Canadian
Cancer Clinical
Trials Network

Improving access to **Academic Cancer Clinical Trials**

2022-23 IMPACT REPORT

Executive statement

As Canadian Cancer Clinical Trials Network (3CTN) member sites renewed their commitment to the five-year strategic plan for 2022-2027, all were also in stages of renewing institutional trial infrastructure and operations that were profoundly disrupted by the COVID-19 pandemic. We are proud to report that 37 adult and 13 pediatric cancer centres have committed to the strategic plan's shared priorities, which have evolved to reflect fundamental changes in trial design and the clinical research ecosystem. These changes influenced new targets set for incremental year-over-year accrual and additional performance measures to help illustrate Network and academic cancer clinical trials (ACCT) performance. A revised incentive funding model developed with input from 3CTN members, its leadership, and funders was designed to help promote post-pandemic recovery of ACCTs and Network priorities for improving trial participation among under-represented patient populations.

Substantial progress has been made towards achieving Network ACCT quality and performance goals:

- We are a recognized leader in improving trial access through our achievements in applied use of the 3CTN-led Canadian Remote Access Framework for Clinical Trials. A proof of concept (PoC) demonstration in a project involving three 'hub-and-spoke' trial clusters led by member sites in three provinces across Canada, was recently completed. Research sponsors, trialists and health system payers are increasingly keen to leverage remote care models and platforms for decentralized clinical trial (DCT) delivery. Knowledge mobilization efforts focusing on sharing outcomes from PoC implementation cases, as well as experiences from those underway as part of other adult and pediatric sites' DCT strategies, have drawn considerable Canadian and international interest.
- Mobilizing the pediatric trials community around a recognized, systematic approach for identifying and supporting widespread, rapid activation (< 90 days) for selected High Priority Trials (HPTs). In a short time, this proved to be a resounding success in opening trials that stand to have significant impact on patient outcomes.
- Expanded clinical trial management system (CTMS) adoption by a significant majority of Canadian centres continues to enhance operating efficiencies and collaborative potential in conducting multi-centre Portfolio trials.
- Evolution of our patient engagement strategy with a focus on providing a more robust and systematic means for supporting the knowledge and learning needs of our Patient Representative Community of Practice for the benefit of all.

- New and enhanced use of informatics tools for reporting has transformed how 3CTN members and partners can access the rich dataset on Portfolio trial performance helping inform benchmarking, priority-setting, gap analyses and other user-driven needs.

We have also had great success in engaging with new collaborative partners in the public and private sectors around support for 3CTN initiatives, which stand to benefit the cause of both academic- and industry-sponsored trials. Funding and in-kind support has contributed to our work in improving equitable trial access for all Canadians with cancer, enhancing patient engagement in trial conduct and supporting sites' achievement of trial capacity and performance improvement goals.

We invite you to review this report and the many examples that collectively demonstrate the return on investment 3CTN delivers to benefit Canada's ACCT ecosystem.

Introducing Don Wood

3CTN's incoming Patient Representative Advisory Sub-Committee Chair

Don has lived his life facing cancer as it affected those closest to him. First, he endured the loss of his only brother, Ken, following a brief battle with leukemia as a young adult. Years later, Don was a caregiver for his late wife Sherry, who battled Stage 4 metastatic cancer for three years before her passing from the disease in early 2020.

"Everyone's experience is different but equally difficult and important… For me, this work has become a form of therapy. It is important to continue the work that I do and support others to advance cancer research."

Don Wood
Chair, Patient Representative Advisory Sub-Committee

Shortly after his wife was diagnosed, Don started volunteering at Alberta Health Services (AHS), to give back and provide a patient and family caregiver perspective. His first task was to contribute to the re-design of the AHS clinical trials website to make it more patient centric and easier to navigate. Through his work at AHS, Don became connected with 3CTN, with which he has been involved since 2018.

Introducing Don Wood

"My work at 3CTN has been fulfilling as it has allowed me to explore additional patient engagement opportunities across Canada and has expanded my reach to a network of healthcare professionals," explained Don. "Most importantly, I've established a new network of peers and friends who all share the same passion."

As the incoming 3CTN Patient Representative Advisory Sub-Committee Chair, Don looks forward to establishing a broader team of Patient Partners with diverse backgrounds and experiences, as well as mentoring and training the next generation. To support Don's aims as Chair, two key 3CTN initiatives are currently underway: the Equity, Diversity and Inclusion (EDI) Framework in clinical trials and the Patient Partner Development Pathway. Both initiatives have the potential to transform the Network through inclusion of critical voices and diverse backgrounds, as well as enhance knowledge and competencies of the Patient Partner community.

"The Patient Partner Development Pathway has the potential to be a game changer for members of 3CTN's Patient Representative Community and researchers," said Don. "They will benefit from a structured approach to developing clinical trials knowledge and competencies that will enhance the value of patient engagement."

For his part, Don continues to seek new opportunities to develop his knowledge of cancer and the research ecosystem. For several years, he has supported the Canadian Cancer Society on grant review committees and in developing the organization's patient engagement strategy. To further advance his knowledge of cancer research, he recently participated in the BioCanRx Learning Institute which provides patient/caregiver partners an opportunity to both learn from and educate clinical researchers on subjects related to cancer immunology.

His lived experience as a caregiver has changed his perspective on what it means to be a Patient Partner. Don has realized that his experience as a caregiver can also add value as caregivers play an important role in supporting cancer patients and are one of the many important perspectives on cancer. As a result, he advocates for meaningful Patient Partner engagement throughout the course of research initiatives.

Using innovative approaches to improve trial access for adolescent and young adult patients

Dr. Monia Marzouki and Linda Hershon

Adolescent and young adult (AYA) cancer patients aged 15-39 often face unique challenges as they are in a distinct stage in their lives where they are transitioning to adulthood. The burdens associated with a cancer diagnosis are compounded for this group by limited time availability due to work, school, and family responsibilities. Once a patient is over the age of 18, they are also no longer able to be seen at a pediatric hospital. These factors, along with the limited availability of eligible trials in the adult setting which may offer the best option for treatment, contribute to an underrepresentation of AYA patient participation in clinical trials.

However, at the Centre Hospitalier Universitaire de Sainte-Justine (CHUSJ), located in Montreal, Dr. Monia Marzouki (Pediatric Oncologist and Principal Investigator for Children's Oncology Group (COG) studies), Linda Hershon (Clinical Research Nurse) and the clinical trials team have created the opportunity to enroll patients above 18 years old to local pediatric clinical trial options. Eligible patient cases are assessed to ensure there is capacity to accommodate the patient and that the trial is not available elsewhere at an adult centre. An exemption requesting the patient's acceptance is then requested from the Director of Medical Affairs. Once enrolled, the trials team works with the nursing staff in the ward and outpatient clinic to better accommodate the unique needs of the patient.

If an AYA patient cannot have all their trial visits completed at CHUSJ and with approval by the trial sponsor, CHUSJ will use a hybrid decentralized clinical trials approach, whereby some of the trial visits can be conducted at a collaborating adult centre, often closer to the patient's home.

"I felt very comfortable at the pediatric hospital, it was reassuring…My mom and I received the necessary psycho-social help to deal with the situation. I was well informed about the treatment and followed closely. My overall experience has been excellent in all aspects."

19-year-old cancer clinical trials patient

Through this innovative approach, a 19-year-old cancer patient was enrolled on ACNS2021, a COG pediatric brain/central nervous system trial at CHUSJ. During treatment, all the weekly blood samples were completed closer to the patient's home, which is located more than two-and-half hours from CHUSJ. Taking blood samples closer to the patient's home meant that travel to CHUSJ was only necessary when hospitalization was required. Throughout their participation, the trials team worked to ensure a smooth transition and integration for the AYA patient.

Using innovative approaches to improve trial access for adolescent and young adult patients

The patient will now be attending university in another city and attending follow up study visits closer to school at Centre Hospitalier Universitaire de Sherbrooke, eliminating the need for extensive travel to CHUSJ.

CHUSJ's goal is for all adult cancer centres in Quebec, beyond frequent collaborators in the Greater Montreal Area, to know about the available pediatric trials that can include AYA patients. The team has been in contact with key physicians in adult settings to help with recruitment, integration of patients on study and to increase overall awareness of this program. Regular meetings have been scheduled and a newsletter, with a list of available AYA trials have been planned.

"As a team, we have been working hard to not only implement procedures to include AYA patients in our therapeutic trials but also to ensure we provide standard of care procedures and therapies including fertility preservation, psychologic consultation and rehabilitation, such as occupational therapy, physiotherapy, etc.," explained Dr. Marzouki. "Our next challenge is to gain visibility and reach out to our adult colleagues to ensure that all AYA patients that may benefit from our pediatric trials, will have access."

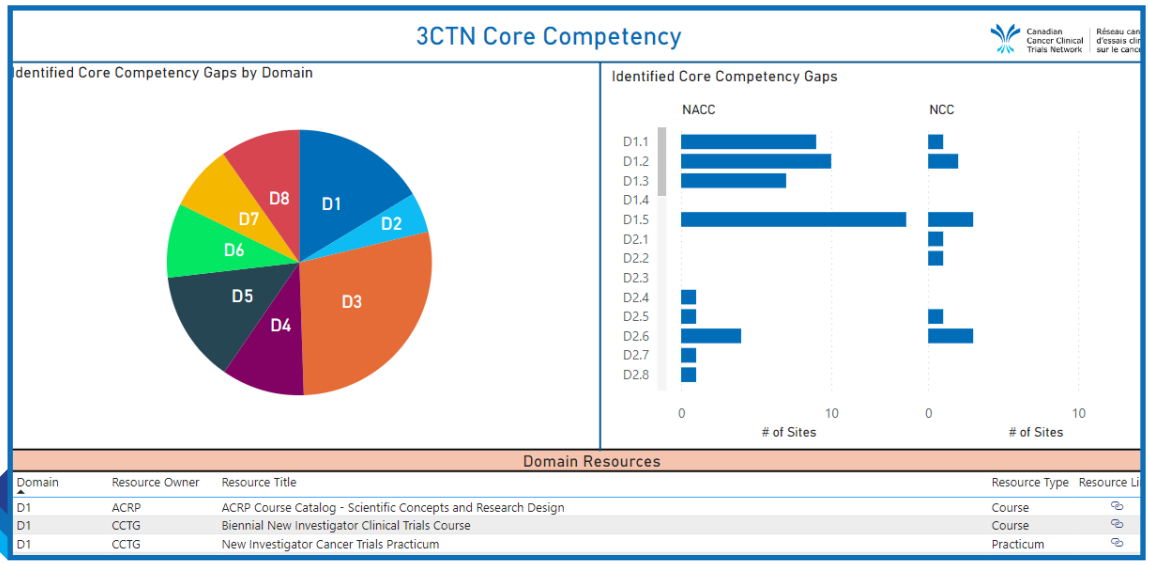
This approach has been so successful, that Principal Investigator, Dr. Sebastien Perreault, is currently in the final stages of developing a multicentered trial that includes guidance on establishing satellite sites directly into the protocol. With the support of C17 as the trial sponsor, this trial will help facilitate integration of AYA patients across the anticipated nine sites to be opened across Canada.

Assessing and addressing clinical research core competencies across the Network

Issues of workforce recruitment, retention and development have long been reported as factors limiting trial site performance, capacity, operating knowledge and development potential. These challenges were unprecedented during the pandemic and in the months that followed. In response, and guided by our Performance Strategy Sub-Committee, 3CTN is working to support core competency development of site staff as a strategic priority tied to the recovery and strengthening of Canada's academic cancer trial ecosystem.

The first step in the process was to use the Joint Task Force (JTF) Core Competency Framework for clinical research as a standard approach for assessing current state of knowledge, skills and experience among the clinical research professionals across 3CTN member sites. The JTF core competency framework is organized into eight core competency domains with associated leveled activities, which defines the knowledge standards and skills for researchers to conduct high quality, ethical and safe clinical trials.

At the time 3CTN centres renewed their membership in 2021, a site assessment survey was conducted to capture core competency gaps across the Network. The information was summarized into a Core Competency Report, which includes links to learning resources aligned with each core competency domain in order to support clinical research professionals' unique education and training needs. Within site trial units as well as Network Cancer Centre (NCC)/ Network Affiliated Cancer Centre (NACC) nodes, Network members will work on addressing local/regional core competency gaps. Nationally, 3CTN will use a network-level approach to support priority training and education for the most commonly reported gaps. A reassessment of 3CTN core competency status and an evaluation of the impact of these efforts is planned for the latter part of the Network's current 2022-2027 strategic period.



Staff development using core competencies of clinical research professionals

Clinical Research Program, Odette Cancer Centre, Sunnybrook Research Institute

The JTF Core Competency Framework was used as a standard to define clinical research professional roles, professional development, and growth. A new mechanism was created for staff development using a professional development review tool, where along with their supervisor, staff would complete their performance evaluation and identify core competency

Assessing and addressing clinical research core competencies across the Network

areas for future development. The tool includes links to the 3CTN Core Competency Report, through which staff can access training and resources. This has resulted in a clear pathway for competency development for staff with the aim of increased staff retention.

Developing job descriptions, training programs and career progression planning for clinical research professionals

Juravinski Cancer Centre, Hamilton Health Sciences

The JTF Core Competency Framework was used as a standard to create local site job descriptions, to address the lack of uniform roles and descriptions and parity of compensation, and ill-defined career progression pathways. A representative group of staff participated in an exercise to define the role scope and responsibilities. Core competency domains and statements were identified for each role that best fit the plan to evolve single roles into tiered job levels or create specialized roles. Reclassification of roles is currently underway. The planned next steps include alignment of onboarding, orientation, continuing education and performance review processes using the Framework.

As a related, parallel activity, 3CTN is currently developing a Patient Partner Development Pathway, which is a tool to advance the skills and knowledge of patient partners to enable their successful participation in different and specialized patient engagement roles. Stay tuned for launch in early 2024.

The evolution of Network performance reporting

In 3CTN's pursuit of advancing cancer clinical trials, measuring Network performance and impact is critical.

Since 2014, member sites had been reporting quarterly performances metrics using methods that were defined by their system capabilities. Reported data needed to be reviewed, compiled, and stored separately in either Excel or EDGE, a clinical trial management system (CTMS), necessitating an often time-consuming and labour-intensive process before they could be accessed and used for analysis or system-level reporting.

Over the years, 3CTN's reporting format has continued to evolve with the needs of 3CTN member sites, funders, and stakeholders. Most recently with the 2022-2027 funding cycle, 3CTN transitioned from Excel to using EDGE as a common direct reporting platform. This information is now shared using Power BI, providing a visualized, impactful and interactive experience for all stakeholders.

The introduction of the 3CTN Reporting Portal has proven instrumental in streamlining Network performance data collection and tracking the ongoing progress of established milestones and deliverables into one common platform. Storing all data in EDGE has transformed the efficiency and potential for 3CTN performance report generation and allows sites to interact with their data and self-advocate for additional funding and resources.

Network-wide exposure to CTMS capabilities has created improved and equitable access for sites to their historical data and has greatly streamlined data reporting, validation, and incentive funding payment processes. The improved accuracy of 3CTN's Portfolio performance picture, coupled with a move to user-driven, dynamic informatics reporting, fosters better utility of data for member sites to make informed decisions about process improvements and goal setting.

In essence, these transformative changes signify 3CTN's commitment to our members goals for elevating ACCTs. The transition from baseline data collection to a dynamic reporting platform reflects our dedication to innovation. By embracing new reporting methods, we not only ensure accuracy and transparency but also create a collaborative network with opportunities to thrive on shared knowledge and improved site management efficiency.

Achievements and financials

Canadian
Cancer Clinical
Trials Network

Network achievements

British Columbia

- **6 Sites | 81% Accrual to target***
- Implemented an improved prescreening process to ensure potentially eligible patients are prescreened for trials
- Clinical trials unit staffing stabilized and developed staff onboarding resource
- Successfully met first patient recruited target timeline for a trial

Manitoba

- **2 Sites | 52% Accrual to target***
- Initiated a review of hybrid decentralized clinical trials implementation at a satellite site
- Local news featured a study participant, who subsequently participated in a site's International Clinical Trials Day event

Ontario

- **25 Sites | 123% Accrual to target***
- Completed a successful pilot project of creating lay summaries of trial results and are currently expanding implementation, with the goal of making this a standard process.
- Implemented an improved trial activation process, successfully activating a Portfolio trial within 120 days
- Candidate Portfolio trial for decentralized clinical trials identified and met with stakeholders to discuss further

Quebec

- **2 Sites | 60% Accrual to target***
- Implemented initiatives to improve communication and collaboration across oncology groups
- Pilot project launched to provide personalized support to cancer patients through trained patient partners

Newfoundland

- **1 Site | 63% Accrual to target***
- Implemented new activities to improve screening and increase awareness of ongoing recruiting trials
- Satellite site established in Grand-Falls Windsor
- First trial opened to recruitment at the satellite site
- Added a new Portfolio trial involving treatment at chemotherapy units external to the study site

Pediatrics

- **13 Sites | 63% Accrual to target[1]**
- Implemented a process using hybrid decentralized clinical trials model to enroll adolescent and young adult cancer patients to trials
- Initiated a collaborative project using EDGE to help improve trial team resource planning and management
- Developed collaborations with adult counterparts to improve AYA recruitment

3CTN Network

- **52 Sites | 95% Accrual to target***
- Successful renewal of 52 Network sites for the 2022-2027 funding cycle with additional two sites in Alberta and one site in Nova Scotia to be onboarded in 2023-2024
- Launch of the 3CTN Reporting Portal, a common reporting platform with the aim to streamline site reporting
- Developed The Canadian Precision Oncology Trial Finder, a comprehensive visual representation of all cancer clinical trials active across Canada with a precision medicine focus
- Completion of the CRAFT - Canadian Remote Access Framework for Clinical Trials Proof of Concept at three locations across Canada. Evaluation is currently ongoing
- Supported the adoption of EDGE as a clinical trials management system for an additional two sites

* Provincial/Network Accrual to target = sum of Site Recruitment / (sum of Site Pre-3CTN Baseline*1.8) | [1] Pediatric sites progress to Pre-3CTN Baseline is shown.

3CTN Performance metrics

		Total Recruitment to Portfolio Trials				Recruitment of Underrepresented Populations	
Network Site	Type	Pre-3CTN Baseline	FY 2022-2023	% of Baseline	% of Annual Target	Remote Access Patients	Adolescents and Young Adults (ages 15-39)
British Columbia							
BC Cancer – Vancouver	NCC	106	203	192%	106%		
BC Cancer – Abbotsford	NACC	16	8	50%	28%		
BC Cancer – Prince George	NACC	1	13	1300%	722%		
BC Cancer – Kelowna	NACC	38	56	147%	82%		
BC Cancer – Victoria	NACC	26	35	135%	75%		
BC Cancer – Surrey	NACC	44	21	48%	27%		
Manitoba							
CancerCare Manitoba	NCC	99	90	91%	51%		3
Western Manitoba Cancer Centre	NACC	1	4	400%	222%		
Newfoundland							
Eastern Regional Health Authority	NCC	15	17	113%	63%		
Ontario							
London Health Sciences Centre	NCC	186	506	272%	151%		
Grand River Regional Cancer Centre	NACC	20	58	290%	161%		
Windsor Regional Cancer Centre	NACC	14	2	14%	8%		
Juravinski Cancer Centre	NCC	181	136	75%	42%	15	3
Cambridge Memorial Hospital	NACC	11	6	55%	30%		
St. Joseph's Healthcare Hamilton	NACC	21	56	267%	148%		
Walker Family Cancer Centre	NACC	17	38	224%	124%	6	
Oakville Trafalgar Memorial Hospital	NACC	1	0	0%	0%		
Sunnybrook Health Sciences Centre	NCC	141	593	421%	234%		8
Humber River Hospital	NACC	1	14	1400%	778%		2
Michael Garron Hospital	NACC	2	0	0%	0%		
Princess Margaret Cancer Centre	NCC	396	390	98%	55%		
Markham Stouffville Hospital	NACC	1	6	600%	333%		
Mount Sinai Hospital	NACC	21	121	576%	320%		
Northeast Cancer Centre	NACC	24	5	21%	12%		
North York General Hospital	NACC	1	21	2100%	1167%		
Royal Victoria Regional Health Centre	NACC	8	37	463%	257%		
St. Michael's Hospital	NACC	19	1	5%	3%		
Southlake Regional Health Centre	NACC	10	9	90%	50%		
Thunder Bay Regional Health Sciences Centre	NACC	26	22	85%	47%		2
Trillium Health Partners - Credit Valley Hospital	NACC	27	12	44%	25%		

		Total Recruitment to Portfolio Trials				Recruitment of Underrepresented Populations	
Network Site	Type	Pre-3CTN Baseline	FY 2022-2023	% of Baseline	% of Annual Target	Remote Access Patients	Adolescents and Young Adults (ages 15-39)
Ontario continued							
William Osler Health System	NACC	1	6	600%	333%		
The Ottawa Hospital Cancer Centre	NCC	132	830	629%	349%		
Cancer Centre of Southeastern Ontario at Kingston General Hospital	NACC	41	48	117%	65%		2
R.S. McLaughlin Durham Regional Cancer Centre	NACC	22	26	118%	66%		
Quebec							
CIUSSS du Centre-Ouest-de-l'Île-de-Montréal (CIUSSS CODIM)	NACC	87	127	146%	81%		
CHU de Québec – Université Laval, adults	NACC	180	198	110%	61%		
CIUSSS de l'Est-de-l'Île-de-Montréal (CIUSSS EDIM)*	NACC	60	29	48%	27%		
Pediatrics							
BC Children's Hospital	NACC	34	19	56%	-	2	4
CancerCare Manitoba - Pediatrics	NACC	18	9	50%	-		2
Centre hospitalier universitaire de Sainte-Justine	NACC	42	21	50%	-	9	6
Children's Hospital - London Health Sciences Centre	NACC	12	14	117%	-	7	2
Children's Hospital of Eastern Ontario	NACC	20	16	80%	-	1	3
CHU de Québec-Université Laval / Centre Mère-Enfant Soleil	NACC	17	18	106%	-	5	3
IWK Health Centre	NACC	20	9	45%	-	3	
Janeway Children's Health and Rehabilitation Centre	NACC	4	5	125%	-		
Jim Pattison Children's Hospital	NACC	6	4	67%	-	1	1
McMaster Children's Hospital - Hamilton Health Sciences Centre	NACC	14	16	114%	-		2
Montreal Children's Hospital	NACC	24	13	54%	-		3
Stollery Children's Hospital	NACC	11	11	100%	-		1
The Hospital for Sick Children	NACC	91	43	47%	-	14	3
Network Total (N=50)		**2310**	**3942**	**171%**	**95%**	**63**	**50**
Adult total (N=37)		**1997**	**3744**	**187%**	**104%**	**21**	**20**
Pediatric Total (N=13)		**313**	**198**	**63%**	**-**	**42**	**30**
Number of Sites Achieving Y9 Accrual Target					**15**		
Number of Pediatric Sites Exceeding Pre-3CTN Baseline				**4**			

* Q1-Q3 data only

Portfolio trials with publications

Project Short Title	Registration ID	Disease Site	Project Phase	Publication Type	Study Results*	Oncology Journal
(AHS) BR-02-1401	NCT02206230	Brain/CNS	Phase II	Article	Positive	Journal of the European Society for Radiotherapy and Oncology
(AHS) OZM-064/STARC	NCT02569645	Gastrointestinal	Phase II	Article	Positive	Journal of Clinical Oncology
(BCCA) MITNEC-A1	NCT01930812	Other	Phase III	Article	Positive	The Lancet Oncology
(BCCA) SABR-5/SABR for OLIGOMETASTASES	NCT02933242	Other	Phase II	Article	Positive	JAMA Oncology
(CCTG) ALC.4 (ECOG E1910)	NCT02003222	Hematology	Phase III	Abstract	Positive	Blood
(CCTG) GA.3/INTEGRATE II	NCT02773524	Gastrointestinal	Phase III	Abstract	Positive	Journal of Clinical Oncology
(CCTG) HE.1	NCT02511522	Gastrointestinal	Phase III	Article	Positive	Journal of Clinical Oncology
(CCTG) IND.231	NCT02719977	Other	Phase I/II	Article	Positive	Nature Medicine
(COG) AALL15P1	NCT02828358	Hematology	Phase II	Abstract	Negative	Blood
(COG) AEWS1221	NCT02306161	Sarcoma	Phase II	Article	Negative	Journal of Clinical Oncology
(COG) AHOD1331	NCT02166463	Hematology	Phase III	Article	Positive	The New England Journal of Medicine
(COG) ARET0321	NCT00554788	Retinoblastoma	Phase III	Article	Positive	Journal of Clinical Oncology
(JGH) MM-JGH-16-003/STEP-CAT STUDY	NCT02752607	Other	N/a	Article	Inconclusive	Journal of Thrombosis and Haemostasis
(Royal Marsden) PACE / ACCP003	NCT01584258	Genito-Urinary	Phase III	Article	unsure	The Lancet Oncology
(SRCC) PRONE	NCT01815476	Breast	N/a	Article	Positive	JAMA Oncology
(UHN) CXMET1 / Cervix Metformin	NCT02394652	Gynecological	Phase II	Article	Positive	Clinical Cancer Research
(UHN) MPN 12-01/Portal HTN	NCT01816256	Hematology	Phase II/III	Article	Positive	HemaSphere
(UHN) PBExRCT	NCT03335631	Genito-Urinary	Pilot/ Feasibility	Article	Positive	Frontiers in Oncology
NRG - BR002	NCT02364557	Breast	Phase II/III	Abstract	Negative	Journal of Clinical Oncology
OCOG-2012-LUMINA	NCT01791829	Breast	N/a	Article	Positive	The New England Journal of Medicine
OCOG-2013-LUSTRE	NCT01968941	Lung	Phase III	Article	Positive	International Journal of Radiation Oncology

*Results based on primary endpoints

Portfolio metrics

203 Active Portfolio trials

42 Immunotherapy trials

68 Randomized Phase III trials

83 Precision oncology trials

71% Increase in patients recruited to pre-3CTN Baseline

3,942 Patients recruited

63 Patients received access to clinical trials through remote access strategies

50 Adolescents and Young Adult (ages 15-39) patients recruited to ACCTs

37 Applications reviewed/ submitted	**23** **Approved**	**10** **Approved** pending sites opening
35 Applications completed	**19** **Days** - average processing time	**0** **Days** median processing time
3 Facilitated peer reviews completed	**67** **Days** - average processing time	**58** **Days** median processing time

3CTN Communications framework

Showcasing Network collaboration and impact

G.A.P.P. Webinar Series

A peer-to-peer learning and resource sharing platform to address Goals in Accrual, Performance, and PPI

- 3 sessions held:
  - Implementing decentralized clinical trials for pediatric cancer centres;
  - Overcoming staffing challenges at trial units - part 1 and part 2
- 212 total attendees

impACCT Virtual Rounds

- 2 sessions held
- 4 trials featured:
  - CLC.3,
  - MAC.27
  - PAC.4
  - Peer Navigation pRCT
- 70 total attendees

Publications

- Addressing the Barriers to Clinical Trials Accrual in Community Cancer Centres Using a National Clinical Trials Navigator: A Cross-Sectional Analysis
- Abstract: Canadian Precision Oncology Trial Finder, N2 Conference, Feb 2023

N2 Conference

2 Conference presentations

- Oct 12-14: CURESEARCH, CRAFT
- Feb 2023: N2 Conference, CRAFT

ASM and Workshop, 2022

123 Attendees

- 62 in-person
- 61 virtual

3CTN Site-Progress and Collaboration Meetings

- 3 regional meetings held

Revenue and expenses

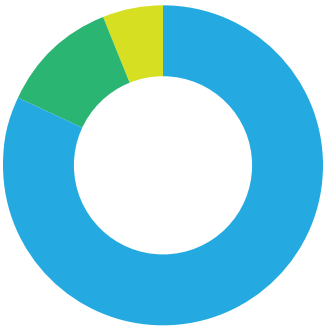
Fiscal year 2022-2023

Period ending March 31, 2023	Amount in CDN $
Revenue	
National	1,150,000.00
Provincial	3,365,597.00
Total	**4,515,597.00**
Expenses	
Site Core Funding	3,493,363.00
Coordinating Centre	506,186.71
Network Costs	250,093.96
Total	**4,249,643.67**
NET: Revenue Less Expenses	**265,953.33**

Note: Net revenue includes amount carried over to FY2023-2024 for Q4 Incentive Based Funding payments

Revenues

- National - 25.5%
- Provincial - 74.5%



Expenses

- Core Funding - 82%
- Coordinating Centre - 12%
- Network Costs- 6%

Our funding partners and collaborators

Funding partners

Collaborators

Our Network

To see the complete and current listings of our Scientific Advisory Board, Funders Oversight Committee, Management and Executive Committees, 3CTN sites, patient representatives, Coordinating Centre, and various sub-committees please visit out website at 3ctn.ca/about-us/.

Canadian
Cancer Clinical
Trials Network

MaRS Centre
661 University Ave, Suite 510
Toronto, Ontario,
Canada M5G 0A3

1-866-678-642

info@3ctn.ca
www.3ctn.ca