Canadian Cancer Clinical Trials Network

Annual Report 2015/16

From the Chair of the Scientific Advisory Board, Scientific Director and Executive Director

On behalf of the members, funders, collaborators and stakeholders of the Canadian Cancer Clinical Trials Network (3CTN), we proudly present the second 3CTN Annual Report.

This year 3CTN has made excellent progress in furthering the development of this complex pan-Canadian organization. Significant achievements include the expansion of the Network's membership, the improvement in trial recruitment, the implementation of a comprehensive network-wide communication strategy and the rollout of the clinical trials management system. There has been commitment from stakeholders, including the addition of sites and funders in Quebec and Newfoundland, as well as new sites in existing regions that were not able to join this initiative during the first year. We extend a warm welcome to these new Network sites and look forward to what the future has in store for our ever-strengthening Network.

As you read this report, please take a moment to celebrate all of 3CTN's achievements in "Year 2", as these improvements in the cancer research landscape will ultimately mean better treatment options for Canadian patients. 3CTN's stakeholders should be especially pleased with the strides that have been taken to increase Patient and Public Involvement (PPI) in Canadian cancer research and to increase communication and collaboration among Network sites. Moreover, we note with great satisfaction a reversal of the downward trend of patient accrual to Canadian academic clinical trials.

During 3CTN's planned 18 month review, the Scientific Advisory Board (SAB) members acknowledged that the 3CTN Coordinating Centre and all Network stakeholders should be congratulated for 3CTN's inclusive pan-Canadian approach, hard work and achievements to date. As we complete our second year of operation we recognize that these achievements were made possible by the dedicated Canadian patients, Canada's world-class cancer research community, and a strong commitment from 3CTN's members and stakeholders.

Karen Arts, Executive Director,
Janet Dancey, Scientific Director,
Peter Selby, SAB Chair

Connecting cancer research centres for the benefit of Canada's cancer patients

Improving collaboration and communication between Canada's cancer centres is essential for the Canadian Cancer Clinical Trials Network (3CTN) to achieve its mission. Facilitating connections between the sites means challenges to initiating and conducting trials can be effectively addressed, trials can be run more efficiently and sites can direct their activities to increasing their capacity to conduct more academic cancer clinical trials. In 3CTN's first year, activities focused on creating the right environment to foster teamwork and regular communication. As the second year comes to a close the Network is growing and flourishing from the strong foundation created during our first year.

One important advancement for 3CTN this year was the formal addition of the Province of Quebec and its 14 cancer centres. "It is essential that we take part in this initiative, as Quebec's hospitals and research centres will undoubtedly benefit from the power of the resources, tools, training and promotional material provided by 3CTN," commented Mélanie Leblanc, Project Manager at the Quebec – Clinical Research Organization in Cancer (Q-CROC). In addition, New Brunswick, British Columbia, and Ontario added Network Affiliated Cancer Centres (NACCs). The Network grew by 25 sites this year, resulting in a bigger and stronger network, representing more opportunities for all sites to collaborate.

As the second year comes to a close, it is promising to see the Network growing and flourishing from that strong foundation

3CTN has also seen solidification of the connections between the existing Network sites. An example of exceptional teamwork is the newly founded 3CTN Project Manager's (PM) Network, established by Deanna Foukal of the BC Cancer Agency (BCCA). "As the landscape of clinical research evolves, having a network of individuals to connect and brainstorm solutions, means we can identify and respond to change more rapidly," says Foukal. The PM Network was set up in early 2015 with only a handful of sites involved and has now grown to include 15 sites requiring project management support and collaboration. When commenting on the strength of a group like this Foukal says, "I like to know there is expertise for me to call on when I encounter challenges and 3CTN gives us all some common ground."

While creating connections between Canada's cancer research organizations is important, 3CTN must also foster new ways to engage and collaborate with cancer patients. Patient and Public Involvement (PPI) is a key component of 3CTN as involving patients in the planning and conduct of research has been shown to improve the quality and efficiency of healthcare research. There have been exciting developments in PPI for 3CTN this year, including the addition of Lay Representatives on governance committees. Gretta Hutton joined the Ontario Leadership Council and remarked, "I feel so lucky to have been involved in a clinical trial myself. Now I am excited to give back and hopefully make it easier for new patients to participate." (For more information on 3CTN PPI see page 6)

The stories in this report highlight some of the important new work undertaken across the Network in its second year. Across Canada, research staff, healthcare workers and patients are coming together to make real improvements in academic clinical trials. 3CTN is proud to lead this change and to see the impact of its efforts nationwide.

Deanna Foukal
BC Cancer Agency

Mélanie LeBlanc
Quebec – Clinical Research Organization in Cancer

Gretta Hutton
Lay Representative

Monitoring the "big picture" of academic Canadian cancer trials

Academic clinical trials require coordination and cooperation. The more clinicians and research site staff are able to work together to ensure trials are conducted efficiently and that recruitment targets are met, the greater the benefit for patients. In 2013, 3CTN created a portfolio of clinical trials to help bring a "big picture" approach to the academic cancer trials and help foster communication and collaboration between sites, clinicians and patients. The Portfolio is a centralized, web-based listing of Canadian cancer trials eligible for 3CTN support, selected because they reflect high-quality scientific research and answer questions of importance to Canadian clinicians and cancer patients. The 3CTN Coordinating Centre facilitates the daily operations of the Portfolio, and the Portfolio Committee (PC) conducts ongoing scientific oversight. Not every Canadian cancer trial is eligible to enter the Portfolio: it must first meet rigorous entrance criteria.

Portfolio Criteria

- Interventional oncology trial
- Academically-sponsored
- Multi-centre
- Independently funded
- Peer Reviewed

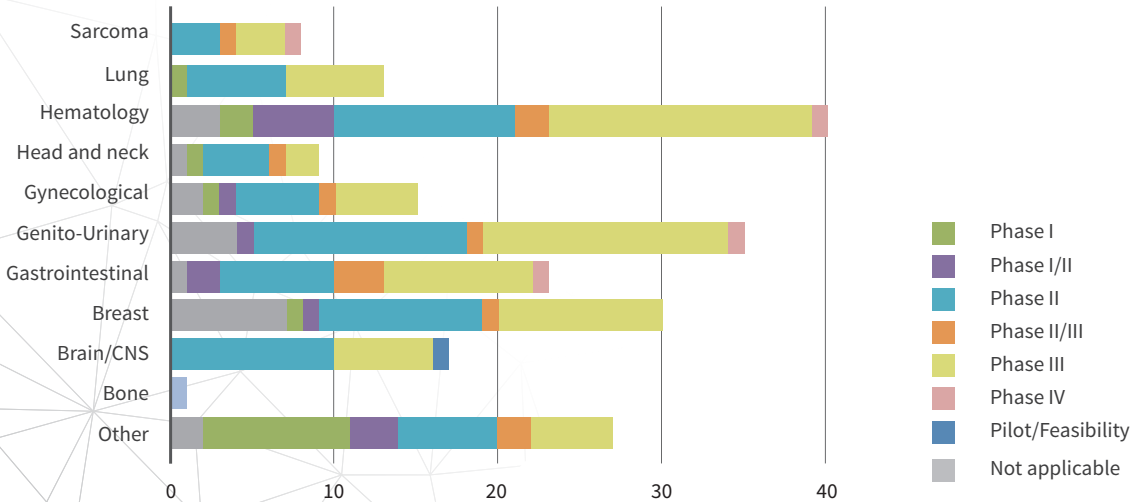
The 3CTN Portfolio provides the means to track the academic clinical trial activity in Canada and communicate trial opportunities across the Network with the aim to increase patient recruitment. By accessing the Portfolio, clinicians can find nearby trials for patients and clinicians running multi-centre trials can monitor trial progress. To aid communication, the 3CTN Coordinating Centre launched initiatives this year, such as the "Feature Trial" section in the monthly newsletter and a "New Trial Announcement" email blast for sites. These regular updates provide increased awareness of additional trials that may be available for sites to open. Because the Portfolio is web-based and open, it also provides patients and families with access to a listing of academically-sponsored cancer trials underway in Canada.

Dr. Joe Pater, Chair of the PC, says the Portfolio represents an important step forward for the broader Canadian cancer research community because it offers patients and investigators the opportunity to better visualize the Canadian academic cancer trials landscape. It also allows researchers to monitor the progress of clinical trials in Canada more broadly. "The fact that we can study this database of trials to assess levels of activity in certain cancer types makes it possible to monitor an important segment of clinical research in Canada," said Pater.

The transparent eligibility criteria and the PC's rigorous review of the Portfolio trials are what differentiate the 3CTN Portfolio from other web-based trial repositories that simply provide a listing of all trials. However, the Portfolio selection criteria have proven to be a greater challenge than initially expected. "A major challenge this year has been dealing with the unexpected diversity in trial designs that required us to carefully think through what kinds of trials truly support 3CTN's mandate," said Pater. "The willingness of the PC members to commit their time to considering these issues was integral to overcoming this challenge."

This year 3CTN also made great strides in solidifying and improving the processes that are in place to maintain the Portfolio and found new ways to consult with the PC on a regular basis to help them with their scientific oversight. "I hope we will be able to continually refine the process for adding trials to the Portfolio in a way that makes it both simpler and more transparent," Pater says. Doing so will help sites stay in touch and help connect more patients with the right clinical trial.

Breakdown of Portfolio trials for 2015-16



Facilitating Canada's strategy for new clinical trial development

In May 2015, 3CTN launched two pilot cancer-specific Clinical Trial Strategy Groups (CTSGs) to provide a new venue for leaders in clinical trial development to review the Canadian academic trial landscape and identify key priorities for new trials. One group is focused on genitourinary (GU) cancers, which includes prevalent cancer types like prostate, bladder and kidney cancers, while the other is focused on melanoma, a rarer form of the disease.

The CTSGs are based on a model that has already proven successful in other jurisdictions. The National Cancer Institute's Therapeutic Disease-Specific Steering Committees (U.S.) and the National Cancer Research Institute's Clinical Study Groups (U.K.) are recognized as significant factors in the success of those countries' clinical trial networks. Modelled after these similar groups, the 3CTN CTSGs are charged with identifying research gaps, proposing trial ideas to fill these gaps and prioritizing the research ideas within the disease type. Based on this mandate, the CTSGs will help to ensure there is a strategic approach to using the limited resources and research funding for new trials of importance to Canadian investigators and patients.

The early CTSG meetings for both groups focused on establishing the membership to ensure the appropriate individuals were included to facilitate strategy discussions. Dr. Kim Chi, Chair of the GU CTSG, points out that, "a challenge early in the formation of the GU CTSG was ensuring the participation of key players across the wide field of GU cancers." In the context of setting up the Melanoma CTSG, the chair, Dr. Frances Wright, commented, "It is helpful for researchers in a rarer cancer to have this sort of support to help create connections and facilitate collaborations.".

Supported by the 3CTN Coordinating Centre, both CTSGs have now established the membership, selected the chairs, and optimized their approaches to incorporating 3CTN Portfolio-related data into their work to best identify research gaps and priorities.

> **CTSGs will help to ensure there is a strategic approach to using the limited resources and research funding for new trials**

Dr. Wright also stated that a priority for the CTSGs in the coming months will be to define a clear pathway from an idea to getting a trial up and running. With that goal in mind, 3CTN will work to increase awareness of the CTSGs and research community buy-in for how these two groups can help streamline Canadian trial development strategy.

Dr. Frances Wright
Affiliate Scientist,
Sunnybrook Health Sciences Centre

Dr. Kim Chi
Associate Director, Clinical Research,
Vancouver Prostate Centre

THE PATIENT VOICE

As a member of the GU CTSG I am able to gain a sense of all the GU cancer research activity across Canada. I truly believe the academic research focus of the CTSG is important as such research questions may never garner industry interest, yet are still vital questions to answer for the benefit of Canadian cancer patients. Further to this, being a representative from a province not heavily involved in GU research, I can provide a slightly different perspective and this serves to remind the investigators that patients in all provinces and territories, including patients in rural Canada, have a vested interest in the results of their work and hopefully can be accommodated if they have an interest in participating in clinical trials.

Brian Rossnagel, GU CTSG Lay Representative

Including the patient's voice in Canadian cancer research

Patients' opinions and participation are essential to the effective and timely completion of cancer clinical trials but are far too often underrepresented in research planning and implementation discussions. Since its inception, one of 3CTN's most important goals has been to ensure that patients are involved in all aspects of the Network. Including the patient or caregiver perspective in the agenda-setting, planning, and conduct of healthcare research, often referred to as "Patient and Public Involvement" (PPI), has been shown to improve both the quality of research and the timeliness of accrual to clinical trials. For this reason, 3CTN is working to include PPI in all levels of the Network, starting from the Coordinating Centre right down to the smallest cancer centres in Canada.

The 3CTN Coordinating Centre hosts the Lay Representative Advisory Committee (LRAC), which is comprised of cancer survivors and family members with clinical trial experience. This group has been instrumental in developing the 3CTN PPI priorities including educating the Network sites about PPI. During the first year, 3CTN activities focused on ensuring all the central PPI roles were in place and actively contributing to important decisions that affected the Network. In Year 2 the emphasis has been ensuring that site staff are educated on the potential positive impacts of PPI on local clinical trial activities. A major achievement this year was publishing the 3CTN Guide to PPI, a 'one stop shop' for everything related to PPI in the Network. Features of the Guide include introductory information about the concept and benefits of PPI for site staff, a "World of Clinical Trials" primer for all Lay Representatives joining the Network, and "PPI in Action" examples for all readers to gain an understanding of the many ways PPI can assist with healthcare research.

Patient and Public Involvement, has been shown to improve both the quality of research and the timeliness of accrual to clinical trials

In concert with the LRAC's efforts to raise awareness about the importance of PPI, the NRCCs have also made strides with regional PPI by including Lay Representative roles on a number of governance committees. In Atlantic Canada, Erwin Wanderer has joined the Atlantic NRCC Steering Committee to provide the patient perspective in essential governance discussions for the region. "It is important there is a cooperative way for the sites in Atlantic Canada to work together to advance academic trials and ultimately improve cancer care," Wanderer remarked. He also believes that by providing the patient's voice in these discussions, he enables more patients to participate in research which, in turn, ensures even more evidence-based treatment options will be available for Canadian patients in the future.

Key 2015/16 LRAC Activities:

- Publication of the 3CTN Guide to PPI;
- Creation and curation of 3CTN PPI website;
- Creation of two "PPI Toolkits" for site staff and new lay representatives;
- PPI Feature in monthly network newsletter for sites.

With the 3CTN Coordinating Centre, the LRAC and the NRCCs leading the way, the inclusion of PPI in Canadian cancer centres is well underway. Supporting and enabling all Network sites to continue this nation-wide PPI engagement is a vital way for 3CTN to ensure a more successful and productive academic clinical trial landscape in Canada.

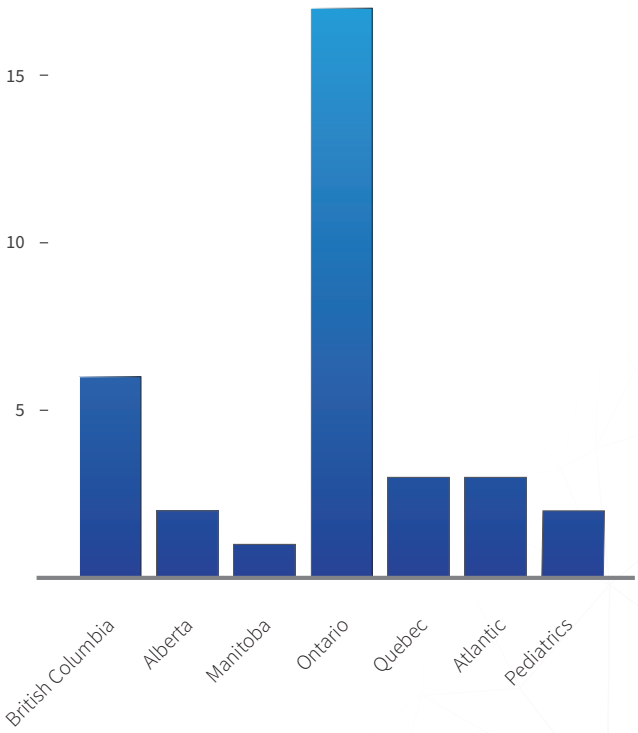
Erwin Wanderer
Lay Representative
Atlantic NRCC Steering Committee

Enhancing the management of Canadian clinical trials

A major challenge for clinical trial teams is efficient project and data management across all trials conducted at a given site. Tracking the financial, timeline and overall clinical trial department performance assists with personnel and resource planning as well as finance management, yet many Canadian research sites lack the ability to do this effectively. Improving project and data management is an important part of the 3CTN business plan and 3CTN is committed to helping sites acquire this ability through the use of a cutting-edge cloud-based, research management system, known as EDGE.

edge
INTELLIGENT RESEARCH MANAGEMENT™

EDGE Implementation: number of sites by region



The EDGE system was developed in the U.K. by the University of Southampton and University Hospitals Southampton Trust in 2001 and first used to help U.K. research sites enhance their research team's performance, and decrease administrative burden associated with clinical trials. Based on the positive impact in the U.K., 3CTN aims to offer the EDGE across Canada, so that Canadian research sites can benefit in the same way.

While the focus of Year 1 activities was to set up EDGE centrally, this year has seen great progress in implementation of the software locally at network sites. EDGE adoption is supported by 3CTN-funded "EDGE super users" throughout the Network to assist with implementation and to ensure sites use EDGE effectively. BC Cancer Agency's (BCCA) Korin Yunker is one such super user and is excited about EDGE's ability to connect all six of B.C.'s regional cancer centres to improve collaboration and efficiency. "Ultimately, I would like EDGE to be used to track all of BCCA's studies, including using the automated functions like creating a patient's research visit schedules and helping track trial finances," she said. Korin also feels that her role is instrumental in the 3CTN initiative as the super users are responsible for working in collaboration with the Coordinating Centre to determine how EDGE can best be used to benefit all sites across Canada.

3CTN will continue to support EDGE adoption in as many Network sites as possible. The work completed this year, including the placement of the EDGE super users, represents significant progress towards that goal. The Canadian cancer clinical trial infrastructure will be greatly improved by the implementation of EDGE, which will result in more efficient clinical trial teams all across the Network.

Korin Yunker
BC Cancer Agency

Reversing the downward trend in academic clinical trial patient accrual

> 3CTN was created in response to a 2011 report from the Canadian Cancer Research Alliance (CCRA) that demonstrated academic clinical trials were under threat, and Canada's reputation as a world leader in cancer clinical trials was declining. A key recommendation in the report was that Canada should establish a pan-Canadian funding and infrastructure network that could support the conduct of academic clinical trials. 3CTN was created from this recommendation and has been working to enhance the Canadian cancer research landscape ever since.

One crucial way 3CTN is influencing Canadian academic cancer clinical trials is by supporting measures to increase patient recruitment to Portfolio trials (for more information about the 3CTN Portfolio, see page 4). Timely patient recruitment to active clinical trials ensures that the data can be analyzed and future cancer patients benefit from the research.

3CTN is supporting sites to increase their patient recruitment in a number of ways. One major initiative launched this year is the "Ask Me" clinical trial awareness campaign. A central feature of the campaign is to prompt patients to ask about clinical trials via "Ask Me" buttons that healthcare and research staff wear. This invites any patients, care-givers, or family members to engage their local healthcare team in a conversation about clinical trials, and that helps educate patients and the public about clinical trials. Other aspects of the campaign include links to websites with educational materials about clinical trials for the public, awareness posters for the cancer centres, as well as information cards and brochures for patients. The aim of this campaign is to have more patients engaging in a conversation with their healthcare teams about trials and finding out if a clinical trial is a good treatment option for them.

In addition to raising public and patient awareness of trials, 3CTN is also actively assisting Network sites with the identification and implementation of recruitment tools and best practices. Periodic discussion forums were held throughout the year to assess what challenges the sites are having with recruitment, and ways 3CTN can facilitate collaboration and communication to overcome these barriers. The "Recruitment Best Practices Inventory", compiled and published by the 3CTN Performance Strategy Team, is a central repository of tools and strategies for site staff to access the latest best practices to enhance patient recruitment.

At the time of 3CTN's launch in 2013, annual patient recruitment to academic trials was declining. However, this year, 3CTN has demonstrated a reversal of that downward trend. Although a more modest increase than the aspirational 25 per cent target for Year 2 was seen, showing an overall increase in patient recruitment is promising and another example of how 3CTN is working to improve the Canadian cancer clinical trial landscape.

THE PATIENT VOICE

The "Ask Me" campaign is a great tool for sites as it is aimed at helping make knowledge of clinical trials more transparent and accessible to all patients with cancer. Based on my own positive experience with a clinical trial, increasing the number of times a trial is discussed as an upfront option for patients is very important to me, as I want to make it easier for patients to participate. I want to help with the campaign by wearing an "Ask Me" button because, as a trial patient myself, I am helping put a human face on research.
Gretta Hutton, Lay Representative for 3CTN's Ontario Leadership Council

Recruitment to 3CTN Portfolio trials (Year 2)

Network Site	**Baseline	°Year 2 Site Target	Y2 Total	% of baseline	% of Site Target
London Regional Cancer Program	186	233	164	88	71
Grand River Regional Cancer Centre	20	25	13	65	52
Windsor Regional Hospital	14	18	17	121	97
Juravinski Cancer Centre	181	208	231	128	111
Niagara Health System	17	20	22	129	113
Cambridge Memorial Hospital	11	13	2	18	16
St.Joseph Healthcare Hamilton*	6	6	25	417	417
Sunnybrook Research Institute	141	169	230	163	136
North York General Hospital	0	1	4	NA	400
Toronto East General Hospital	2	2	2	100	83
Humber River Hospital	0	1	2	NA	200
Princess Margaret Cancer Centre	396	495	363	92	73
Northeast Cancer Centre - Health Sciences North	24	30	17	71	57
Trillium Health Partners	27	34	5	19	15
Thunder Bay Regional Health Sciences Centre	26	33	3	12	9
Southlake Regional Health Centre	10	13	15	150	120
Royal Victoria Hospital	8	10	18	225	180
St. Michael's Hospital	19	25	0	0	0
William Osler Health System	1	3	0	0	0
Markham Stouffville Hospital	0	1	0	NA	0
Mount Sinai Hospital*	11	11	12	109	109
The Ottawa Hospital	132	165	240	182	145
Kingston General Hospital	41	51	58	141	113
Lakeridge Health	22	28	26	118	95
CancerCare Manitoba	99	119	72	73	61
Saint John Regional Hospital	37	44	16	43	36
Dr. Everett Chalmers Hospital	1	1	0	0	0
The Moncton Hospital****	-	-	-	-	-
Dr. Léon-Richard Oncology Centre	9	10	4	44	40
Nova Scotia Health Authority	39	47	24	62	51
Cape Breton Cancer Centre*****	-	-	-	-	-
PEI Cancer Treatment Centre	8	10	8	100	83
Nova Scotia Health Authority, Hematology	7	8	25	357	298
Vancouver Centre	106	122	109	103	89
Abbotsford Centre	16	18	28	175	152
Centre for the North	1	2	5	500	250
Sindi Ahluwalia Hawkins Centre for the Southern Interior	38	44	38	100	87
Vancouver Island Centre	26	30	42	162	140
McGill University Health Centre***	-	-	-		-
CIUSSS de l'Ouest-de-l'Île-de-Montréal*	-	-	-		-
CIUSSS du Centre-Ouest-de-l'Île-de-Montréal*	44	44	61	139	139
CISSS de l'Outaouais*	2	2	0	0	0
CHU de Québec – Université Laval*	90	90	10	11	11
CISSS du Bas-Saint-Laurent*	2	2	0	0	0
Institut universitaire de cardiologie et de pneumologie de Québec***	-	-	-	-	-
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke *	23	23	16	70	70
CISSS de Chaudière-Appalaches***	-	-	-	-	-
Centre Hospitalier de l'Université de Montréal*	77	77	57	74	74
CIUSSS de la Mauricie-et-du-Centre-du-Québec*	4	4	1	25	25
CISSS de Laval*	2	2	3	150	150
CIUSSS du Nord-de-l'Île-de-Montréal*	2	2	0	0	0
CIUSSS de l'Est-de-l'Île-de-Montréal*	30	30	11	37	37
Tom Baker Cancer Centre	76	95	138	182	145
Cross Cancer Institute	102	128	111	109	87
C17 (national pediatric total)	368	442	358	97	81
The Hospital for Sick Children	109	131	109	100	83
CHU Sainte-Justine	42	50	26	62	52
BC Children's Hospital	36	43	46	128	107
Montreal Children's Hospital	24	29	23	96	79
Alberta Children's Hospital	22	26	21	95	81
McMaster/Hamilton Health Sciences Centre	14	17	20	143	118
Children's Hospital of Eastern Ontario	20	24	18	90	75
Children's Hospital, London Health Sciences Centre	12	14	15	125	107
Stollery Children's Hospital	11	13	10	91	77
IWK Health Centre	20	24	20	100	83
CHU de Quebec	17	20	14	82	70
CancerCare Manitoba	18	22	20	111	91
Saskatoon Cancer Centre	6	7	6	100	86
Janeway Child Health Centre	4	5	3	75	60
Kingston General Hospital	9	11	7	78	64
Allan Blair Cancer Centre	4	5	0	0	0
CHU de Sherbrooke	0	1	0	NA	0
Total (N=65 all reporting sites only)	**2504**	**2988**	**2606**	**104**	**87**
Adult Patients (N=48) Total	**2136**	**2546**	**2248**	**105**	**88**
Ped sites (N=17) total	**368**	**442**	**358**	**97**	**81**
Total # of sites met baseline or target				**32**	**21**

Notes:

* Did not receice a full year of reports. Baseline and target numbers are prorated.

**The baseline is the average number of patients recruited to the 3CTN Portfolio from 2011-2013

*** No reports available

****Future potential NACC

° Year 2 overall target is 25% over the baseline, except where sites negotiated alternate contract terms.

3CTN Coordinating Centre achievements

The Coordinating Centre (CC) acts as the coordination and communication hub for Network sites and stakeholders, including Network Regional Cancer Centres (NRCCs), Network Cancer Centres (NCCs) and Network Affiliated Cancer Centres (NACCs). The CC provides management and administrative oversight, monitors and compiles key Network performance data and activities and reports on national progress to 3CTN members, funders and other stakeholders. This year's priorities focused on building on the strong Network foundation developed in Year 1 of the initiative. Below are important activities within key performance categories.

Network governance and sustainability

- Established contractual agreements with five new funding partners and/or collaborators including, the Quebec – Clinical Research Organization in Cancer (QCROC), the Fonds de recherche du Québec – Santé (FRQS), the Direction québécoise du cancer (DQC), Jazz Pharmaceuticals and Janssen Canada;
- Facilitated the Scientific Advisory Board's 18 month (April 2014 – Sep 2015) program evaluation of 3CTN activities. This culminated in a meeting in March 2016 to provide insight and recommendations to the CC for improvement in the Network's performance.

Network implementation

- Twenty-five new Network sites were added across three provinces, which included: one NRCC, three NCCs, 21 NACCs.

Network performance

Activities to increase patient recruitment to academic trials, including:

- Performance Strategy Team published the 3CTN Recruitment Best Practices Inventory for Network sites;
- Recruitment Workshop held in March 2016 to support sites' understanding and implementation of recruitment best practices;
- Launch of the "Ask Me" clinical trial education and awareness campaign;
- Established a regular Recruitment Discussion Forum for Network sites.

Increased the uptake of EDGE clinical trials management system (CTMS) with 11 Network sites executing agreements to implement EDGE and the following implementation support activities:

- Site roll out package and training program created;
- EDGE-super users in British Columbia (one), Ontario (one) and Quebec (one) have been hired and trained to provide site support.

Operational support of Portfolio and creation of four key operational processes to conduct ongoing new trial application assessment in concert with the Portfolio Committee;

Collaborations to improve the Canadian cancer research environment:

- Collaboration with Jazz Pharmaceuticals to develop and conduct an adolescent and young adult clinical trial in Acute Lymphocytic Leukemia;
- Facilitation of a request for applications top conduct a prostate cancer clinical trial with a $500,000 grant from Janssen Canada, awarded to Dr. Kim Chi, BC Cancer Agency;
- Collaboration with the Canadian Tissue Repository Network (CTRNet) to launch a biobanking education program for Network sites, which will increase access to high-quality biospecimens, through standardization of biobanking processes.

Network communication

Execution of a comprehensive Network communication strategy including:

- Regular 3CTN website updates;
- Monthly e-newsletter distributed to more than 400 stakeholders;
- Quarterly conference call for site managers, which includes an opportunity for regional updates addressing local challenges.

Second Annual Stakeholders' Meeting held in November 2015 with more than 50 stakeholders from across Canada in attendance.

Network research

- In collaboration with the Canadian Centre for Applied Research in Cancer Control (ARCC), the first of two research projects was launched to help inform 3CTN regarding steps to take to improve the academic trial environment in Canada. This first project is a rapid review of the literature on the cost and benefit of clinical trials and a clinical trial network. Results are to be published later in 2016;
- Supported the formation and operation of two Clinical Trial Study Groups (melanoma and genitourinary), which are now operational and have identified a list of key research priorities in their respective disease areas.

Patient and public involvement

- Ongoing consultation and collaboration with the Lay Representative Advisory Committee (LRAC) to ensure the incorporation of PPI across the Network;
- Published the 3CTN Guide to PPI for site staff and Lay Representatives;
- Published the Framework of Community Representation on Health Research Committees.

3CTN regional achievements

3CTN's structure promotes the optimization of trial activities that address issues arising within regions that share provincial health care and cancer care delivery systems. Sites across the Network continued to build upon the strong foundation laid in the first year of 3CTN. With assistance and support from the Coordinating Centre, the regions established additional Network sites, worked on streamlining operational processes, started important patient recruitment activities and began implementing PPI in various levels of the Network. The following are highlights of the work completed this year in each region.

British Columbia

- Established and set up five regional 3CTN sites (one NCC and four NACCs) and hired staff to assist with 3CTN-related activities;
- Performed site visits to introduce 3CTN and share related information;
- Hosted a provincial planning retreat to identify key priorities and develop a 3CTN work plan;
- Provincial Clinical Trials Advisory Committee provided oversight and strategic advice for 3CTN-related activities;
- Included two Lay Representatives to ensure PPI representation for the region;
- Developed and implemented a comprehensive communications strategy plan, which includes:
  - **Collaboration with BC Cancer Foundation and BC Cancer Agency;**
  - Communications to raise patient and public awareness of trials;
  - Collaborated with the 3CTN Coordinating Centre on development of the Ask-Me Campaign;
  - Quarterly internal communique to share information across centres;
- Initiated EDGE implementation with one site live and hiring of the BC EDGE Super User;
- Initiated quarterly dashboard report to track site performance;
- Centralized research operations support to streamline trial activation and financial functions.

Alberta

- Established and set up two NCCs, including hiring and training staff for 3CTN tasks;
- Performed a business analysis to evaluate the future incorporation of regional NACCs;
- Implemented regional communication activities, which include:
  - Regular updates to Alberta Cancer Clinical Trials (ACCT) website;
  - Quarterly report to stakeholders;
  - Established a communications/operations committee and held regular meetings.
- PPI activities to enhance patient awareness of clinical trials by getting feedback from the provincial Patient and Family Advisory Committee on:
  - ACCT website;
  - Development of patient education material that is used in the NCCs.
- EDGE kick-off activities for provincial rollout of CTMS software.

Atlantic Canada

- Increased the number of regional sites (one NCC and one NACC) and placed staff to assist with 3CTN activities;
- Finalized NRCC Steering Committee terms of reference;
- Steering Committee includes one Lay Representative to ensure representation of the patient voice in regional governance;
- Initiated the streamlining of regional REB processes by starting a multi-provincial REB system for Atlantic Canada and completed the first joint NCC-NACC REB submission;
- Held the first annual Atlantic Canada meeting in October 2015 with NCCs and NACC in attendance.

Manitoba

- Created and filled a new staff role (Recruitment Specialist) dedicated to assisting with recruitment strategies, including educational posters and pamphlets aimed at increasing visibility of trials;
- Established the framework for a Clinical Trials Focus Group that will engage patients and the public in addressing barriers to clinical trial participation and promoting clinical trials as a treatment option. The group, led by the Recruitment Specialist, will have its initial meeting in the fall of 2016.

Ontario

- Established an additional 13 NACCs including hiring staff where required;
- Identified key Ontario-specific initiatives to be implemented;
- Execution of communications strategy, including:
  - NRCC quarterly meetings and newsletters;
  - Updates to the 3CTN regional website;
  - Monthly NCC/NACC node meetings;
  - A face-to-face Ontario Leadership Council meeting;
  - Annual face-to-face NCC/NACC meeting;
  - Presentation on 3CTN activities at research meetings and/or disease site meetings.
- Ontario EDGE Super-user was hired and trained, and seven sites have started EDGE implementation;
- Regional promotion of 3CTN Portfolio and tracking of patient recruitment, including:
  - NCC newsletters from some sites;
  - Development of local website at some NCCs;
  - Information sheets and activity dashboards for site staff;
  - Monthly reviews of trial and accrual activity to determine gaps and trial feasibility.
- PPI roles and activities were initiated by all regional NCCs to help with:
  - Website and other communication tool development;
  - Recruitment troubleshooting and planning;
  - Provision of patient feedback to the clinical trial departments.

Quebec

- Formally established the NRCC and hired a Project Leader to support regional 3CTN activities;
- Established 14 regional Network sites and finalized the new business model for Quebec in concert with the NCC leaders;
- Held a kick-off meeting and initiated regular regional teleconferences with NCCs and NACCs.

C17

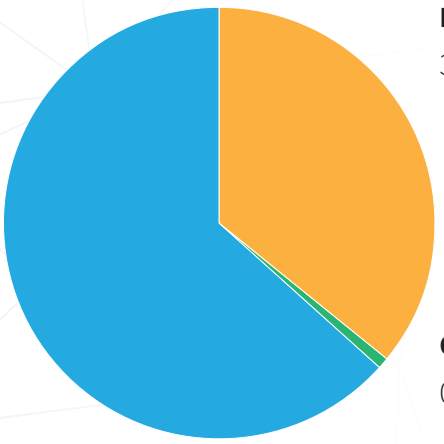
- Supported NRCC staff and the NRCC leadership participated in pediatric research meetings
- Increased access to clinical trials for Canadian children with cancer by opening 14 3CTN-eligible pediatric oncology clinical trials, including:
  - Nine trials that filled clinical gaps in the Canadian pediatric trials.
- Rolled out a regional tracking sheet to site staff to help track site-level progress in real time;
- Collaborated to decrease regulatory burden by engaging the following partners:
  - Ontario Cancer Research Ethics Board and Quebec Research Ethics Board to implement a single board approval process;
  - Alberta pediatric trials transferred to provincial REB to streamline review.
- Included two new Lay Representatives in various research operations and governance roles to assist with feedback from the patient perspective;
- Increased electronic digest readership distribution list to include lay groups that support and/or advocate for pediatric oncology research.

Financial statements

Revenue and expenses for fiscal 2015-2016

Year ended March 31, 2016		Amount in CDN $
Revenue		
National		2,500,000.00
Provincial		4,400,191.44
Other		58,600.17
Total	**$**	**6,958,791.61**
Expenses		
Site Payments		5,111,187.64
Personnel		409,730.19
Network Initiatives		96,149.19
Other		54,129.68
IT		26,889.59
Meetings		73,678.39
Services		-
Total	**$**	**5,771,764.68**

Revenues

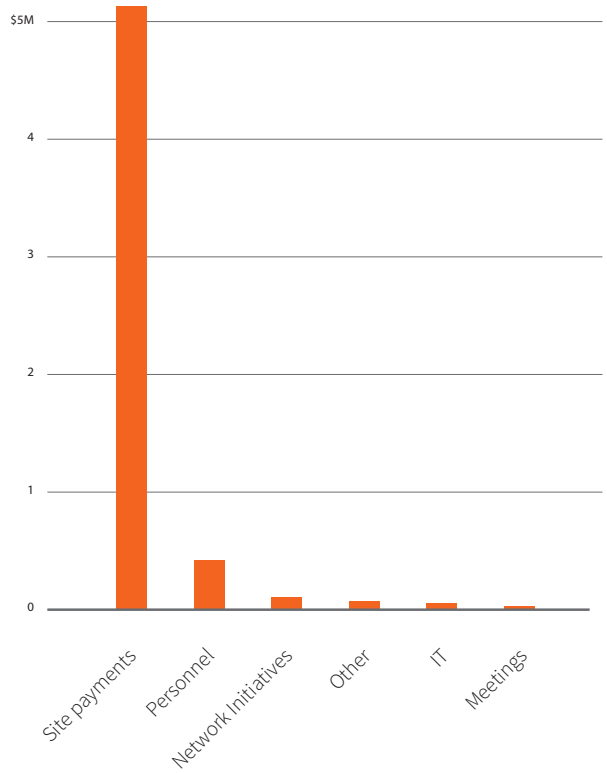


National
35.9%

Other
0.8%

Provincial
63.2%

Expenses



Funding partners

Alberta Cancer Foundation

BC Cancer Foundation
partners in discovery

CancerCare Manitoba
ActionCancerManitoba

New Brunswick Health Research Foundation
Fondation de la recherche en santé du Nouveau-Brunswick

Nova Scotia Health Research Foundation

OICR
Ontario Institute for Cancer Research

Canadian Partnership Against Cancer
Partenariat canadien contre le cancer

Canadian Breast Cancer Foundation
Fondation canadienne du cancer du sein

Jazz Pharmaceuticals

Janssen
Pharmaceutical Companies of Johnson & Johnson

Q-CROC

Fonds de recherche Santé Québec

Direction Générale de Cancérologie

Collaborators

Canadian Cancer Trials Group
Groupe canadien des essais sur le cancer

OICR
Ontario Institute for Cancer Research

N2 Network of Networks
Réseau des réseaux

Canadian Tissue Repository Network
Réseau canadien de banques de tissus

ARCC
Canadian Centre for Applied Research in Cancer Control

3CTN leadership

3CTN Steering Committee

Gerald Batist, MD
Scientific Director,
Quebec-Clinical Research Organization in Cancer (Q-CROC)

Heather Bryant, MD, PhD
Vice President, Cancer Control,
Canadian Partnership Against Cancer

Annette Cyr
Chair,
Melanoma Network of Canada

Kathryn Dyck, BA
Manager, Clinical Investigations Office,
CancerCare Manitoba

Bernie Eigl, MD
Provincial Director, Systemic Therapy Clinical Trials,
BC Cancer Agency

Carman Giacomantonio, MD
Director, Surgical Oncology Network,
Cancer Care Nova Scotia

Rajat Kumar, MD
Hematologist,
CancerCare Manitoba

Arnold Andrew, MD
Head, Clinical Trials Department
Hamilton Health Sciences | Juravinski Cancer Centre

Joseph Pater, M.Sc., MD
Emeritus Professor,
Queen's University

Jim Pankovich, M.Sc., MBA
Vice President, Clinical Operations & Drug Development,
Qu Biologics

Daniel Rayson, MD
Professor of Medicine,
Medical Oncology, Dalhousie University

Fred Saad, MD
Director of Clinical Cancer Research,
University of Montreal Health Centre

Patricia Tang, MD
Clinical Assistant Professor, Department of Oncology,
Tom Baker Cancer Centre

James A. Whitlock, MD
Division Head, Hematology/Oncology,
Hospital for Sick Children

Janet Dancey, MD
Scientific Director,
3CTN

Karen Arts, *Ex Officio*
Executive Director,
3CTN

Lam Pho, *Ex Officio*
Director, Information Technology,
3CTN

Amanda Cannell, *Ex Officio*
Manager, Operations,
3CTN

3CTN Scientific Advisory Board

From left to right:
Pritchard-Jones, Janet Dancey, Patrick Sullivan, Martin Schechter, Karen Arts, John Mackey, Peter Selby, Gavin Stuart

Peter Selby, MD, DSc. (Chair)
Professor of Cancer Medicine, University of Leeds
President of the Association of Cancer Physicians

John Mackey, MD
Medical Oncologist,
Cross Cancer Institute

Kathy Pritchard-Jones, MD
Chief Medical Officer,
London Cancer

Martin Schechter, MD
Professor, Faculty of Medicine,
University of British Columbia

Gavin Stuart, MD
Dean, Faculty of Medicine and Vice Provost Health,
University of British Columbia

Patrick Sullivan
Lay Representative

3CTN Strategic Council

Elizabeth Eisenhauer, MD
Professor and Head, Department of Oncology
Queen's University

Anthony Fields, MD
Professor Emeritus, Department of Oncology
University of Alberta

Lynn Guerreiro
Assistant Deputy Minister, Negotiations and Accountability
Management Division, Ministry of Health and Long-Term Care

Robert Phillips, PhD
Professor Emeritus, Dept. of Medical Biophysics,
University of Toronto

Janet Dancey, MD
Scientific Director,
3CTN

Karen Arts
Executive Director,
3CTN

3CTN Coordinating Centre

From left to right:
Janet Dancey, Amanda Cannell, Karen Arts, Suzana Kovacevic, Rebecca Xu, Nicole Fraser, Saher Lalani

Janet Dancey, MD
Scientific Director

Karen Arts
Executive Director

Lam Pho
Director, Information Technology

Amanda Cannell
Manager, Operations

Suzana Kovacevic
Project Manager

Rebecca Xu
EDGE Coordinator
Ontario NRCC Coordinator

Saher Lalani
Project Financial Analyst

Nicole Fraser
Administrative Assistant

Canadian
Cancer Clinical
Trials Network

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