



Canadian
Cancer Clinical
Trials Network

Canadian Cancer Clinical Trials Network

Performance Report

Quarter 3 2015/16: October 1 – December 31, 2015

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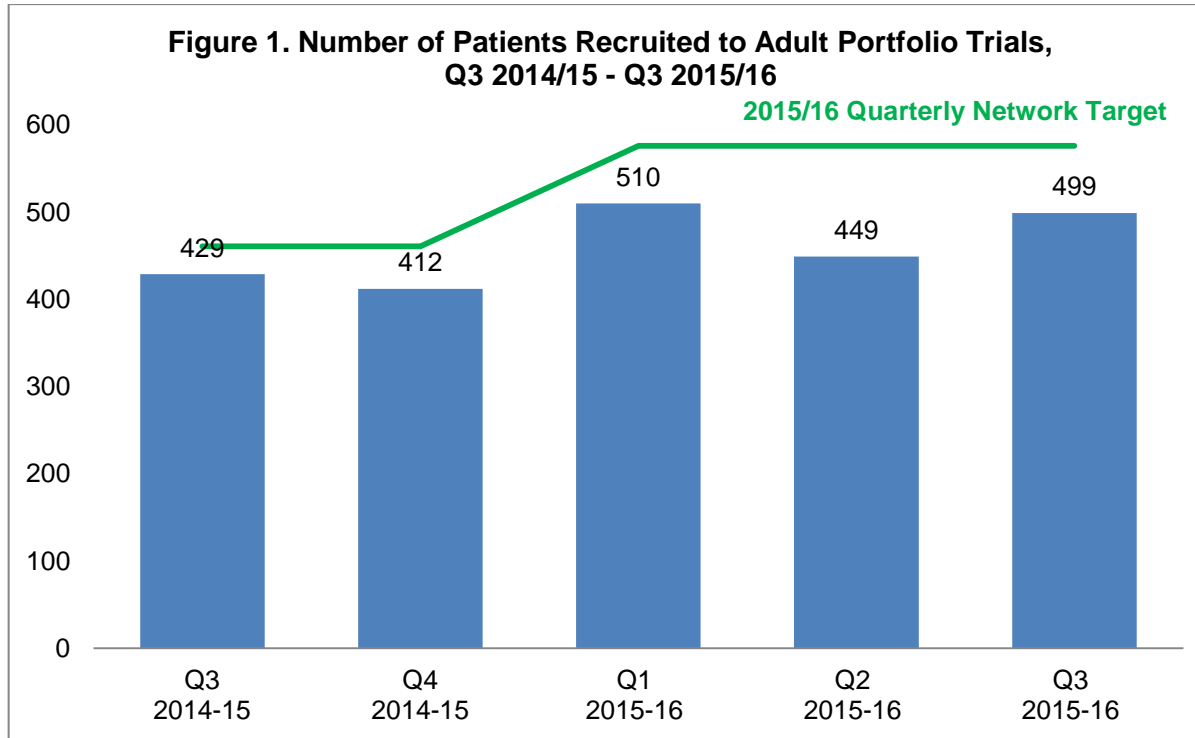
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Legend:

✓	On target
⚠	Likely on target
✗	Not on target

Section A: Progress at Adult Network Sites

Objective: To improve patient access to academic clinical trials: a) Improve adult patient recruitment by greater than 50% within four years



Q3 2015/16 progress against quarterly 2015/16 Network target			
	Actual	Target	Difference
Accrual	499	576	77
% above baseline	108%	125%	🚩

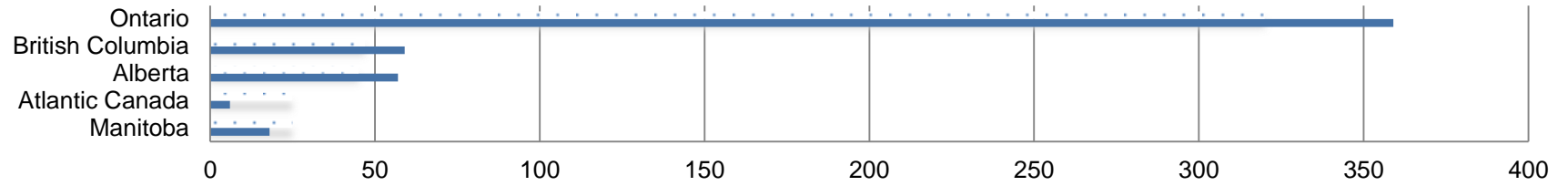
Notes:

- 499 patients were recruited to adult Portfolio trials in Quarter 3 2015/16. The quarterly Network target for 2015/16 is 576 patients recruited to meet an annual target of 2244 patients recruited (25% over baseline). The Network is 17% below its quarterly target for recruitment
- Data includes adult sites with formal Agreements with 3CTN (n=37)
- The Network target is the target recruitment per year, as defined in the 3CTN business plan. The site target is the target recruitment per year as defined in the Agreement between 3CTN and sites.

3CTN Actions to Improve Performance:

- Development of a recruitment best practices guide by the Performance Strategy Team
- Hosted a Recruitment Workshop and sites are implementing recruitment tools and best practices
- Increased communications (e.g., monthly report of new trials added to portfolio, quarterly recruitment discussions, feature trials in monthly newsletter)
- Publicizing N2's new patient education and awareness website
- Sharing of templates/tools to support recruitment to individual trials across the Network
- Rolled out Ask Me Campaign and site training

Figure 2. Number of patients recruited to adult Network sites per region in Q3 2015/16



	Manitoba	Atlantic Canada	Alberta	British Columbia	Ontario
2015/16 Quarterly Target	25	25	45	47	320
■ Y2Q3 Actual	18	6	57	59	359

Figure 3. Number of patients recruited to adult Network sites per local-regional node (NCC + NACC) in Q3 2015/16

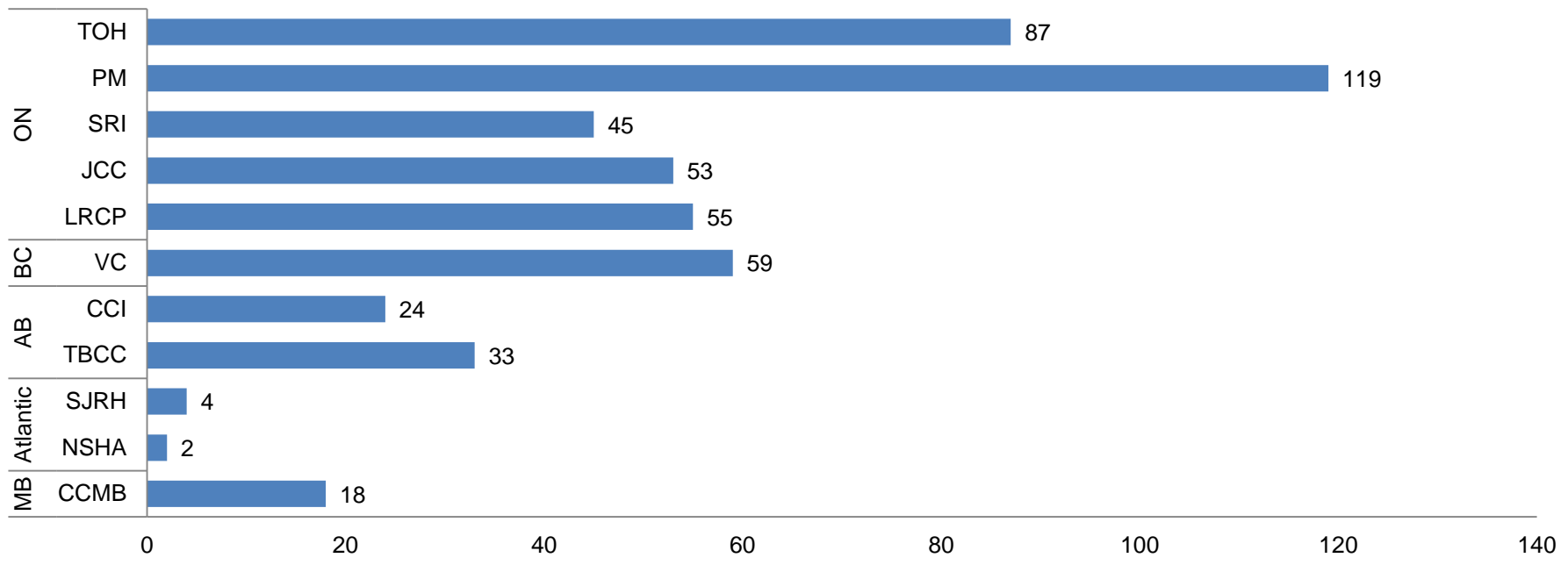


Figure 4. Progress to quarterly recruitment target at adult Network sites per region in Q3 2015/16

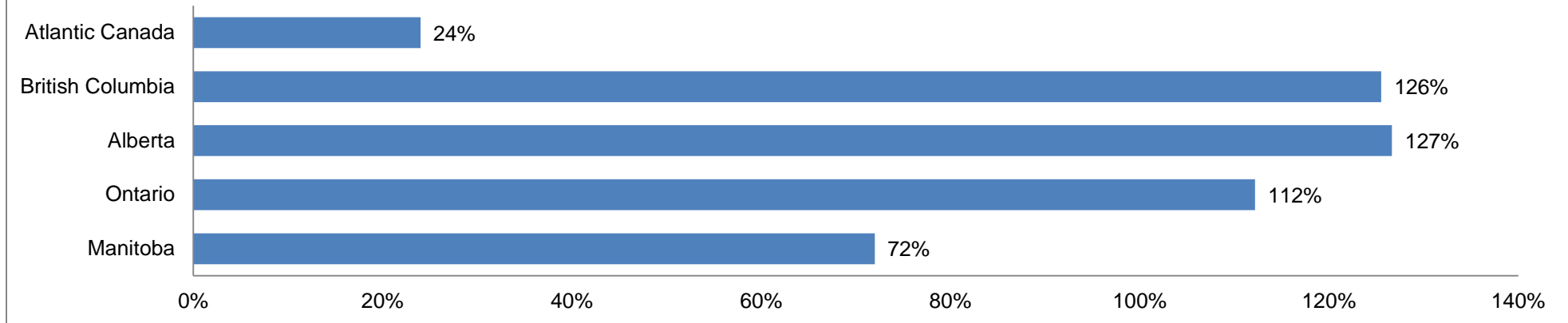


Figure 5. % of patients recruited to adult Network sites per local-regional node (NCC + NACC) in Q3 2015/16

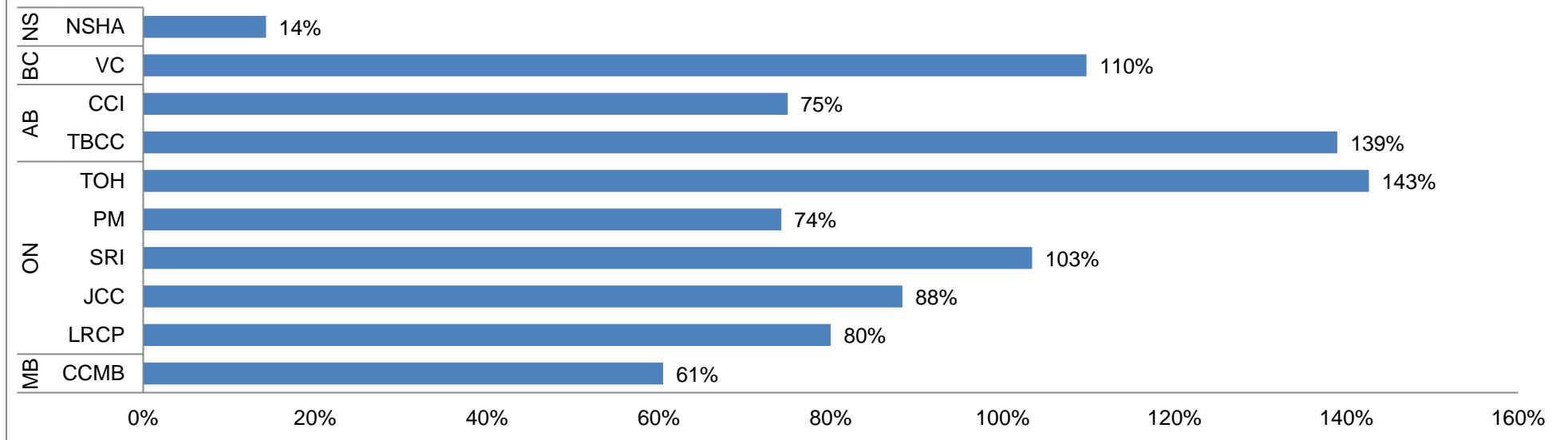
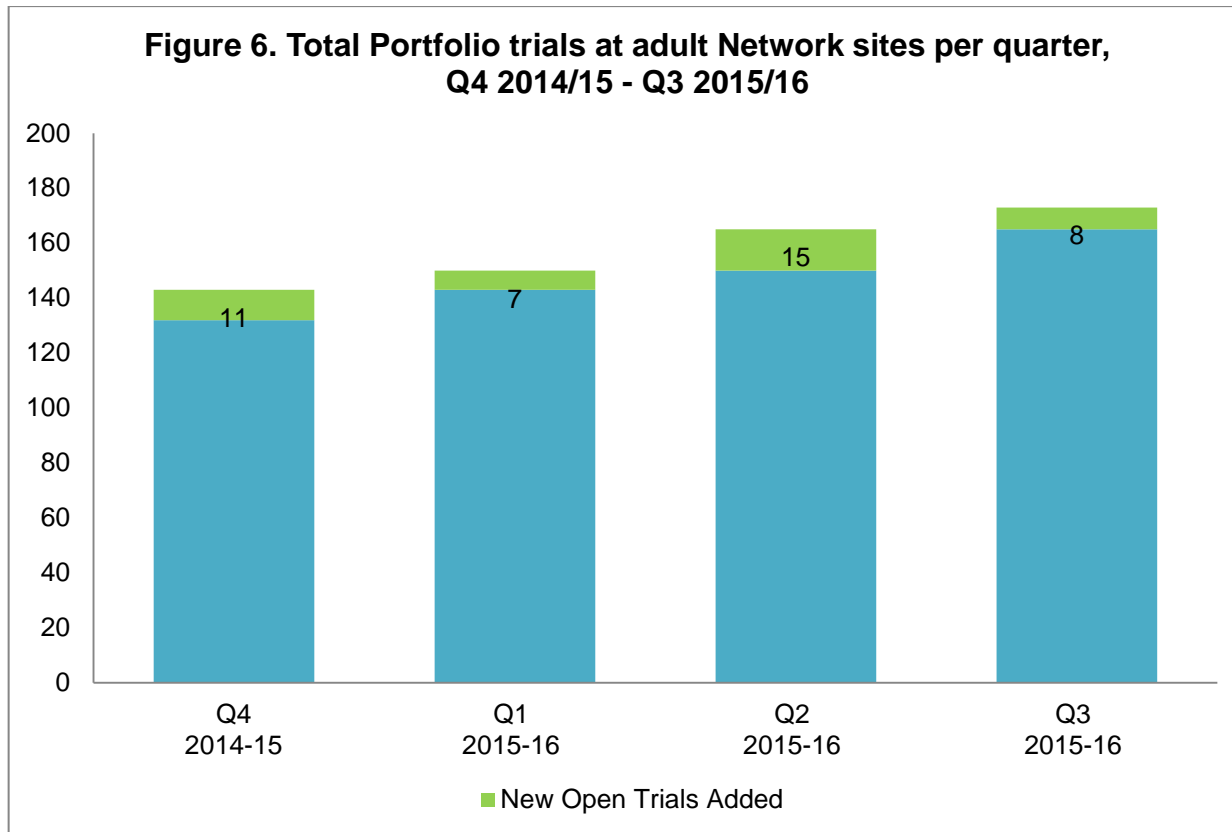


Table 1. Number of patients recruited per adult Network site

Network Site	Annual Baseline	Q3 2014-15	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Y2 Quarterly Target	Q3 Actual vs. Target
London Regional Cancer Program	186	36	35	53	33	45	58	⊗ -13
Grand River Regional Cancer centre	20	6	6	1	4	5	6	⊕ -1
Windsor Regional Hospital	14	4	4	4	3	5	4	⊕ 1
Juravinski Cancer Centre	181	51	59	70	63	50	52	⊕ -2
Niagara Health System	17	2	2	6	8	3	5	⊕ -2
Cambridge Memorial Hospital	11	1	1	2	0	0	3	⊕ -3
Sunnybrook Research Institute	141	49	60	61	46	44	42	⊕ 2
North York General Hospital	0	0	0	0	0	1	0	⊕ 1
Toronto East General Hospital	2	0	0	2	0	0	1	⊕ -1
Humber River Hospital	0	0	0	1	1	0	0	⊕ 0
Princess Margaret Cancer Centre	396	86	62	72	69	110	124	⊗ -14
Northeast Cancer Centre - Health Sciences North	24	0	2	3	5	2	8	⊕ -6
Trillium Health Partners	27	2	3	1	4	0	8	⊕ -8
Thunder Bay Regional Health Sciences Centre	26	2	0	1	0	1	8	⊕ -7
Southlake Regional Health Centre	10	0	1	3	2	2	3	⊕ -1
Royal Victoria Hospital	8	6	2	7	2	4	3	⊕ 2
St. Michael's Hospital	19	3	1	0	0	0	6	⊕ -6
William Osler Health System	1	0	0	0	0	0	1	⊕ -1
Markham Stouffville Hospital	0	0	0	0	0	0	0	⊕ 0
The Ottawa Hospital	132	30	27	54	51	73	41	⊕ 32
Kingston General Hospital	41	17	6	12	11	11	13	⊕ -2
Lakeridge Health	22	4	2	4	8	3	7	⊕ -4
CancerCare Manitoba	99	17	21	26	14	18	30	⊗ -12
Saskatoon Cancer Centre		0	0	0	0	0	0	⊕ 0
Saint John Regional Hospital*	37	5	6	2	3	3	11	⊕ -8
Dr. Everett Chalmers Hospital*	1	0	1	0	0	0	0	⊕ 0
The Moncton Hospital*	0	0	0	0	0	0	0	⊕ 0
Dr. Léon-Richard Oncology Centre*	9	1	1	0	1	1	3	⊕ -2
Nova Scotia Health Authority (old name: ACCRU)	39	1	3	7	7	1	12	⊗ -11
Cape Breton Cancer Centre***	0	0	0	0	0	0	0	⊕ 0
PEI Cancer Treatment Centre	8	0	1	4	4	0	2	⊕ -2
Nova Scotia Health Authority, Hematology	7	8	5	14	4	1	2	⊕ -1

Network Site	Annual Baseline	Q3 2014-15	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Y2 Quarterly Target	Q3 Actual vs. Target
Vancouver Centre	106	33	28	28	30	27	30	⬇️ -3
Abbotsford Centre	16	4	6	7	5	10	5	⬆️ 5
Centre for the North/Prince George	1	2	1	0	1	1	1	⬆️ 1
Sindi Ahluwalia Hawkins Centre for the Southern Interior	38	10	17	9	11	10	11	⬆️ -1
Fraser Valley Centre		0	0	0	0	0	0	⬆️ 0
Vancouver Island Centre	26	3	5	12	3	11	7	⬆️ 4
Tom Baker Cancer Centre	76	20	19	33	26	33	24	⬆️ 9
Cross Cancer Institute	102	26	25	11	30	24	32	⬆️ -8
Adults total	1843	429	412	510	449	499	569	⬆️ -70

Objective: To demonstrate impact of the Network and academic trials on the Canadian Health Care System: a) Develop and maintain a portfolio of academic trials that will ensure the enthusiastic participation of academic trialists and patients and impact patient care.



Notes:

- There were 173 Portfolio trials, including 8 new open to accrual trials added at the end of Quarter 3
- 163 recruiting trial in total for Quarter 3
- Two trials were available at both adult and pediatric Network sites in 2015 and is included in both adult and pediatric figures
- The data provided in Figure 7 is a snapshot of the Portfolio as of December 31, 2015 (n=173)

Figure 7. Breakdown of Portfolio trials at adult Network sites, as of Dec 31, 2015

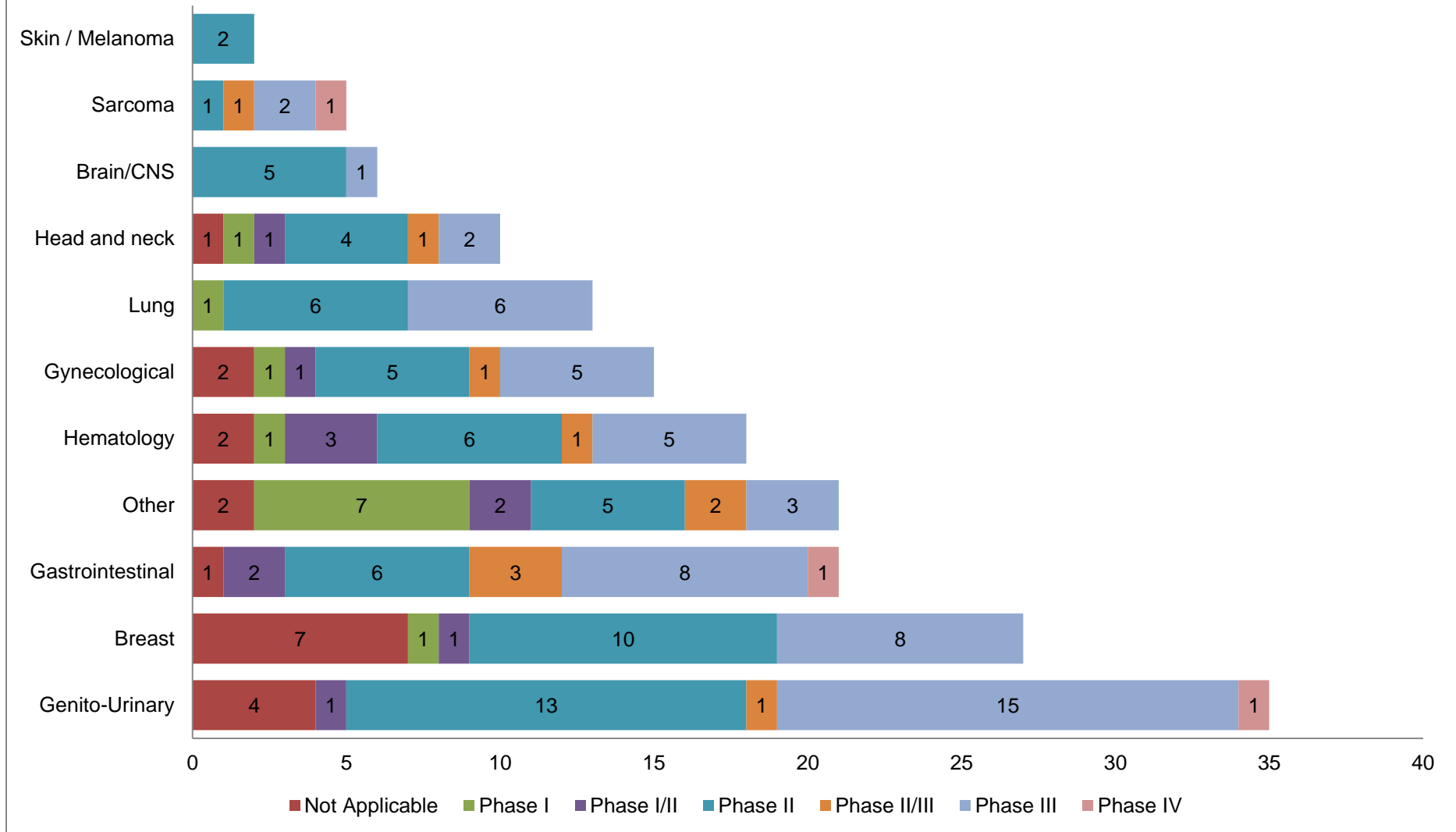
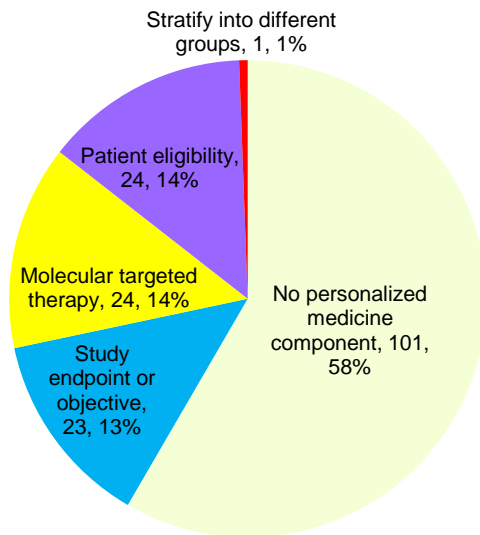


Figure 8. Breakdown of personalized medicine trials at adult Network sites, as of Dec 31, 2015

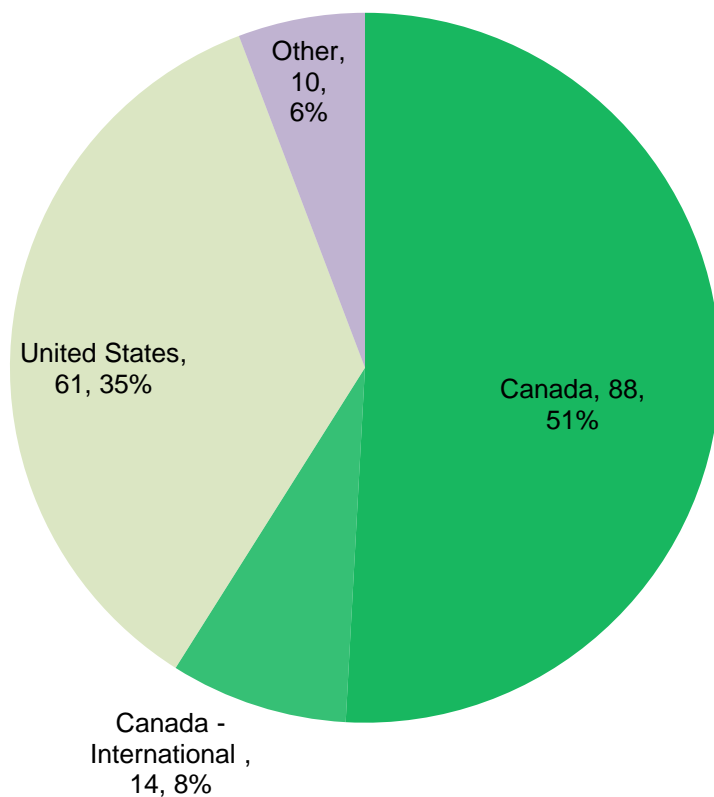


Notes:

- Personalized medicine trials open to recruitment at adult Network sites, as of December 31, 2015 (n=173)
- 43% of all trials at adult Network sites have a personalized medicine component
- Two trials were available at both adult and pediatric Network sites in 2015 and is included in both adult and pediatric figures

Category	Definition
Patient eligibility	Use of a genetic marker or other individualized biologic factor to determine if patient is eligible for the trial (i.e. included in trial design via the inclusion/exclusion criteria)
Study endpoint	Use of a genetic marker or other individualized biologic factor to correlate with study endpoint (i.e. included in trial design as an objective or endpoint)
Stratify into different groups	After patient enrollment, trial design uses a genetic marker or other individualized biologic factor to stratify into different groups (i.e. included in trial design to stratify for treatment or analysis groups)
Targeted therapy	Trial is using a molecular targeted therapy; drug used in a “targeted” patient population (i.e. HER2+ breast cancer gets a HER2 targeted agent)

Figure 9. Breakdown of Portfolio trials at adult Network centres by lead country, as of Dec 31, 2015

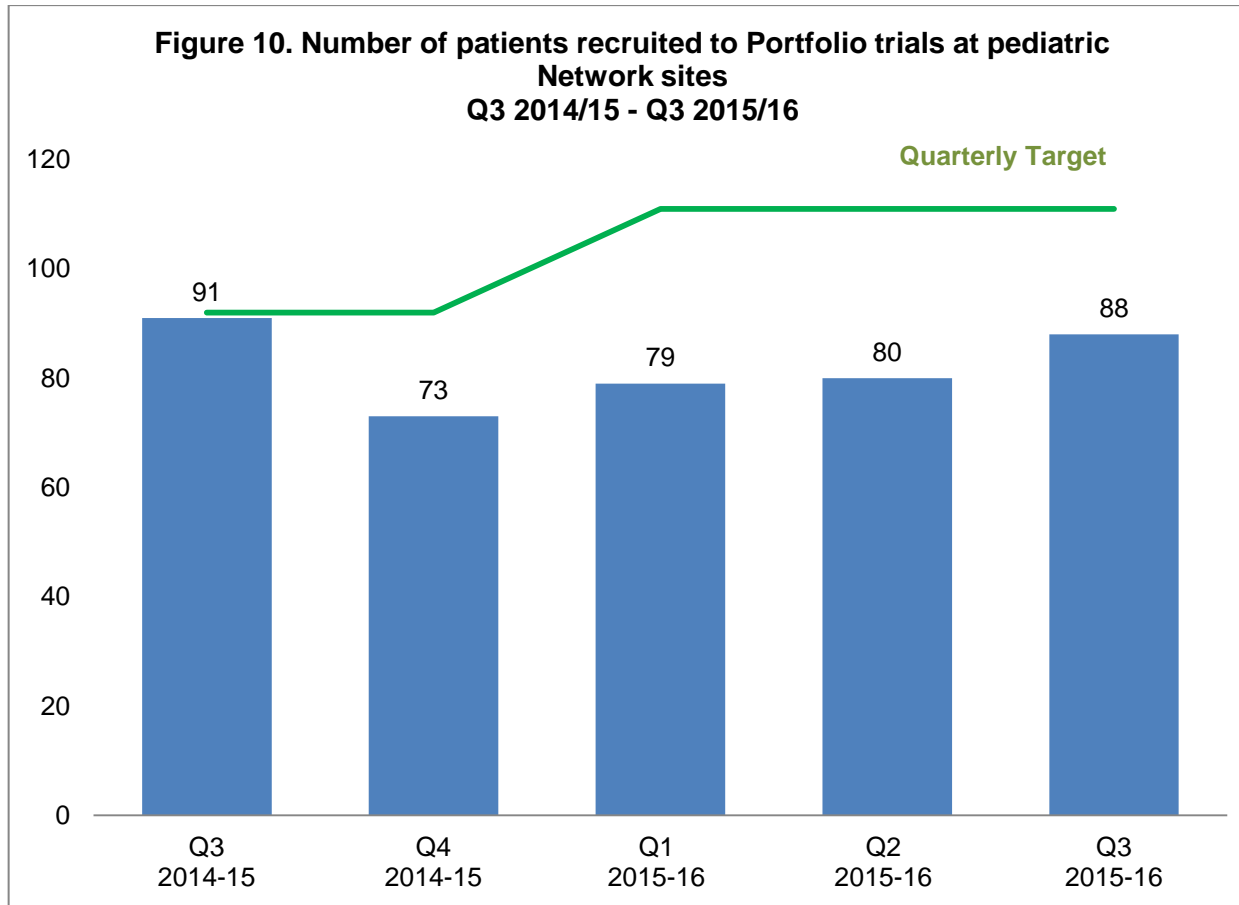


Notes:

- Breakdown of trials at adult Network sites by lead country, as of December 31, 2015 (n=173)
- Approx. 60% of all trials at adult Network sites are led by Canada – 8% of which are international, multicentered studies
- The average number of Network sites per trial led by Canada (including international multicentered) is 4.7
- Two trials were available at both adult and pediatric Network sites in 2015 and is included in both adult and pediatric figures

Section B: Progress at Pediatric Network Sites

Objective: To improve patient access to academic clinical trials: Improve recruitment of pediatric patients



Notes:

- 88 patients were recruited to Portfolio trials at pediatric Network sites in Quarter 3 2015/16. The quarterly target for 2015/16 is 111 patients recruited to meet an annual target of 443 patients recruited. Pediatric Network sites are 28.8% below its quarterly target for recruitment
- Data includes pediatric sites associated with the C17 Council (n=17)

3CTN Actions to Improve Performance:

- Development of a recruitment best practices guide by the Performance Strategy Team
- Hosting a Recruitment Workshop to discuss and launch recruitment tools and best practices
- Increased communications (e.g., monthly report of new trials added to portfolio, quarterly recruitment discussions, feature trials in monthly newsletter)
- Publicizing N2's new patient education and awareness website
- Sharing of templates/tools to support recruitment to individual trials across the Network
- Discussion with academic sponsors regarding upcoming new studies

	Q3 2015/16 progress against quarterly target		
	Accrual	Target	Difference
Accrual	88	111	23
% above baseline	95.60%	120%	⊗

Figure 11. Number of patients recruited per pediatric Network site in Q3 2015/16

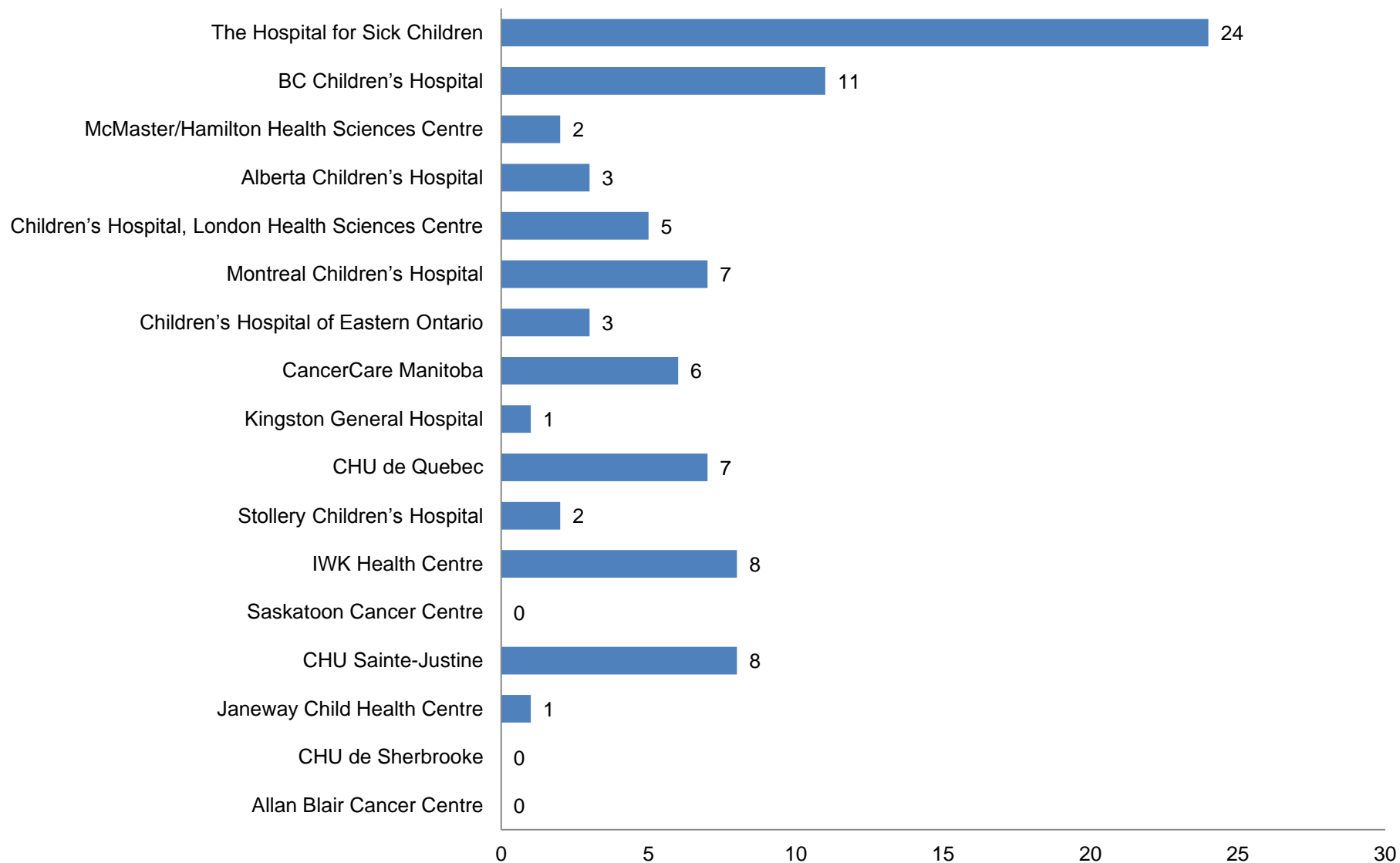


Figure 12. Progress to target quarterly recruitment per pediatric Network site in Q3 2015/16

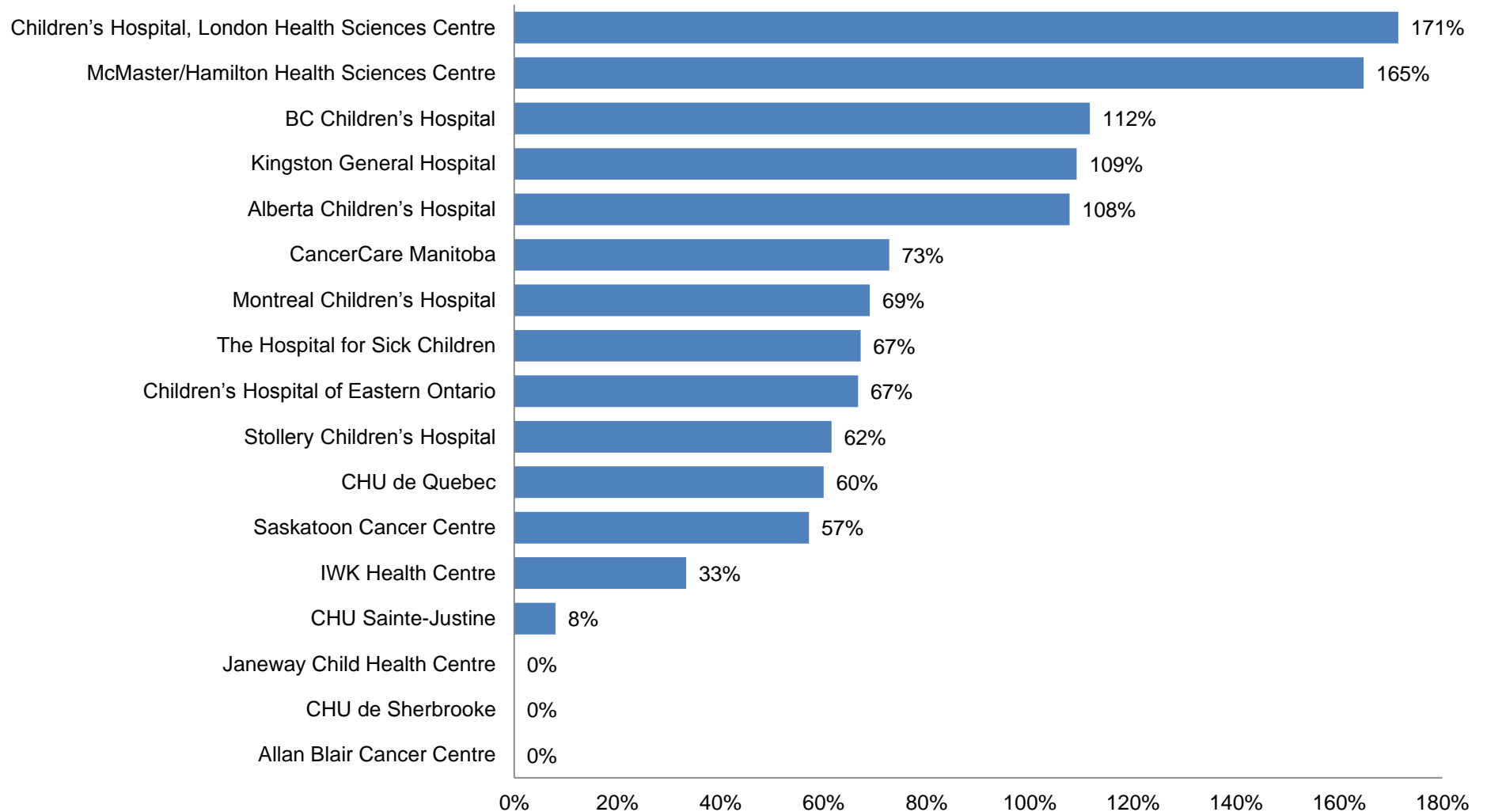
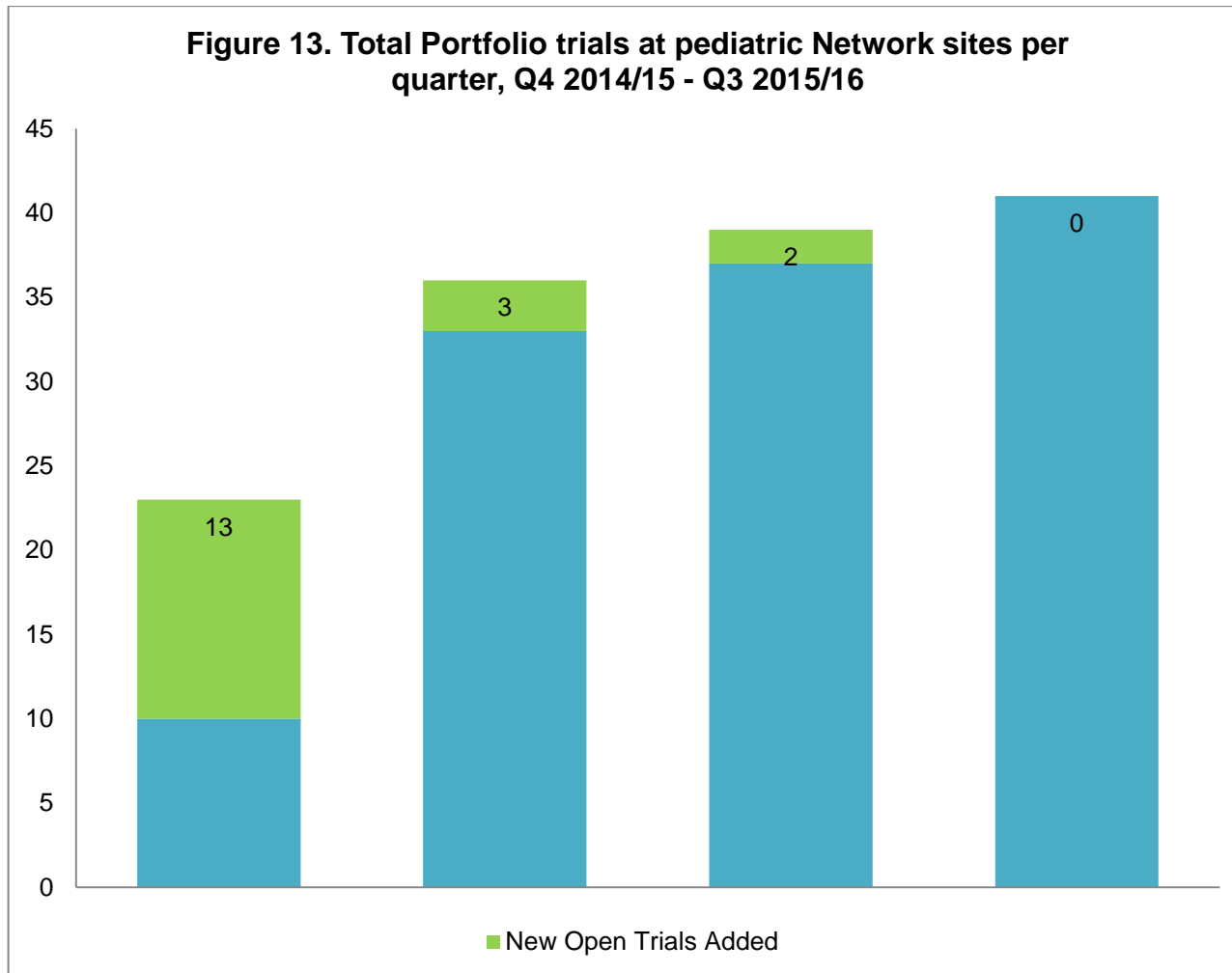


Table 2. Number of patients recruited per pediatric Network site

Network Site	Annual Baseline	Q3 2014-15	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Y2 Quarterly Target	Q3 Actual vs. Target
The Hospital for Sick Children	109	32	21	22	23	24	33	🟡 -9
CHU Sainte-Justine	42	9	9	10	1	8	13	🟡 -5
BC Children's Hospital	36	9	4	7	12	11	11	🟢 0
Montreal Children's Hospital	24	3	6	4	5	7	7	🟡 0
Alberta Children's Hospital	22	5	5	8	7	3	7	🟡 -4
McMaster/Hamilton Health Sciences Centre	14	4	2	4	7	2	4	🟡 -2
Children's Hospital of Eastern Ontario	20	5	5	5	4	3	6	🟡 -3
Children's Hospital, London Health Sciences Centre	12	3	4	2	6	5	4	🟢 2
Stollery Children's Hospital	11	4	4	3	2	2	3	🟡 -1
IWK Health Centre	20	4	2	6	2	8	6	🟢 2
CHU de Quebec	17	4	3	2	3	7	5	🟢 2
CancerCare Manitoba	18	1	4	2	4	6	6	🟢 1
Saskatoon Cancer Centre	6	5	4	2	1	0	2	🟡 -2
Janeway Child Health Centre	4	1	0	1	0	1	1	🟡 0
Kingston General Hospital	9	2	3	1	3	1	3	🟡 -2
Allan Blair Cancer Centre	4	0	0	0	0	0	1	🟡 -1
CHU de Sherbrooke	0	0	0	0	0	0	0	🟡 0
C17 Total	368	91	73	79	80	88	111	🔴 -23

Objective: To demonstrate impact of the Network and academic trials on the Canadian Health Care System: a) Develop and maintain a portfolio of academic trials that will ensure the enthusiastic participation of academic trialists and patients and impact patient care.



Notes:

- There were 41 Portfolio trials available at pediatric Network sites, no new trials added at the end of Quarter 3
- The data provided in Figure 13 is a snapshot of the Portfolio as of December 31, 2015
- Two trials were available at both adult and pediatric Network sites in 2015 and is included in both adult and pediatric figures

Figure 14. Breakdown of Portfolio trials at pediatric Network sites, as of Dec 31, 2015

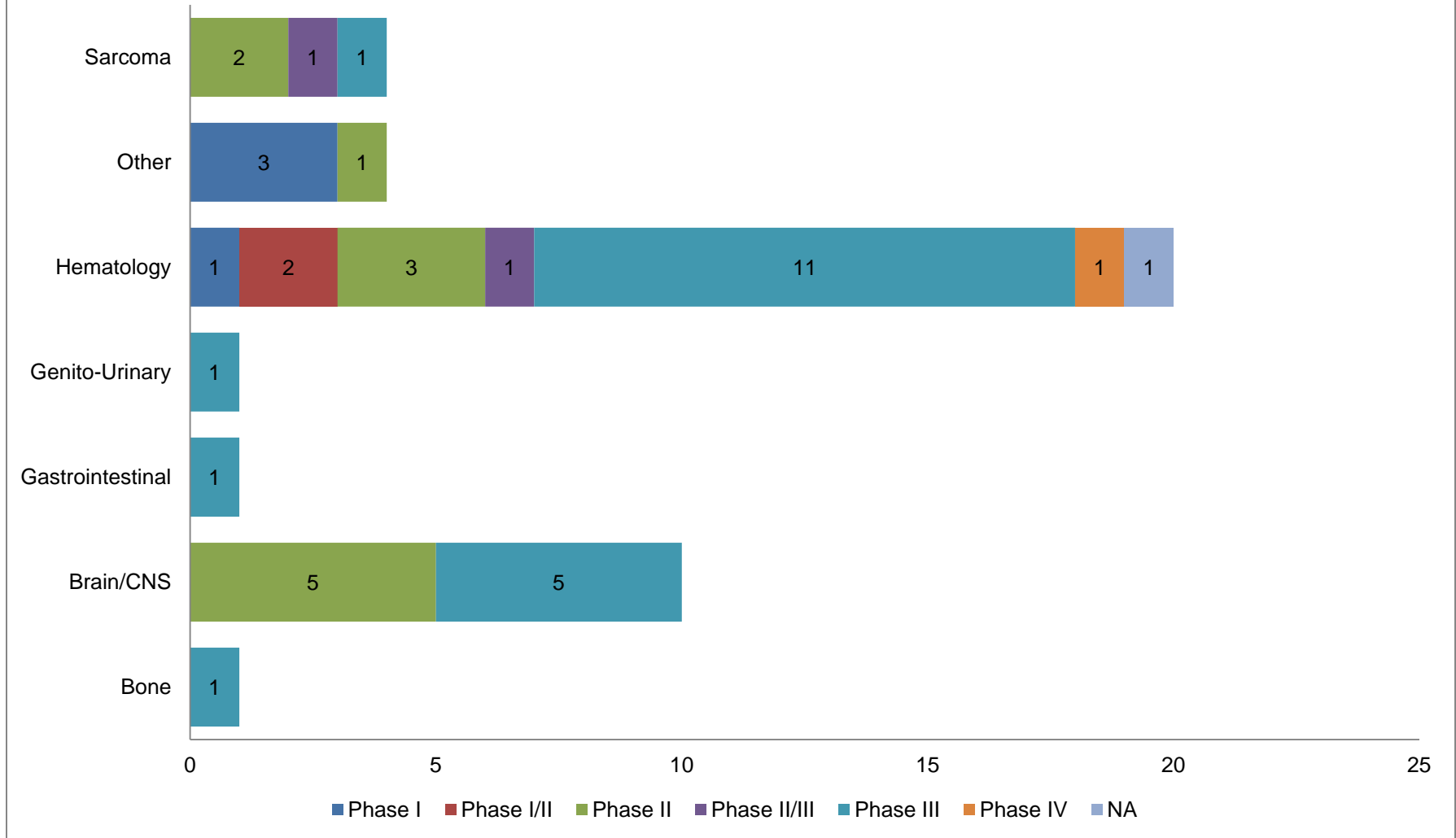
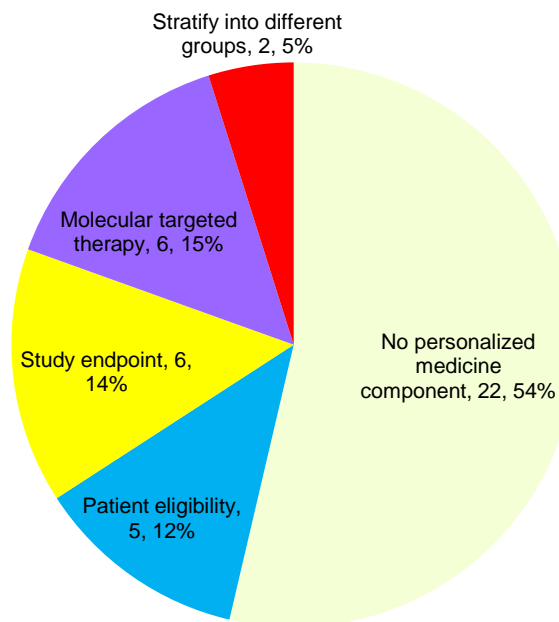


Figure 15. Breakdown of personalized medicine trials at pediatric Network sites, as of Dec 31, 2015

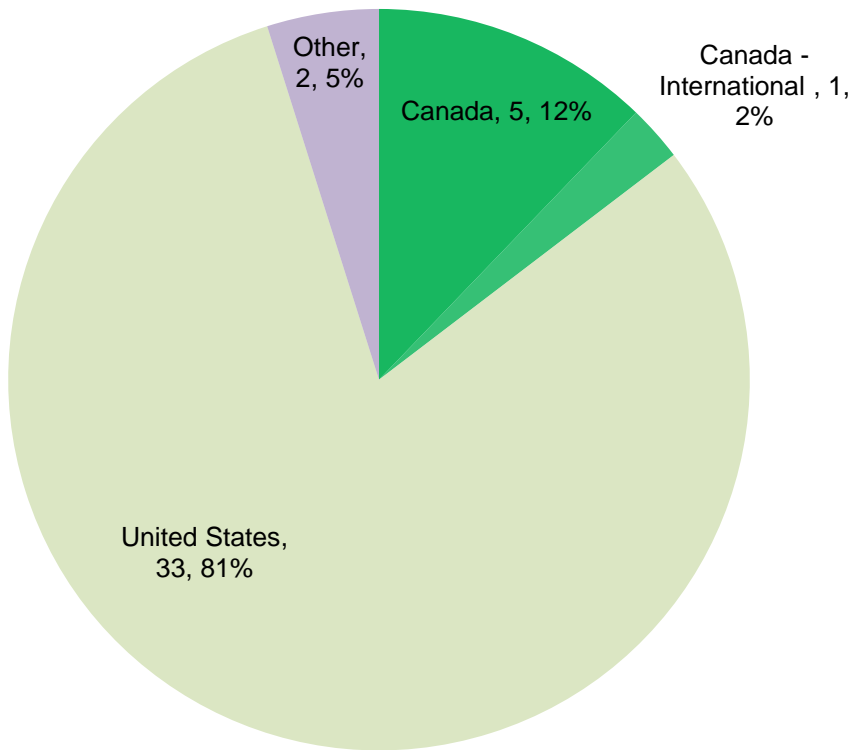


Notes:

- Personalized medicine trials at pediatric Network sites, as of December 31, 2016 (n=41)
- 46% of all trials at pediatric Network sites have a personalized medicine component
- Two trials were available at both adult and pediatric Network sites in 2015 and is included in both adult and pediatric figures

Category	Definition
Patient eligibility	Use of a genetic marker or other individualized biologic factor to determine if patient is eligible for the trial (i.e. included in trial design via the inclusion/exclusion criteria)
Study endpoint	Use of a genetic marker or other individualized biologic factor to correlate with study endpoint (i.e. included in trial design as an objective or endpoint)
Stratify into different groups	After patient enrollment, trial design uses a genetic marker or other individualized biologic factor to stratify into different groups (i.e. included in trial design to stratify for treatment or analysis groups)
Targeted therapy	Trial is using a molecular targeted therapy; drug used in a “targeted” patient population (i.e. HER2+ breast cancer gets a HER2 targeted agent)

Figure 16. Breakdown of Portfolio trials at pediatric Network centres by lead country, as of Dec 31, 2015



Notes:

- Breakdown of trials at pediatric Network sites by lead country, as of December 31, 2015 (n=41)
- 14% of all trials at pediatric Network sites are led by Canada – 2% of which are international, multicentered studies
- The average number of Network sites per trial led by Canada (including international multicentered) is 4.2
- Two trials were available at both adult and pediatric Network sites in 2015 and is included in both adult and pediatric figures

Appendix: Additional Notes

Table 3. Reporting periods and dates Q3 2014/15 – Q4 2015/16

Quarter	Period	Recruitment Database Lock
Q3 2014/15	October – December 2014	NA*
Q4 2014/15	January – March 2015	NA*
Q1 2015/16	April – June 2015	NA*
Q2 2015/16	July – September 2015	October 20, 2015
Q3 2015/16	October – December 2015	March 31, 2016
Q4 2015/16	January – March 2016	May 20, 2106

*Dates not available as database lock implemented in Q2 2015/16