

Uppsala Comprehensive Cancer Centre

Scientific Report 2025



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Introduction

In 2025, Uppsala was accredited as a Comprehensive Cancer Centre, marking a significant milestone made possible through the dedicated efforts of many colleagues.

During the latter part of the year, work began on implementing our improvement plan, with a particular focus on increasing patient participation in clinical trials. Encouraging progress was observed towards the end of the year, and these efforts will continue into 2026.

This report highlights ongoing research activities as well as recent publications from our researchers. It demonstrates both the breadth of studies underway and the high scientific quality of the work produced within the CCC.

We are especially pleased to note that Senior Lecturer Xingqi Chen was awarded an ERC Consolidator Grant for the ScaleMAP project, which applies geographic information system concepts to the study of the tumour microenvironment.

In addition, Professor Ingrid Grimelius received a major grant from the Swedish Cancer Society, amounting to 22 million SEK, to support research on the detection of secondary malignancies in patients with a prior cancer diagnosis.

With these and other initiatives progressing, we look forward to continued advances in 2026.

*Eva Tiensuu Janson,
Chair UCCC scientific board*

Meetings

UCCC Day

At the annual UCCC Day in October, several examples of ongoing research at the centre were presented. This included studies on late effects after cancer in young ages and follow-up care in adulthood, how to detect cancer before symptoms arise, molecular characterization of solid tumours and how cell-free human papillomavirus DNS can be used as a tool in cervical cancer. In addition, representatives from research infrastructures described how these can be used by UCCC researchers. A large number of posters were presented, and the day was concluded by awarding a prize for best poster.

National CCC Network Day

Part of the Network Day included research related presentations and discussions. These concerned the use of theranostics for precision therapy, national studies on rare cancer diagnoses and a recently initiated study on adjuvant immunotherapy in malignant melanoma.

Research activities

Pediatric leukemia research

The Molecular Precision Medicine group at Uppsala University, led by Associate Professor Jessica Nordlund, focuses on improving diagnosis, risk stratification, and treatment outcomes in pediatric leukemia through integrative molecular and clinical research. The group works in close collaboration with Professor Arja Harila and other clinicians at Uppsala University Hospital, as well as with the pediatric leukemia biobank provided by the Nordic Society of Paediatric Haematology and Oncology (NOPHO), which is situated in Uppsala.

The group combines multiple omics-techniques, *ex vivo* drug screening, and bioinformatics with detailed clinical data to identify molecular mechanisms underlying disease development and treatment response in pediatric leukemia.

Drug resistance mechanisms in ALL

During 2025, a long-running large Nordic study was published in HemaSphere. This study focused on integrating *ex vivo* drug screening profiles with molecular data to explore mechanisms underlying cellular drug resistance in acute lymphoblastic leukemia (ALL). Between the years 1992 and 2012, samples were collected from pediatric ALL patients in the Nordic countries and were sent to Uppsala for *ex vivo* drug screening as well as for RNA sequencing and DNA methylation analysis.

The results of this study showed that *ex vivo* drug-resistant leukemic cells displayed distinct epigenetic and transcriptomic profiles compared with drug sensitive cells, and that *ex vivo* drug resistance at diagnosis was associated with clinical outcome. Ongoing projects build on these findings by combining single-cell transcriptomics with *ex vivo* drug screening to investigate the impact of different subclones on treatment response.



Photo: Johan Alp

Long-term health effects

In addition to improving treatment strategies, the group also studies the long-term health of children who survive ALL. Today, most children are cured, but intensive chemotherapy, especially high-dose treatment, can increase the risk of health problems later in life. These may include metabolic disorders such as obesity and diabetes, cardiovascular risk, inflammation, changes in the gut microbiome, as well as psychological and social challenges. In an ongoing Nordic collaboration between research groups in Sweden and Finland, more than 100 ALL survivors at least five years after completing treatment, were invited back to the clinic for comprehensive clinical and psychosocial assessments.

Recruitment and study visits were completed in 2025, and advanced analyses of biological markers (including proteomics, epigenetics, and microbiome profiling) are currently underway. Through this work, the research group aims to identify early indicators of future health risks and improve long-term follow-up and prevention strategies.

Epidemiological research initiative

Complementing this translational research, Professor Arja Harila and colleagues across Sweden initiated data collection in 2025 within the national epidemiological research initiative BarncancerBaSe. This nationwide project uses linked registry data to better understand long-term outcomes after childhood cancer. Current studies focus on survival and other longterm health outcomes, as well as educational achievement and employment among childhood cancer survivors, including those treated for ALL. Together, these efforts contribute to a broader understanding of how childhood cancer and its treatment affect individuals throughout life.

The Kinetic trial

The Kinetic trial was the largest randomised study in Scandinavia within oesophageal surgery. It was planned, initiated and run by UCCC researcher Jakob Hedberg and his collaborators and included twelve centres in four countries (Sweden, Norway, Finland, and Denmark). It has become the foundation for a very productive research collaboration and further trials are now initiated, of which some will be led from UCCC.

The Kinetic study challenged a surgical dogma regarding the need for nasogastric decompression after esophagectomy which many patients find uncomfortable and which use has been questioned in many recent enhanced recovery protocols. Surprisingly, the hypothesis of clinical equipoise was refuted since omission of nasogastric tube decompression was associated with a higher proportion of the serious complication anastomotic leak. The study did therefore not support omission of nasogastric tube after oesophagectomy, which has influenced postoperative care in this patient group in Scandinavia and beyond.

The study was published in Lancet Regional Health Europe.



Photo: Mikael Wallerstedt

Follow up of self-sampling with HPV after treatment of cervical dysplasia

The aim of the project is to determine whether HPV testing alone, performed as self-sampling, is sufficient as a follow-up after treating cervical dysplasia, as compared to the current clinical routine that includes co-testing with both HPV analysis and cytology performed at a clinic. The assumption is that HPV analysis is sufficient and that following a negative HPV test, there is a low risk of persistent or recurrent cellular changes over a period of at least 3–5 years.

PCBase Xtend (Stattn)

The database PCBaseXtend is a collection of national data on PSA, prostate biopsy and prostate MRI from the IT systems of all Swedish regions, with cross-referencing of the National Prostate Cancer Register and a range of registers at the Swedish Social Insurance Agency (SoS) and Statistics Sweden (SCB). This involves secondary use of healthcare data, a highly topical issue due the European Health Data Space regulation, and provides unique opportunities to study prostate cancer screening, long-term prognosis and other aspects.

PCBaseXtend includes all Swedish men who were above the age of 30 years in 1998–2024, in total more than five million. Of these, approximately 300 000 had a prostate cancer diagnosis.

In one pilot study using the database, the effects of pre-biopsy MRI were evaluated and the results supported that the use of MRI reduces the number of unnecessary biopsies. In another pilot study it was found that the 10-year risk of PSA relapse was 34%, with a wide range in the 10-year risk of prostate cancer death after relapse.

A description of the cohort profile was published in International Journal of Epidemiology.

PERISCOPE II

UCCC, with its experience in advanced gastric cancer surgery and intraperitoneal chemotherapy, was ideal to take the Swedish lead in the European PERISCOPE II study, led from the Netherlands. This trial highlights the important research question of whether patients with gastric cancer with limited peritoneal spread benefit from extensive surgery and intraperitoneal chemotherapy compared to systemic chemotherapy alone.



Photo: Mikael Wallerstedt

The trial has yielded unique evidence of non-superiority of aggressive treatment in a randomised setting. For many European centres, this has changed practices and continued efforts for effective approaches for this vulnerable patient group are under way.

The study has been published as an abstract in *Annals of Oncology*, Volume 36, S1102–S1103.

Early Detection of Second Primary Malignancies in Cancer Survivors in U-CAN biobank (SCUBA): Overcoming a Growing Clinical Challenge

Second primary malignancies are becoming increasingly prevalent as advances in cancer treatments have improved survival rates and prior cancer therapies increase the risk. If a second primary malignancy occurs, the tumor is usually very aggressive and associated with poor outcome.

Despite the rising incidence of second primary malignancies, population-based studies addressing the magnitude of this problem are

limited, and the lack of large-scale integrative datasets has hindered the development of clinically actionable protocols for early detection and intervention. To improve the prognosis and quality-of-life of cancer survivors, earlier detection of second primary malignancies is necessary.

In this recently initiated project, the researchers will address this issue by using the U-CAN biobank to provide accurate risk estimates, identify early risk protection models and develop effective strategies for prevention, screening, and subsequent treatment of second primary malignancies.

The research team will integrate real-world data to map the true incidence of second primary malignancies and use cutting-edge molecular tools for earlier detection. They will also develop personalized prevention strategies for second primary malignancies. The project has the potential to reduce the incidence and burden of second primary malignancies and significantly improve the long-term health outcomes for cancer survivors.

In 2025, the project was granted funding of SEK 22 million from the Swedish Cancer Society – early detection of cancer.

Clinical trials at UCCC

UCCC works with both academic clinical trials, where an academic researcher or interest organization initiates the study and funding is achieved via research grants, and with industry sponsored trials with a distribution between the two of 75% academic trials and 25% industry sponsored trials. UCCC and the Clinical Research and Development Unit, KFUE, continue to be exceptionally strong in academic clinical research during 2025.

Approximately 870 patients were treated in interventional clinical trials at UCCC during 2025. Ongoing clinical trials are shown in table 1 below.

Recruitment of patients in clinical trials

A strategy for increasing the number of patients in clinical trials at UCCC has been developed and approved by the UCCC board. Work will continue in accordance with this plan during 2026, to free up resources for clinical trials, increase the number of initiated clinical trials, and select and initiate trials with high potential for patient recruitment.

Significant work has been put into updating the database ResearchWeb with trial recruitment numbers. In December 2025, 1604 patients were

reported to have been included in oncology clinical trials and research studies at UCCC. This is nearly a 60% increase from the previous year. The result is mainly an effect of improved reporting; however, increased recruitment numbers are also likely to have affected the outcome.

Additionally, ResearchWeb has been updated with new features to better comply with requirements for a CCC. A report for UCCC has been developed to facilitate the extraction of data from ResearchWeb on a bi-annual basis.

Table 1.

Clinical trials	No. Ongoing clinical trials 2025 (recruiting and in follow up)
Phase I	13
Phase II	31
Phase III	96
Phase IV	2
Clinical trials with medicinal product	132
Medical device trials	7
Other interventional trials	109
Total number of interventional trials	248

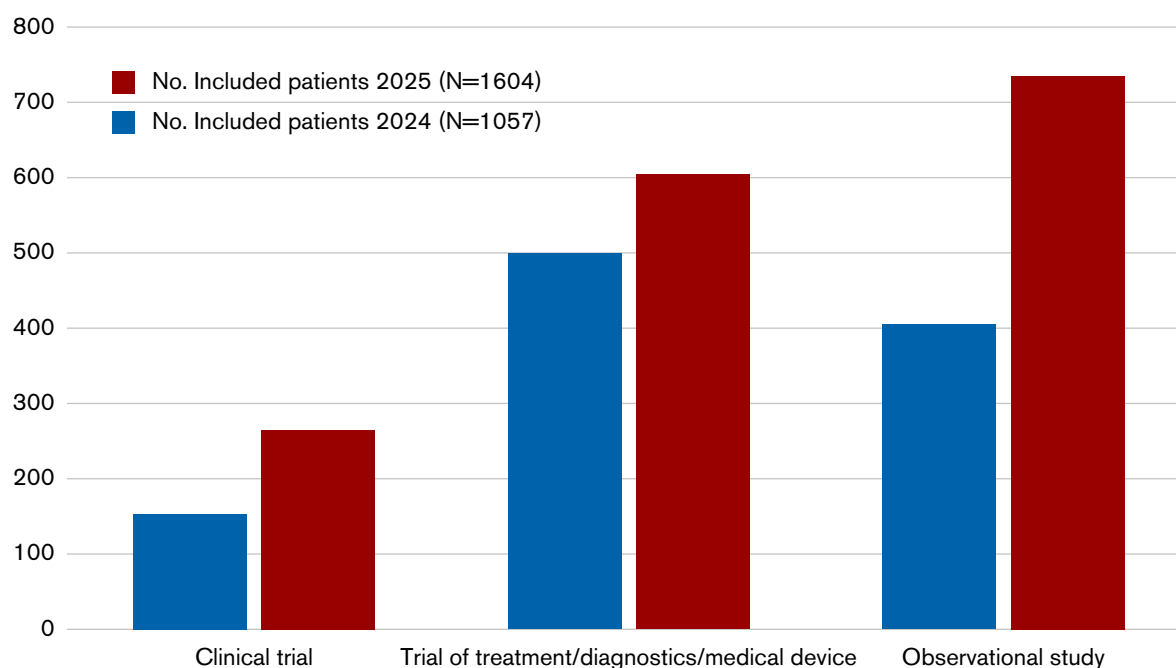


Figure 1: The number of included patients per year increased from 2024 to 2025.

Collaborations with the pharmaceutical industry

KFUE received more than 150 trial requests during 2025. KFUE and UCCC currently collaborate with companies such as AstraZeneca, Beigene, BMS, Celgene, Incyte, Gilead, GSK, Jansen-Cilag, Miltenyi Biotec, MSD, Novartis, Roche etc. in more than 300 ongoing clinical trials.

Collaborative clinical trials with life science and universities

UCCC was involved in 246 academic studies, including 174 interventional clinical trials during 2025. In many of the locally sponsored trials KFUE acts on behalf of the academic sponsor and delivers full-service support including feasibility, planning, start-up, initiation, and closure.

KFUE collaborates with all university hospitals in Sweden and several foreign universities and clinical research groups, for example University of Copenhagen, Oslo University Hospital, University of Cologne, Stitching European Myeloma Network (EMN), Frankfurt Institute of Clinical Cancer Research (IKF), German CLL Study Group (GCLLSG), German

Hodgkin Study Group (GHSG), the Nordic Lymphoma Group (NLG) and Nordic Society of Gynecological Oncology (NSGO).

Below we present a selection of clinical trials that were run in 2025 in collaboration with KFUE.

Clinical trials with radiotherapy

Currently, just over 15 clinical trials involving radiotherapy, as well as radiotherapy in combination with medicinal products, are ongoing. Several of these are randomized trials comparing radiotherapy with photon therapy and proton therapy. Proton therapy is delivered at Skandionkliniken in Uppsala, directly adjacent to the University Hospital.

Most of these trials are academically initiated clinical trials. Uppsala University Hospital is sponsor of two trials involving proton therapy: Pro-Hodgkin and SWANCA.

In January 2026, the STAR-LUNG trial was initiated in collaboration with Rigshospitalet in Copenhagen, investigating radiotherapy using an MR-linac (Magnetic Resonance Linear Accelerator) for ultra-central lung tumors. Uppsala is home to Sweden's first and only MR-linac system.

CARMA-1

UCCC continues to be a leader in CAR T-cell research. During 2025, recruitment continued in the FiM/phase I trial, where Uppsala University, in collaboration with Uppsala University Hospital, are evaluating a new academically developed CAR T-cell therapy: CAR20(NAP). The project is led by Professor Magnus Essand and Professor Gunilla Enblad, both associated group leaders at UCCC. To date, 8 patients have been treated in the trial without any dose-limiting toxicities or unexpected events.

During 2025, a sampling study was also initiated to evaluate optimal time periods for harvesting T-cells in glioblastoma patients, in preparation for a future study evaluating CAR20(NAP) T-cell treatment in glioblastoma.

CLL18

KFUE is running the CLL18 trial in Sweden on behalf of the University of Cologne and the German CLL Study Group, with PI Mattias Mattsson as Swedish coordinating PI.

Uppsala University Hospital together with the seven other participating sites in Sweden started patient recruitment during 2025, as the first clinics outside of Germany. Recruitment has continued quickly in this attractive trial, assessing both the superiority of MRD-guided Venetoclax-Pirtobrutinib over fixed duration Ven-Pirto and the superiority of MRD-guided Ven-Pirto over fixed duration Ven-Obinutuzumab in patients with previously untreated chronic lymphatic leukemia (CLL).

Grand SLAM

To challenge the established adjuvant immunotherapy treatment setting in malignant melanoma, Professor Gustav Ullenhag and Uppsala University Hospital received a record-breaking clinical trial grant from the Swedish Cancer Society in 2024. Grand SLAM is a non-inferiority phase III trial currently run in Sweden, Norway and Finland, aiming to assess if 6 months adjuvant treatment with checkpoint inhibitors is as effective as 12 months treatment. If a shorter treatment is as beneficial, the risk for side effects will decrease and a lot of resources will be saved. Inclusion started late 2024 and

will continue until 2029 with the aim of a total of 1880 patients. The trial has gained interest from several countries and during 2026 Spain, Germany, Italy, the Baltic countries, Switzerland, the UK and the Angeles Clinic (USA) plan to start up sites for the trial.

SOPHIA

Professor Ingrid Glimelius received a grant from the Swedish Research Council to support the feasibility and planning of a potential clinical trial in collaboration with KFUE and possible industry partner/s. The aim is to assess whether prophylactic Immunoglobulin Replacement Therapy (IgRT) can improve the outcome in intensively treated lymphoma patients by reducing infections, improve QoL and preserve dose intensity of the lymphoma therapy.

TRIM

The TRIM trial is a local initiative by Professor Gustav Ullenhag, where the value of imaging in the follow-up period after surgery of high-risk malignant melanoma is evaluated. This phase III trial is conducted at 20 centers in Sweden and has, since 2017, recruited 1334 subjects nationwide (target 1300). Inclusion was closed on 31 Oct 2025, and the trial is planned for close out in 2030 when all patients have reached the 5-year follow up period.

SWANCA

The study is an open label, multi-centre, randomized phase II study aiming for 100 evaluable patients with anal squamous cell carcinoma. Patients are randomized in a 1:1 ratio to treatment consisting of Arm 1: Radiotherapy delivered with protons and Arm 2: Radiotherapy delivered with photons.

The trial was initiated by the national “The anal carcinoma study group”, initially with sponsorship at Umeå University Hospital, but in 2024 sponsorship was transferred to Uppsala University Hospital (Region Uppsala) with senior consultant in Oncology Nina Cavalli-Björkman as the national coordinating investigator. The trial is conducted in close collaboration with all university hospitals in Sweden and Skandionkliniken in Uppsala. To date, 84 patients have been enrolled, whereof 63 in Uppsala.

Other projects

During 2025 **Uppsala Theranostics center** was finally established within Uppsala University Hospital, including UCCC, and Uppsala University. A major achievement was the manufacturer's authorization for clinical trials with ¹⁷⁷Lu-Lutetium that was obtained after the summer. The academic clinical trial **START NET** started production of investigational medicinal product (IMP) ¹⁷⁷Lu-DOTATOC in November and to date 32 patients have been treated with the locally manufactured IMP.

The **Ad-Galactica trial**, a collaboration between Uppsala University Hospital and Uppsala University, is a FiM/Phase I trial that experienced some delays due to regulatory queries in 2025. The trial will start during 2026.

Three studies on **SalovumTM** and **SPC-flakes**, "Food for specific medical purposes" are ongoing within different therapeutic areas. The

aim is to study the effect of the SPC-flakes on gastrointestinal toxicity after routine treatment in patients with early breast cancer (**ASF-BC**) and colorectal cancer (**SALFLADMET** and **SALFLAC**). Henrik Lindman is PI and sponsor representative for ASF-BC that is conducted at nine sites in Sweden. Recruitment has been completed (106 patients). For SALFLADMET and SALFLAC, Peter Nygren is PI and sponsor representative and recruitment in these studies will be finalized during 2026.

The **Mutalum** study, with PI Henrik Lindman, is a local translational observational study using prospectively collected clinical and molecular pathological data, testing for ESR1- and PI3CA mutations on tissue and blood in a real-world population with advanced luminal breast cancer. To date, 45 patients have been enrolled in Uppsala.

Publications

In 2025, UCCC researchers published more than 200 scientific papers. Some of them are highlighted below. A list of all papers can be found in appendix 1.

Validation of guidelines for genetic investigation of myeloid neoplasms with germline predisposition: results from a prospective cohort study

Tesi B, Robelius A, Baskin B, Lazarevic V, Deneberg S, Höglund M, Fogelstrand L, Ungerstedt J, Pandzic T, Tobiasson M, Garelius HG, Kuchinskaya E, Persson F, Ågerstam H, Hallböök H, Fioretos T, Nordin J, Norberg A, Thuresson AC, Lehmann S, Ladenvall C, Barbany G, Vennström L, Ejerblad E, Cavelier L, Cammenga J, Jädersten M, Hellström-Lindberg E, Baliakas P. Clin Cancer Res. 2025, May 19.

This study is to the best of our knowledge the first prospective validation of guidelines for the management of patients with suspected predisposition for myeloid neoplasms, mainly acute myeloid leukemia and myelodysplastic syndrome, performed in parallel with the clinical praxis. The Nordic guidelines for myeloid neoplasms with germline predisposition demonstrate high diagnostic yield, reaching up to 53% depending on the applied criterion. Germline investigation requires comprehensive genetic analysis and close collaboration of clinicians and genetic counsellors. The spectrum of germline variants in hereditary acute myeloid leukemia and myelodysplastic syndrome is heterogeneous and varies depending on the criterion that motivates the germline investigation. The findings suggest that germline investigation based on concrete guidelines should be widely offered for patients with myeloid neoplasms.

A human pan-disease blood atlas of the circulating proteome

Álvarez MB, Bergström S, Kenrick J, Johansson E, et al., Science. 2025, Dec 18;390(6779):eadx2678.

This study reports protein levels in blood plasma from over 2,000 cancer cases from the U-CAN cohort in Uppsala, with the aim to discover new biomarkers for cancer and other diseases. The study data contain measurements of over 5,400 protein targets and are freely available for exploration in the Disease Blood Atlas in the Human Protein Atlas. Researchers can also get access to the plasma protein data from cancer patients together with additional clinical data through U-CAN Uppsala, with the possibility to apply for blood and tissue samples from the same individuals for further study. Several researchers connected with Uppsala University and U-CAN Uppsala contributed to the study that was led by researchers from KTH. The samples collected at the Uppsala University Hospital through the efforts of the U-CAN Uppsala researchers were instrumental for production of this highly valuable cancer proteomic data set.

The transcription factor LHX2 mediates and enhances oncogenic BMP signaling in medulloblastoma

Ohata, Y., Ali, M.M., Tsubakihara, Y., Itoh, Y., Rosén, G., Bergström, T., Nakada, A., Morén, A., Golán Cancela, I., Voytyuk, O., Tsuchiya, M., Fukui, R., Yamamoto, K., Strell, C., Micke, P., Wechsler-Reya, R.J., Hashizume, Y., Miyazono, K., Caja, L., Heldin, C.-H., Swartling, F.J., and Moustakas, A. Cell Death & Differ. 2025, 32(10):1915–1929.

Using spatial transcriptomics in pediatric medulloblastoma PDX tumours, the study identified a new feed-forward signalling and transcriptional loop operating in these tumours. The bone morphogenetic protein (BMP) signalling pathway induces expression of the pioneering factor LHX3, which then induces expression of the BMP receptor ACVR1, and thus reinforces a pro-oncogenic and metastatic action of BMP in medulloblastoma.

Anxiety and Depression Trajectories in Young Adults Up to 5 Years After Being Diagnosed With Cancer

Sjödin L, Marklund S, Lampic C, Wettergren L. Cancer Med. 2025 Mar;14(5):e70715.

Emotional distress was followed in a national cohort of young adults in Sweden during five years following a cancer diagnosis (primary brain tumour, lymphoma, breast, cervical, ovarian or testicular cancer at ages between 18 and 39). Study participants completed the well-established Hospital Anxiety and Depression Scale (HADS) at three timepoints: 1.5 years (n = 1010, response rate 67%), 3 years, and 5 years post-diagnosis. Based on their responses, clinical cases of anxiety and depression were identified, and symptom trajectories were characterized.

A majority of the young adults met clinical levels of anxiety (64%), and nearly one third meet clinical levels of depression (31%) at some point during the first five years. Individuals with unfavourable trajectories were more likely to be female, to have sought support for emotional problems prior to their cancer diagnosis, to experience fatigue, and to report financial difficulties. These findings illustrate the substantial psychological burden associated with receiving a cancer diagnosis in young adulthood and underscore the importance of integrating mental health assessment and support into the long term follow up care of young people with cancer.

Shared publications

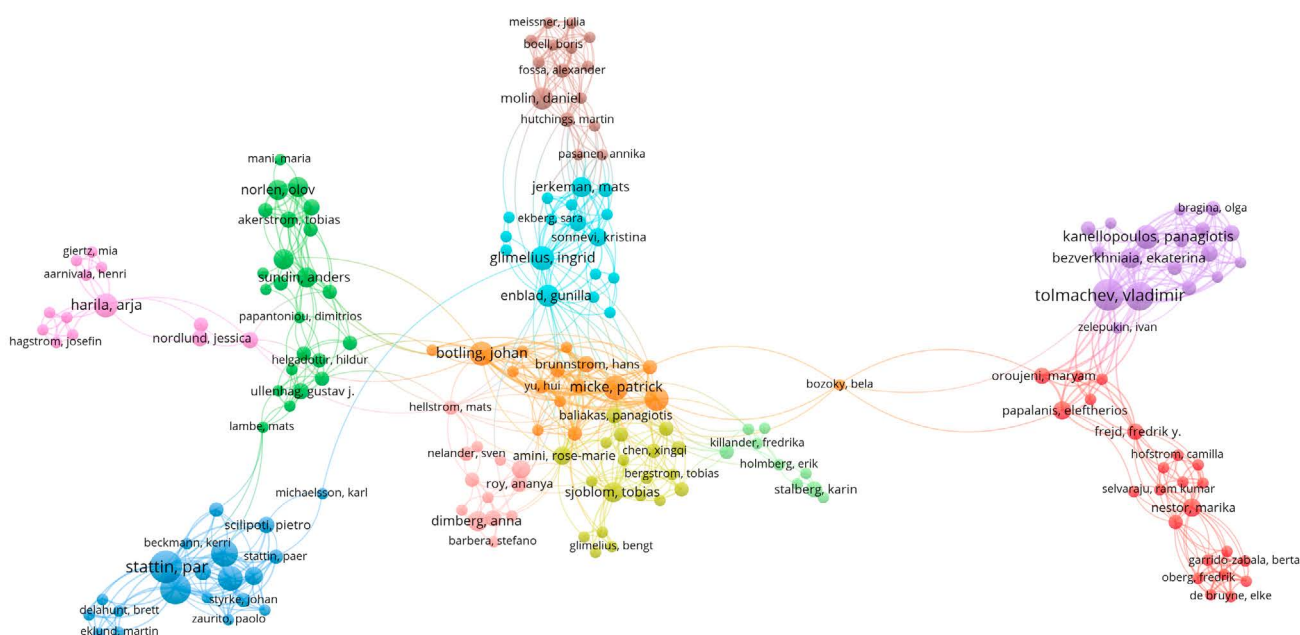


Figure 2: Collaborations in the form of shared publications in 2025. The figure indicates authors that share at least two publications.

External funding

The major external funding agencies for UCCC researchers are the Swedish Cancer Society, the Swedish Childhood Cancer Fund and the Swedish Research Council. We also receive funding from a number of private foundations, of which some are presented below.

Funding granted in 2025

Swedish Cancer Society

33 project grants, 2 planning grants and 1 grant for “Early detection”, in total SEK 121.54 million.

Positions: 1 senior investigator award, 1 senior clinical investigator award, 3 postdoc fellowships, 1 fellowship in caring sciences, in total SEK 20.1 million.

Swedish Research Council

6 project grants, in total SEK 26,3 million.

2 grants for clinical studies in therapy research, in total SEK 2.3 million

Swedish Childhood Cancer Fund

10 project grants, in total SEK 25.4 million.

Positions: 1 cancer researcher position, including grant for running costs.

Private foundations

Swedish Society for Medical Research – 2 grants, in total 13.1 million.

Knut and Alice Wallenberg Foundation – 2 Proof of Concept grants, in total approx. SEK 4 million.

Swedish Brain Foundation – 3 project grants, in total SEK 1.8 million.

Göran Gustafsson Foundations – 1 grant, SEK 1.25 million.

International funding

EU – 1 ERC Consolidator Grant, Euro 2 million.

Nordic Cancer Union – 1 project grant, Euro 70 000.

Publications

Publications from UCCC research groups in 2025.

1. Al-Djaber A, Munters A, Cammenga J, Pandzic T, Amini RM, Ladenvall C, Olsen TK, Baliakas P. Low Rate of Germline Investigation for Variants of Suspected Germline Origin Detected During the Diagnostic Work-Up of Myeloid Neoplasms. *EJHaem*. 2025 Dec 16;6(6):e70206.
2. Yadav RP, Xing P, Zhao M, Hollander P, Strell C, Xie M, Salehi M, Torell E, Sjöblom T, Enblad G, Amini RM, Swartling FJ, Glimelius I, Micke P, Hellström M, Chen X. scFFPE-ATAC enables high-throughput single cell chromatin accessibility profiling in formalin-fixed paraffin-embedded samples. *Nat Commun*. 2025 Nov 14;16(1):10022.
3. Imgenberg-Kreuz J, Fugmann C, Molin AM, Backlin C, Johansson A, Vranic M, Nikkarinen A; Autolymphoma Study Group; Eriksson P, Sjöwall C, Baecklund E, Nordmark G; Steering committee. Targeted proteomics identifies differentially expressed proteins in Sjögren's disease with incident lymphoma. *RMD Open*. 2025 Oct 23;11(4):e005897. doi: 10.1136/rmdopen-2025-005897.
4. Wan H, Ren W, Yang M, Nie M, Wasik AM, Du L, de Campos-Mata L, Sun R, Bai Z, Enniful A, Wang Y, Berglund M, Amini RM, Li X, Yang C, Ye X, Yang ZZ, Ansell SM, Liu D, van der Burg M, Fan R, Wu K, Sander B, Pan-Hammarström Q. Tumor evolution and immune microenvironment dynamics in primary and relapsed mantle cell lymphoma. *Cell Rep Med*. 2025 Sep 16;6(9):102318. doi: 10.1016/j.xcrm.2025.102318. Epub 2025 Aug 27.
5. Yu H, Magoulopoulou A, Amini RM, Chatzinikolaou MP, Horie M, Lindberg A, Mezheyeuski A, Backman M, Metousis A, Brunnström H, Marincevic M, Botling J, Mattsson JSM, Kärre K, Leandersson K, Nilsson M, Strell C, Micke P. Spatial TCR clonality and clonal expansion in the in situ microenvironment of non-small cell lung cancer. *J Immunother Cancer*. 2025 Aug 27;13(8):e012089. doi: 10.1136/jitc-2025-012089.
6. Ma J, Sarén T, Jin C, Kim HS, Contreras Pineda PD, de Bernard M, Amini RM, Rondahl V, Enblad G, Yu D, Essand M. Pre-clinical safety and efficacy evaluation of *Helicobacter Pylori* neutrophil-activating protein (NAP)-armed CAR-T cells targeting B cell lymphomas. *Cancer Immunol Immunother*. 2025 Jul 12;74(8):262.
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8. Soussi T, Kundu S, Gerbaud P, Pandzic T, Baskin B, Ladenvall C, Delhommeau F, Sjöblom T, Baliakas P. A novel PML germline variant as a candidate predisposing genetic aberration in familial acute myeloid leukaemia. *Br J Haematol*. 2025 Sep;207(3):1118–1121. doi: 10.1111/bjh.20255. Epub 2025 Jul 7.
9. Kvist A, Kämpe A, Törngren T, Tesi B, Baliakas P, Borg Å, Eriksson D. Polygenic scores in Familial breast cancer cases with and without pathogenic variants and the risk of contralateral breast cancer. *Breast Cancer Res*. 2025 Sep 8;27(1):160.

10. Cozzi E, Neddermeyer A, Zhong X, Gamboa-Cedeño AM, Kanellis DC, Österroos A, Björklund M, Struyf N, Karlsson K, Qu Y, Månsson A, Pandzic T, Bengtzén S, Nilsson C, Fiskesund R, Baliakas P, Erkers T, Bartek J, Kallioniemi OP, Qian H, Lennartsson A, Lehmann S. MALNC: a new mutant NPM1/IDH2R140 and PML-RARA-associated lncRNA with impact on AML cell proliferation, maturation and drug response. *Cancer Gene Ther.* 2025 Nov;32(11):1191–1205.
11. Roncaglia E, Gaffo E, Calabretto G, Fürstenau M, Rogers KA, Baliakas P, Cui C, Miller C, Haferlach C, Plevova K, Oscier D, Davis Z, Nguyen-Khac F, Rigolin GM, Athanasiadou A, Baran-Marszak F, Valiente A, Terol MJ, Abrisqueta P, Espinet B, Puiggros A, Martines A, Bonaldi L, Mauro FR, Scarfò L, Chatzikonstantinou T, Tausch E, Kreuzer KA, Kater A, Bosch F, Doubek M, Panagiotidis P, Kalashnikova O, Frezzato F, Ruocco V, Orsi S, Salek K, Merlo R, Caregari A, Glogovitis I, Cellini A, Angotzi F, Serafin A, Yi S, Eichhorst B, Woyach JA, Cuneo A, Ghia P, Stamatopoulos K, Trentin L, Visentin A, Bortoluzzi S. Circular RNA signature of aggressive CLL with t(14;19)(q32;q13). An ERIC study. *J Hematol Oncol.* 2025 Jul 22;18(1):74.
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