Moving forward together

Multi-year strategy for 2024 - 2028
Princess Máxima Center
for pediatric oncology

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Preface

Samir is 10 and has a Ewing sarcoma, a bone tumor. In his case it is in his leg. He bravely endures the treatment and his biggest worry is ultimately this: when it's all over, will he still be able to play soccer with his friends? Maaike is 14. When she was 4, she was diagnosed with acute lymphatic leukemia (ALL). Thankfully she was cured, but now she's getting older there are questions that she didn't have before. Will she be able to have children in later life, for example? Yaël has just turned 1. He has a brain tumor. His parents are putting on a brave face, not least for Yaël's 3 and 5 year old sisters. Worrying about whether your sick child is going to pull through and, at the same time, balancing that with the needs of the rest of the family. That is part of childhood cancer, too.

Each year, around 600 children in the Netherlands are diagnosed with cancer. Even now, one in four of these don't survive. Thankfully, the group of children who survive is growing, although the treatment does have considerable side effects. And the long-term effects are also often far-reaching. In the Princess Máxima Center for pediatric oncology we do our groundbreaking work every day and work passionately as a team to improve both the chances of survival and the quality of life for children with cancer. Now, and in the long term. After all, children have their whole lives ahead of them.

We don't do this work alone. The most important partners we have in our work are, of course, the children themselves, their parents and the survivors. We view the treatment as a co-creation, a process that you can shape together. Around 900 healthcare professionals and 450 researchers work at the Máxima Center to continue improving that process, supported by many others, including volunteers. Together, we form part of a local, national and international network of enthusiastic people who all want to contribute to better forms of treatment. Together, we do all we can for children with cancer today and in the future. And for the growing group of children and young people who survive the disease.

The Princess Máxima Center is no ordinary hospital: it is a research hospital. We are a center that focuses on integrating healthcare, research and training. In line with the ambitions from the previous multi-year strategy we are taking crucial steps towards further integration over the coming years, guided by the title 'Moving forward together'. We also want to expand on our international role. In that way, we can make a contribution to better healthcare and research for children with cancer around the world. And with that, take bigger steps that will also help children with cancer in the Netherlands.

This advancement makes great demands on the organization, but it is a challenge we are happy to accept. In this respect, our employees are our 'human capital'. Without them, our strategy would have no chance of success. We are doing our utmost to give our people the chance to perform the difficult, yet rewarding work at the Máxima Center, and we want to keep investing in their knowledge and skills. If employees are able to keep developing personally as well as professionally, that gives them the strength to keep contributing to the mission.

Our strategic multi-year plan for 2024-2028 describes how we aim to go forward together over the next few years. Along the way, we will specify the details of our course in depth and amend them where necessary. We extend a warm invitation to all – both in the Netherlands and further afield – who feel an attachment to our mission, to keep making a contribution.

Gita Gallé, Lex Eggermont, Rob Pieters
Board of Directors Princess Máxima Center

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Introduction

Moving forward together

Making children and teenagers ‘better in a better way’: that’s what the Princess Máxima Center aims to achieve for pediatric cancer care. As far as we’re concerned, from the point at which the cancer diagnosis is made it’s all about the well-being of the child, survivor, parents and family. In that respect, our objective is ambitious: cancer-free, with as little pain and stress, as few side-effects and complications and as little long-term damage as possible. With the least possible disruption to the development of the child, while taking into account the impact on the whole family. This ambition is expressed in our mission:

> **To cure every child with cancer, with optimal quality of life.**

In our day-to-day actions we are guided by two core values: we do groundbreaking work and we do it with passion. Together, they form the shortest possible summary of what the Máxima Center stands for. Innovation is the common thread that runs through all our work. We will continue in this vein for the years to come.

Further integration: on the international front, too

After its opening in 2018, the Princess Máxima Center specifically focused on expanding the interaction between research and healthcare. In the first five years of our existence, 107 clinical studies were started, and new treatments and (research and other) technologies were created. The field of neuro-oncology is no longer lagging behind. Operating as the Máxima Comprehensive Childhood Cancer Center (M4C), we accelerate the translation from basic preclinical and clinical research to clinical practice. This is done in seventeen multi-disciplinary programs, spread over four main themes: Hemato-oncology, Neuro-oncology, Solid tumors and Quality of Life. The interaction between research and healthcare leads to greater understanding of how cancer develops, and to new prospects for a cure. In this way, we can work on the best possible healthcare. In the following strategic period (2024-2028) we are going to increase integration, with healthcare, research and training as one inseparable unit.

An essential element in our mission is also to make further steps towards internationalization, using existing collaborative partnerships as a springboard. Being the largest pediatric cancer center in Europe, we feel we have a duty to help children outside the Netherlands, too. More to the point, there are simply too few patients in the Netherlands for us to be able to make truly big steps in terms of research. It is only within an international network that the essence of our work with children, survivors and parents can really blossom.

Three main strategic topics

Although we have achieved much in the past few years, there is still a lot to do to get closer to our mission. We have chosen the following three main strategic topics:

1. We are focusing our efforts on **innovation** in immuno- and cellular therapy, innovative diagnostics and therapy, and quality of life. Being a research hospital, we want to better understand how cancer develops. The Máxima Center is primarily a center for phase I/II studies and innovative studies at an early stage of treatment. After all, that's where real innovation originates. In the meantime, clinical phase III research and innovation within the existing treatment do, of course maintain our full focus, in order to offer current patients the best possible treatment and support.

2. The further development of the **organization** is a precondition for all aspects of our strategy. How can we increase the executive power of the Máxima Center so that, with all our partners, we can bring innovation more rapidly to the child, survivor and family? How can we develop our employership and employeeship so that (personal) leadership, learning and development and consideration for each other strengthen work towards our mission? How can we use digital opportunities, while further expanding the use of our data provision? That is crucial, both to the proper functioning of the organization and to boosting innovation.

3. As part of a national and international network, much of our strength comes from intensive **collaboration.** From local organizations (such as the UMC Utrecht/WKZ), national partners (particularly the shared-care centers) to international parties. This relates to both the other large-scale centers in the world and to our colleagues in Eastern and Southern Europe, and in less prosperous countries. We will only progress together if we intensify collaboration on all levels.

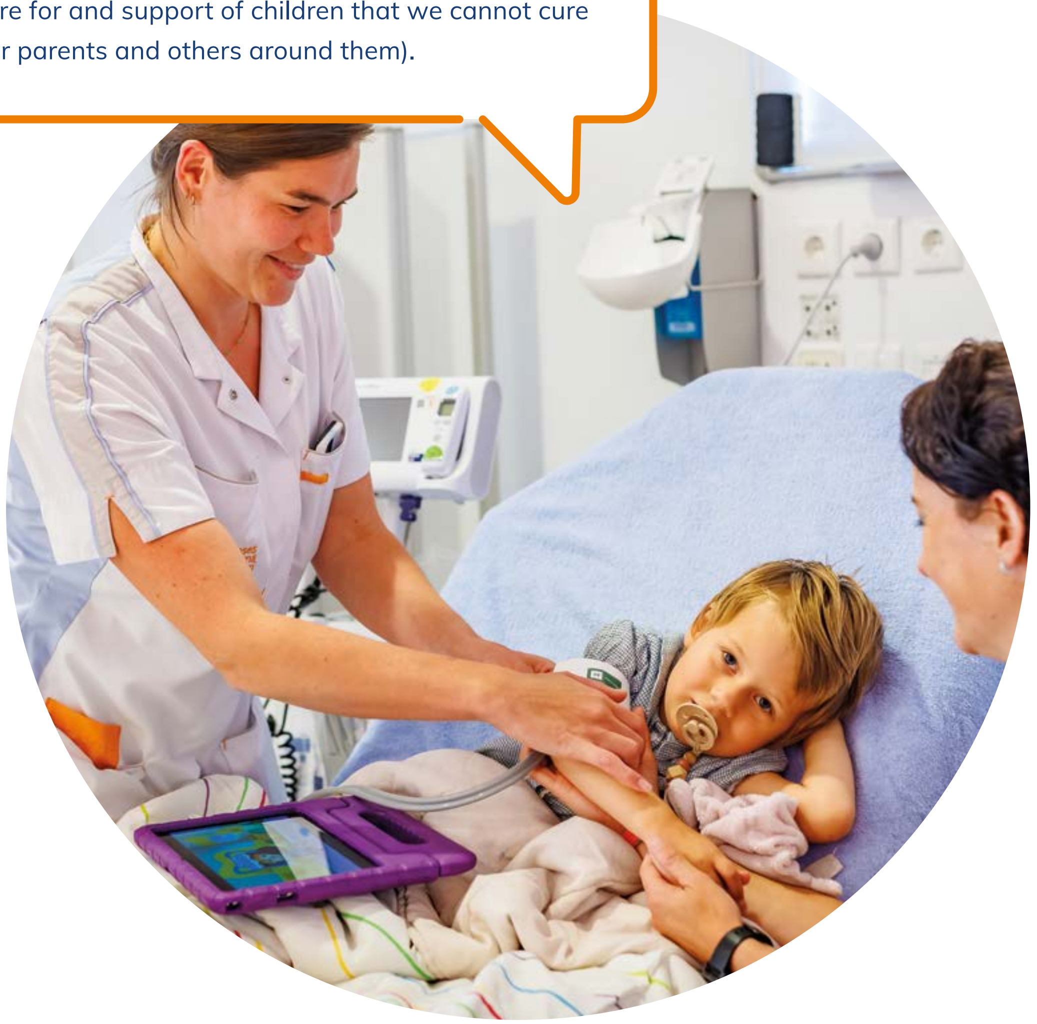
In everything that we do, and aim to do in years to come, co-creation with the child, survivor and parents remains our guiding principle. Just as in the pioneering phase ("Building together", 2016-2020), the innovations in the previous strategic period ("Focused and promising", 2020-2024) were founded on an evolving organization, and on collaboration with many partners, both in the Netherlands and abroad. This trinity of innovation, organization and collaboration also forms the cornerstone of the new multi-year strategy, 'Moving forward together' (2024-2028). We will expand on the choices that we want to make in that respect in the next chapter.

A few results at a glance

- Cure of a sizable proportion of children with leukemia who do not respond adequately to chemotherapy, thanks to treatment with cellular (CAR-T) immunotherapy.
- Increased cure of children with high-risk leukemia with the use of antibody therapy.
- New prospects for developing CAR T-cell therapy for use in solid tumors and brain tumors.
- A significant reduction in complications during and after surgery on children with neuroblastoma.
- Intra-operative MRI: real-time information for the neurosurgeon. Gains: increasingly radical removal of brain tumors, ultimately with a higher survival rate, less damage to healthy brain tissue and less need to reoperate.
- New interventions to reduce fear and stress, from VR-goggles to online courses for parents ("On Course"). Plus, for instance, the occupational intervention Qwiek.up and the Braincare program that follows the development of children with a brain tumor.
- Intensive partnership in respect of pediatric palliative care in the Kinder Comfort Team, a multi-disciplinary team (medical, nursing, teaching, psycho-social, spiritual) within the UMC Utrecht/WKZ and the Máxima Center.
- A pediatric oncology biobank of materials of 4,500 children (as of 2023). More than 95% of children give consent to donate cancerous (or other) tissue. And 84% of the children who we treat take part in one or more studies. That accelerates the development of new, improved treatment methods.
- A well-developed Trial and Data Center that enables clinical studies for all patients to be started up and carried out.

An integrated approach to pediatric cancer

The treatment of children with cancer demands an integrated approach. In each case this involves a long and complex process, with the use of all relevant disciplines, both in the Máxima Center and in the child (and family)'s own environment. That is a process that continues even when the child has been cured. In multidisciplinary consultation - and in close dialogue with the child, survivor and parents - we continuously consider precisely when and how the individual elements are applied. A particular challenge is dealing adequately with side-effects that are regularly life-threatening. Crucial, too, is the work of the LATER outpatient clinic for children who have been cured and adults who have had childhood cancer. Another essential aspect, lastly, is optimal palliative care for and support of children that we cannot cure (and for their parents and others around them).



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Strategic topics for 2024 - 2028

The 'Moving forward together' motto is the Princess Máxima Center's way of achieving results under the two main aims of its mission: increased survival through more effective treatments and a better quality of life during and after treatment, with fewer side-effects and complications and/or long-term effects thanks to less harmful treatments. Our endeavor is a positive experience of the healthcare services and procedures for the child and his/her parents. Parents and children should feel they have optimal support, both during and after treatment. Thereby we pay extra attention to the points of transition in the treatment, and the development of growing children and teenagers.

In this chapter we paint a picture of the focus chosen by the Princess Máxima Center, resulting in three main strategic topics, sub-divided into nine strategic subject areas. Besides that, we will continue to do everything in our power to boost the foundations under our work towards the goal of our mission. And we will continue our efforts in the many areas that we are not explicitly referring to here, but which are nonetheless inseparable from the core activities of the Máxima Center. The number of children that dies in the main fields of neuro-oncology, solid tumors and hemato-oncology is equivalent, in absolute terms. In the 2024-2028 period, too, we will be doing our utmost in each of these fields, because every child counts.

We will be strengthening the foundations for our nine strategic subject areas over the next few years, covering the topics **innovation, organization** and **collaboration**. In addition, in these subject areas we will also be focusing on new developments that the Princess Máxima Center deems especially promising at this stage in terms of achieving the goals of our mission. In this chapter we will address the strategic subject areas for each topic in greater detail.

Together with children, survivors and parents

Children, survivors and parents are partners in how we shape everything that we do and everything that we develop, whether in healthcare, research or training. The forum for this includes input from the Client Board (cliëntenraad), the Children's Advisory Council (KinderAdviesRaad) and the Dutch National Childhood Cancer Association (Vereniging Kinderkanker Nederland). We aim for maximum participation in the widest sense of the term and have also moved away from sounding boards, towards co-creation. Innovative forms of partnership and information services contribute to our commitment to forming one team with parents and child. Equality and respect for each other's expertise, including lived experience, are central to this. In terms of options for treatment, we remain committed to shared decision-making. Case management and good child/parent communication are key elements to this. As almost all treatments are offered in a research study setting, contribution to innovation and improvement of therapies is a self-evident aspect of the partnerships. In this way, too, we lead children, survivors and parents through a shared journey with doctors and scientists on the way to achieving the goals of our mission.

Topic 1

Innovation

The focus on innovation is in the DNA of the Princess Máxima Center. We are a research hospital, which means that we concentrate on knowledge accumulation, promising innovations and accelerating the development of new treatments and interventions. We are continually searching for new insights and ideas to improve the chances of increased cure rates with the least possible damage. That implies that we are not limited to setting up or taking part in phase-III clinical trials; within that framework, we are involved in pilot programs where possible to further accelerate promising developments.

Apart from that, the Máxima Center has a strong ambition to play a pioneering role on the international stage in the use of new forms of therapy at the earliest possible stage of the treatment. This includes immunotherapy, precision medicine, and pharmacological and early-stage phase I/II clinical trials.

Important innovations build on insights from fundamental research; in our case, these highlight the understanding of how cancer develops. To do research of this kind, we work in close partnership with centers in the Netherlands and abroad. The essence of innovative work and thought also means that opportunities that are, as yet, unknown will gradually become apparent. The Máxima Center remains open to that, without detracting from the strategic choices we are making now. For Innovation, the first strategic topic of 'Moving forward together', we have opted for the subject areas of immunotherapy and cellular therapy, innovative diagnostics and therapy, and quality of life.

1.1

Immunotherapy and cellular therapy

Ambition

Fully capitalizing on the potential of immunotherapy and cellular therapy for the treatment of childhood cancer, and making these forms of treatment accessible for our patients.

Introduction

Making the best use of the human immune system and influencing the micro-environment of the tumor are promising elements for more effective therapies against cancer. Immunotherapy using antibodies or (modified) immune cells, such as CAR T-cell therapy, is increasingly being used successfully in the Máxima Center. In CAR T-cell therapy, the patient's own immune cells are genetically engineered outside the body. Once reintroduced, they are able to target specific tumor cells more effectively.

These innovative therapies are beginning to make a difference in the treatment of specific types of leukemia, lymphoma and neuroblastoma. We can now sometimes offer an extra chance of a cure to patients for whom there was previously no effective treatment. Tumor cells can deactivate immune cells in their environment and, as a consequence, become insensitive to treatment. The Princess Máxima Center does a lot of research using modern techniques, such as genetically mapping out individual cells. This allows us to better understand and influence the microenvironment of tumors and different forms of leukemia. That opens new avenues for improving the effectiveness of immunotherapy.

Aims

Over the next few years, the Máxima Center aims to develop a portfolio of innovative immunotherapies and cellular therapies. Among other things, we will set up preclinical research and clinical trials with CAR T-cell treatments for neuro-oncology, solid tumors and hemato-oncology.

Cellular immunotherapy is a costly and highly innovative field for which it is important to have international collaboration. That's why the Máxima Center works together with other leading centers for cellular immunotherapy in Europe, large-scale international consortia in North America and with the pharmaceutical industry. In this form of partnership, we aim to initiate therapeutic studies for our patients, or participate in such studies.
In addition, we are targeting the production of new cell therapies; part of this work will be done in our own cell therapy facility, which will be ready in 2024. In this way, we want to help shape the academic development of innovative immunotherapies. This also allows us to be an active participant in a network of leading academic centers in this field, including those in Münster, Paris, London, Rome and Barcelona.

Aside from developing new possibilities, optimizing existing cellular therapies is an important aim. We do this in national and international immunotherapy trials, which we set up in collaboration with other centers. We can apply the knowledge that we acquire in the laboratory about optimal effectiveness of cell therapies to the treatment of children with cell therapy as quickly as possible by using translational research.

We are setting up a monitoring program to better understand pediatric tumors. By doing this, we aim to identify the effects immunotherapy has on our patients in detail, as well as mapping out the influence of the micro-environment of the tumor. The Máxima Center believes the possibility of manipulating the micro-environment offers new opportunities, and wants to learn from individual patients. We are taking steps to deepen our knowledge with an integrated translational research program.

Preconditions

Aside from serious investment in the facilities and finances for recruiting leading talent, the rapid commissioning of our own cell therapy facility is of the utmost importance. Effective coordination within and between M4C disease groups and with our own Trial and Data Center remains essential. Precise candidate profiling for the top talent we are looking for, tailored to the Máxima Center's research choices, is crucial. It is also important to develop partnerships with centers elsewhere in the world, to find strategic partners in Eastern and Southern Europe, and to bolster partnership with pharmaceutical companies. Attracting scientists and specialists in the field of immunotherapy and working with them, both in the Netherlands and abroad, remains an important key area in this respect.

> **'The people who work here are incredibly enthusiastic and committed. They make a conscious choice to work here and that's something you really feel. To us, the Máxima Center is so welcoming, like a second home.'**
> Leonie, mother of Seph

1.2

Innovative diagnostics and therapy

Ambition

To further expand the knowledge and expertise built up within the Máxima Center in the field of innovative diagnostics and therapy, and apply it to clinical practice.

Introduction

The more accurate the diagnosis, the more specifically we can apply our treatments for pediatric cancer. Consider, for instance, the use of new medicines and precision medicine. Or image-guided surgery with innovative technologies, in which a fluorescently-labeled substance makes tumor cells visible. The use of 3D preoperative holographic support and intra-operative MRI are yet other examples in the surgical setting. A further possibility for targeted treatment on the basis of accurate diagnostics is tumor-specific radionuclide therapy. Over the past few years, the Máxima Center has started using all these technologies and in the near future we will increasingly be applying these innovations in clinical care for our patients. We want to expand our portfolio by seeking out new areas of research. We have a solid Trial and Data Center to support this ambition that makes it possible to start up and carry out clinical trials for all patients.

Aims

We will continue with our work to develop a new generation of biopharmaceutical drugs. To do this, we test new substances in the lab and contribute to the selection of new drugs for clinical trials (precision medicine). In addition, we will be implementing pharmacogenomics into standard clinical practice in the coming period. This means that we will analyze the effects that a particular drug might have on individual patients on the basis of a genetic test carried out in advance. This requires innovative methods that can improve both molecular diagnostics and follow-up.

In the recent past, image-guided surgery has been developed within the discipline of surgical oncology, including for nephroblastoma and neuroblastoma. We will soon be applying these technologies in standard clinical practice and in clinical trials. Intra-operative MRI has opened the door to new surgical opportunities in the field of neurosurgical treatment of brain tumors. Combining this with neuronavigation has turned the operating room into a platform for innovative technology. This can be seen in the use of a robotic arm and 3D ultrasound, for instance. This platform also offers a range of possibilities for research, for example by advanced MRI imaging of the brain and the tumor during the operation. These so-called IO-MRI images are saved in a database, from which they can be retrieved for the purposes of both healthcare and research. In the wider field of imaging, we are building on our close collaboration with experts from the Image and Oncology Division of the UMC Utrecht and with other experts at the Utrecht Science Park.

Theranostics (a contraction of the words therapy and diagnostics) is the application of tumor-specific nuclear imaging in combination with therapy. We are developing tumor PET scans (imaging in which a radioactive substance is administered internally) for diagnostics in fields including neuroblastoma, medulloblastoma and soft-tissue sarcomas. In addition, the Máxima Center will set out to apply nuclear medicine, attaching isotopes to tumor-specific antibodies. And we will use so-called nanobodies. We will pursue the most promising forms of theranostics in clinical trials.

Lastly, we aim to initiate trials into the clinical benefits of liquid biopsies, small quantities of bodily fluids. The aim of this is to demonstrate the presence of so-called cell-free DNA and RNA released by cancerous cells into the blood, urine, cerebrospinal fluid or other bodily fluids. This information is useful at the point of diagnosis and helps in monitoring the evolution of the disease during treatment. In this way we can detect the return of the disease and identify any mutations in cancer cells at an early stage. This technique could revolutionize clinical practice in the future.

Preconditions

Within the Máxima Center, our commitment to the further development of innovative diagnostics and therapy requires us to be constantly aware of the relevance of decisions on the priority of studies. Furthermore, the success of clinical studies is contingent on close cooperation with our international twinning institutes. Close by, we now need intensive collaboration with various parties at the Utrecht Science Park, and with companies, not least for the development of new compounds for medications. We also need bioinformatics expertise, plus good technical support for the deployment of preoperative and perioperative imaging. Internally, we cannot manage without structural support in facilities such as the Trial and Data Center. The issue of how all data can best be recorded and retrieved at a later date is a question which demands a comprehensive approach.

The answer is to be found partly in the further development of the Máxima Center's data provision (see also strategic subject area 2.3), with the necessary attention to artificial intelligence (AI). Lastly, the implementation of a mouse facility at the Utrecht Science Park equipped for studies with radioactive material is important to the theranostics research.

> **'The Máxima Center is innovative, also in terms of how it is organized, if only because parents and professionals have joint ownership of its mission.'**
> Hanneke de Ridder, chair of the Cooperative Board

Bone tumors - an area requiring special attention

Whereas in the previous strategy period neuro-oncology was given a significant boost, the Princess Máxima Center wants to make substantial advances in the treatment of bone tumors in the next strategic period. These treatments - chemotherapy, surgery and radiotherapy - are often very intense. The chance of a cure is limited; over recent decades there has been little, if any, improvement made on the basis of research in the Netherlands and abroad. We want to change the narrative, starting by putting together a separate research group for bone tumors. We are going to comprehensively deploy the innovative diagnostics and treatments described in strategic subject area 1.2 in a targeted way for children with bone tumors in pre-clinical, clinical and translational research, where these have been shown to be successful in the pre-clinical phase. The aim of the research is to get a better understanding of the disease and, ultimately, to achieve a better chance of a cure.

In addition, we aim to develop a program in which we work with the child and parents so that we can offer a better quality of life during and after the treatment of bone tumors.

Multidisciplinary involvement of psychosocial care and physical therapy during and after treatment adds value for children with bone tumors. And in the field of long-term effects, a multidisciplinary approach is required for this specific group of survivors.

1.3

Quality of Life

Ambition

To optimize quality of life during and after pediatric cancer by targeting innovation and prevention. We want to lessen side effects and maximize control for the child and parents.

Introduction

The area of work into which Quality of Life falls is very wide and touches on almost all disciplines within the Princess Máxima Center. If the treatment is to match the needs of the child and family there needs to be a continuous process of consultation. This is part of the co-creation, in which we determine together which studies and interventions are the most promising in terms of reducing side effects and the long-term effects of the medical treatment. At the same time, we focus on control for the child, parents and survivors, and we provide support for the child's social, cognitive, emotional, physical and spiritual development. We evaluate the healthcare and put the experience of survivors to good use. Interventions are monitored on the basis of standardized outcome indicators and internationally-recognized best practices. We will continue with partnerships established over the past few years in relation to pediatric palliative care. This also goes for our work to reduce fear and stress. We will also keep concentrating our endeavors on creating a safe environment in which survivors can build a meaningful future.

Aims

Fatigue is a factor in all stages of treatment that has a great impact on the quality of life of children with cancer. Using current guidelines, we seize opportunities for improving energy management and relieving fatigue. That can be achieved by preventive lifestyle-related measures (eating, exercise, sleep) and interventions during treatment (exercise, cognitive behavioral therapy).

A next target is to provide good, which is to say straightforward and reliable, information to parents, children and survivors. In the coming period, our next focus area will specifically be to help put children between the ages of 6 and 16 years in control. To do this we will use what we call infotainment and edutainment. We are specifically using digitization to achieve this goal. For example, we will be creating a digital portal for each child, offering a single point for all relevant information with enhanced interactivity, multi-device use and excellent support. The idea is that this will make healthcare more efficient (children will be better informed and prepared), and better aligned with the world in which children and families live today.

We break up the generally long treatment period with 'transition moments', marking points at which there is a significant change from one situation to another.

These may be transitions in the treatment itself. For instance, leaving the Máxima Center to return home and receive shared care, the step from the end of the treatment to a follow-up status, or the step from follow-up to LATER (the outpatient clinic in the Máxima Center with all the necessary expertise to flag long-term effects). But the transitions may also be milestones in the personal development of a child, for example the move from elementary school to high school. The Máxima Center wants to develop concrete interventions to provide optimum conditions for these changes in circumstances for the child and the family.

We aim for further implementation of an individual healthcare plan for each child, including so-called advance care planning. This makes it possible to better safeguard the needs of the child, survivor and family. In this context, the further development of case management is relevant. Not just during the treatment, but definitely in the follow-up period, too. After all, only then does it become clear what the impact of the disease - and the treatment - is on the patient and his or her subsequent quality of life.

Together with patients, survivors and international experts, the Máxima Center has developed a set of outcome indicators to map out the physical, psycho-social and neurocognitive consequences. Some of these indicators are available systematically via the KLIK PROM portal. We want to use them in healthcare evaluation and trials to assess things such as the effect on quality of life of new applications in the field of immunotherapy and precision medicine. With time, the outcome indicators will reveal data that will make it possible to benchmark the standard of healthcare internationally. The idea behind this is to identify best practices and to come to new interventions that can improve quality of life. And to continuously improve the balance between long-term effects and quality of life in the long term.

Preconditions

To focus on the problems surrounding fatigue, it is necessary to work with research and the Academy (for example for a Fatigue & Sleep learning pathway). In this respect, an intervention like energy management demands priority over other healthcare interventions. Collaboration with the information and data technology (IDT) departments is also needed, along with communication for integrated development of the ambitions in terms of digitization. That also applies to the involvement of healthcare (case management) in raising awareness of the importance of interventions at transition moments. The systematic registration of the outcome indicators in intervention studies and standard clinical practice can be achieved in partnership with the Trial and Data Center.

> **‘We involve children and parents as well as professionals in our innovations, right from the start. Innovation demands more than scientific evidence alone. Real improvement can only be achieved when you work together.’**
> Wim Tissing, researcher

The role of the Trial and Data Center

The motor powering the application of innovative therapy in clinical trials is formed by the Trial and Data Center (TDC). Partnerships within the Netherlands and abroad make it possible for the TDC to study a large number of innovative therapies, mostly in the role of ‘sponsor’ (the responsible party), that of project leader of the trial or as local organizer for trials led elsewhere. This approach has accounted for 84% of all children having been treated as part of clinical trials over the past few years. At the Máxima Center, we can also offer our patients a wide range of front-line trials.

The next few years will be characterized by the strengthening of our current position by further expanding clear organizational structures. And by making stark choices in the portfolio for each type of tumor. The aim: to be able to offer trials that are as targeted as possible, with a high probability of success for improving the survival chances of children with cancer, or that have a substantial edge when it comes to issues of quality of life or for supportive therapies for the treatment of cancer.

Sustainability

As we proceed on our mission, the Princess Máxima Center, by delivering healthcare, performing research and in its day-to-day operations is inadvertently, yet unavoidably, contributing to environmental pollution and climate change. This has a negative impact on the health of people, plants and animals worldwide. The Dutch healthcare sector generates 7% of the national CO2 emissions, produces 4% of all the waste, and is responsible for 13% of resource use.

Given our responsibility and our mission to guarantee optimal quality of life for children with cancer and cancer survivors, we want to establish, enact and further our ambitions, policy and aims in the field of sustainability. We do that across the Máxima Center from our Green Office, set up in 2022, in which dedicated employees from all parts of the organization carry out projects to realize our sustainability aims. Our ambition is to limit environmental and health damage where possible, to contribute to an environment that is beneficial to health for parents, children, survivors and staff, and also to contribute to future-proof healthcare and research.

When the Máxima Center was established, the starting points for sustainability were important preconditions guiding the way and were applied where possible to the development of the new buildings and to the organization. We were awarded Silver for the Milieuthermometer Zorg (a healthcare-specific quality label) and rolled out the LEAF Green Labs certification program. Over the next few years we will keep up our efforts in the field of sustainability. In that way, we will be able to increase the chances of children growing up healthily and happily, we can contribute to national climate goals and we will remain an attractive employer.

Not least by signing the so-called Sustainable Healthcare Green Deal (Green Deal Duurzame Zorg) 2.0 - and subsequently version 3.0 - the Máxima Center has been able to commit to five guiding sustainability ambitions:

- **Pillar 1:** Boosting the health of patients and employees.
- **Pillar 2:** Increasing awareness and knowledge of the impact of healthcare on the climate, and vice versa.
- **Pillar 3:** Cutting down CO2 emissions by 55% in 2030, and being climate-neutral in 2050 (circular construction and sustainable energy supply & transportation).
- **Pillar 4:** Reducing use of primary commodities by 50% in 2030 and maximizing circular healthcare in 2050.
- **Pillar 5:** Reducing environmental impact of medication.

Topic 2

Organization

The three main strategic topics in “Moving forward together” are inseparably linked to each other. Innovation to achieve the Princess Máxima Center’s mission is possible only if we continue to both strengthen the organization and make every effort to work together on all levels. That goes further than optimizing the organizational structure. It is also ‘about us’, namely how we need to create a context and culture with each other that contributes to the mission. We do that by determining together how we organize our work; which is to say how we act, coordinate and realize broadly-accepted decision making as a joint effort. It is only once we recognize that we are all responsible for this - and if the leaders within the organization facilitate this - that we can together achieve optimal conditions for our common goals.

In strengthening the organization, the emphasis in the next few years will be on our executive power, good employership and employeeship, and the provision of data. For the first strategic subject area, we want to tackle, in an involved manner, the complex challenges that we face together and reduce them to manageable issues. That demands clear processes and platforms for decision-making, and suitable team makeups. Making choices together also implies the courage to stop doing certain things - or perhaps to do them in a very different way. By also finding ways to do that, we can build further on the strong foundations under the translation from research to healthcare.

In our roles as both employer and employee, we want to assume a relationship of reciprocity within the Princess Máxima Center. We are growing towards being an organization that focuses on equal mutual cooperation, in which employees are able to develop their personal qualities and use them for the mission. This requires leadership that facilitates collaboration. Meanwhile, as an organization, we want to remain alert to the limits of employees' resilience and the pressures they are put under.

In addition to the strengthening of integrated collaboration throughout the organization, we are building the digital infrastructure to make this possible. This also contributes to optimal use of both the pre-clinical, clinical, and research data that is available internally and externally, supplemented where possible with internationally collated data. The development towards a digital organization implies its own challenges, including in the field of employees' skills.

2.1

Executive power

Ambition

To stimulate and facilitate optimal translation from research to healthcare through the organization's configuration.

Introduction

We are a research hospital, which means that the Máxima Center concentrates on promising innovations and the development of new treatments and interventions. However, innovation will only impact the best possible treatment if we effectively implement innovations in standard clinical practice. Both processes are necessary for a more rapid translation 'from bench to bedside' or, in other words, 'from lab to clinic'. Faced with this challenge, we're asking ourselves how we can organize our work in a smarter way, such as by optimizing the current processes. That would allow us to reduce the risk of asking our employees to step up their efforts, again and again. We will need to cut back on unnecessary process steps, and have the courage to cut out work that we are still doing, but which might be of little benefit in the light of our mission. This shift is a question of teamwork. Yet equally important is clear-cut leadership that offers employees clarity on the decision-making process, and the role and position of each person. What could your unique contribution to the overarching organization be? And, the other way around, what does the organization do to accommodate you, the employee, in a fitting manner?

Aims

In the near future, we aim to expand the number of innovations – from research into healthcare – and improve the quality of their implementation. Where relevant, we will shorten the lead times from the start of a research project to its application in the patient. This demands transparent decision-making based on consent about priorities and feasibility.

If we at the Princess Máxima Center are to be successful, to accelerate and to improve, we must strengthen the foundations under the 'organization of the translation' with a number of building blocks. The first such building block is transparency in decision-making. We will position existing forums so that they are streamlined and generate understanding and an overview. We can ensure that decision-making, choices made and defined targets are justified in terms of their clinical impact. We will set priorities and implement them jointly.

The second building block is inclusivity and diversity (see also page 28), with a good makeup for individual teams, in which talents and competencies strengthen each other. This applies within the M4C structure, in healthcare as a whole, in research and to the support staff. Firstly, we define the necessary skills for the leaders of the M4C disease categories. We utilize the capabilities that are already available in the Máxima Center and develop new ones, or acquire them. And we make targeted use of internal and external partners.

A third building block is formed by appropriate mandates, rewards and incentives. We encourage, value and reward activities aimed at the clinical application of innovations from research. We develop skills, clear roles and mandates, and thus make each other's contribution and responsibility concrete. Clear processes and a reduction in regulatory pressure and bureaucracy constitute the last building block with which we can attain greater executive power.

Preconditions

The ambition to maximize the impact of the interaction between research and healthcare for child and family demands far-reaching collaboration between all involved parties. Clarity on the choices made and defined targets in relation to the clinical impact of a program or project, goes hand in hand with conveying the required clinical information for decision-making. It also demands the development – over time – of more automated analyses.

For optimal executive power, the electronic patient record must be configured so that it supports the primary processes to the maximum, retaining independent freedom of configuration where possible and desirable.

> **'Going to the Máxima Center was never something I found unpleasant. In fact, I enjoyed it because I really wanted to get better and it was so fun to play there.'**
> Sophia, survivor

2.2

The employership and employeeship

Ambition

To create a healthy, safe working environment in which employees can develop and use their competencies, knowledge, skills and behavior for our mission.

Introduction

An organization is only as good as the people who work for it. In that respect, we view our employees as our main asset. After all, they determine whether or not our mission succeeds. In the light of the increasing labor shortages – which will affect us all – this is an issue of considerable urgency. Even with, for example, a shortened training program leading to an accelerated intake of nursing staff in the coming years. However, an optimized intake is not enough; the most important aspect is that we acknowledge the employee experience as a whole, which is different for each individual employee. It is essential that we realize that one size doesn't fit all. This is why we, as an employer, want to distinguish ourselves in the field of organization, culture and leadership, and maintain a conversation with each other about the mutual benefits and expectations.

Our aim is to achieve reciprocity in the working relationship, in which the organization as a whole, management and employees all carry responsibility. We want to create a working environment in which there is room for optimal development, vitality and enjoyment in their work, our starting point being that we put employees in a position in which they can participate. The organization will have to be there for its employees and help them to retain vitality and to stay healthy in an intense, demanding working environment.

Aims

To achieve our mission, it is necessary that all our employees are able to function to the best of their abilities, both now and in future. Looking ahead, we want to invest in a safe social climate, resilience, maneuverability and vitality. We value the talents, capacities and ideas of employees and we put them to good use. The Máxima Center assumes the use of "personal leadership", in which we continuously enable employees to claim ownership, develop themselves and thus to make a proactive contribution to the mission from their own role and position. From the perspective of the strategy, this also requires supporting employees in their contribution to the growing international role of the Máxima Center (including dealings with patients from other countries). We want to support our employees so that they can engage with this process.

The Máxima Center endeavors to create an inclusive working environment, in which everyone counts and has a voice, can be themselves, and feels acknowledged and involved, regardless of the situation. Over the next few years it is necessary that we respect sensitivity, diversity and inclusivity (see also page 28).

We are focusing our efforts on creating a unique employee experience and believe that can boost our social impact. On the one hand as a research hospital with an international profile that aims to make the difference in the treatment of pediatric cancer. On the other, as an attractive employer on both the domestic and international labor market.

A distinctive interpretation of our roles as employer and employee gives employees the chance to be ambassadors for the organization, i.e. employees who would recommend the Máxima Center as an employer and convey what is important for the organization. This 'ambassadorship' cannot be a goal, but it is a reflection of a positive employee experience in our organization. It arises from an intrinsic motivation to express oneself positively about the organization. That implies that the Máxima Center invests in employees and wants to guarantee that positive employee experience. Employees add value to our work toward our mission and people who work for us would like to do the same. In turn, however, the organization is also clear that it wants to add value for the employee. It is always a question of give and take.

Preconditions

Good employer/employee relations demand leadership with a focus on individual development and the development of teams, in which reciprocity is the starting point. The Máxima Center's ambitions ask a lot of our leaders and the leadership they provide. The Máxima Center expects its leaders to be able to deal with the dynamics of change, collaboration, complexity and dilemmas, including the discomfort that inevitably arises. The organization must have a facilitating role in this challenging task.

Finally, the essence of good employership is that we as an organization are both clear about what we expect of employees, and that we have the responsibility to support them in this. We will make available a range of fitting and supportive development options (other competencies, knowledge, capabilities and behavior). And we also ask employees to take initiative themselves in respect of continuous development.

'The work here is challenging and very meaningful. I consider the latter particularly relevant. Every day I examine what I can do to make things more bearable for children and parents.'

Simone Lenting, pediatric oncology nurse

Diversity and inclusion

The Princess Máxima Center is committed to diversity and inclusion. That's because these values have an impact on the mental well-being of employees, children, parents and survivors. And because we understand that a pro-active attitude in relation to inclusion - one in which everyone counts and has a voice - is essential. We see an increasing diversity among the children we treat, their parents and the employees.

Our healthcare providers generally have a background in the Netherlands, while the research department has great international appeal, with employees from many different countries. The term 'diversity' refers to the variety of experiences, values and visions arising from the interplay between factors such as ethnic background, biological sex, gender, sexual preference, age, disability and socio-economic status. 'Inclusion' is about how we deal with differences and whether there is room for difference within the organization. An inclusive working environment makes optimum use of varying talents, visions and capacities within our own organization.

That's how all employees can realize their full potential. This demands sensitivity to differences and also to what these differences mean to each of us individually.

Diversity is feasible only if we are inclusive at the same time. So it is not enough to aim to have a 'diverse' workforce; it is not a simple calculation or checklist. An inclusive organization is like an ecosystem in which everything is interconnected and constantly in motion. If it is to function properly, everything in this system is both essential and interdependent. Diversity policy must be more than just a colorful chart in the annual report. As far as the Máxima Center is concerned, it is a requirement for achieving the mission. In addition to an explicit diversity policy, this requires a fundamental approach, in which we are all prepared to look critically at ourselves, our (personal) leadership, and our systems and processes.

2.3

Data provision

Ambition

To optimally deploy data from all conceivable internal and external sources for diagnosis, evaluation of healthcare and for research, hence contributing to the continuous development of better treatment and treatment protocols, both for our patients and for children in other countries.

Introduction

The foundation for the developments in pediatric oncology envisaged with our strategy is formed by data in the field of diagnostics, treatment, side-effects and outcomes. And not least by the structured and secure way in which we store the accumulated data and make it available. Right from the start, the Princess Máxima Center has been working to create a solid basis for data provision and to define data, log it and make it available. The multi-year 'State-of-the-art data provision' program is at an advanced stage. It will continue to run until 2025, before it turns from gathering data to effective data usage in all parts of the Máxima Center. The support of our own Trial and Data Center and the IDT department, will allow us to facilitate many studies and implement new technologies. Over the next few years, this will form the basis for us to increase the benefit of our work at an international level in order to carry out research and bring about innovation.

Aims

We want to invest in better use of the available data and in the ability of our employees within healthcare and research to be able to interpret data, and to analyze it critically (data literacy). This demands a customized training program. By improving the professional use of data, we will not only become a data-driven organization, but a data-proficient organization, too.

We are investing in the structural organization of the availability and accessibility of data, while retaining data quality. In this vision, we have (and will retain) a set of basic items for each type of tumor, according to national and international standards, as well as preclinical, clinical and LATER (outpatient) healthcare. We record this data in a structured way in source systems. We want to give the items a low threshold and make them as intuitively configured and findable as possible for anyone who has access under prevailing regulations (international or otherwise).

We are taking the next step to an integrated infrastructure for data, with a central overview of data sources and an architecture that organizes data provision across healthcare, preclinical studies and clinical trials. This architecture is also suitable for sharing data with international partners. We will also help our international twinning-partners to set up similar structures and use them jointly. Throughout this process we will remain focused on the preconditions in relation to privacy and data security.

The Máxima Center wants to be an innovator in the field of applied natural language processing and AI in the interests of data provision. In that respect, we will be targeting further development and application of experiences from within and outside our center.

At the Utrecht Science Park, we are engaging in collaborative initiatives to boost storage capacity for the great quantities of data and the computing power required to process it. To do this, we are seeking partnerships with parties including the UMC Utrecht and the Hubrecht Institute. That increases our cost-efficiency, in combination with effective data management.

Preconditions

We will not be able to achieve our ambitions in healthcare and research without digitization and the use of high-quality clinical (and other) data. The ambitions linked to this in the field of data provision require that we invest in people and resources to a greater extent than centers such as ours are used to. In addition, these ambitions make great demands on employees in the field of digital skills and data literacy, for which our employees and leaders must also be able to make time and, indeed, willing to give their time. Collaboration with the Academy and other parties within and outside the Máxima Center is equally necessary.

Structural investment in people and resources is also necessary to make data more accessible in a smarter way, so that it can be used in our day-to-day healthcare and research activities. We will invest in both a multi-year program for data collection and access and in programs to make optimal data use possible.

> **‘At the annual Siblings’ Day I met other brothers and sisters. It was really great that we were able to share experiences with one another. For once, I felt like me, not ‘the brother of… ’**
>
> Mads, Eva’s brother

Topic 3

Collaboration

The Princess Máxima Center would not have been possible without the joint effort of a large number of collaboration partners. It started with the parents and professionals from the Dutch National Childhood Cancer Association and the Dutch Childhood Oncology Group (SKION) who took the initiative to establish a single pediatric oncology center in the Netherlands. In addition, all relevant people, organizations, competencies and expertise that were necessary for the realization of that plan were then combined. The successful financing of our ambitions – with contributions from, for example, KiKa, the Princess Máxima Center Foundation and health insurers – is a striking example of effective collaboration.

It is clear that we cannot perform pediatric oncological care and research in a small country like the Netherlands in isolation. Achieving the mission of the Máxima Center not only requires intensive domestic partnerships; strong international collaboration is essential to make progress together. In doing so, we feel it is our duty also to make a difference for children outside the Netherlands. By helping centers in other countries, the level of pediatric oncological care rises there. In addition, these partnerships stimulate innovation in pediatric oncology. After all, by referring patients from other centers who cannot be treated there for complex or innovative elements, we also accelerate the progress of our trials. Ultimately, children all over the world benefit from this, including our patients in the Netherlands.

The realization that alliances, coalitions, and partnerships are crucial for our functioning also gives direction to our strategy for the coming years. Focused on the spearheads in our strategy, we want to take new steps in harnessing the power of collaboration on a local, national and international level.

3.1

Local collaboration

Ambition

To strengthen reciprocity in the strategic relationship with partners at Utrecht Science Park – starting with UMC Utrecht/WKZ – in order to jointly exploit opportunities in healthcare, research and data management.

Introduction

The central location, the leading position in knowledge and facilities related to life sciences at the Utrecht Science Park, and especially the high-quality pediatric care at the UMC Utrecht/WKZ; these have been fundamental advantages in choosing the location for the Princess Máxima Center.

The added value of the strategic partnership with the UMC Utrecht/WKZ is mutually significant. During the treatment of our patients, we complement each other seamlessly in the area of supportive care. In the collaboration, we focus specifically on hormonal dysfunction, intensive care, stem cell transplantation, cardiomyopathy, fertility, chronic fatigue and second tumors. In addition, there are great opportunities for the development of oncological treatments for adolescents & young adults (AYAs). The partnership also provides an excellent basis for further synergy and innovations. This naturally applies in the field of care and research, but also with regard to collaboration in education and training.

Aims

In the coming period, within the partnership with the UMC Utrecht/WKZ, we will focus on the further development of a joint research program covering immunotherapy and precision medicine. In doing so, we utilize the existing expertise, the patient population, and the infrastructure at the Máxima Center and the UMC Utrecht/WKZ. We can also use the experience and facilities of organizations such as Utrecht University and the Hubrecht Institute, and of companies at Utrecht Science Park.

The continuing centralization of pediatrics in the Netherlands requires national alliances in which it is important that the Máxima Center and UMC Utrecht/WKZ act as partners. We aim to actively follow the developments and urgent themes in national pediatrics. In that way we can address the needs and opportunities for pediatrics in general – and those for pediatric oncology in particular – in the social and political debate.

Special attention must be paid to the treatment of long-term effects of treatment for survivors of childhood cancer. The Máxima Center LATER department is gaining more and more knowledge and experience in signaling and monitoring medical and psychosocial symptoms as a result of previous treatments. The optimal treatment of these symptoms requires (pediatric) medical expertise outside the Máxima Center, which is currently not adequately described and financed in almost all cases. We aim to improve this together with our partners at UMC Utrecht/WKZ and in the shared care centers (see target area 3.2).

Preconditions

In almost all domains of our strategy, there are interfaces and points of contact with UMC Utrecht and the WKZ. From the electronic patient file to the realization of immuno-oncology programs and associated cell therapy facilities. From the use of operating theaters and intensive care to the use of MRI and other forms of imaging. And from national political lobbying to keeping up with the latest developments at Utrecht Science Park. Based on intensive collaboration, it is necessary to make strategic choices in all these areas in the interest of patient care and accelerating our innovations.

> **‘However unpleasant the things that children experience in the Máxima Center often are, they don’t mind coming here. This has to do with a basic sense of: you are welcome and we’ll do it together.’**
> Wouter Kollen, pediatric oncologist

3.2

National collaboration

Ambition

To further expand the role of the Princess Máxima Center as the driving force behind a close national collaboration in respect of children with cancer; in care, research, and education. Centrally what needs to be done, locally what is possible and at home what is desired.

Introduction

Care for children with cancer, survivors, parents and families is only possible in intensive collaboration with the shared care centers (hospitals in the region). They guarantee the less complex pediatric oncological care close to home. This collaboration is well-structured and, moreover, extends beyond just care. We also strengthen each other in the field of training. The interaction between the Máxima Center as the director responsible for the treatment and the shared care stimulates mutual learning ability. By not only organizing care through the shared care centers but also more at home – around the family – we can focus on preventing problems in the long term. Examples include support in the field of exercise, nutrition and psychosocial support. In addition, this allows us to align more closely with collaboration partners such as schools and, for example, youth health care in the region. In short, tailor-made care requires networked care, together with all relevant partners surrounding the child and family.

Aims

In the coming years, we will enhance the positive experiences in shared care through more intensive collaboration with healthcare professionals in the immediate home environment of the child and family. Based on the guiding principle 'Care follows child' – demonstrably effective and of good quality – we aim to strengthen ties with relevant partners to deliver better care. We do this together with children and parents, the shared care centers, regional and local care providers and home care organizations. The level of care in the field of shared care and at home is tailored to the individual needs of the child and family. After all, there is a great deal of variation in this. We also involve our partners in adult care in the AYA network.

Together with the Dutch National Childhood Cancer Association and UMC Utrecht, we have taken the initiative to create KinderOncoNet, intended for multidisciplinary knowledge exchange and advice for first-, second- and third-line care. This initiative is a model for a course under the heading 'Together we are experts'. We will carry on this pathway. In the coming period, the Máxima Center will also strengthen the connection with the Dutch Pediatric Society with respect to the centralization of care and in the context of the Right Care in the Right Place. And we will deepen collaboration within the Medische Kindzorg SAMENWerking (MKS, 'Collaboration on Medical Care for Children') initiative. Building on the efforts of KinderOncoNet, we are exploring the creation of an innovative (digital) platform with training modules, training sessions, knowledge and data exchange, with the aim of maintaining a high level of recognition of symptoms of childhood cancer by pediatricians.

For care, we will continue to explore the possibilities for e-health applications, such as wearables for remotely measuring vital functions, working with technical universities. All this is intended to improve the support for home care and collaboration with shared care.

Preconditions

Much can still be gained for the Máxima Center in strengthening national collaboration. We will more often need to make clear how much we value the connection with other healthcare professionals as a vital component in optimizing care for the child and family.

We want to learn from others and find it important when professionals from other organizations temporarily come to work and learn with us . They contribute different insights and experiences, which are valuable for the professionals in the Máxima Center. After all, we form the care network around children and their family together. Moreover, such exchange and cross-sectoral careers offer both employees and organizations the opportunity to apply knowledge and experience across a broad field. And to retain employees for (pediatric) oncology.

The knowledge and standards of Quality of Life are an important guideline for the way in which we contribute to national collaboration. For the ambitions in the field of e-health, we naturally rely heavily on the expertise of our IDT colleagues within the Máxima Center.

> **‘We want a hospital where you don’t necessarily have to be preoccupied with being ill. A colorful, sustainable place with a lot of distractions.’**
> Floris, member of the Children’s Advisory Council

3.3

International collaboration

Ambition

To further strengthen our position as an internationally leading Comprehensive Childhood Cancer Center in research, care and education & training, in close collaboration with our international partners.

Introduction

The Princess Máxima Center seeks connections worldwide by generating and sharing knowledge and expertise through intensive collaboration, both in research, diagnostics and treatment. The number of foreign patients coming to the Máxima Center for specific treatments and for study-related care has steadily grown in recent years. Internationally, our Trial and Data Center is an important sponsor that collaborates with European and trans-Atlantic partners to make new therapies available for patients around the world. We have structural collaboration with KiTZ Heidelberg, especially for studies on solid and brain tumors. Recently, strategic collaborations have started with specific preferred centers in Eastern and Southern European countries, which can play a central role there in the care and research for children with cancer. In the context of Outreach, good progress has been made in Indonesia and a number of countries in Africa. Finally, as an internationally leading center with, among others, the St. Jude Children’s Research Hospital, we are jointly responsible for the WHO Global Initiative for Childhood Cancer.

Aims

In international collaboration, we distinguish three levels. This distinction is not intended to establish a hierarchical order, but to make clear the differences in approach to collaboration. First and foremost, it concerns very high-quality research collaboration with comparable leading centers worldwide. For example, in addition to the cooperation with KiTZ Heidelberg, we are striving for a similar partnership with an international partner in the field of hemato-oncology. In clinical research, we are focused on the development of immunotherapy and innovative diagnostics and therapy (see strategic theme Innovation). For this, we choose to work with a select number of partners. This could lead to the formation of a consortium with several leading European centers, which, depending on the specific field, can vary in terms of composition.

An important objective in international collaboration in clinical trials is to include a sufficient number of patients in a study as quickly as possible. This may also mean that children from abroad are treated at the Máxima Center. An example is CAR-T studies and other research into new immunotherapies. Only by including more children can we achieve scientific results within a manageable period of time. The accelerated execution of trials also benefits our patients in the Máxima Center, because we can apply positive results in their treatment. The platform for such clinical trials is already well-developed within the Trial and Data Center, but an increase in the number of trials will require further expansion.

In the coming period, we will also develop the second level of international collaboration. This involves strategic partnerships with specific centers, particularly in Eastern and Southern Europe and the Middle East, including Bratislava, Bucharest, Lviv, Athens and Amman. The partnerships at the second level aim to train professionals, improve molecular diagnostics, assist in setting up trial and data centers locally, and to conduct clinical and translational research in the respective centers. This increases the level of care in their country and enables these centers to make broad use of the knowledge and expertise they have acquired. Patients from the centers come to the Máxima Center for complex or innovative parts of the treatment that they cannot receive in their own country. Here, these children can then also participate in phase I/II studies. This ensures that innovations become available more quickly, both in the Netherlands and beyond.

The third level of international collaboration is with specific, less prosperous countries within the Outreach program. We aim to gradually expand the number of twinning programs, especially within countries where we already have partners: Kenya, Tanzania, Malawi and Indonesia. First and foremost, this collaboration benefits the children in these countries. In addition, the Outreach program is important for the reputation of the Máxima Center as a socially committed organization. After all: privilege entails responsibility. Training people in partner countries and generating relevant knowledge offers a lot of potential. And it is enormously motivating for our employees to participate in it.

Preconditions

In the context of the above-outlined goals, we aim to profile ourselves as an international ‘Translational Research and Teaching Hospital’, which may entail making more discerning choices when initiating or participating in clinical studies and partnerships. The focus on internationalization should, of course, never be at the expense of the care for Dutch children with cancer in the Máxima Center. The ‘teaching’ aspect requires a strong platform for international knowledge sharing.

The availability of an accessible data platform is a self-evident conditional ambition, which also requires attention in the longer term. All this requires an internationally effective Trial and Data

Center. In addition, an internationally accessible diagnostic platform is important.

The Máxima Center is increasingly evolving from a national to an international center, in line with the plan at its inception. This requires people, resources and organizational strength. The increasing internationalization can only succeed if we support our employees in their contribution to the growing international role of the Princess Máxima Center (including in their contact with patients from other countries).
The question is not whether we will do it, but how we will implement it as effectively and balanced as possible. Togetherness, mutual respect and mutual benefit are the key concepts, with an unfailing commitment to children with cancer, in the Netherlands and abroad.

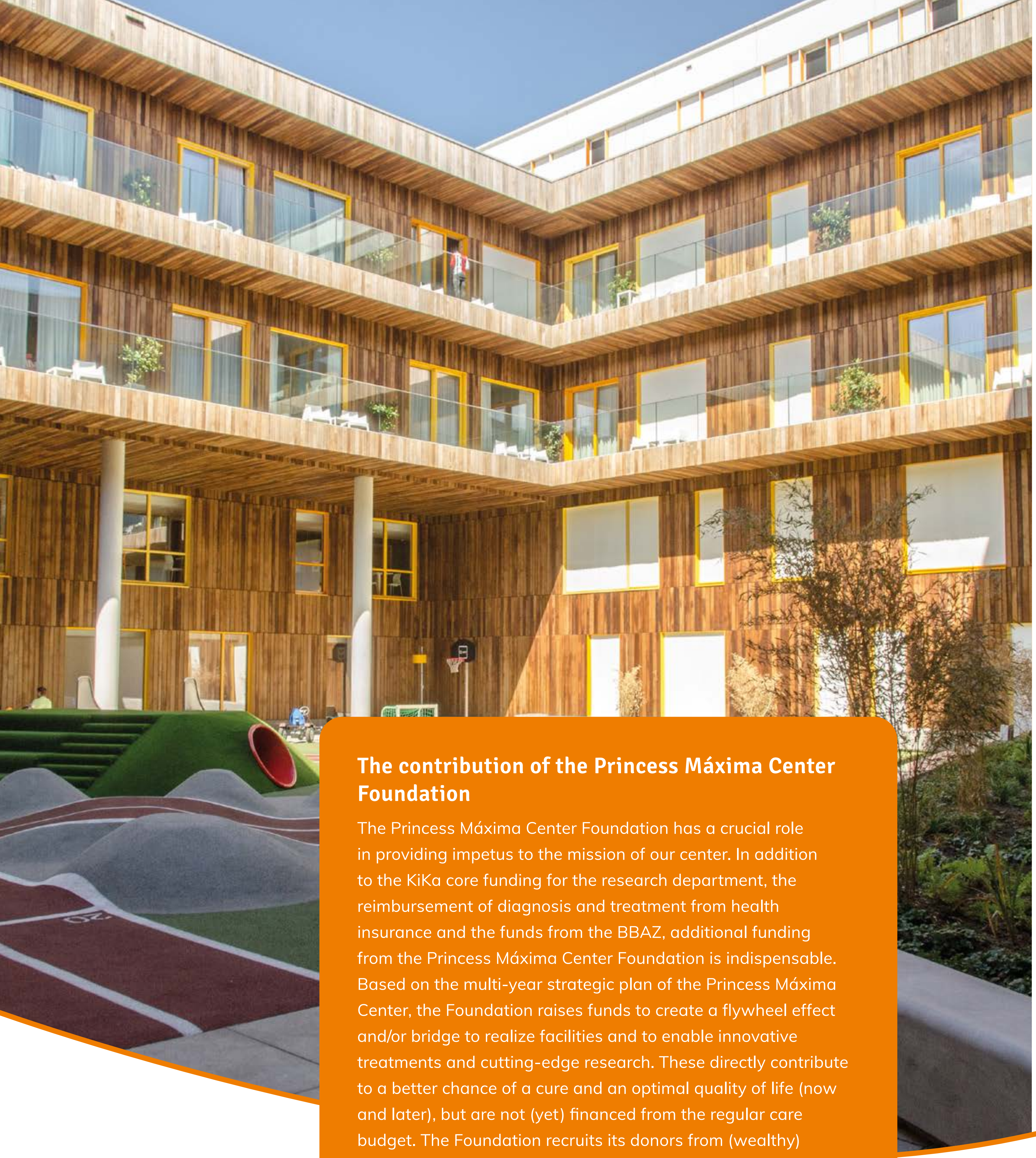
3

Finance and funding

Financial policy in 2024-2028

On the path to achieving its mission, the Princess Máxima Center has established a solid financial foundation for the future during recent years. After the first multi-year agreement with the health insurers ended in 2022, a new multi-year agreement was developed in close collaboration with them, with effect from 2023. This agreement has a balanced combination of indexations to limit external financial risks, plus an overall task to continue to work effectively and efficiently. This multi-year agreement gives the Máxima Center the confidence to continue working on achieving the mission.

In addition to this crucial agreement for the continuation of care for our patients, a new multi-year service agreement has been reached with UMC Utrecht. This supports the valued collaboration with clear financial agreements. In addition, there is the continuation of the long-term loans from BNG and Rabobank at favorable interest rates, the core funding from the Children Cancer-free Foundation (KiKa), and the specific grants for training and the development of care quality. All this is of great importance for the realization of our mission and the strategic goals elaborated in ‘Moving forward together’. In the meantime, the allocation from the National Growth Fund stimulates the acceleration of innovative research. Finally, as of 2023, the Academic Care Availability Contribution (BBAZ) has been extended and indexed indefinitely.



The contribution of the Princess Máxima Center Foundation

The Princess Máxima Center Foundation has a crucial role in providing impetus to the mission of our center. In addition to the KiKa core funding for the research department, the reimbursement of diagnosis and treatment from health insurance and the funds from the BBAZ, additional funding from the Princess Máxima Center Foundation is indispensable. Based on the multi-year strategic plan of the Princess Máxima Center, the Foundation raises funds to create a flywheel effect and/or bridge to realize facilities and to enable innovative treatments and cutting-edge research. These directly contribute to a better chance of a cure and an optimal quality of life (now and later), but are not (yet) financed from the regular care budget. The Foundation recruits its donors from (wealthy) individuals, companies, equity funds, foundations and (service) clubs. Associations and schools also fundraise via www.maximaalinactie.nl. Donations in kind are also possible. The Foundation is non-profit and has ANBI status.

The great ambitions of the Máxima Center for the coming years make it necessary to continue to strengthen the financial foundation and at the same time to respect the established frameworks. After all, our center must remain financially healthy. In the coming years, the financial result will develop to the level that suits the size of the center. With this policy, the Máxima Center is able to satisfy ratios such as solvency and the Debt Service Coverage Ratio (DSCR) both now and in the long term. This challenge requires us to spend the available resources well. An important opportunity is the appeal of the Máxima Center's mission for possible donors. A potential threat lies in the pace of growth of the activities. Can the organization remain (financially) 'in control'? Transparency and a lasting good relationship with health insurers, government organizations, banks and other funders (for example, of research grants) are indispensable.

A financially healthy Máxima Center is crucial for the success of the goals in the multi-year strategic plan over the period 2024-2028. The various standards of compliance and good governance in healthcare, research and at fundraising institutions place high demands on the financial function of the Princess Máxima Center. The resulting complexity requires highly qualified financial staff who see sufficient depth and detail and who can deal with complexity within the organization and its environment.

This chapter of 'Moving forward together' outlines the financial policies that support our strategy. The differentiation in specific activities and figures is part of the preparation of the multi-year budget and the annual plans. The preliminary estimates made during the development of our strategy show that we can address large parts of the plans within the framework of the current multi-year budget, but that a portion also requires additional income. Effective fundraising is therefore an important factor for the success of our multi-year strategy, in which it is necessary to present our results in an appealing manner.

> **'Parents and children experience more control when they are properly informed. We therefore remain committed to providing timely and accessible information and communication..'**
>
> Amanda de Ruwe, Communication director

Collaboration with KiKa

Without KiKa, the Princess Máxima Center would not be where it is today. The foundation provides the core funding for our research. This means that KiKa annually donates a structural contribution to our research organization. In addition, it finances various project studies, in which research proposals are weighed and assessed by an independent scientific committee. Both cash flows are expected to be continued in the coming years. The agreements between KiKa and the Máxima Center have been recorded in a collaboration agreement. As the Princess Máxima Center Foundation has defined its fundraising objective, this also applies to KiKa. The latter focuses specifically on (structural) support for research.

World Child Cancer NL

The aim of the World Child Cancer NL foundation is to support Outreach activities. The emphasis is on good diagnostics and treatment, and everything that can promote their quality. An important approach in this respect is through the so-called twinning programs between hospitals in richer countries and partner hospitals in low- and middle-income countries. The initiatives that the Princess Máxima Center is developing in this area are an important – albeit non-exclusive – goal for World Child Cancer NL. Fundraising focuses in particular on investment funds and foundations (both in the Netherlands and internationally), wealthy individuals (major donors), companies, and subsidies from (semi-)governmental organizations.

Epilogue

The Princess Máxima Center is much more than innovation in research, care and education; it is a unique and vibrant combination of forces around children with cancer, survivors and families. The vulnerability of a child with a life-threatening condition, and the distress of parents and fear of losing their child, are the intrinsic motivators of everyone who works in our center.

The next steps we want to take are elaborated in 'Moving forward together', our strategy for the period 2024-2028. In it, we have described the insights, principles and strategic topics that the Executive Board intends to use in the management and business operations of the Máxima Center in the coming years. Making progress in the realization of our mission naturally remains the overarching ambition.

This document is the result of an intensive process, in which the key players from our organization and the representative advisory bodies have been involved. For each strategic topic, working groups were established with broad representation of all disciplines from the organization. In consultation sessions, employees were able to provide input on the proposals from the working groups. A strategy session was also held with the Children's Advisory Council. In this way, we wanted to create the broadest possible support for our strategic choices.

In determining of the strategy for the period 2024-2028, the Princess Máxima Center has taken an important step towards a focus for the following period in our shared journey towards achieving our mission. Now that we have a picture of the 'why' and the 'what', the question of the 'how' arises: how can we ensure an effective and widely supported implementation of the strategy based on the choices made? We will work with all those involved to actually realize the strategy. And thus together ensure that every child with cancer can be cured, with optimal quality of life.

Utrecht, October 2023

Appendix 1

The organization of the Princess Máxima Center

The Princess Máxima Center offers an environment in which professionals can flourish, within dedicated teams that always want to give the best for children and families. People with ambition and the desire to constantly improve, feel at home here. Our culture does not originate from a set of 'rules of conduct', but ties in with an intrinsic motivation that we maintain and strengthen together. As an organization, we work on the basis of a strong social commitment, with an eye for sustainability. This means that we are constantly aware of our social position and take responsibility for all funds and resources that we acquire.

Structure of the organization

The Máxima Center is based on the interests of children with cancer, the survivors, the parents, siblings, wider family, friends, school and social contacts. In order to always be able to start from the child and its environment, the Máxima Center aims to be an agile and development-oriented organization with flexible control and minimal overhead. This requires an organizational design in which the problem-solving ability – employee competencies, responsibility, control and information provision – is as close to the child as possible. The organization's structure is based on co-creation and collaboration.

Governance and management model

The position of the Princess Máxima Center as a national care, research and training organization entails a social responsibility for the center and its stakeholders. Transparency and integrity are highly valued by the Máxima Center. This concerns a suitable form of organization for the position of the Máxima Center, transparency in structure, decision-making and actions, and professional and personal integrity. Arranging things properly on paper is not enough; it is also about everyone's own behavior. Certainly in a situation where there is a constant influx of new employees, it is a challenge to continue the dialog with all employees. In the coming years, the Máxima Center will also continue to pay constant attention to this, for example in the Check-In introduction program for new employees, in a management development program, and other activities focused on culture and behavior.

The governance model operates according to the Healthcare Governance Code and has three bodies:

1. The executive board is responsible for the strategy and integrated business operations.
2. The supervisory board monitors the policy of the executive board and assists them with advice and recommendations.
3. The General Meeting of Shareholders – being the Cooperative consisting of the Dutch Childhood Oncology Group (SKION), the Dutch National Childhood Cancer Association and UMC Utrecht as the holder of the priority share – monitors the mission.

Participation and advice

Participation is guaranteed through the input of the client council, the works council and the Children's Advisory Council, as well as through the medical advisory council and the nursing and paramedical advisory council. In the field of research, the Executive Board is advised by an independent international scientific advisory board. The Princess Máxima Center works together with SKION, which in its current form is an independent foundation that establishes and monitors national guidelines.

Appendix 2

Risk section

The main risks recognized by the Princess Máxima Center are as follows:

Reputation: in addition to public resources, the Princess Máxima Center is to a large (and increasing) extent dependent on private resources to achieve its mission. A prerequisite for this is an excellent reputation in the field of care, research and transparent business operations. Medical failure, accusations of plagiarism or negative statements by third parties pose a potential risk of damage to the Máxima Center. A 'good internal culture' in which transparency, care and openness are present is crucial here. It goes without saying that it is important to continue to develop and optimize our internal control systems and to maintain our good relationship with stakeholders.

Available qualified employees: our employees are our most important human capital. To achieve the mission, we need the best people with the right expertise for all parts of the organization. Work is constantly taking place to guarantee the required capacity for specialized roles (such as nurses and pharmacy assistants). As a result, all complex pediatric oncological care can take place in the Máxima Center. In the long term, we foresee that the tight conditions on the labor market will also affect us more than is currently the case. It is important to continue training people in order to keep offering that continuity in the future, partly because staff turnover is always an issue to a greater or lesser extent.

Culture and collaboration: our culture is evolving. That is typical for a young organization where many people have not been working together for a long time. We can still grow in this and gain in effectiveness. The focus is on raising awareness, (personal) leadership, and we are prioritizing diversity and inclusion (see also page 28).

Data leaks, privacy breaches and cybersecurity: the Máxima Center increasingly has its own ICT infrastructure. For patient files, we will continue to use UMC Utrecht's electronic patient files. The legal requirements regarding data leaks and privacy are explicitly part of the procedures that have been developed. Agreements have also been made with UMC Utrecht to guarantee the privacy component. In the field of cybersecurity, we work together with Z-CERT. In addition, the effect of (preventive) measures in the form of certification and audits is frequently tested and adjusted where necessary.

Availability and operation of ICT systems: for ICT systems (such as HiX), there is considerable dependence on UMC Utrecht. This is governed by means of a service agreement. Experience shows that not all functions in HiX are properly supported. A transition to 'HiX standard content' is planned for the coming period. This process will continue to call upon the implementation and adaptive capacity of both organizations.

Emergencies: due to greater uncertainties in the economic and (geo)political field, there is greater uncertainty about the likelihood of (external) emergencies occurring. For example in the area of energy and/or the stability of the food supply for patients. This requires further consideration and specific measures regarding crises and emergencies.

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