



**OUTCOMES**



**SCIENCE**



**ACCESS**



Canadian  
Cancer Clinical  
Trials Network

**Annual Report 2014/15**



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

With great pleasure we present 3CTN's inaugural annual report on behalf of 3CTN members, funders, collaborators and stakeholders.

Cancer research and cancer care are at a time of great opportunity, when there is a great need for timely and innovative approaches to delivering clinical and translational research. New knowledge of cancer, its diagnosis and treatment have come from cell and molecular biology, cancer immunology and immunotherapy, and genomics and proteomics, and from advances in physical sciences and engineering, imaging, informatics and health research methodologies. With these advances, it is not unrealistic to target 75 per cent long-term cancer survivorship in two decades' time by making the best use of existing knowledge and by exploiting the exciting new scientific opportunities. Countries that do this effectively will not only improve the outcomes for their cancer patients but will also see growth in biotechnology and health care industries, yielding significant economic benefits. All of this requires excellent infrastructure to support innovative trials that can benefit patient lives, and the Canadian Cancer Clinical Trials Network (3CTN) is addressing that need.

In Canada, the last year has seen substantial progress in establishing 3CTN and its strategy to support clinical and translational cancer research by ensuring the timely and efficient delivery of excellent clinical trials. These will provide the evidence base for future health care, create an opportunity to exploit exciting science and innovation and promote excellence in health care.

We invite you to read the report and reflect on all that has transpired to take 3CTN from a concept to reality, including how funders, clinical trial organizations, researchers, Network members, trial staff and patients have come together in the spirit of collaboration to ensure that Canada remains a world leader in the academic clinical trial arena and patients with cancer continue to benefit from better treatments.

We thank everyone involved in helping to make 3CTN a reality. The establishment of the 3CTN is truly an accomplishment of which all can be proud.



**Karen Arts**  
Executive Director



**Janet Dancey**  
Scientific Director



**Peter Selby**  
Chair  
Scientific Advisory Board



**Canadians with cancer**  
and those at risk  
will have the  
**best available cancer treatments**  
through access to  
and efficient execution of academic  
**cancer clinical trials.**

# Building the Canadian Cancer Clinical Trials Network

In 2011, the Canadian Cancer Research Alliance (CCRA) issued a report on the status of clinical trials in Canada. Although historically Canada had been viewed as a leader in the global clinical research community, this new report revealed that Canada's leadership role in clinical trials, particularly in the area of academic clinical trials, was at risk of declining. The report called on the Canadian cancer research community to take action to help sustain and rebuild Canada's leadership role in academic trials.

One specific recommendation in the CCRA's report was to establish a pan-Canadian funding and infrastructure network that could support the conduct of academic clinical trials by investing in sustainable infrastructure at clinical trial centres across Canada. It was from this concept that 3CTN was born.

Through 3CTN, we are creating a tighter knit investigator community in Canada

3CTN was founded in 2013, following a nationwide Request for Applications (RFA) process. In the spring of 2014, after a detailed business plan was developed and received favourable evaluation from an international peer review panel, the implementation of 3CTN commenced. 3CTN began establishing the key components required to run the Network, including the Steering Committee, the Portfolio Committee, the Portfolio of academic trials and the extensive pan-Canadian network of cancer centres. The latter required a widespread RFA process where eligible cancer centres submitted applications for review and approval to facilitate designation as either a Network Regional Cancer Centre (NRCC), a Network Cancer Centre (NCC), or a Network Affiliated Cancer Centre (NACC).

"There has been amazing progress in less than a year when you think of the challenges in getting 3CTN up and going, as it has taken investment from many funders to create the groundwork and funding for meaningful change in trial support across Canada" says Dr. Elizabeth Eisenhauer, Co-Chair of the CCRA. "Through 3CTN we are creating a tighter knit investigator community in Canada that will help to actually increase the number of studies and the number of patients on trials and to get answers faster for patients and for those of us who treat them."



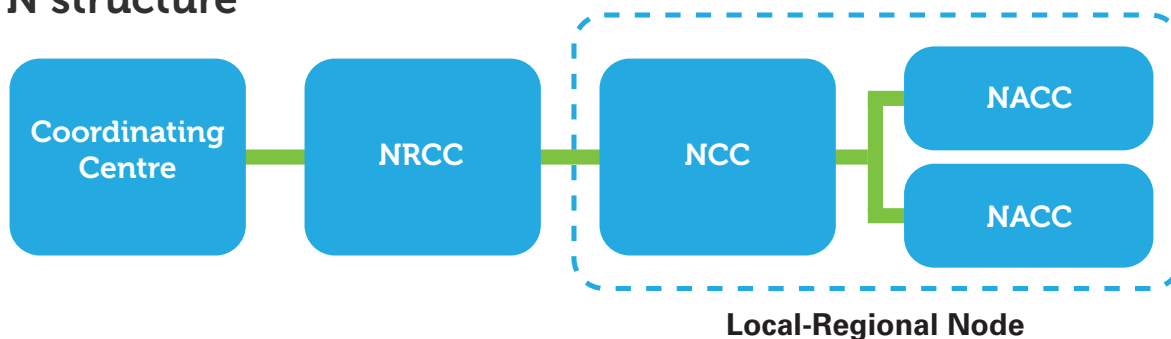
Dr. Elizabeth Eisenhauer

3CTN has started to strengthen academic cancer clinical trials capacity, improve patient access and increase trial activity by providing support through infrastructure funding, informatics, clinical trial tools and staff educational tools across the Network. As of early

2015, with an established Network of 75 clinical trial centres, 3CTN is not only poised to support the current Portfolio of trials, but also future academic clinical research derived from the burgeoning era of molecular science and targeted cancer therapies. "The potential increased efficiency and capacity in Canada's clinical trial environment will ensure the cancer research community will keep up with the pace of today's 'bench to bedside' treatment development pipeline, which demands novel trial approaches and designs, as well as well-integrated translational and health economic questions," says Dr. Janet Dancey, Scientific Director of 3CTN.

3CTN is the first of its kind for Canadian cancer researchers and will help ensure Canada rebuilds its leadership role in academic cancer trials. This will ultimately foster cancer treatment innovation through ground-breaking science, allow patients to access cutting-edge clinical trials and improve the health of all Canadian cancer patients in the years to come.

## 3CTN structure



# The Network

The innovative Network structure allows 3CTN to support academic cancer clinical trials by creating a platform to share ideas, foster communication and collaboration across all cancer treatment centres and hospitals across Canada. For a full site list please see page 18.



\* - NACCs report directly into NRCC  
 \*\* - Approval pending at the time of printing

# Funding Partners



# Collaborators



**NCIC Clinical Trials Group**  
**NCIC Groupe des essais cliniques**



# SCIENCE

Advancing science by supporting clinical trials that reflect the priorities of Canadians



## 3CTN PORTFOLIO:

# Supporting Science

The 3CTN Portfolio is a catalogue of academic cancer clinical trials that follow a transparent set of eligibility criteria to ensure the Network supports the best scientific, and highest priority clinical trials for Canadian cancer patients. All trials listed on the Portfolio must be interventional oncology trials, independently funded with an academic sponsor, open at multiple Canadian sites and have undergone rigorous peer review, as this combination of attributes is vital to ensure 3CTN resources are used to support the right trials and ensure the advancement of cancer treatments for Canadians. In its first year, the 3CTN team has spent many hours building and refining the list of academic trials in the Portfolio to ensure the most suitable cancer clinical trials are included.

The Portfolio is the only web-based, publically accessible, up-to-date listing of funded, peer-reviewed, multi-centered academic trials.



Dr. Joe Pater

The Portfolio is overseen by the Portfolio Committee (PC) to ensure the 3CTN criteria are met before a trial is accepted into the Portfolio. In early 2015 the PC shifted from the mode of building the academic Portfolio to reviewing all new trial applications and deciding if each trial is appropriate for 3CTN support. "It's very satisfying for me and the Portfolio Committee to have moved from the development to the implementation phase," says Dr. Joe Pater, Chair of the PC. "Our focus has shifted from developing criteria for Portfolio inclusion that reflect the goals

of 3CTN to applying them consistently and transparently to the wide range of studies." Further to the PC's shift in primary focus, 3CTN has also made the Portfolio available to the public in real time via the 3CTN website, ensuring investigators and patients alike can view the trials supported by 3CTN and find out if a local cancer centre offers a trial in which they may be able to participate.



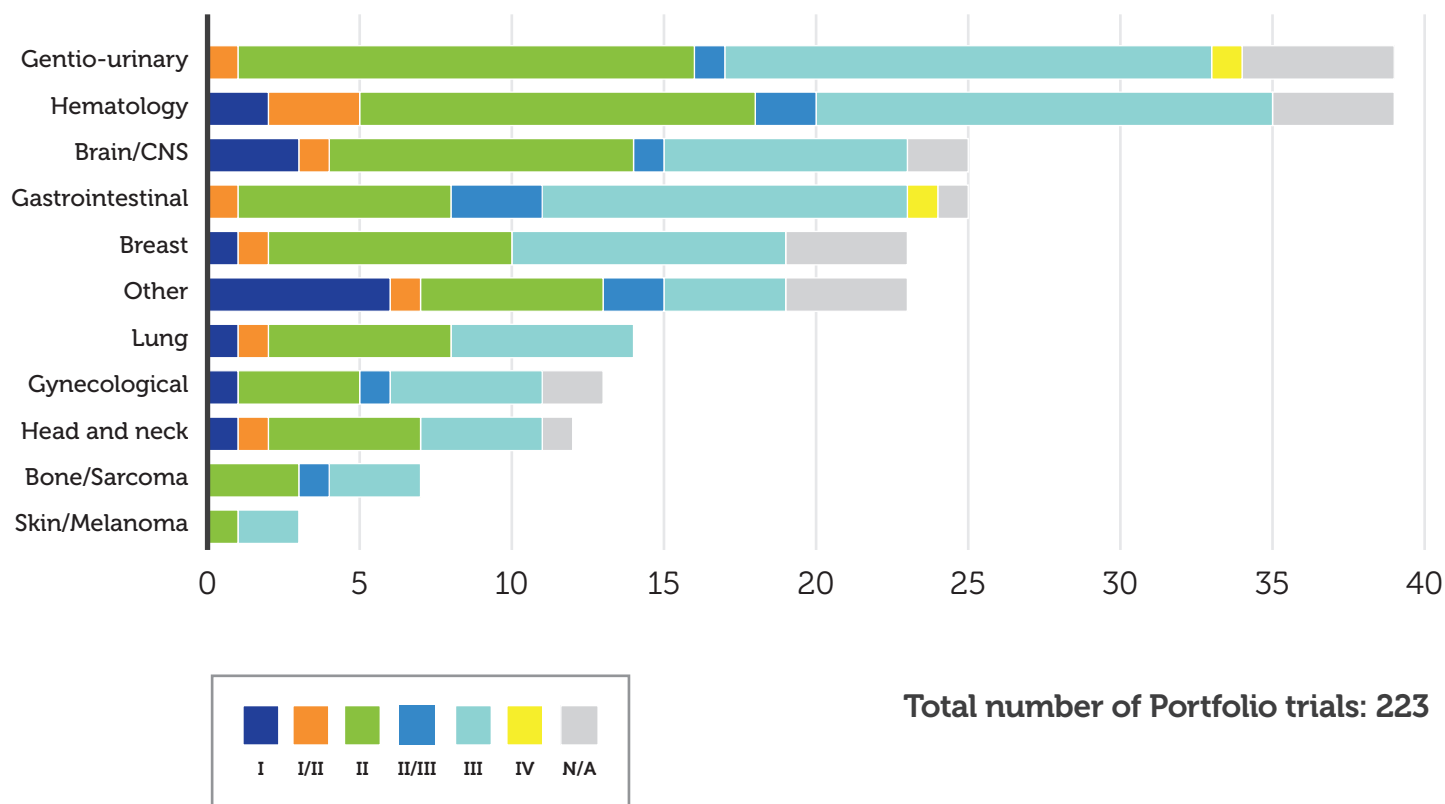
Judy Needham

Judy Needham is the patient and public involvement (PPI) representative on the PC, ensuring PPI is well recognized and represented in all aspects of 3CTN's work. "I am privileged to be the patient representative on the Portfolio Committee," she says. "In addition to bringing the reality of a patient's perspective to the committee, those of us representing the patient and public viewpoint on such boards and committees can bring important analytical and business skills to the table to compliment and augment the scientific views. For example, the PC has learned that for some trials, ensuring the 3CTN criteria are met requires in-depth analysis taking into account all perspectives. I'm pleased that my perspective, viewpoint and analysis have been instrumental in making some of these difficult decisions." For more about PPI see page 12.

A tool like the 3CTN Portfolio has never existed in the Canadian cancer research landscape. The Portfolio can play an invaluable role in helping Network members identify important clinical trials to offer at their site. The Portfolio is central to advancing the science supported by 3CTN, representing a menu of cutting-edge trials, and eventually treatments, which can be offered to cancer patients across Canada.



## Portfolio trials (October 1, 2014-March 31, 2015)



## Trials open to pediatric enrollment

Disease Site	Phase							Total
	I	I/II	II	II/III	III	IV	N/A	
Bone/Sarcoma	0	0	3	1	2	0	0	6
Brain/CNS	2	1	6	1	6	0	2	18
Gastrointestinal	0	0	0	0	1	0	0	1
Genito-urinary	0	0	1	0	2	0	0	3
Head and neck	0	0	1	0	1	0	0	2
Hematology	1	1	6	1	11	0	2	22
Other	4	0	3	0	1	0	1	9
Skin / Melanoma	0	0	0	0	1	0	0	1
<b>Total</b>	<b>7</b>	<b>2</b>	<b>20</b>	<b>3</b>	<b>25</b>	<b>0</b>	<b>5</b>	<b>62</b>

# Clinical Trial Strategy Groups



Canadians diagnosed with cancer deserve the best treatment options. 3CTN has created Clinical Trial Strategy groups (CTSGs) to assist 3CTN in ensuring it supports the highest quality research that will turn today's best science into tomorrow's cutting-edge cancer treatments.

In early 2015, 3CTN facilitated the formation of the first two disease-site specific CTSGs comprised of a wide array of experts and key opinion leaders from across Canada. The two CTSGs will meet regularly to review the 3CTN academic trial Portfolio and identify any research gaps or duplications within the disease-site specific area. When gaps are identified, the CTSG will help devise ideas for new clinical trials and the highest priority research questions, as well as identify potential mechanisms to fund these trials. The two CTSGs established will each focus on the assigned cancer subtype of melanoma and genito-urinary disease, with more CTSGs to be formed to support other cancer subtypes in the future.

The forum of collaboration and communication within a particular disease site, as facilitated by the CTSGs, is of paramount importance in the Canadian clinical trials environment. Building a focused research agenda within a given disease type will ensure that important scientific advancements can be supported given that existing resources to run academic trials are limited.



# EDGE: Project management support for clinical trials staff



The Clinical Trials Management System (CTMS) infrastructure behind 3CTN, the EDGE system, was developed in the U.K. by the University of Southampton and University Hospitals Southampton NHS Foundation Trust and was first introduced in 2001. Since then, this CTMS database has been used successfully across the U.K. to enhance and support clinical trials, decreasing the administrative burden and streamlining regulatory processes for trials. Sites in the U.K. have reported that EDGE saves time and increases their capacity to open more clinical trials and do so faster, leading to better access to clinical trials for patients and increased patient recruitment.

EDGE can do so much, from the capabilities of tracking metrics on individual trials to creating tailored reports for our different stakeholders

EDGE was selected as the infrastructure behind 3CTN so a common platform for clinical trial management can be used at all member sites and the 3CTN Coordinating Centre. EDGE will allow for efficient data handling at the site level to assist with tracking patient screening and recruitment. Furthermore, EDGE has the capacity to reduce recruitment data reporting burden on sites because the 3CTN Coordinating Centre can use EDGE to access site level data. This year there has been a strong focus on helping our member sites implement EDGE and train EDGE super-users situated throughout the Network to ensure EDGE can be leveraged to track recruitment and efficiency data at the site level in a manner not previously possible in Canadian academic clinical trials.

Many 3CTN sites have started to implement EDGE and aim to begin using it for their local clinical trial management in the coming months. The potential impact is immense, as EDGE hosts a listing of the 3CTN portfolio trials across the Network and can assist with increasing access to academic clinical trials for patients searching for a trial, or researchers seeking opportunities for their patients to enrol in a trial. This may help with streamlining the screening and recruitment process and thus could increase patient recruitment overall.



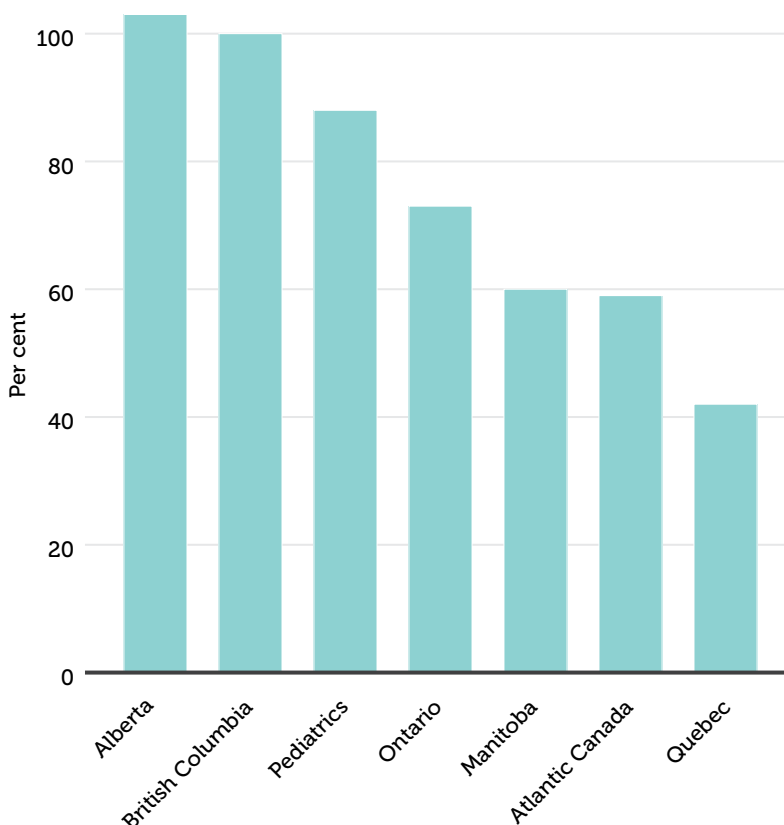
Dr. Bernie Eigl

“The potential value of EDGE for our province is huge,” says Bernie Eigl, Provincial Medical Director, Clinical Trials at the BC Cancer Agency. “EDGE can do so much, from the capabilities of tracking metrics on individual trials to creating tailored reports for our different stakeholders such as our funders, investigators, foundations and the public.”

Apart from the benefits associated with Canadian patients and researchers having increased access to academic trials, there is distinct potential that this increased efficiency at the site level will, in turn, increase patient recruitment across the Network. Dr. Eigl explains that EDGE could impact access to clinical trials for all BC cancer patients. “Every centre in the province will go into the same system and be able to see which trials are available at each centre. Then a decision can be made to cross-refer patients or even open that trial at a second site. For example, if a trial is open at Vancouver, patients could be referred to Vancouver for the trial or if there is a large enough population in, say, Kelowna, they can activate the trial there. This ability to coordinate and cross-refer patients, if required, is the one key feature we have been missing in the past.”

The EDGE CTMS is an essential 3CTN resource to support member sites and ultimately increase trial efficiency at the site level and patient recruitment across the entire Network. Improvement in both areas could translate into improved cancer care and the betterment of all Canadian patients with cancer.

**Recruitment to year 1 targets**



“It would be great if all cancer patients could be given the option to participate in a clinical trial. I feel extremely fortunate that a clinical trial was offered to me, as I know other cancer patients with the same diagnosis may

not have had the same opportunity. The hospital kept on top of my situation to see whether or not I was eligible for trials and they could have just bypassed that. The research team was excited about the possibility of helping me get better. For me that is a gift.”

Janet  
Clinical trial patient  
London Health Sciences Centre



# Removing barriers to clinical trial participation



There is increasing support in the health research sector for including the patient or caregiver perspective in designing research studies and setting the research agenda. The inclusion of the “patient’s voice” at the table when planning and conducting research, often referred to as patient and public involvement (PPI), has the capacity to reshape how health research is conducted. PPI input was used in the development of the original 3CTN business plan and the recommendation was to embed PPI in all 3CTN committees and working groups. This was done to help ensure 3CTN activities will address barriers to clinical trial recruitment and ensure clinical trial advocacy across the Network.

Right from the beginning, 3CTN brought in the voice of the patient and public and that was always central to the vision of how PPI would work in 3CTN.

This can help increase patient awareness of clinical trials and also increase patient and public input into clinical trial development and implementation. In early 2015 3CTN struck a Lay Representative Advisory Committee to assist with the infusion of PPI in all 3CTN activities. The committee advises 3CTN on ways in which PPI can be embedded in current and ongoing projects. “The vision of having PPI throughout every aspect of 3CTN is innovative and it demonstrates the vision of the people who brought the idea of 3CTN together,” says Mary Manojlovich, a member of the 3CTN

Lay Representative Advisory Committee “Right from the beginning, 3CTN brought in the voice of the patient and public and that was always central to the vision of how PPI would work in 3CTN.”



Mary Manojlovich

Not only is 3CTN committed to having the patient voice represented at the governance and Coordinating Centre level, but 3CTN is also committed to ensuring that 3CTN Network sites start to introduce PPI into site-level activities. This will be key to translating PPI into meaningful collaboration and increased trial recruitment. As Mary explains: “There are two layers to the involvement of PPI in 3CTN One, within the Coordinating Centre, such as the involvement in the committees that would oversee and govern 3CTN, and secondly, a commitment to work with all Network sites to assist them to develop PPI within their centres.”

Including PPI at all levels of 3CTN, whether at the Coordinating Centre or the Network sites, will ultimately help to achieve one of 3CTN’s main objectives: increasing cancer patient recruitment, which will assist in removing barriers for Canadian cancer patients accessing a cancer clinical trial

# OUTCOMES

Making Canada a world leader in cancer clinical trials and improving the health outcomes of all Canadian cancer patients



# Improving the lives of Canadian cancer patients

3CTN is focused on ensuring efficient and effective delivery of an increased number of academic cancer clinical trials by the end of the current four-year mandate. This increase in clinical trial capacity will translate into a real improvement in the lives of all Canadian cancer patients. By 2018, 3CTN will strive to improve the Canadian clinical trial landscape based on the four primary objectives of the program. Our progress against each of these objectives in our first year is summarized in this section:

## Objective 1: Improve patient access to academic clinical trials

- The “Live” Portfolio: The 3CTN Portfolio of academic clinical trials is integral to 3CTN’s success and one key development in early 2015 was to provide the Portfolio in a ‘live’ real-time format via the 3CTN website. Now that it is positioned in a publicly viewable format, 3CTN can support our member sites with easy access to the portfolio list while also supporting cancer patients wishing to learn which clinical trials are open to recruitment at their local cancer centre.
- PPI infused into the Network: PPI is the future of clinical trials research and will ensure all aspects of 3CTN are sensitive to the ‘patient voice’ in an effort to break down barriers for patients who wish to participate in clinical trials. 3CTN has included a lay representative in all committees and working groups created under the 3CTN umbrella (See story on page 12).

## Objective 2: Improve site performance of academic clinical trials

- Funding support for new hires: This year 3CTN supported 40 new hires across the Network of academic clinical trial centres (see pie chart on page 15). These new roles are focused exclusively on supporting academic clinical trials activities and are an essential addition to increase Canada’s academic cancer clinical trials capacity;
- Strategy Team for Site Performance: The formation of a Site Performance Strategy Team means that experts from across the country will develop a strategy for nationwide initiatives that will increase efficiency of clinical trial conduct and support for clinical trial site staff;
- Canadian Tumour Repository Network (CTRNet) collaboration: The collaboration with CTRNet will ensure access to adequate numbers of high quality biospecimens through standardization of biobanking processes and education. Canadians with cancer and those at risk will be assured of appropriate infrastructure to manage biospecimens to support the best available cancer treatments.



“Clinical trials are essential to developing and testing new breast cancer treatments. The Canadian Breast Cancer Foundation (CBCF) is proud to be joining with other research funding partners in supporting 3CTN in its goal of enhancing clinical trials research in Canada. Reducing the mortality

of breast cancer is a priority of the Canadian Breast Cancer Foundation. 3CTN is dedicated to improving the efficiency and coordination of clinical trials at cancer centres and hospitals across the country, at once improving this critical research platform, and at the same time creating conditions that will allow more people with cancer have better access to the latest treatment advances.”

**David Hoskin,**

Chair of the CBCF National Grants Committee and member of the CBCF National Board of Directors



“Improving the efficient activation of trials, making patients aware of trials that are open for participation and making sure that those trials are offered to the appropriate patients to increase both the number of trials that are available at the site and patient recruitment to those trials are primary goals

of 3CTN. To achieve these outcomes, we have to work collectively with other Canadian sites to improve access, with a common goal of improving patient care. Working together to improve access and recruitment to important, practice changing academic trials, will give us additional information and knowledge to treat cancer, and ultimately impact the lives of patients and their families.”

**Kathryn Dyck**

Manager, Clinical Trials, CancerCare Manitoba



### Objective 3:

#### Improve the trial environment for the conduct of academic clinical trials through collaboration and facilitation of important national trial initiatives

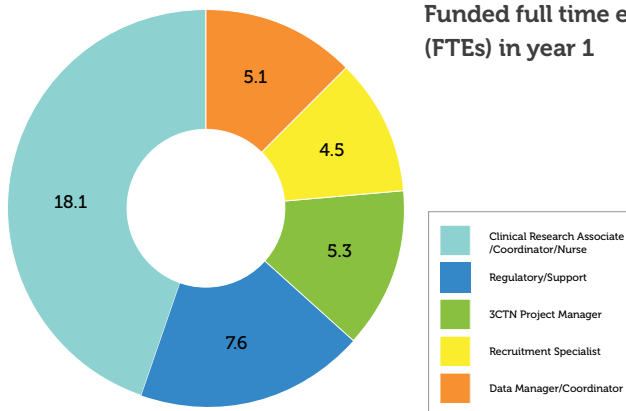
- Clinical Trial Strategy Groups: The formation of the first two groups, one for melanoma and one for genito-urinary malignancies, is a component of 3CTN that will improve the academic clinical trial landscape in Canada. These groups will focus the scientific agenda within a disease site to ensure limited research resources are applied to the highest priority (see story on page 8);
- Request for applications (RFA) for adolescent and young adult (AYA) cancers: People who receive a cancer diagnosis between the ages of 18-40, often referred to as the AYA population, face unique challenges throughout their cancer journey. To date, the clinical trial environment for AYA patients has been slower to develop and therefore new treatments have also lagged behind. In the spring of 2015, 3CTN championed a call to all Canadian AYA researchers to submit proposals for new clinical trials for this challenging-to-treat population. In the coming months the best application will be developed into an innovative clinical trial aimed at helping AYA patients access cutting-edge treatment;
- 3CTN Annual Stakeholder Meeting: The first meeting took place in November 2014 and represented a unique forum for collaboration and communication among the entire academic cancer clinical trial community;
- Strategy Team for Innovation: Formed in early 2015, this Strategy Team will assist with developing innovative research projects that can be funded via 3CTN.



“The Canadian Partnership Against Cancer (CPAC) implements Canada’s cancer strategy. Our success relies on collaboration with partners from

across the country. Pan-Canadian work shows results for system-level impact, in addition to provincial successes, to improve cancer care. To influence system, organizational and individual level practices in a country as large as Canada, we really must work together. 3CTN is a good example as it enables collaboration, which leads to increased patient enrolment in clinical trials as well as to improvements in the management of trials and best practices sharing. All of these efforts will ultimately mean Canadian clinicians have access to better evidence and we’ll see improved patient outcomes.”

**Shelly Jamieson**  
CEO, CPAC



### Objective 4:

#### Demonstrate impact of the Network and academic trials on the Canadian healthcare system

- Collaboration with The Canadian Centre for Applied Research in Cancer Control (ARCC): As of spring 2015, 3CTN and ARCC have laid the groundwork for several important and informative research projects that will be completed over the coming year. Although the projects will take some time to conduct, they will ultimately construct a framework for 3CTN to be able to measure the impact of the Network and subsequent increased cancer clinical trial capacity on the Canadian healthcare system.
- Strategy Team for Impact: Formed in early 2015, this Strategy Team will aim to develop impactful research projects as well review the output of the ARCC project and other Network outcomes in an effort to demonstrate the impact of the Network on Canada’s cancer care system.



“It is quite clear that clinical trials are incredibly important in terms of developing better patient outcomes. ARCC brings a lens to 3CTN that is

focused on how to get good value for money, provide access for all Canadians to cancer drugs and cancer interventions and how to get the best possible patient outcomes. This is a great collaboration and it nice to see two pan-Canadian focused organizations look at the really challenging and difficult choices that we have to make about the health system and the health system design. I’m not aware of it anywhere else in the world and I’m hoping this collaboration will yield some exciting results.”

**Stuart Peacock**  
Co-Director of ARCC

# 3CTN Regional Achievements

This year, in collaboration with the 3CTN Coordinating Centre, the member sites were focused on setting up the site-level structure that will be required to support the Network. This structure will represent the backbone of 3CTN, and by building a strong foundation this year, 3CTN is positioned to sustain ongoing communication and collaboration. Furthermore, due to the Network implementation achievements across the Network, 3CTN will be poised to support Canadian cancer clinical trials in the years ahead and ensure 3CTN's overall objectives are met. This exciting year of progress was made possible by the hard work and dedication of the staff across the Network. The following section highlights the accomplishments of our member sites within their respective regions.

## British Columbia

- Completed the setup of the NRCC back office;
- CTMS-EDGE activities: completed site-level training and some implementation tasks;
- Identified NCC and NACC institutions and submitted applications to 3CTN Coordinating Centre.

## Alberta

- Implemented NRCC communication strategy, which included launching the Alberta Cancer Clinical Trials (ACCT) website and developing patient education materials and drafting an ACCT newsletter;
- Activities ongoing to assess and implement the EDGE CTMS;
- NCC and NACC institutions identified and NCC applications submitted to 3CTN Coordinating Centre.

## Manitoba

- Government of Manitoba Throne Speech recognized the importance of supporting academic clinical trials as a priority as well as the specific goal of increasing patient participation in clinical trials;
- Three staff positions hired: Research Nurse, Clinical Trials Manager and a Trial Launch CRA with aim to decrease time to open new academic trials and member sites;
- 3CTN portfolio trials reviewed and studies prioritized within the unit.

## Ontario

- The majority of required hiring activities at all levels of the Network completed;
- Formed the Ontario Leadership Council, which governs the Ontario NRCC;
- A comprehensive communication strategy was implemented including NRCC-wide quarterly meetings, a quarterly NRCC newsletter as well as monthly NCC/NACC node-specific conference calls;
- Additional portfolio trials opened and reviewed upcoming trials eligible for the portfolio;

- Performance improvement activities completed by one NCC site that included creating a business model to ensure proper balance of participation in academic clinical trials;
- Dissemination of information by one NCC site, which included sharing over 25 clinical research templates and tools with the Network node and supported NACCs with training on four clinical research topics.

## Quebec

- NRCC, NCC and NACC institutions identified and applications to 3CTN Coordinating Centre submitted.

Note: Formal agreements with Quebec were pending at time of printing.

## Atlantic Canada

- The "Atlantic Canada" NRCC was formed to represent all 3CTN member sites in the Maritime provinces;
- A regional 3CTN NRCC Steering Committee was struck;
- NCC and NACC institutions within the region identified and applications to 3CTN Coordinating Centre submitted.

## C17

- Strong communication strategy developed and implemented, including quarterly leadership meetings and a monthly publication distributed to more than 400 researchers involved in pediatric academic cancer clinical trials;
- Original goal exceeded of opening two new studies as four new studies were opened across Network of 17 cancer centres.

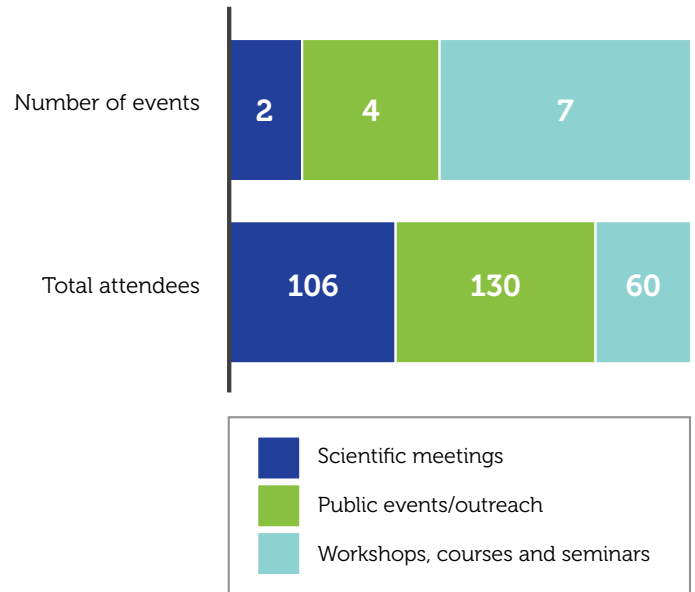
Note: C17, as a national NRCC does not represent a particular geographic area, but rather all of the Canadian centres in 3CTN recruiting for pediatric oncology trials.

# 3CTN Coordinating Centre achievements

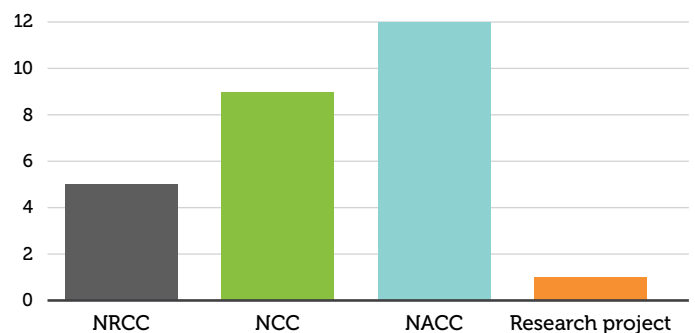
The 3CTN Coordinating Centre (CC) is the leadership and communication hub for the Network and is responsible for support and coordination of activities at the Network sites to ensure the Network’s goals and objectives are met. The priorities in 3CTN’s first year were to formally establish the CC, build the Network governance structure and to establish the pan-Canadian network of sites. The key progress made towards accomplishing these priorities are highlighted below.

- Three integral governance committees were struck; the Steering Committee, the Scientific Advisory Board and the Strategic Council. The inaugural meetings of these committees have focused on reviewing Network activities and overall 3CTN progress to date;
- Contractual agreements with nine funding partners executed;
- 3CTN member sites were established through formal application review and approval by the 3CTN CC. These sites included six Network Regional Coordinating Centres (NRCC) and 14 Network Cancer Centres (NCCs) and their affiliated centres (NACCs) across eight provinces. Contractual agreements have been executed with 21 sites and the first payments issued in early 2015;
- The set-up of the EDGE Clinical Trial Management System (CTMS) for the CC has been completed. This will support a country-wide roll-out of the EDGE platform to the 3CTN member sites, as well as the reporting of trial metrics and other activities for the CC;
- The web-based portfolio listing and a formal application process for the addition of new trials to the Portfolio was launched, via the 3CTN website, in January 2015;
- Implementation of a comprehensive Network communication strategy, including: launching the 3CTN website; distributing a monthly newsletter for stakeholder engagement; holding the first 3CTN Annual Stakeholder Meeting (with over 60 stakeholders from across Canada in attendance), regular Network conference calls and regional Network node meetings.

**3CTN events and outreach**



**3CTN funded initiatives**



# Recruitment to 3CTN Portfolio trials (Year 1)

Network site	**Baseline	°Year 1 target	Total	% of target
London Regional Cancer Program	186	93	59	63
Grand River Regional Cancer Centre	20	10	12	120
Windsor Regional Hospital	14	7	8	114
Juravinski Cancer Centre	181	91	87	96
Niagara Health System	17	9	9	100
Cambridge Memorial Hospital	11	6	2	33
Sunnybrook Research Institute	141	71	53	75
North York General Hospital	0	0	0	-
Toronto East General Hospital	2	1	0	0
Humber River Hospital	0	0	0	-
Princess Margaret Cancer Centre	396	198	131	66
Northeast Cancer Centre - Health Sciences North	24	12	2	17
Trillium Health Partners	27	14	5	36
Thunder Bay Regional Health Sciences Centre	26	13	2	15
Southlake Regional Health Centre	10	5	1	20
Royal Victoria Hospital	8	4	8	200
St. Michael's Hospital	19	10	4	40
William Osler Health System	1	1	0	0
Markham Stouffville Hospital	0	0	0	-
The Ottawa Hospital	132	66	57	86
Kingston General Hospital	41	21	23	110
Lakeridge Health	22	11	6	55
CancerCare Manitoba	99	50	30	60
Saint John Regional Hospital*	37	19	-	-
Dr. Everett Chalmers Hospital*	1	1	-	-
The Moncton Hospital*	11	6	-	-
Dr. Léon-Richard Oncology Centre*	9	5	-	-
Nova Scotia Health Authority	39	20	3	15
Cape Breton Cancer Centre***	4	2	0	0
PEI Cancer Treatment Centre	8	4	1	25
Nova Scotia Health Authority, Hematology	7	4	13	325
Vancouver Centre <sup>ˆ</sup>	106	53	56	106
Abbotsford Centre <sup>ˆ</sup>	16	8	13	163
Centre for the North <sup>ˆ</sup>	1	1	3	300
Sindi Ahluwalia Hawkins Centre for the Southern Interior <sup>ˆ</sup>	38	19	22	116
Fraser Valley Centre <sup>ˆ</sup>	44	22	13	59
Vancouver Island Centre <sup>ˆ</sup>	26	13	9	69
McGill University*	212	106	-	-
St. Mary's Hospital Center*	0	0	-	-
CSSS de Gatineau*	3	2	-	-
CHU de Quebec*	194	97	-	-
CSSS Rimouski-Neigette*	4	2	-	-
Institut universitaire de cardiologie et de pneumologie de Québec*	9	5	-	-
CHU de Sherbrooke*	46	23	-	-
CSSS Alphonse-Desjardins de Lévis*	3	2	-	-
Centre Hospitalier de l'Université de Montréal	153	77	30	39
Centre de Santé et de Services Sociaux de Trois-Rivières	8	4	11	275
Hôpital de la Cité-de-la-Santé	4	2	1	50
Hôpital du Sacré-Coeur de Montréal	3	2	1	67
Hôpital Maisonneuve-Rosemont	60	30	5	17
Tom Baker Cancer Centre***	76	38	39	103
Cross Cancer Institute*	102	51	-	-
C17 (national pediatric total)	368	184	161	88
The Hospital for Sick Children	109	55	47	85
CHU Sainte-Justine	42	21	18	86
BC Children's Hospital	36	18	13	72
Montreal Children's Hospital	24	12	9	75
Alberta Children's Hospital	22	11	10	91
McMaster/Hamilton Health Sciences Centre	14	7	6	86
Children's Hospital of Eastern Ontario	20	10	10	100
Children's Hospital, London Health Sciences Centre	12	6	7	117
Stollery Children's Hospital	11	6	8	133
IWK Health Centre	20	10	6	60
CHU de Quebec	17	9	7	78
CancerCare Manitoba	18	9	5	56
Saskatoon Cancer Centre	6	3	9	300
Janeway Child Health Centre	4	2	1	50
Kingston General Hospital	9	5	5	100
Allan Blair Cancer Centre	4	2	0	0
CHU de Sherbrooke	0	0	0	-
<b>Total (reporting sites only)</b>	<b>2334</b>	<b>1174</b>	<b>880</b>	<b>75</b>

## Recruitment in year one

In total, 11 individual Network sites have met or exceeded their baseline recruitment targets for year one. Overall recruitment across the Network has declined by approximately 25 per cent this year. This decline was anticipated due to a number of factors, such as current academic trial activity, the nature of personalized medicine trial eligibility and sites awaiting 3CTN funding.

## What is 3CTN doing to increase recruitment?

3CTN is actively working with its members to continue with the implementation of plans as described in the 3CTN and site-specific business plans. This includes continuing with recruitment activities, including the hiring of recruitment specialists, planning of a recruitment strategy, development of tools, and a communication forum to discuss recruitment across 3CTN sites to portfolio trials. It is anticipated that these activities and anticipated additional trial activations from academic trial groups will help to promote recruitment and help all to make more trial opportunities available to Canadians.

## NOTES

\* Did not report

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

° Year 1 target is prorated to 50 per cent of the baseline

ˆ The 3CTN funding agreement and NRCC contracts with the BC Cancer Agency were approved and ratified in March 2015.

\*\*\*Future potential NACC



# Revenue and expenses for fiscal 2014-2015

Year ended March 31, 2015

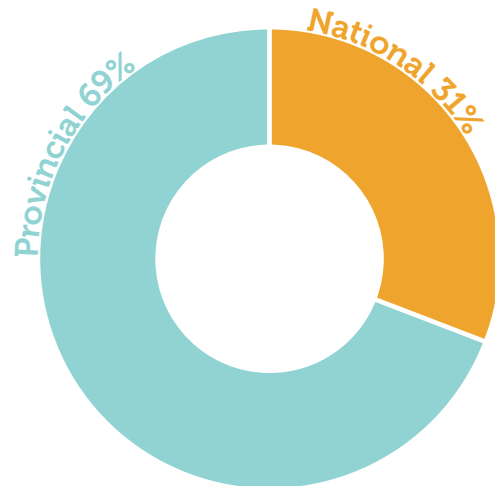
Amount in CDN \$

<b>Revenue</b>		
National		1,150,000
Provincial		2,566,375
<b>Total</b>	<b>\$</b>	<b>3,716,375</b>
<b>Expenses</b>		
Site payments		1,358,291
Personnel		405,499
Network initiatives		96,166
Other		54,922
IT		48,008
Meetings		20,086
Services		1,312
<b>Total</b>	<b>\$</b>	<b>1,984,284</b>

Excess of revenue over expenses is carried forward to fiscal 2015-16.

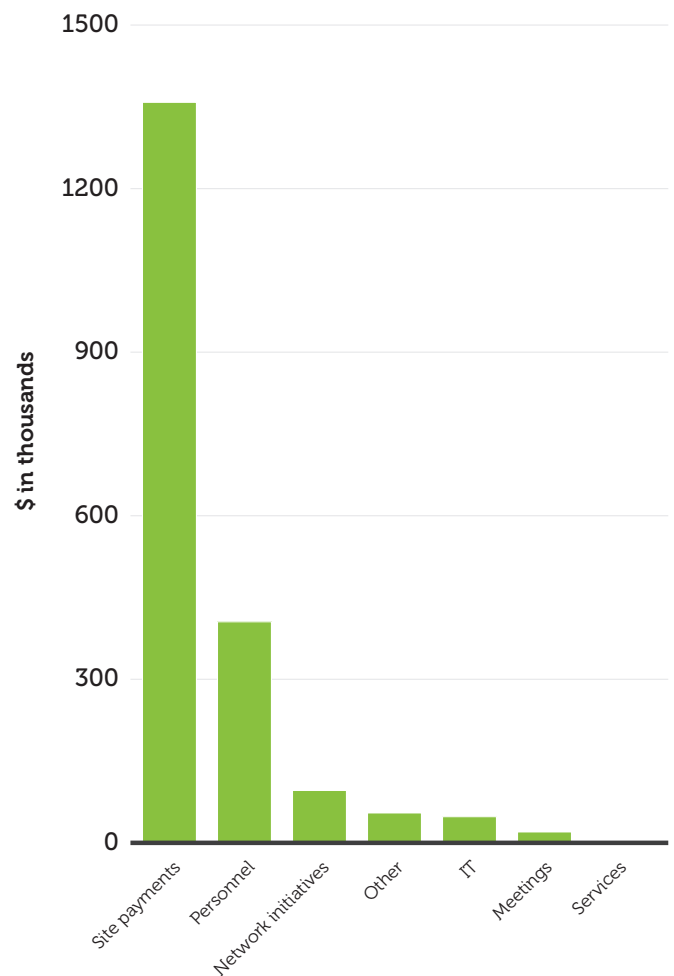
## Revenue

April 1, 2014 - March 31, 2015



## Expenses

April 1, 2014 - March 31, 2015



# 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,  
Cancer Care Manitoba

### **Amit Oza, MD**

Director, Clinical Cancer Research,  
Princess Margaret Cancer Centre

### **Joseph Pater, M.Sc., MD**

Emeritus Professor,  
Queen's University

### **Jim Pankovich, M.Sc., MBA**

Chief Scientific Officer,  
CIHR Canadian HIV Clinical Trials Network

### **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

### **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,  
UBC

## 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



**Back row left to right:** Saher Lalani, Rebecca Xu, Janet Dancey, Nicole Fraser. **Front row left to right:** Karen Arts, Diana Kato, Amanda Cannell. **Missing:** Lam Pho

### **Janet Dancey, MD**

Scientific Director

### **Karen Arts**

Executive Director

### **Lam Pho**

Director, Information Technology

### **Diana Kato**

Project Manager

### **Amanda Cannell**

Manager, Operations

### **Rebecca Xu**

EDGE Coordinator  
Ontario NRCC Coordinator

### **Saher Lalani**

Project Financial Analyst

### **Nicole Fraser**

Administrative Assistant





## Canadian Cancer Clinical Trials Network

### **Canadian Cancer Clinical Trials Network**

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