



Canadian
Cancer Clinical
Trials Network

Canadian Cancer Clinical Trials Network

Quarter Performance Report

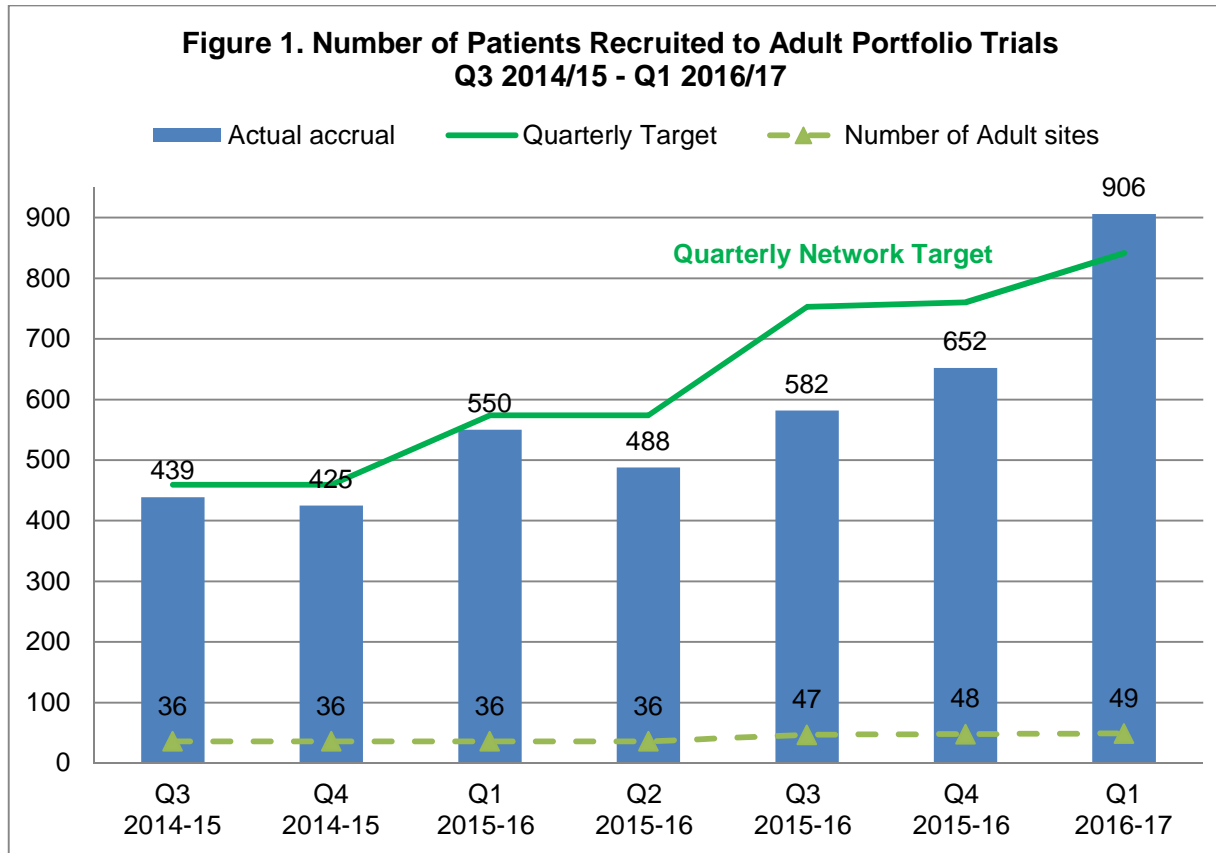
Quarter 1 2016/17: April 1 – June 30, 2016

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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



Notes:

- 906 patients were recruited to adult Portfolio trials in Quarter 1 2016/17.
- The Network recruitment target for 2016-2017 is 37.5% above baseline. The quarterly Network target for 2016/17 is 842 patients recruited to meet an annual target of 3568 patients recruited.
- Data includes adult sites with formal Agreements with 3CTN (N=49).
- 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.
- Quebec sites, Mount Sinai Hospital and St Joseph Hamilton joined 3CTN in Q3 of fiscal year 2; Eastern Regional Health Authority (NFL) just joined the network and no patient recruited in Q1.
- 29 out of 49 adult sites exceeded their quarter baseline.
- Legend:

	below quarter baseline
	exceed quarter baseline and above target


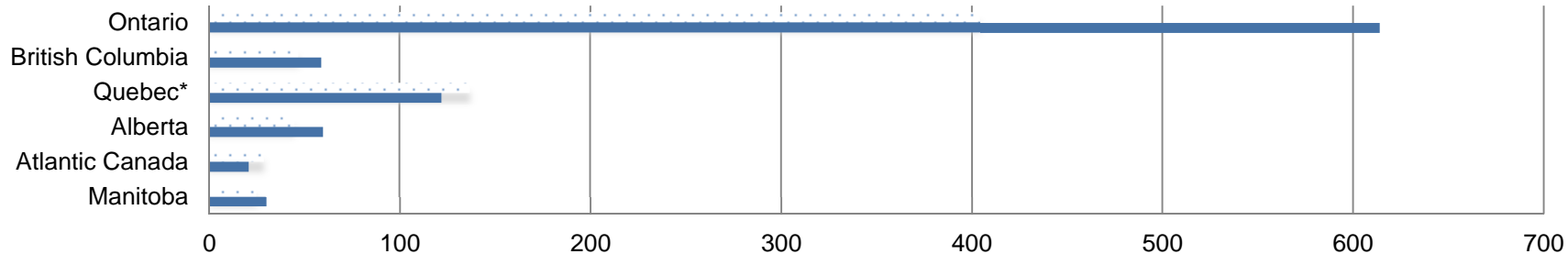
Q1 2016/17 progress against quarterly 2016/17 Network target			
	Actual	Target	Difference
Accrual	906	842	65
% above baseline	148%	137.5%	

Figure 2. Number of patients recruited to adult Network sites per region in Q1 2016/17



	Manitoba	Atlantic Canada	Alberta	Quebec*	British Columbia	Ontario
2016/17 Quarterly Baseline	25	29	45	137	47	404
Y3Q1 Actual	30	21	60	122	59	614

Figure 3. Number of patients recruited to adult Network sites per local-regional node (NCC + NACC) in Q1 2016/17

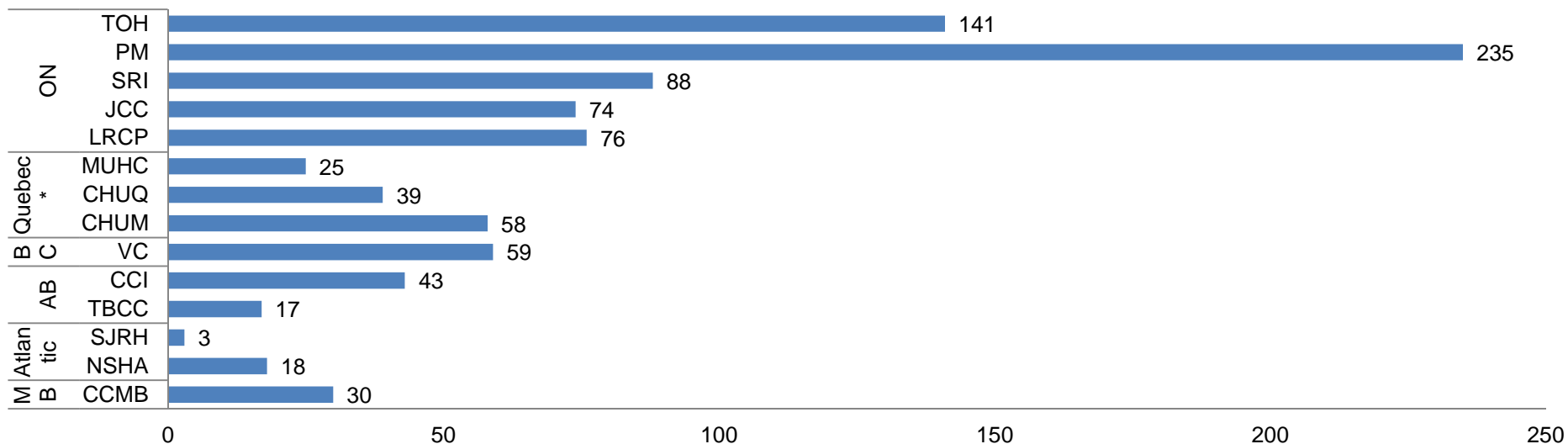


Figure 4. Progress to quarterly recruitment baseline at adult Network sites per region in Q1 2016/17

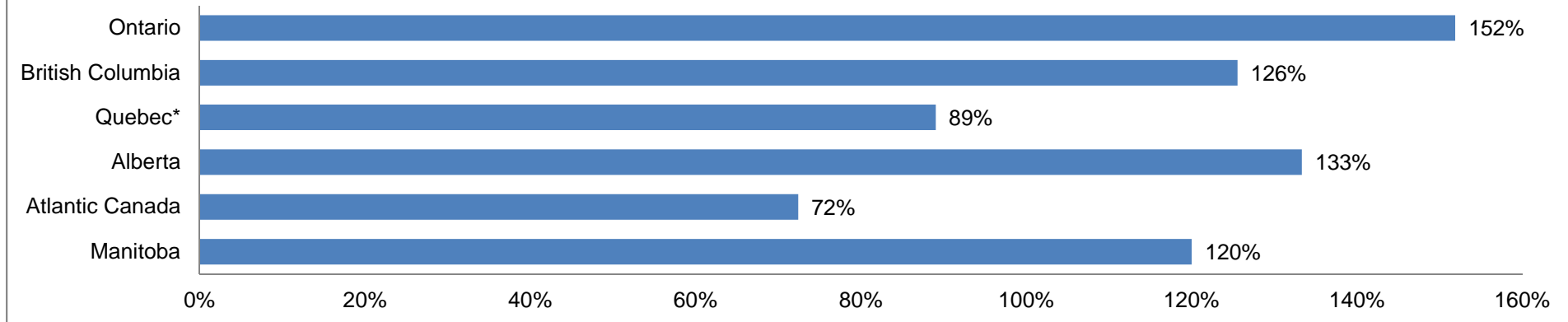


Figure 5. Percentage of patients recruited to quarter baseline of adult Network sites per local-regional node (NCC + NACC) in Q1 2016/17

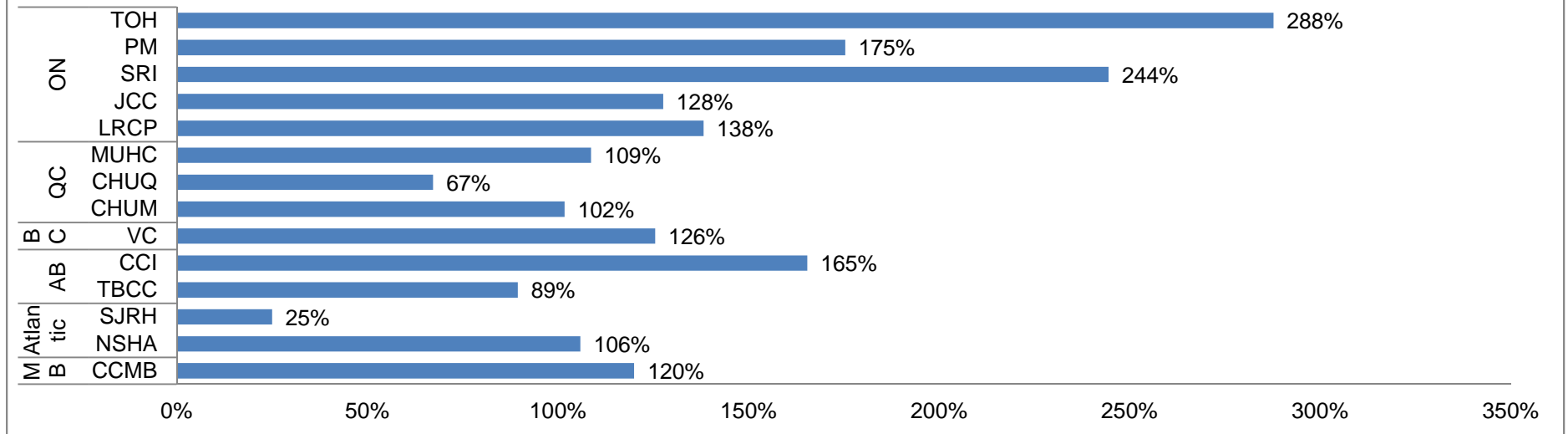


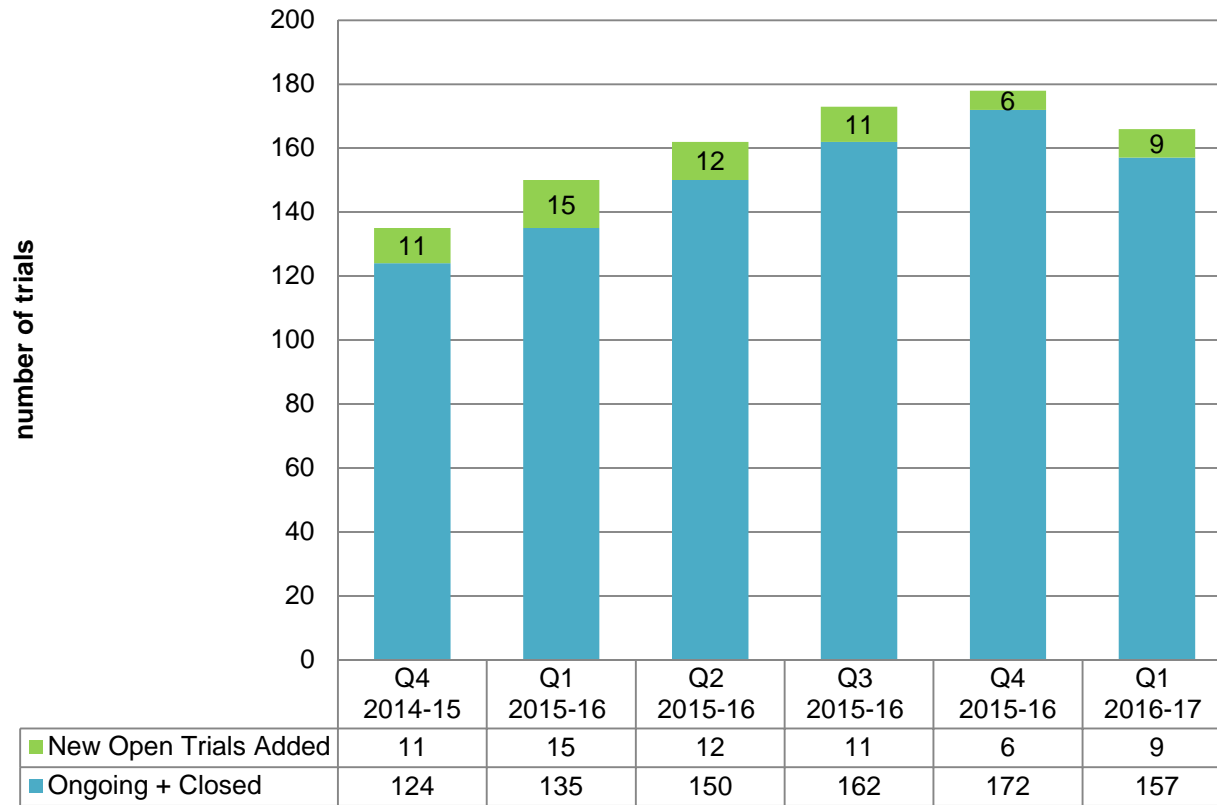
Table 1. Number of patients recruited per adult Network site

Network Site	Baseline Recruitment	Y2 Site Target	Y3 Site Target	Y4 Site Target	Q3 2014-15	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	% of Baseline	% Progress to Site Target
London Health Sciences Centre	186	233	279	326	36	35	53	33	45	34	48	26%	17%
Grand River Regional Cancer centre	20	25	30	35	6	6	1	4	5	3	16	80%	53%
Windsor Regional Hospital	14	18	21	25	4	4	4	3	5	5	12	86%	57%
Juravinski Cancer Centre	181	208	244	275	51	59	70	63	50	48	64	35%	26%
Niagara Health System	17	20	23	26	2	2	6	8	3	5	2	12%	9%
Cambridge Memorial Hospital	11	13	15	17	1	1	2	0	0	0	2	18%	13%
St. Joseph Healthcare Hamilton	21	21	28	32						25	6	29%	21%
Sunnybrook Research Institute	141	169	190	212	50	63	78	58	39	56	86	61%	45%
North York General Hospital	0	1	2	4	1	2	0	0	1	3	2	NA	100%
Toronto East General Hospital	2	2	2	4	0	0	2	0	0	0	0	0%	0%
Humber River Hospital	0	1	2	4	0	0	1	1	0	0	0	NA	0%
Princess Margaret Cancer Centre	396	495	594	693	86	66	82	83	110	105	140	35%	24%
Northeast Cancer Centre - Health Sciences North	24	30	36	42	0	2	3	5	2	7	1	4%	3%
Trillium Health Partners	27	34	41	47	2	3	1	4	0	0	7	26%	17%
Thunder Bay Regional Health Sciences Centre	26	33	39	46	2	0	1	0	1	1	17	65%	44%
Southlake Regional Health Centre	10	13	15	18	0	1	3	2	2	8	17	170%	113%
Royal Victoria Hospital	8	10	12	14	6	2	7	2	4	5	15	188%	125%
St. Michael's Hospital	19	25	27	28	3	1	0	0	0	0	1	5%	4%
William Osler Health System	1	3	6	8	0	0	0	0	0	0	10	1000%	167%
Markham Stouffville Hospital	0	1	2	2	0	0	0	0	0	0	10	NA	500%
Mount Sinai Hospital	21	21	28	32					6	6	17	81%	61%
The Ottawa Hospital	132	165	191	218	35	29	54	51	72	61	83	63%	43%
Kingston General Hospital	41	51	59	68	17	6	12	11	11	24	34	83%	58%
Lakeridge Health	22	28	32	36	4	2	4	9	3	10	24	109%	75%
NRCC Ontario Subtotal	1320	1650	2063	2578	306	284	384	337	359	406	614	47%	30%
CancerCare Manitoba	99	119	134	149	17	21	26	14	18	14	30	30%	22%
CancerCare Manitoba	99	119	134	149	17	21	26	14	18	14	30	30%	22%
Saint John Regional Hospital*	37	44	48	56	5	6	2	3	3	8	0	0%	0%
Dr. Everett Chalmers Hospital*	1	1	1	2	0	1	0	0	0	0	1	100%	100%
Dr. Léon-Richard Oncology Centre*	9	10	12	14	1	1	0	1	1	2	2	22%	17%
Nova Scotia Health Authority (old name: ACCRU)	39	47	51	59	1	3	14	9	4	4	11	28%	22%
PEI Cancer Treatment Centre	8	10	10	12	0	1	4	4	0	0	0	0%	0%
Nova Scotia Health Authority, Hematology	7	8	9	11	8	5	14	4	1	6	7	100%	78%
Eastern Regional Health Authority (NFL)	15		20	23							0	0%	0%
Atlantic NRCC total	116	139	167	200	15	17	34	21	9	20	21	18%	13%
BC Cancer Agency - Vancouver Centre	106	122	138	159	33	28	27	30	28	24	25	24%	18%
Abbotsford Centre	16	18.4	21	24	5	7	7	5	10	6	6	38%	29%
Centre for the North, Prince George	1	2	2	5	2	1	0	1	1	3	0	0%	0%
Sindi Ahluwalia Hawkins Centre for the Southern Interior	38	44	49	57	10	17	9	11	10	8	14	37%	29%
Vancouver Island Centre	26	30	34	39	3	5	12	4	12	14	14	54%	41%
BCCA NRCC total	187	215	244	284	53	58	55	51	61	55	59	32%	24%

Network Site	Baseline Recruitment	Y2 Site Target	Y3 Site Target	Y4 Site Target	Q3 2014-15	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	% of Baseline	% Progress to Site Target
McGill University Health Centre (MUHC)	111	111	117	122	0	0	0	0	0	0	0	0%	0%
CIUSSS de l'Ouest-de-l'Île-de-Montréal* (CIUSSS ODIM)	0	0	1	2	0	0	0	0	0	0	0	NA	0%
CIUSSS du Centre-Ouest-de-l'Île-de-Montréal* (CIUSSS CODIM)	87	87	91	96	0	0	0	0	27	34	25	29%	27%
CISSS de l'Outaouais*	3	3	4	5	0	0	0	0	0	0	0	0%	0%
CHU de Québec – Université Laval	180	180	189	198	0	0	0	0	8	2	27	15%	14%
CISSS du Bas-Saint-Laurent* (CISSS-BSL)	4	4	5	6	0	0	0	0	0	0	0	0%	0%
Institut universitaire de cardiologie et de pneumologie de Québec* (IUCPQ)	9	9	10	11	0	0	0	0	0	0	0	0%	0%
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke* (CIUSSS-Estrie-CHUS)	46	46	48	51	0	0	0	0	7	9	12	26%	25%
CISSS de Chaudière-Appalaches* (CISSS CA)	3	3	4	5	0	0	0	0	0	0	0	0%	0%
Centre Hospitalier de l'Université de Montréal (CHUM)	153	153	161	168	0	0	0	0	25	32	47	31%	29%
CIUSSS de la Mauricie-et-du-Centre-du-Québec * (CIUSSS MCQ)	8	8	9	10	0	0	0	0	1	0	3	38%	33%
CISSS de Laval*	4	4	5	6	0	0	0	0	2	1	1	25%	20%
CIUSSS du Nord-de-l'Île-de-Montréal* (CIUSSS NDIM)	3	3	4	5	0	0	0	0	0	0	0	0%	0%
CIUSSS de l'Est-de-l'Île-de-Montréal* (CIUSSS-EDIM)	60	60	63	66	0	0	0	0	5	6	7	12%	11%
QCROC NRCC total	671	671	711	751	0	0	0	0	75	84	122	18%	17%
Tom Baker Cancer Centre	76	95	106	114	22	20	40	35	33	30	17	22%	16%
Cross Cancer Institute	102	128	143	153	26	25	11	30	27	43	43	42%	30%
Alberta NRCC total	178	223	249	267	48	45	51	65	60	73	60	34%	24%

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.

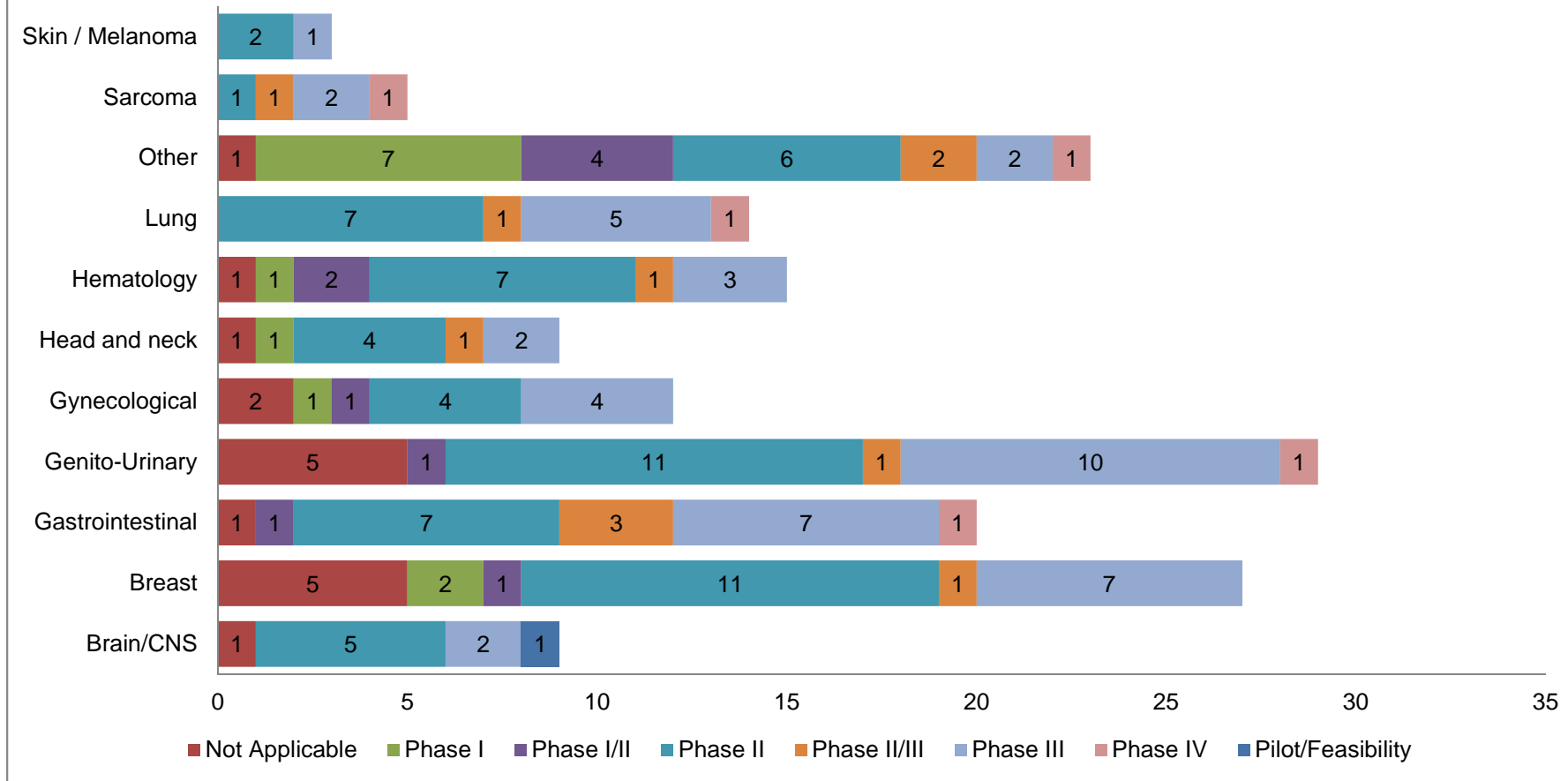
Figure 6. Total Portfolio trials at adult Network sites per quarter, Q4 2014/15 - Q1 2016/17



Notes:

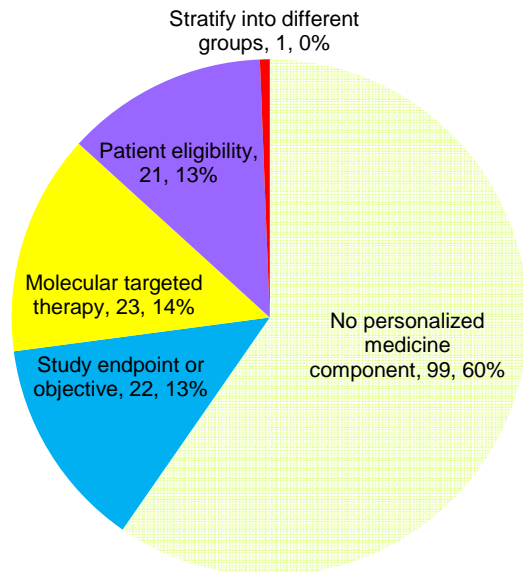
- There were 166 Portfolio trials, including 9 new open to accrual trials added at the end of Quarter 1
- 161 recruiting trials in total for Quarter 1
- Two trials were available at both adult and pediatric Network sites in 2015 and are included in both adult and pediatric figures

Figure 7. Breakdown of Portfolio trials at adult Network sites, as of August 31, 2016



- The data provided in Figure 7 are a snapshot of the Portfolio as of August 31, 2016 (n=166)

Figure 8. Breakdown of personalized medicine trials at adult Network sites for 2016/2017 Portfolio Trials

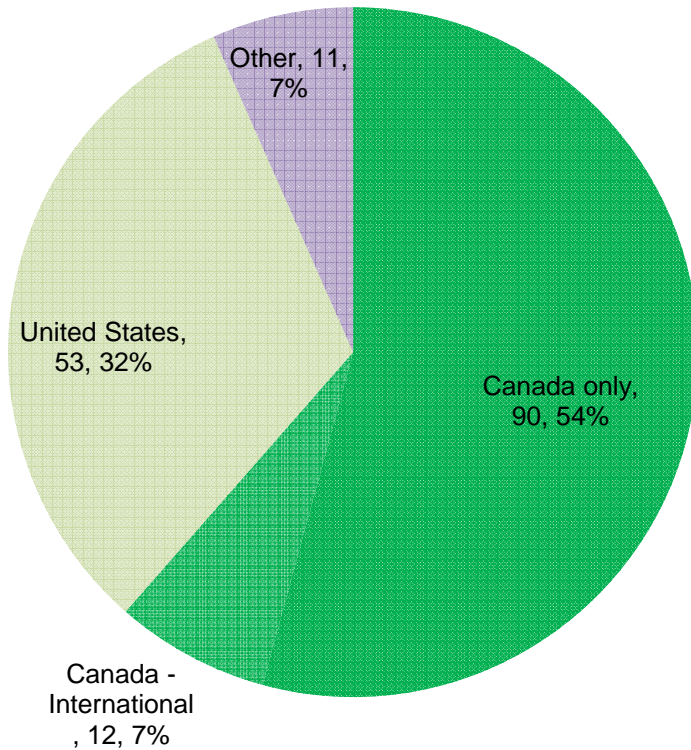


Notes:

- Personalized medicine trials open to recruitment at adult Network sites, as of August 31, 2015 (n=166)
- 40% 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 are included in both adult and pediatric figures
- There were 15 out of 166 trials (9%) that immunotherapy related trials.

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 for 2016/2017
Porforlio Trials

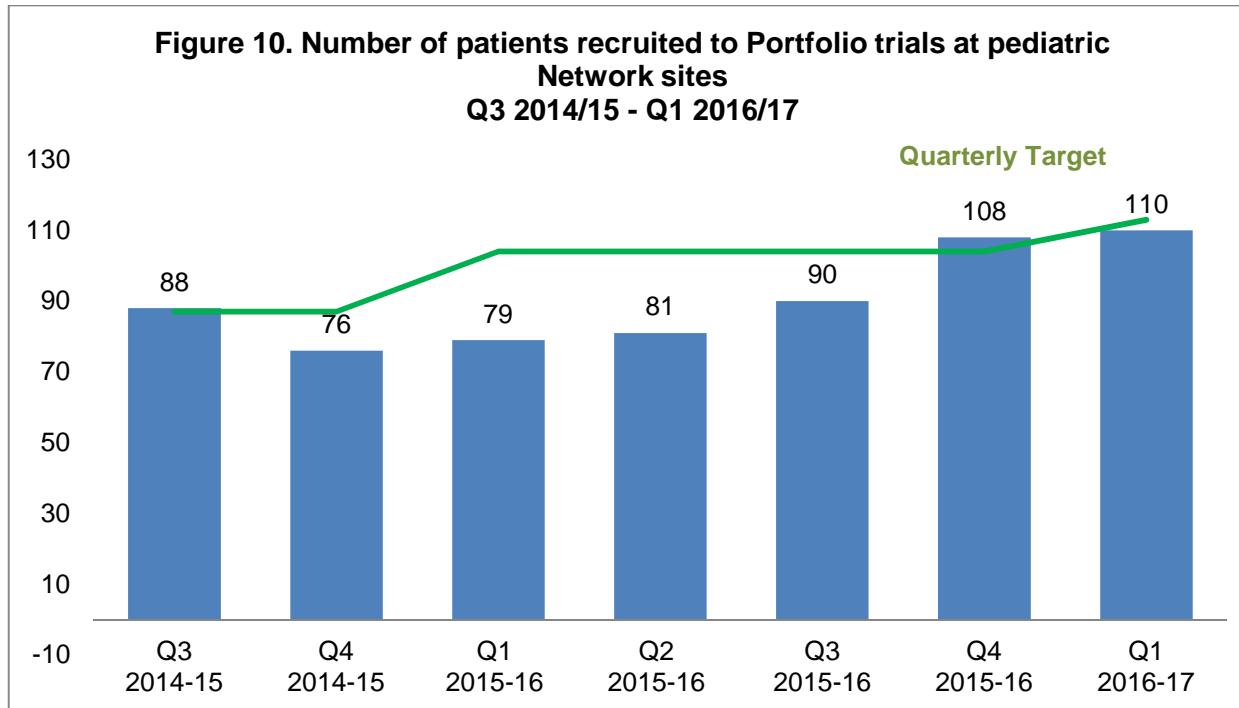


Notes:

- Breakdown of trials at adult Network sites by lead country, as of August 31, 2016 (n=166)
- Approx. 61% of all trials at adult Network sites are led by Canada – 7% of which are international, multicentered studies
- The average number of Network sites per trial led by Canada (including international multicentered) is 5.25.
- Two trials were available at both adult and pediatric Network sites in 2016 and are 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:

- 110 patients were recruited to Portfolio trials at pediatric Network sites in Quarter 1 2016/17. The quarterly target for 2015/16 is 127 patients recruited to meet an annual target of 451 patients recruited. Pediatric Network sites are 4% below its quarterly target for recruitment
- Data includes pediatric sites associated with the C17 Council (n=17)
- Please note that the baseline of C17 was re-calculated due to removal of an ineligible trial in the baseline.
- Legend:

	exceeded quarter baseline but lower than quarter target
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Q1 2016/17 progress against quarterly target			
	Accrual	Target	Difference
Accrual	110	127	17
% above baseline	126%	130%	

Figure 11. Number of patients recruited per pediatric Network site in Q1 2016/17

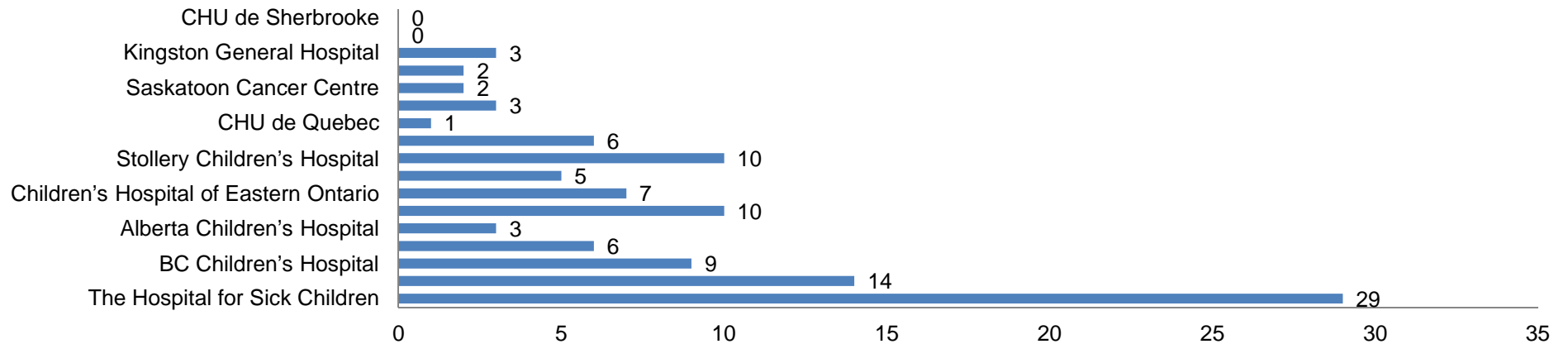


Figure 12. Progress to quarter baseline recruitment per pediatric Network site in Q1 2016/17

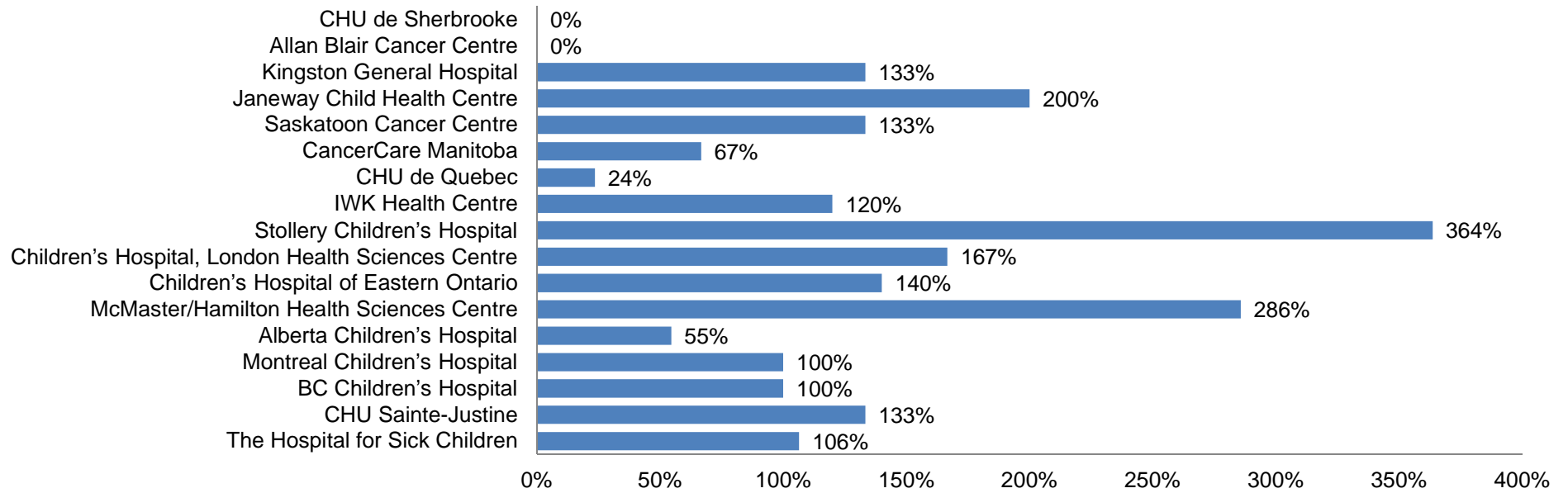
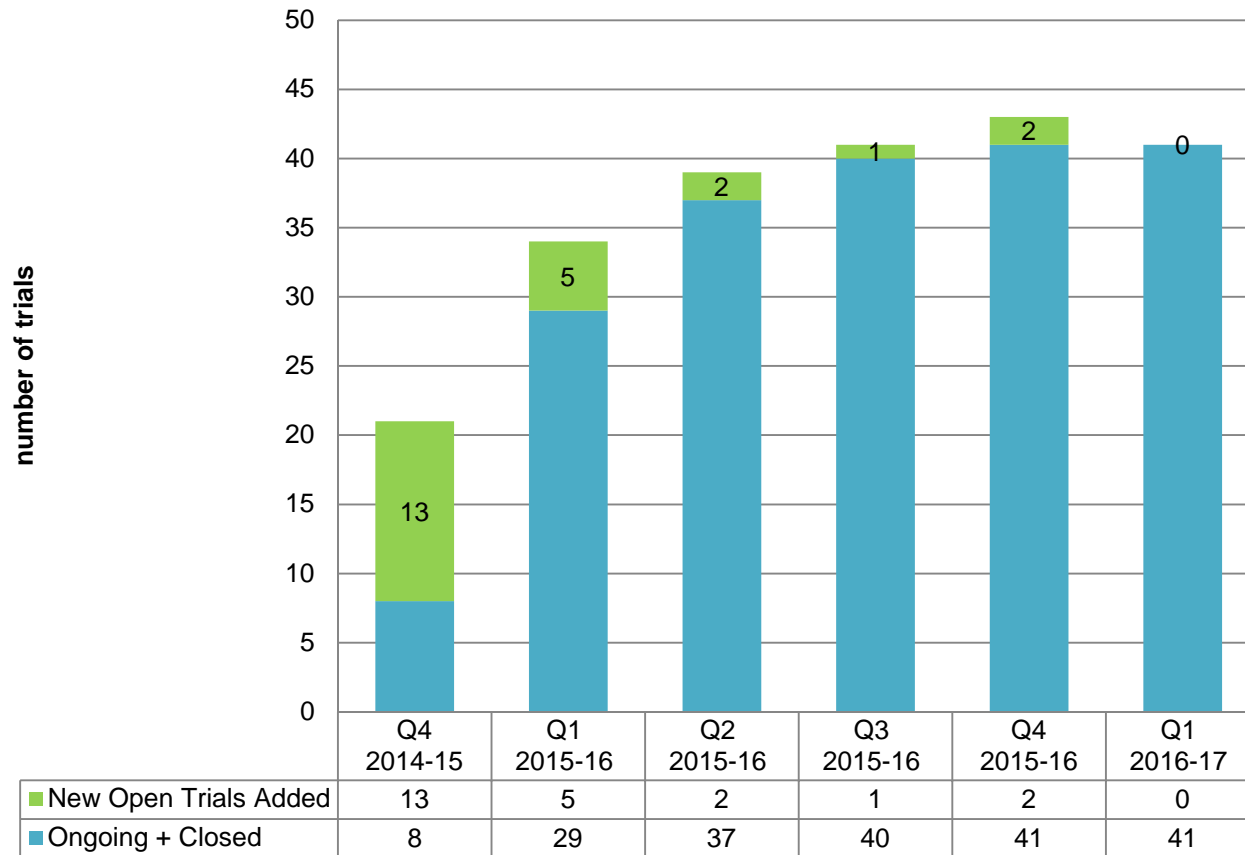


Table 2. Number of patients recruited per pediatric Network site

Network Site	Baseline Recruitment	Y2 Site Target	Y3 Site Target	Y4 Site Target	Q3 2014-15	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	% of Baseline
C17	347	416	451	521	88	76	79	81	90	108	110	32%
The Hospital for Sick Children	91	131			29	21	22	23	25	39	29	32%
CHU Sainte-Justine	42	50			9	9	10	1	8	7	14	33%
BC Children's Hospital	34	43			9	4	7	12	11	16	9	26%
Montreal Children's Hospital	24	29			3	6	4	5	8	6	6	25%
Alberta Children's Hospital	21	26			5	5	8	7	3	3	3	14%
McMaster/Hamilton Health Sciences Centre	14	17			4	2	4	7	2	7	10	71%
Children's Hospital of Eastern Ontario	20	24			5	5	5	4	3	6	7	35%
Children's Hospital, London Health Sciences Centre	12	14			3	4	2	6	5	2	5	42%
Stollery Children's Hospital	11	13			4	4	3	2	2	3	10	91%
IWK Health Centre	20	24			4	2	6	2	8	4	6	30%
CHU de Quebec	17	20			4	3	2	3	7	2	1	6%
CancerCare Manitoba	18	22			1	4	2	4	6	8	3	17%
Saskatoon Cancer Centre	6	7			5	4	2	1	0	3	2	33%
Janeway Child Health Centre	4	5			1	0	1	1	1	0	2	50%
Kingston General Hospital	9	11			2	3	1	3	1	2	3	33%
Allan Blair Cancer Centre	4	5			0	0	0	0	0	0	0	0%
CHU de Sherbrooke	0	1			0	0	0	0	0	0	0	NA

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.

**Figure 13. Total Portfolio trials at pediatric Network sites per quarter
Q4 2014/15 - Q1 2016/17**



Notes:

- There were 41 Portfolio trials available at pediatric Network sites, no new trials added at the end of Quarter 4
- The data provided in Figure 13 is a snapshot of the Portfolio as of August 31, 2016
- 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 Fiscal Year 2015 Portfolio trials at pediatric Network sites

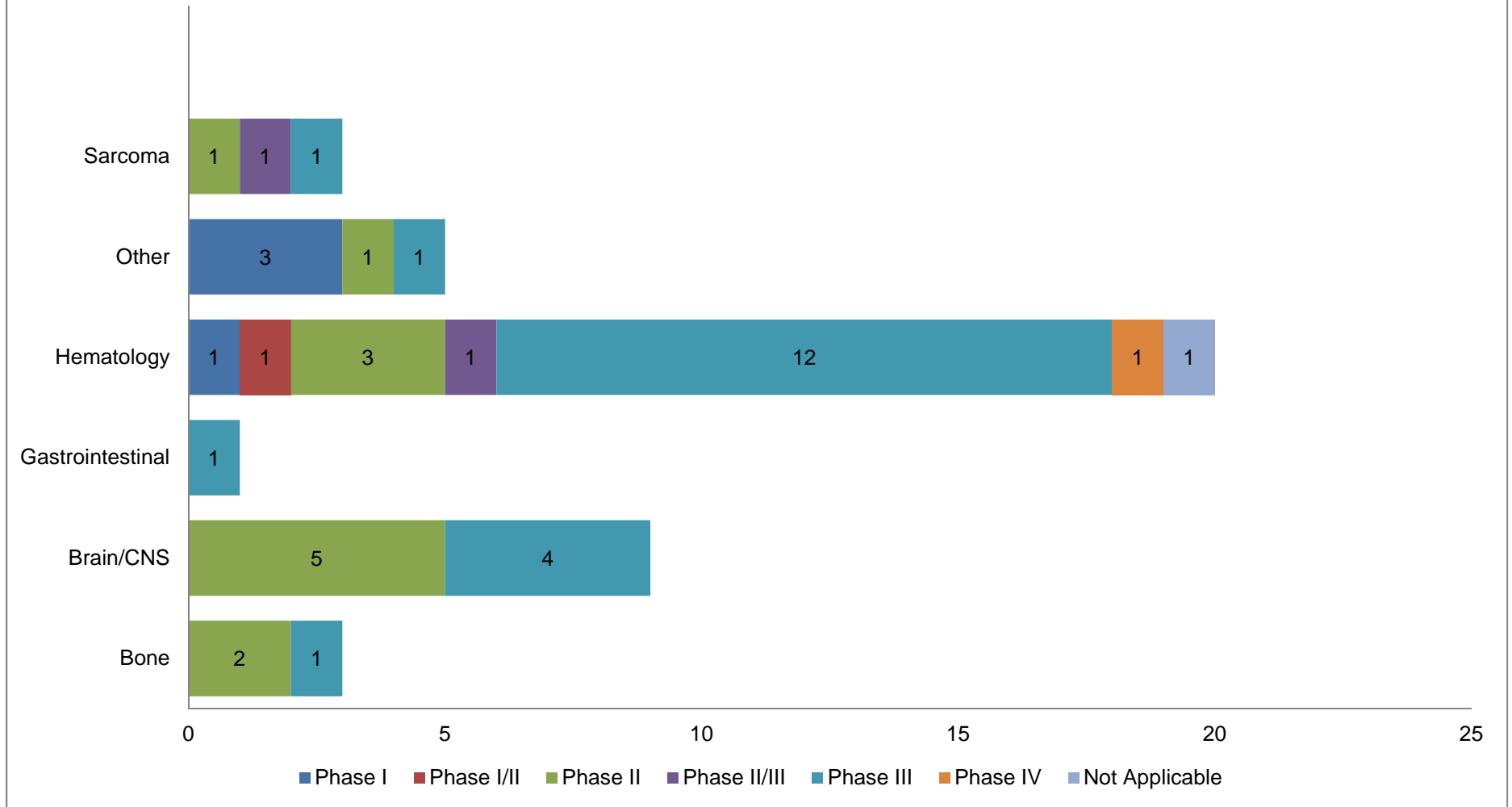
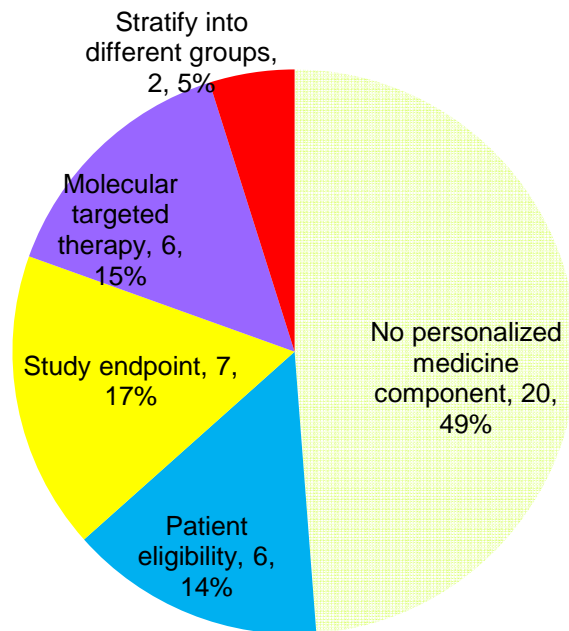


Figure 15. Breakdown of personalized medicine trials at pediatric Network sites in fiscal year 2016/2017

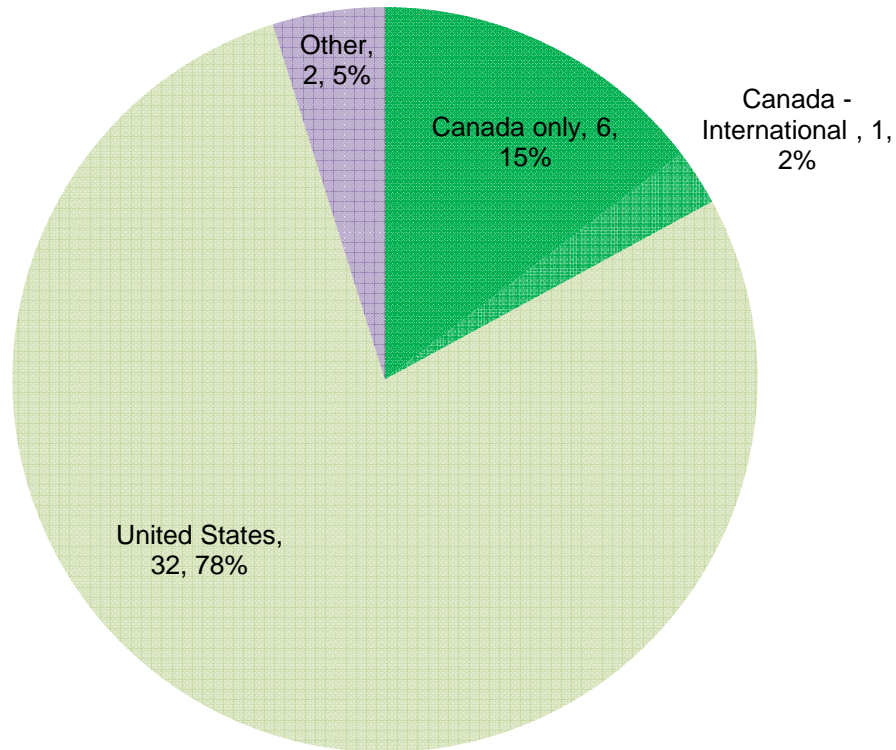


Notes:

- Personalized medicine trials at pediatric Network sites, as of August 31, 2016 (n=41)
- 51% of all trials at pediatric Network sites have a personalized medicine component
- Two trials were available at both adult and pediatric Network sites in 2016 and are included in both adult and pediatric figures
- There were 8 out of 41 trials (19.5%) that immunotherapy related trials.
-

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, in 2016/2017



Notes:

- Breakdown of trials at pediatric Network sites by lead country, as of August 31, 2016 (n=41)
- 17% 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 7.78.
- Two trials were available at both adult and pediatric Network sites in 2015 and are included in both adult and pediatric figures

Section C: Portfolio Efficiency

Objective: To improve patient access and increase in successful completion of trials

Portfolio approval process timeline:

Calendar Year	# Application Completed	Average Application Processing Time (days)
2015	88	18
2016	53	14

Calendar Year	# Application Completed	Average FPR Time (days)
2015	6	47
2016	4	42

*from application received to approve/decline the application since Jan 13, 2015 to August 31, 2016

** from date site agreed to pursue peer review to date last reviewer submitted completed peer review package to 3CTN (approved as peer reviewed).

Site efficiency metrics

Region	Activation Timeline from Central Approval to Site Open to Accrual	Local Site REB Processing Time (site submission to approval)	Local Site REB Approval to First Patient Recruited	Site Open to Accrual to First Patient Recruited	Recruiting Period (from open to closed to accrual)	Site Accrual vs. Site Target
Ontario	245	20	141	71	235	43%
BC	87	73	101	65	547	132%
Quebec	228	77	293	115	329	80%
Alberta	278	63	230	115	330	37%
Manitoba	296	58	383	111	-	14%
Atlantic	265	57	146	106	394	22%
C17/Peds	228	-	122	173	824	58%
National	233	58	216	97	367	55%

(adults)						
<p>*</p> <p>for all trials site open to accrual greater than April 1, 2014</p> <p>Updated September 9, 2016</p>						

Appendix: Additional Notes

Table 3. Reporting periods and dates Q4 2014/15 – Q1 2016/17

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 31, 2106
Q1 2016/17	April – June 2016	August 31, 2016
Q2 2016/17	July – September 2015	October 30, 2016

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