the MATRIX management, Kjetil Taskén, gave an invited lecture for young oncologists entitled "Drug repurposing trials: What are they and where are they going?". Taskén presented the European ecosystem of so-called DRUP-like clinical trials. The IMPRESS-Norway trial is part of this ecosystem. MATRIX PhD candidate Katarina Puco, OUS, gave the presentation "Clinical benefit of genomic-guided targeted therapies in patients with rare cancers: First results from the IMPRESS-Norway trial". She presented data from IMPRESS-Norway showing that patients with rare cancers can benefit from genetic testing. In addition, Sigmund Brabrand, OUS, gave the presentation “IMPRESS-Norway: A Nationwide Precision-Oncology Study for Off-Label Targeted Therapies: Results From the First 1,963 Patiens”.

The congress is also an important arena for building networks and promoting Norwegian cancer research. The MATRIX management had meetings with global representatives from a number of different pharmaceutical companies. This dialogue is very important to gain access to drugs for our trials, as well as to highlight the good work being done with clinical trials in Norway.

The annual MATRIX gathering was held in Oslo in November.

MATRIX national meeting in Oslo

The annual MATRIX gathering took place in Oslo in November. The gathering had around 60 registered participants representing the partners, the MATRIX user council, as well as our funding sources, the Research Council of Norway and the Norwegian Cancer Society.

The day was divided into two sessions. The morning session had a joint scientific program kicked off with Janne Lethiö from the Karolinska Institute as an invited speaker. He gave an inspiring presentation on the importance of including proteomics in the diagnostics of precision medicine in cancer.

Kathinka Schmidt Slørdahl then presented the MATRIX-Rare study.

To raise the national perspective in MATRIX, we had invited participants from all four health regions to a panel discussion. Participants were Egil Blix (UNN), Line Bjørge (Haukeland), Jo-Åsmund Lund (Ålesund Hospital) and Ørnulf Paulsen (Telemark Hospital). The conversation was moderated by Kjetil Taskén (OUS).

The afternoon session was dedicated to hands on sessions in the specific work packages.

The annual Oncology Forum was held in Trondheim in November. Ørnulf Paulsen and Olav Dajani manned the MyPath-MATRIX booth.

Onkologisk forum

The annual Oncology Forum was held in Trondheim on 20.-21. November. MATRIX was well represented at the event.

Precision cancer medicine and patient centred care was among the topics in the main programme. MATRIX was strongly represented in the session on precision medicine. Åslaug Helland, OUS, presented the status and results of IMPRESS-Norway, while Kjetil Taskén, OUS, spoke about functional profiling in oncology. Åsmund Flobak, St. Olavs Hospital, also gave an overview of new treatments and mechanisms in precision medicine.

In the session on patient centred care, Stein Kaasa, OUS, presented the MyPath-MATRIX project. MyPath-MATRIX also had a booth that attracted many visitors during the conference.

The Norwegian Precision Medicine Cancer Group (NPCG), led by Åsmund Flobak, had its own session for the second time this year. There was a lot of interest in this session. Particularly a presentation giving an overview of precision medicine trials in Norway and the Nordics drew a lot of attention

Funding successes

MATRIX affiliated researchers have received funding from multiple national and international funding sources, including the Norwegian Cancer Society, the Research Council of Norway, ERC, EU4Health, regional health authorities and various local funds. Major grants are listed below.

Projects awarded from the Norwegian Cancer Society

Åsmund Flobak, St. Olavs hospital, received funding for a project that will test cancer drugs on 'living biopsies', called tumoroids, where cancer cells from patients are cultured in the laboratory and several drugs can then be tested directly on the patient's own cells in order to identify which drug works best for the individual patient.

Sigrid Skånland, Oslo University Hospital, received funding for a project aiming to identify biomarkers that can guide the treatment of Multiple myeloma and chronic lymphocytic leukaemia.

Jo-Åsmund Lund, Ålesund Hospital, received funding for a project aiming to accelerate new methods into clinical practice. The project will focus on offering patient centred care by making sure patients receive care based on their individually reported symptoms, functions and needs.

Emiel Janssen, Stavanger University Hospital, received funding to set up large gene panels in Stavanger and implement ctDNA in routine practice in Norway.

Projects awarded from regional health authorities

Emiel Janssen, Stavanger University Hospital, received funding from Helse Vest for a project aiming to predict risk categories using artificial intelligence for breast cancer patients enrolled in the EMIT trial.

Kjetil Taskén, Oslo University Hospital, received funding from Helse Sør-øst for a PhD fellowship. The project will study how the tumour Microenvironment can be modulated to boost the effect of CAR-T therapy in solid tumours.

Åslaug Helland, Oslo University Hospital, received funding from Helse Sør-øst for establishing a platform trial in oncology in collaboration with Nordic partners.

Photo: Stavanger University Hospital

Joint Action on Personalised Cancer Medicine (JA PCM)

JA PCM received funding from EU4Health. The joint action is coordinated by the Belgian public health institute Sciensano and brings together 29 European countries and over 140 partner organisations to advance personalised cancer care across Europe. The project aims to create a sustainable cross-border network to foster innovation, equity, and collaboration in personalised cancer prevention, diagnosis, treatment, follow-up and tertiary prevention.

MATRIX affiliated researchers at Oslo University Hospital and Stavanger University Hospital participate in the joint action. Oslo University Hospital coordinates the Norwegian part of the project.

Other Norwegian partners include the Norwegian Directorate of Health and Haukeland University Hospital. Akershus University Hospital, St. Olavs Hospital and the University Hospital of North Norway also contribute with expertise via OUS.

New grants to Kyrre Emblem, Atle Bjørnerud and the OUS CRAI team focusing on computational radiology and AI

The CRAI team at OUS develops deep-learning methods in medical imaging diagnostics, clinical deployment of AI applications and database development optimized for machine learning applied to big medical data. The team has been awarded three grants in 2025:

- Kyrre E. Emblem – CHRONOS: Accurate quantification of neurologic disease over time. HORIZON European Research Council (ERC) Proof of Concept Grant
- Kyrre E. Emblem – CHRONOS: Faster and better diagnosis of brain disease. The Research Council of Norway Research Commercialization Grant
- Siri F. Svensson – Revealing tumour infiltration on MRI. OUS gavefond and Torsteds legacy for cancer research

Akershus University Hospital joined as new partner in MATRIX

Ahus joined as new MATRIX partner in 2025. Photo: Akershus University Hospital

Akershus University hospital (Ahus) became a full MATRIX partner in April.

Ahus has established substantial activity within clinical trials and innovation in cancer treatment in recent years. They are active in both academic and industry-sponsored trials. Most doctors are involved in at least one clinical trial, and they have built a solid infrastructure for clinical research.

In 2025 Ahus opened a cancer research centre aimed at strengthening cancer research and collaboration even further.

With Ahus included, the MATRIX clinical network now includes 16 hospitals from all across Norway.

National course on patient and public involvement in medical and health research

MATRIX User Advisory Board participated at the national course on PPI. Present was (from the left) Anita Eik Roald, Astrid Hjelde, Charlotte Borge-Andersen, Kurt Myrvang and Thomas Engelskjøn. Photo: Elisa Bjørgo.

A three-day course designed to facilitate patient and public involvement (PPI) in medical and health research (CCBIONEUR910) took place in Bergen in May 2025 and gathered more than 80 participants, both researchers and patient representatives. The aim of the course is to bring researchers and user representatives together and increase the knowledge about PPI on both sides. The ultimate goal is to build mutual understanding and ensure appropriate user participation in future research projects.

The members of the MATRIX user advisory board participated in the course.

The course is supported by the DAM Foundation and is a collaboration between Neuro-SysMed, CCBIO, UiB, MATRIX, NorHead, REMEDY, NorCRIN, Nasjonalforeningen for folkehelsen and FORMI OUS.

Photo book and exhibition: People with Cancer

Sigrid Skånland published the photobook "People with Cancer". The project was also presented in a photo exhibition.

In September, MATRIX researcher Sigrid Skånland at Oslo University Hospital published the photobook People with Cancer. This project combines scientific insight with photography to portray the diversity of people living with cancer.

The book features portraits and short personal stories from 50 individuals aged 23 to 78 with different cancer types and treatment experiences. By meeting participants in environments of their choosing, Skånland aims to highlight the ordinariness and individuality of people with cancer, countering stereotypical images of the disease.

The project was also presented in a photo exhibition at the Radium hospital.

First site-visit from the MATRIX Scientific Advisory Board

The MATRIX Scientific Advisory Board met in Oslo in November.

The first site visit of the MATRIX Scientific Advisory Board (SAB) took place in November.

Ruth Plummer from Newcastle University chairs the SAB. In addition, Irene Higginson from King's College London, Sonja Loges from University Medical Centre Mannheim, Janne Lethiö from Karolinska Institute and Ahmad Awada from Chirec Cancer Institute are members of the SAB.

In the meeting, the ongoing work in MATRIX was presented and discussed. The SAB commented that the centre has achieved a lot in the three years since the opening. They also highlighted a few points for further development, including:

- To Identify a few focus areas for future research efforts
- To keep focus on the national perspective of MATRIX
- To strengthen the education and training component even further in order to build knowledge and expertise within clinical research
- To strengthen user participation further

MyPath-MATRIX digital solution went live at Oslo University Hospital

MyPath-MATRIX went live at Oslo University Hospital in November.

Oslo University Hospital began using the digital solution developed in MyPath-MATRIX in November. The goal is to integrate patient-centred care into clinical practice.

At OUS, patients with pancreatic cancer are the first to use the solution. The initial patients have already received a dynamic questionnaire and provided information about how they are doing and any symptoms they may have before attending their scheduled consultation. Clinicians have access to the responses, enabling them to better tailor follow-up for each patient. This gives patients a clear voice in their treatment and supports improved decision-making processes.

Early experience suggests that the solution is well received by patients.

The plan is to implement the solution at Telemark Hospital and Ålesund Hospital in 2026.

New course in clinical trials approved at OsloMet

OsloMet has developed a new master level course in clinical trials. “Clinical Trials for Healthcare Professionals - Planning and Conduct” (MAFAR500) was approved by the OsloMet educational committee in the fall of 2025 and will be offered to students for the first time in the fall of 2026.

The course “Introduction to Clinical Studies for Healthcare Personnel” (MAVIT5800) was delivered at OsloMet for the third time in the fall of 2025. The course has been well attended all three times, highlighting the interest among healthcare personnel to increase their competence in clinical trials.

EU CONSORTIA

International Collaboration

The MATRIX work package leaders and MATRIX-affiliated researchers have well-established international networks and are all part of larger international consortia connected to their research. Four large EU-funded projects are particularly important for MATRIX.

MyPath

MyPath: The digital solution to patient-centred cancer care (2022 – 2027)

MyPath, funded over the EU's Horizon Europe program, is coordinated by MATRIX co-director Stein Kaasa and includes 14 partners from research, clinics, SMEs and NGOs. The aim is to develop and implement innovative patient-centred care pathways, configured on a user-friendly digital platform called MyPath. The project, funded with 6.5 million Euro, aims to integrate the MyPath solution in routine cancer care in nine cancer centres in Europe to prove its effectiveness and sustainability for provision of patient-centred care. MATRIX is tightly connected to this project and the MyPath solution will also be implemented at three Norwegian hospitals (see research WP3 & 5).

MyPath 2025 highlights involving MATRIX-affiliated researchers include:

- Tonje Lundeby and Stein Kaasa presented MyPath at a "Regional samling" (January).
- Stein Kaasa and Tonje Lundeby presented MyPath at the Cancer Board Meeting at the Norwegian Radium Hospital (March).
- The MyPath Consortium published an informational video on YouTube about MyPath for users and the public (April).
- Tonje Lundeby and Charlotte Borge-Andersen presented MyPath and how we have used user representatives in the project, at the National Course on Patient and Public Involvement in Medical and Health Research, organized by the University of Bergen (May).
- Tonje Lundeby presented MyPath's vision for improving quality of life for cancer patients at the Cancer Mission Fair in Warsaw and participated in a panel discussion on synergies between EU-funded quality-of-life projects and the role of national Cancer Mission Hubs (May).
- Kristin Solheim Hustad and Morena Shkodra gave presentations on the MyPath project at the EAPC Congress 2025 (May).
- The 4th MyPath General Assembly held in Brasov, Romania, gathering partners from across Europe to discuss the latest developments and next steps (June).
- Amaia Urrizola, Elias Lundereng, Ragnhild Schultz, and Stein Kaasa presented user experiences from the MyPath project at the DNV Imatis Forum, in the parallel session on patient-centred healthcare (September).
- Amaia Urrizola, Elias Lundereng, Behrang Tavadodde, and Morten Andresen presented MyPath and led a workshop at the MyPath and ESMO Designated Centres Workshop prior to the PRC seminar, for participants from the MyPath project, ESMO Designated Centres, and external attendees (September).
- Morena Skhodra, Amaia Urrizola, Eivind Storaas and Elias Lundereng gave presentations on MyPath at the PRC seminar in Oslo (September).
- OUH and the other MyPath-MATRIX hospitals had several full-day meetings in Oslo to provide updates on the development of the digital solution, findings so far, and the implementation plan for each site (April and October).
- The MyPath digital solution was installed at OUH and the first patients started using the tool (November).

Final PCM4EU consortium meeting in Leiden, The Netherlands.

PCM4EU

PCM4EU: Personalised Cancer Medicine for all EU Citizens (2023-2025)

The PCM4EU project was finalised in June 2025. Coordinated by Leiden University Medical Centre (LUMC), The Netherlands, it included 17 partners from 15 European countries and was funded with 3 million Euro. PCM4EU focused on the use of precision cancer medicine diagnostics and pragmatic trials across Europe, and it built on the family of DRUP-like clinical trials. The aim was to widen access to molecular diagnostics and precision cancer medicine within regions and countries in the EU.

MATRIX-affiliated researchers played essential roles in the project, including the role of work package co-lead for three work packages:

- WP2 Molecular diagnostics & Tumour Boards: Hege G. Russnes (OUS)
- WP3 Implementation of DRUP-like clinical trials: Åslaug Helland (OUS)
- WP4 Implementation & Dissemination: Kjetil Taskén (OUS)

PCM4EU 2025 highlights involving MATRIX-affiliated researchers include:

- PCM4EU Workshop at the Nordic Precision Medicine Forum in Stockholm (April)
- Launch of the first PCM4EU report Precision Cancer Medicine Implementation in different European countries, “State of the Union of precision medicine implementation in cancer 2025 report” (April)

PRIME-ROSE

PRIME-ROSE: Combining Expertise Across Borders to Promote Precision Cancer Medicine in Europe (2023-2028)

PRIME-ROSE, funded with 6 million Euro by the EU Cancer Mission, is coordinated by Kjetil Taskén, OUS, and consists of 28 partners from altogether 19 European countries. The PRIME-ROSE vision is access to affordable precision cancer medicine that prolongs life at the best quality possible for all cancer patients. Whereas PCM4EU focused on the deployment of novel PCM diagnostic tools, PRIME-ROSE is treatment-oriented.

The PRIME-ROSE consortium will:

- Enable cross-border data sharing
- Build synthetic randomized control cohorts
- Design and conduct pragmatic clinical trials
- Provide the necessary data for implementation
- Involve patients in a consistent and meaningful manner
- Focus on multi-stakeholder collaboration
- Share knowledge and provide education and training

PRIME-ROSE 2025 highlights involving MATRIX-affiliated researchers include:

- Publication in Nature Reviews Drug Discovery (Taskén K & Mahon P): Accelerating precision oncology by converging pragmatic trials and real-world evidence (March)
- Oral presentation at ESMO by Kjetil Taskén: Drug repurposing trials: What are they and where are they going? (October)
- Podcast: PRIME-ROSE & EU Joint Action (October)

JA PCM
Joint Action Personalised Cancer Medicine

JA PCM: Joint Action for Personalised Cancer Medicine

JA PCM is a major European collaboration funded through EU4Health. The project is coordinated by the Belgian public health institute Sciensano and brings together 29 European countries and more than 140 partner institutions, with a total budget exceeding EUR 30 million.

The overarching objective of JA PCM is to develop a sustainable, cross-border network that advances innovation, equitable access, and collaborative efforts in personalised cancer prevention, diagnostics, treatment, follow-up care, and tertiary prevention.

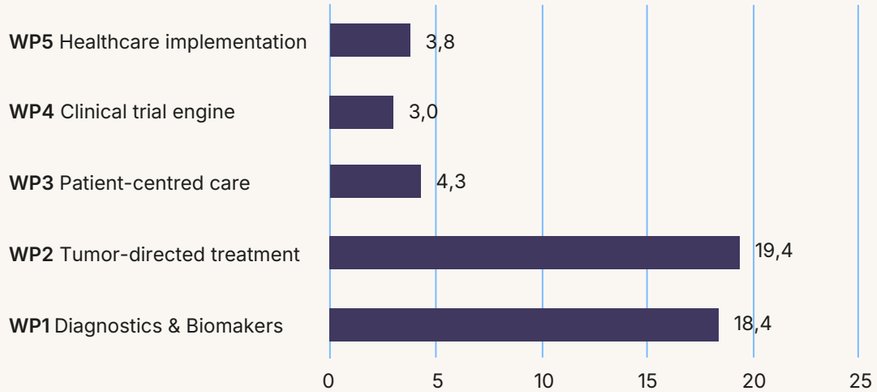
Kjetil Taskén and Oslo University Hospital leads the work package focusing on clinical trials and treatment. A central ambition of this work package is to target barriers that currently prevent the integration of precision medicine into routine healthcare. As precision medicine results in increasingly rare patient subgroups, the project emphasises the need for more systematic and proactive data collection to support regulatory decision-making and health-economic assessments. To meet this need, the project aims to establish a Europe-wide clinical trial network for hospitals providing precision diagnostics.

Several Norwegian institutions are involved in JA PCM. Oslo University Hospital leads the national participation, but experts from Haukeland University Hospital, Stavanger University Hospital, St. Olavs Hospital, Akershus University Hospital, University Hospital of North Norway, the Norwegian Directorate of Health, and the Norwegian Medical Products Agency are involved.

JA PCM officially launched in January 2026.

CENTRE

Funding

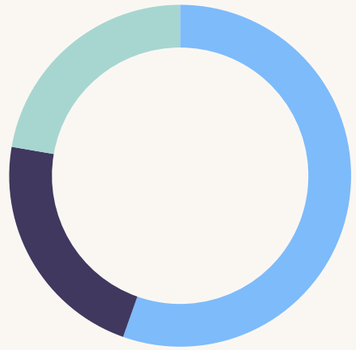


Cost distribution per work package in MATRIX 2025.

- MATRIX receives core funding from the Research Council of Norway (RCN) and the Norwegian Cancer Society (NCS). The Centre has been awarded 128 million NOK under the funding scheme for Centres for Clinical Treatment Research (FKB). This funding is granted over an eight-year period (2022 – 2030).

- A prerequisite for the awarded funding is an own contribution of at least 50%.

- In 2025, MATRIX spent a total of 48.9 MNOK, including own funding. Of the 18 partners in the Centre, eight partners had costs related to the project: Oslo University Hospital spent 39.3 MNOK, Stavanger University Hospital spent 3.0 MNOK, the University of Oslo spent 0.7 MNOK, St. Olav Hospital spent 1.9 MNOK, Telemark Hospital spent 1.1 MNOK, Helse Møre & Romsdal spent 1.0 MNOK, the University Hospital of North Norway spent 1.4 MNOK and OsloMet spent 0.5 MNOK.

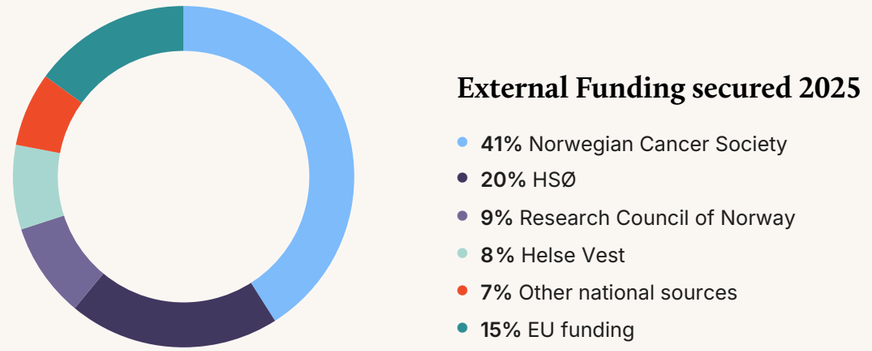


External Funding

- MATRIX stakeholders have expressed a clear expectation that research environments in MATRIX should be able to attract additional funding from both national and international sources. In 2025, around 59.5 MNOK, in the form of national and international grants has been secured by research groups affiliated with MATRIX, as additional external funding for the coming years.

- National external funding includes 24.3 MNOK from the Norwegian Cancer Society, 12.0 MNOK from Helse Sør-Øst, 4.9 MNOK from Helse Vest, 5.0 MNOK from the Research Council of Norway and 4.1 MNOK from various local funds for projects that will be running in the coming years.

- International external funding includes 1.8 MNOK from the ERC and 7,4 MNOK from EU4Health for projects that will be running in the coming years.



External funding for MATRIX-affiliated projects secured in 2025.

SCIENTIFIC

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COMMUNICATION

Dissemination Activities 2025

The MATRIX website has information available in Norwegian and English. News and other updates are shared regularly on the website and LinkedIn. In addition, MATRIX distribute quarterly newsletters.

Researchers affiliated to MATRIX give frequent presentations at both national and international conferences and participate in panel debates, podcasts and other forums to discuss and disseminate new research findings, precision cancer medicine initiatives in Norway and Europe as well as information about clinical trials. Furthermore, media show an interest in MATRIX-related research and several press items were published in 2025.

A selection of 2025 press items include:

- Norsk CAR-T: – Kan bli en potent behandling for pasientene. HealthTalk 07.01.2025
- - Vi vil vite hvordan pasientene har det. Ikke hvordan vi tror de har det. Sykepleien 21.02.2025
- Kayas kreftsvulst: fra kokosnøtt til klinkekule. Kreftforeningen 10.03.2025
- Studie: Norske helseregistre kan erstatte kontrollgrupper i kliniske studier. HealthTalk 14.03.2025
- Neste generasjons legemidler gir håp for KLL-pasienter. HealthTalk 14.06.2025
- BeOne Medicines blir med i MATRIX-Rare-studien. HealthTalk 10.09.2025
- Professor Stein Kaasa utnevnt til ridder for sin innsats innen palliasjon. Dagens medisin 23.09.2025
- Unik kreftbehandling: Ragnhild er den første i verden som får prøve. NRK 19.10.2025
- Norsk kreftprosjekt: Nytt håp for 4 av 10 «oppgitte» pasienter. VG 20.10.2025
- Mette (61) er den første i verden: – Jeg føler meg veldig heldig. TV2 31.12.2025

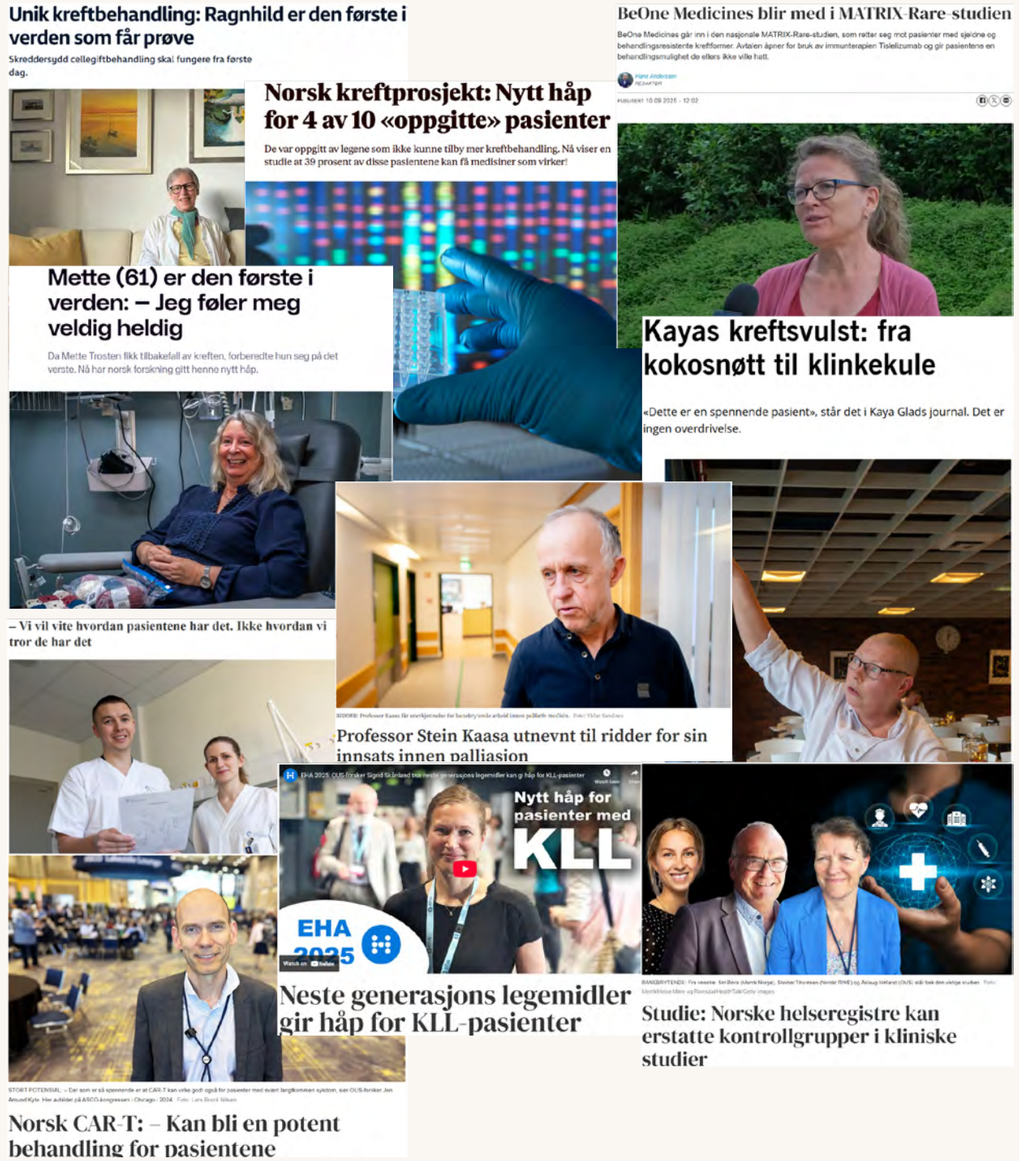

Photo: OUS, Lars Petter Devik

RECRUITMENT

New MATRIX staff

MATRIX consists of research environments at 18 partner institutions across Norway. Fifteen positions are directly funded by MATRIX throughout the project period. In addition, staff affiliated with MATRIX groups (funded elsewhere) contribute to MATRIX activities.

In 2025, the following people have joined MATRIX:

Turid Rygh Skaara is a medical doctor currently specializing in oncology. Turid joined the team at Oslo University Hospital as a PhD fellow in January 2025, and her PhD project will mainly focus on the MATRIX-Rare clinical trial.

Morena Shkodra joined the team at Oslo University Hospital as a researcher in March 2025. She is affiliated with WP3/5 working on developing patient-centred care pathways. Morena is a physician and holds a PhD from the University of Oslo.

Mona Otrebski Nilsson joined the team at Oslo University Hospital in May 2025 as trial coordinator for both MATRIX-Rare and IMPRESS-Norway. Mona holds a PhD from the University of Oslo and was recruited from the Cancer Registry of Norway.

Knut Smeland joined the team at OsloMet as an associate professor II (20% position) in August 2025. The position is linked to the areas of clinical trials and master level teaching.

Jon Amund Kyte joined the team at the University of Oslo as a Professor II (20% position) in August 2025. The position is linked to the areas of clinical trials and innovation.

Nina Ånensen joined the team at Oslo University Hospital as administrative manager in August 2025. She has a broad background from research administration and holds a PhD from the University of Bergen.

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MATRIX

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- Stein Kaasa, Co-Director
- Kjetil Taskén, Head Institute for Cancer Research
- Jon Amund Kyte, Head Section for Experimental Cancer Treatment
- Nina Ånensen, Administrative Manager

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Coordinating Consortium Member
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OSLO UNIVERSITY HOSPITAL

Other Consortium Members
Helse Sør-Øst
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SYKEHUSET I ØSTFOLD
SYKEHUSET TELEMARK
SYKEHUSET INNLANDET
SYKEHUSET I VESTFOLD
AKERSHUS UNIVERSITETSSYKEHUS

Helse Vest
HELSE FØRDE
HELSE BERGEN
Haukeland universitetssjukehus
HELSE FONNA
HELSE STAVANGER
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Helse Midt-Norge
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