



Canadian
Cancer Clinical
Trials Network

Canadian Cancer Clinical Trials Network

Quarter Performance Report

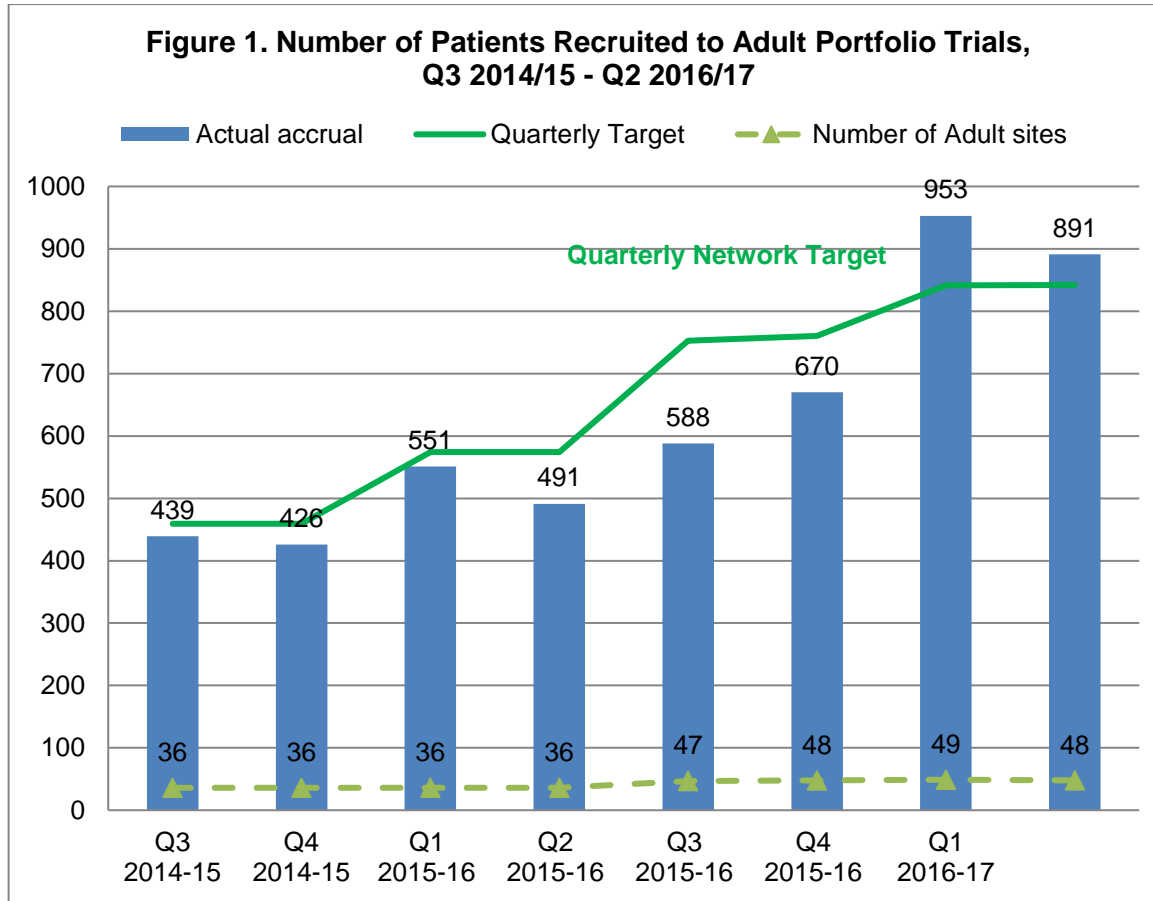
Quarter 2 2016/17: July 1 – September 30, 2016

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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



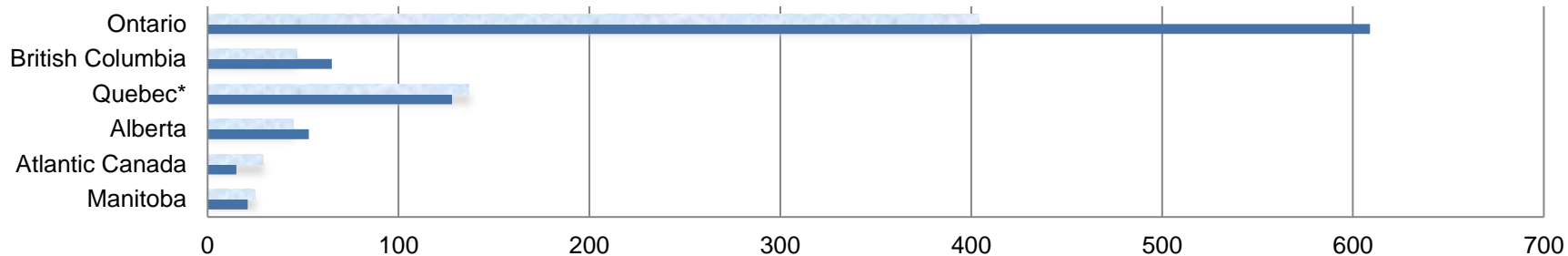
Q2 2016/17 progress against quarterly 2016/17 Network target			
	Actual	Target	Difference
Accrual	891	842	50
% above baseline	146%	137.5%	✓

Notes:

- 891 patients were recruited to adult Portfolio trials in Quarter 2 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 3255 patients recruited.
- Data includes adult sites with formal Agreements with 3CTN (N=48).
- 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.
- New Brunswick sites have not reported in year 3.
- 28 out of 49 adult sites exceeded their quarter baseline.
- Legend:

✗	below quarter baseline
✓	exceed quarter baseline and above target

Figure 2. Number of patients recruited to adult Network sites per region in Q2 2016/17



	Manitoba	Atlantic Canada	Alberta	Quebec*	British Columbia	Ontario
2016/17 Quarterly Baseline	25	29	45	137	47	404
Y3Q2 Actual	21	15	53	128	65	609

Figure 3. Number of patients recruited to adult Network sites per local-regional node (NCC + NACC) in Q2 2016/17

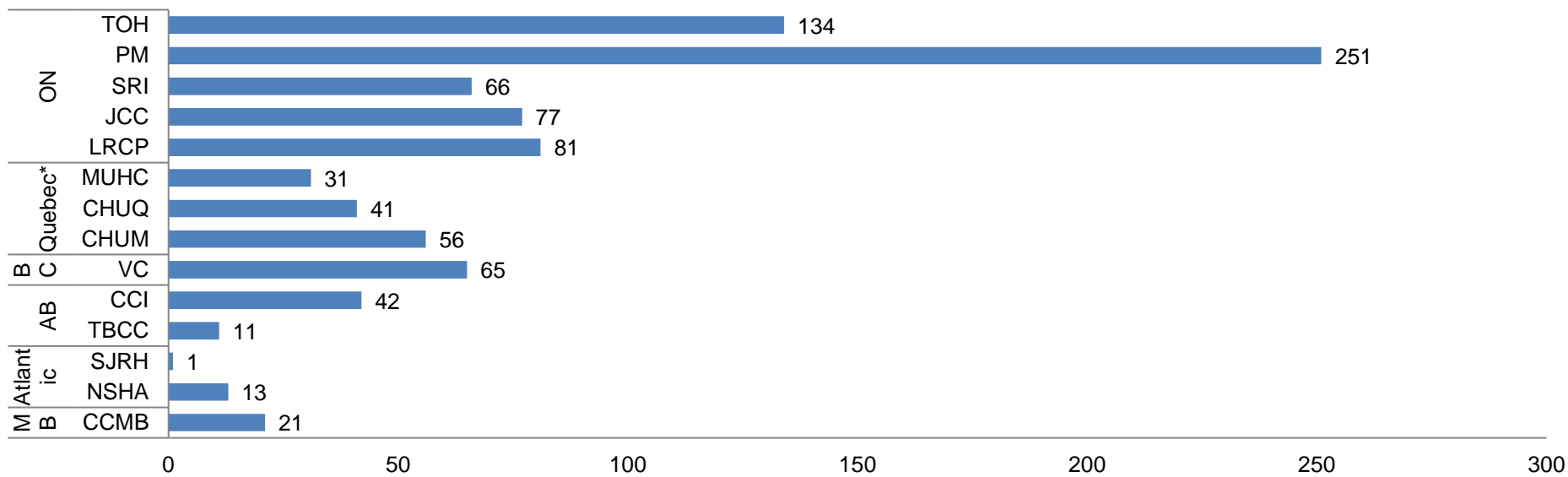


Figure 4. Progress to quarterly recruitment baseline at adult Network sites per region in Q2 2016/17

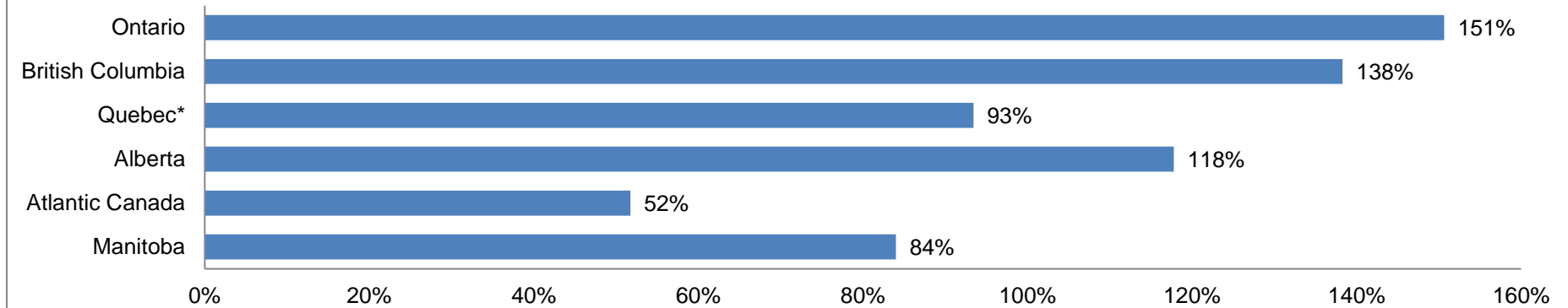


Figure 5. Percentage of patients recruited to quarter baseline of adult Network sites per local-regional node (NCC + NACC) in Q2 2016/17

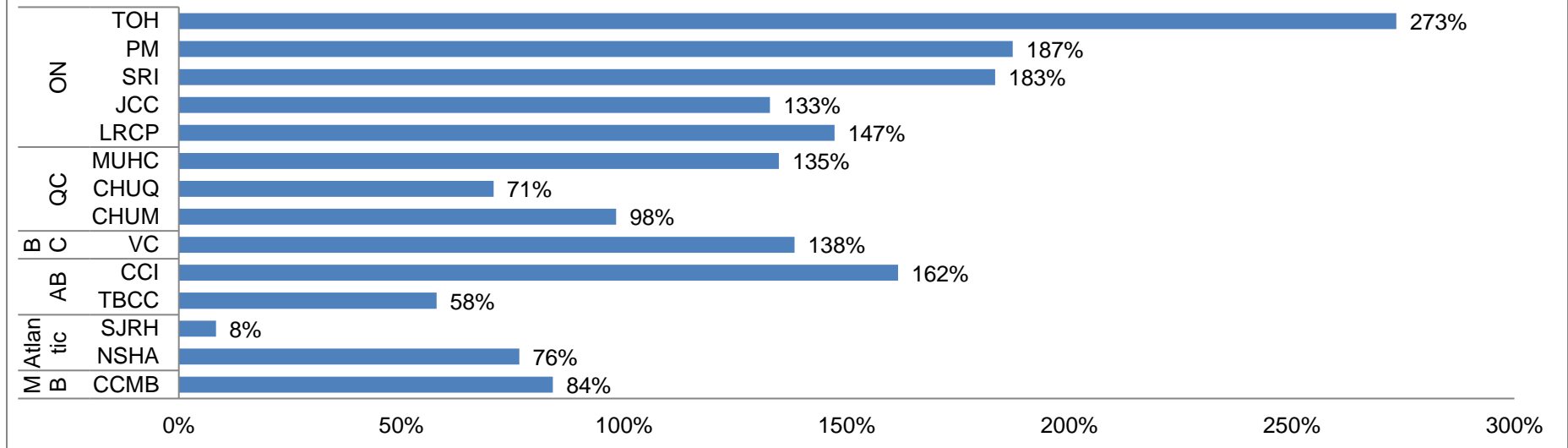


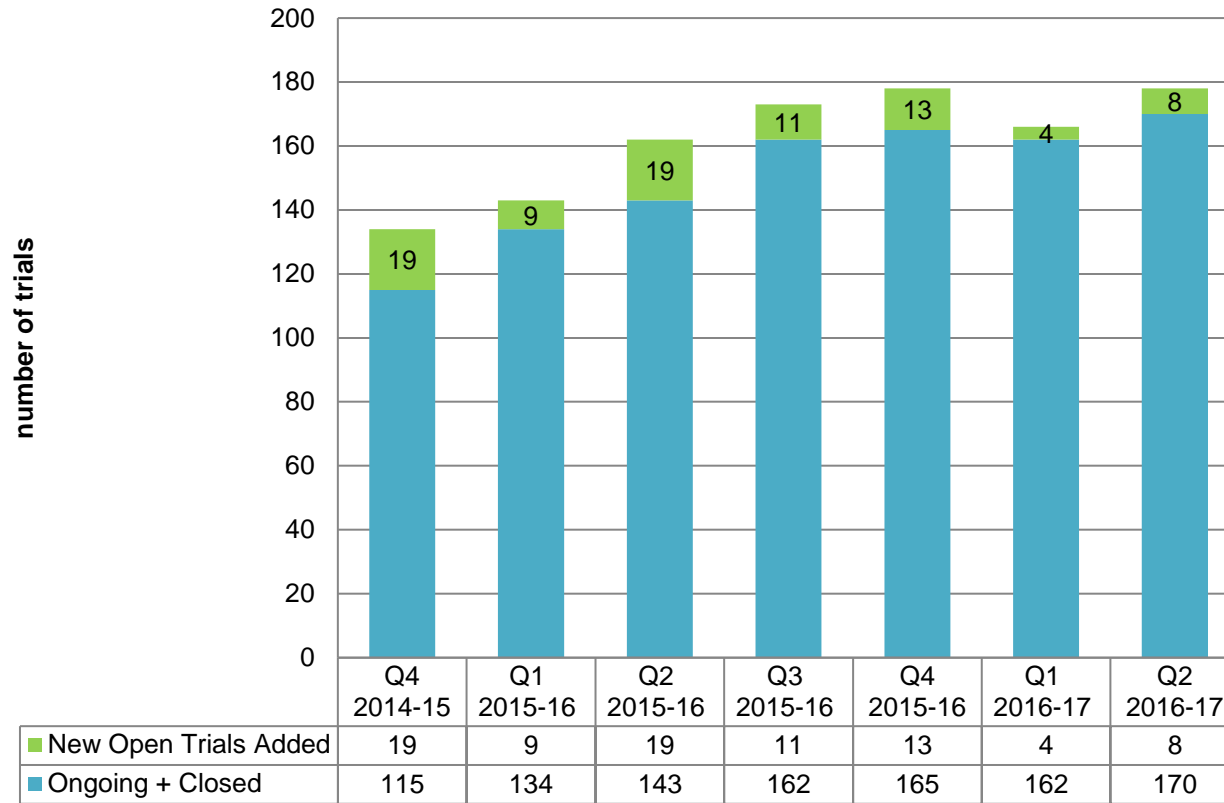
Table 1. Number of patients recruited per adult Network site

Network Site	**Y3 Baseline	Q3 2014	Q4 2015	Y1 Total	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Y2 Total	Q1 2016	Q2 2016	Y3 YTD Total	% of Y3 baseline
London Regional Cancer Program	186	37	35	72	53	36	46	36	171	51	41	92	49%
Grand River Regional Cancer Centre	20	6	6	12	1	4	5	3	13	16	11	27	135%
Windsor Regional Hospital	14	4	4	8	4	3	5	5	17	12	29	41	293%
Juravinski Cancer Centre	181	51	59	110	70	63	50	48	231	64	57	121	67%
Niagara Health System	17	2	2	4	6	8	3	5	22	2	6	8	47%
Cambridge Memorial Hospital	11	1	1	2	2	0	0	0	2	2	2	4	36%
St. Joseph Healthcare Hamilton*	21	-	-	-	-	-	-	30	30	8	12	20	95%
Sunnybrook Research Institute	141	50	63	113	78	58	39	56	231	86	64	150	106%
North York General Hospital	0	1	2	3	0	0	1	3	4	2	1	3	NA
Toronto East General Hospital	2	0	0	0	2	0	0	0	2	0	0	0	0%
Humber River Hospital	0	0	0	0	1	1	0	0	2	0	1	1	NA
Princess Margaret Cancer Centre	396	86	66	152	82	83	110	105	380	146	123	269	68%
Northeast Cancer Centre - Health Sciences North	24	0	2	2	3	5	2	7	17	1	2	3	13%
Trillium Health Partners	27	2	3	5	1	4	0	0	5	7	28	35	130%
Thunder Bay Regional Health Sciences Centre	26	2	0	2	1	0	1	1	3	17	11	28	108%
Southlake Regional Health Centre	10	0	1	1	3	2	2	8	15	17	32	49	490%
Royal Victoria Hospital	8	6	2	8	7	2	4	5	18	15	22	37	463%
St. Michael's Hospital	19	3	1	4	0	0	0	0	0	1	6	7	37%
William Osler Health System	1	0	0	0	0	0	0	0	0	10	8	18	1800%
Markham Stouffville Hospital	0	0	0	0	0	0	0	0	0	10	7	17	NA
Mount Sinai Hospital*	21	-	-	-	-	-	6	6	12	17	12	29	138%
The Ottawa Hospital	132	35	29	64	54	51	72	61	238	86	82	168	127%
Kingston General Hospital	41	17	7	24	12	11	11	24	58	33	29	62	151%
Lakeridge Health	22	4	2	6	4	9	3	10	26	24	23	47	214%
CancerCare Manitoba	99	17	21	38	26	14	18	14	72	30	21	51	52%
Saint John Regional Hospital	37	5	6	11	2	3	3	8	16	0	0	0	0%
Dr. Everett Chalmers Hospital	1	0	1	1	0	0	0	0	0	1	0	1	100%
The Moncton Hospital****	-	-	-	-	-	-	-	-	-	-	-	0	NA
Dr. Léon-Richard Oncology Centre	9	1	1	2	0	1	1	2	4	2	1	3	33%
Nova Scotia Health Authority	39	1	3	4	14	9	4	4	31	16	9	25	64%
Cape Breton Cancer Centre*****	-	-	-	-	-	-	-	-	-	-	-	0	NA
PEI Cancer Treatment Centre	8	0	1	1	4	4	0	0	8	0	0	0	0%
Nova Scotia Health Authority, Hematology	7	7	5	12	14	4	1	6	25	7	4	11	157%
Eastern Regional Health Authority (NFL)	15			0						0	1	1	7%
BC Cancer Agency - Vancouver Centre	106	33	28	61	27	30	28	24	109	34	35	69	65%
Abbotsford Centre	16	5	7	12	7	5	10	6	28	6	3	9	56%
Centre for the North, Prince George	1	2	1	3	0	1	1	3	5	0	1	1	100%
Sindi Ahluwalia Hawkins Centre for the Southern Inter	38	10	17	27	9	11	10	8	38	14	7	21	55%
Vancouver Island Centre	26	3	5	8	12	4	12	14	42	14	19	33	127%

Network Site	**Y3 Baseline	Q3 2014	Q4 2015	Y1 Total	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Y2 Total	Q1 2016	Q2 2016	Y3 YTD Total	% of Y3 baseline
McGill University Health Centre (MUHC)***	-	-	-	0	-	-	-	-	-	-	-	0	NA
CIUSSS de l'Ouest-de-l'Île-de-Montréal(CIUSSS ODIM)*	-	-	-	0	-	-	-	-	-	-	-	0	NA
CIUSSS du Centre-Ouest-de-l'Île-de-Montréal(CIUSSS CODIM)*	87	-	-	0	-	-	30	41	71	40	31	71	82%
CISSS de l'Outaouais*	3	-	-	0	-	-	0	0	0	0	0	0	0%
CHU de Québec – Université Laval*	180	-	-	0	-	-	8	2	10	27	28	55	31%
CISSS du Bas-Saint-Laurent(CISSS-BSL)*	4	-	-	0	-	-	0	0	0	0	0	0	0%
Institut universitaire de cardiologie et de pneumologie de Québec (IUCPQ)***	-	-	-	0	-	-	-	-	-	0	0	0	NA
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke (CIUSSS-Estrie-CHUS)*	46	-	-	0	-	-	7	9	16	12	13	25	54%
CISSS de Chaudière-Appalaches(CISSS CA)***	-	-	-	0	-	-	-	-	-	0	0	0	NA
Centre Hospitalier de l'Université de Montréal (CHUM)*	153	-	-	0	-	-	25	34	59	49	39	88	58%
CIUSSS de la Mauricie-et-du-Centre-du-Québec (CIUSSS MCQ) *	8	-	-	0	-	-	1	0	1	3	6	9	113%
CISSS de Laval*	4	-	-	0	-	-	2	1	3	1	2	3	75%
CIUSSS du Nord-de-l'Île-de-Montréal(CIUSSS NDIM)*	3	-	-	0	-	-	0	0	0	0	3	3	100%
CIUSSS de l'Est-de-l'Île-de-Montréal(CIUSSS-EDIM)*	60	-	-	0	-	-	5	7	12	8	6	14	23%
Tom Baker Cancer Centre	76	22	20	42	41	35	34	30	140	17	11	28	37%
Cross Cancer Institute	102	26	25	51	11	30	28	44	113	45	42	87	85%

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.

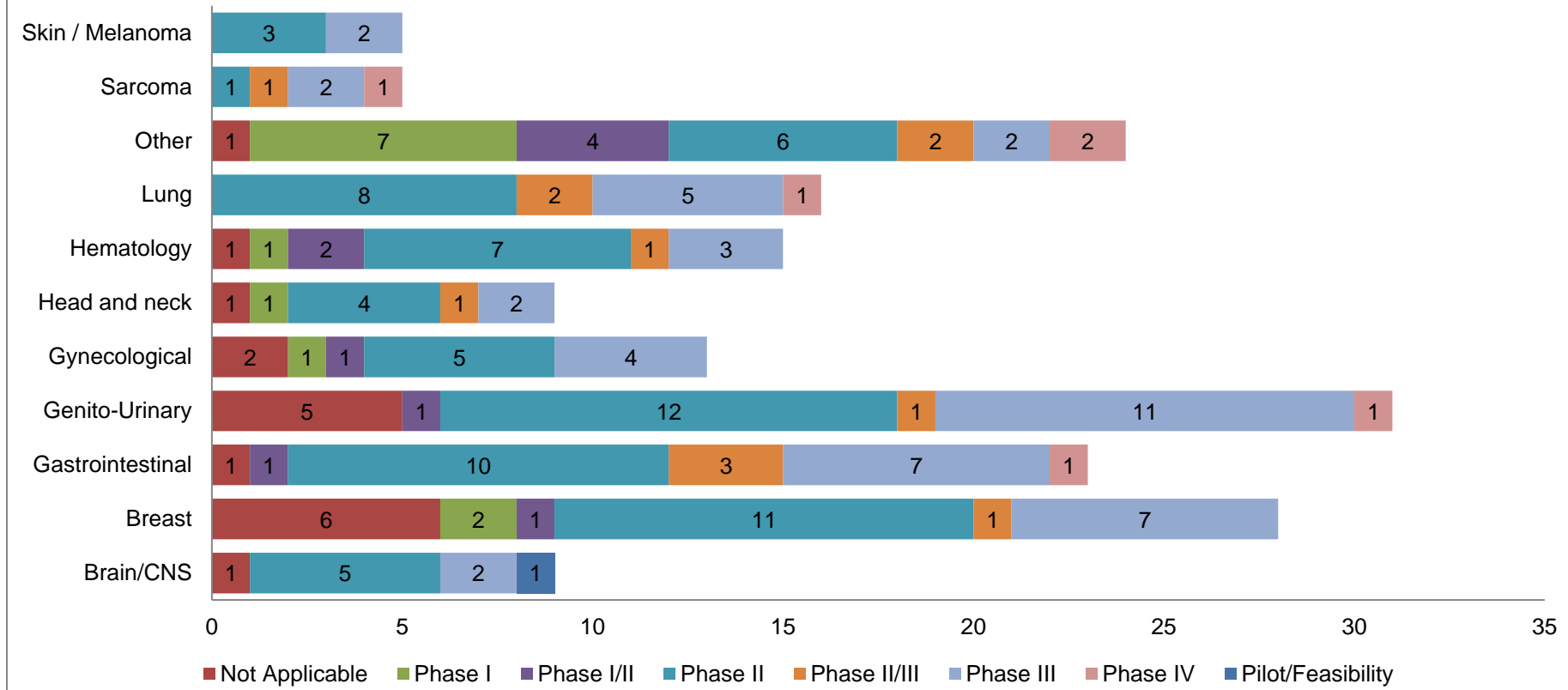
Figure 6. Total Portfolio trials at adult Network sites per quarter, Q4 2014/15 - Q2 2016/17



Notes:

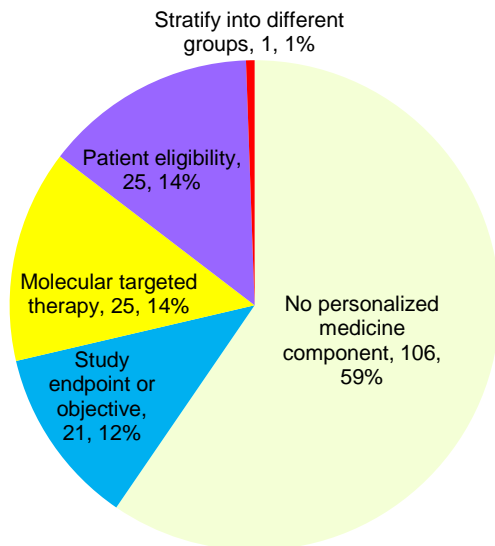
- There were 178 Portfolio trials in 2016, (YTD Total =8 newly added+17 closed YTD+1 on hold +152 previous recruiting trials)
- 8 news trials are included in the 160 recruiting trials at the end of Quarter 2
- Three trials were available at both adult and pediatric Network sites in 2016 and are included in both adult and pediatric figures

Figure 7. Breakdown of Portfolio trials at adult Network sites as of November 22, 2016



- The data provided in Figure 7 are a snapshot of the Portfolio as of November 22, 2016 (n=178)

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

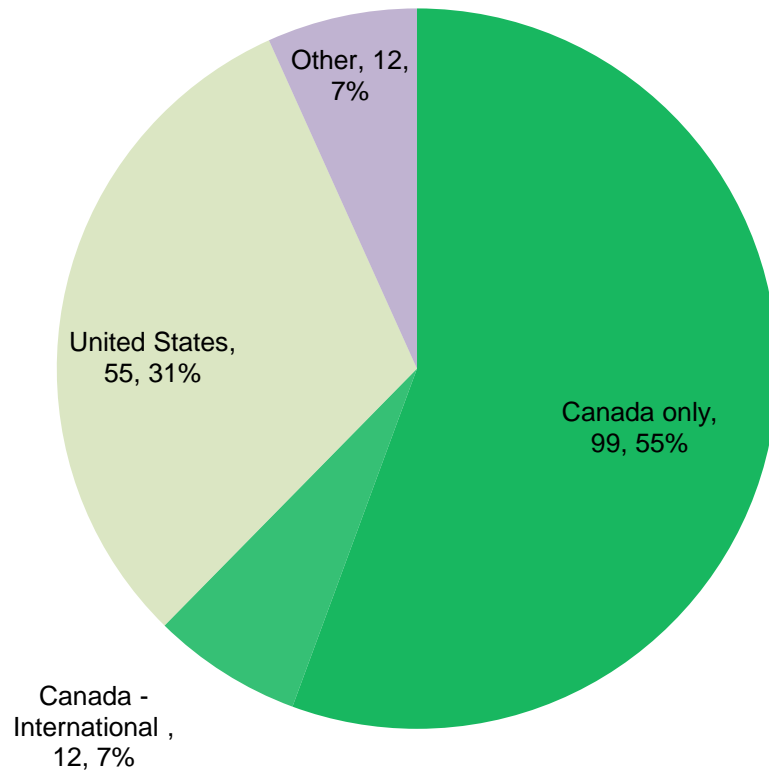


Notes:

- 72 Personalized medicine trials open to recruitment at adult Network sites, as of November 22, 2016 (n=178)
- 41% of all trials at adult Network sites have a personalized medicine component
- Three trials were available at both adult and pediatric Network sites in 2016 and are included in both adult and pediatric figures
- There were 22 out of 178 (12%) 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 Portfolio Trials

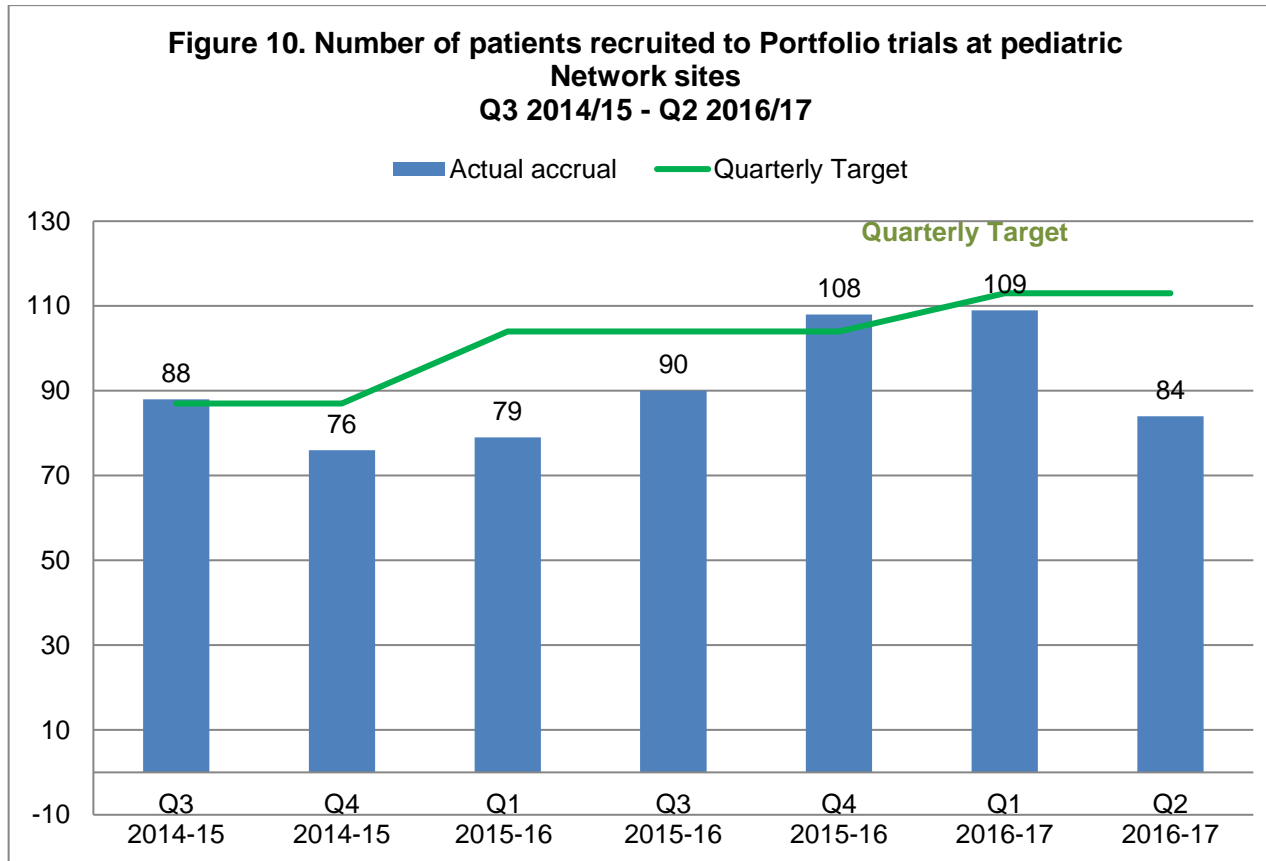


Notes:

- Breakdown of trials at adult Network sites by lead country, as of November 22, 2016 (n=178)
- Approx. 62% 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 5.56.
- Three 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:

- 84 patients were recruited to Portfolio trials at pediatric Network sites in Quarter 2 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:

⊗	lower than quarter target
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	Accrual	Target	Difference
Accrual	84	113	29
% above baseline	97%	130%	⊗

Figure 11. Number of patients recruited per pediatric Network site in Q2 2016/17

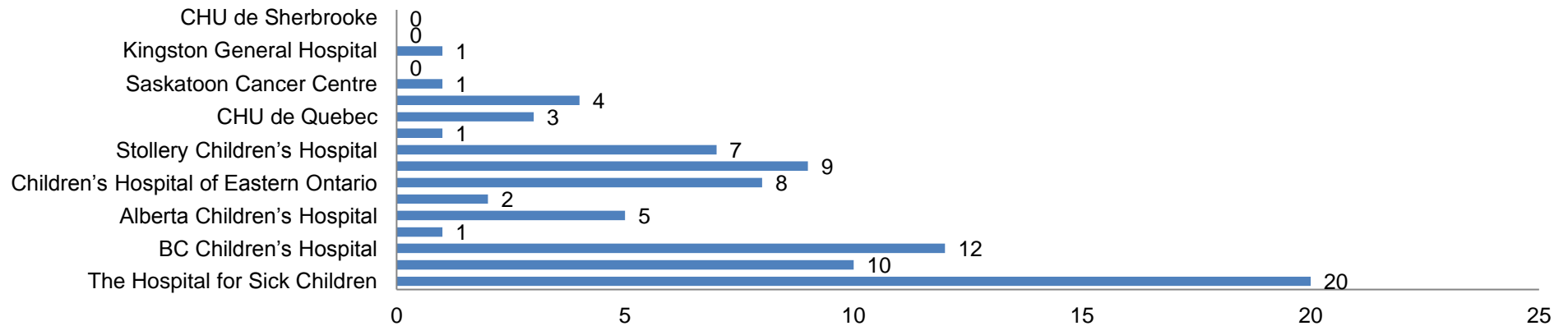


Figure 12. Progress to quarter baseline recruitment per pediatric Network site in Q2 2016/17

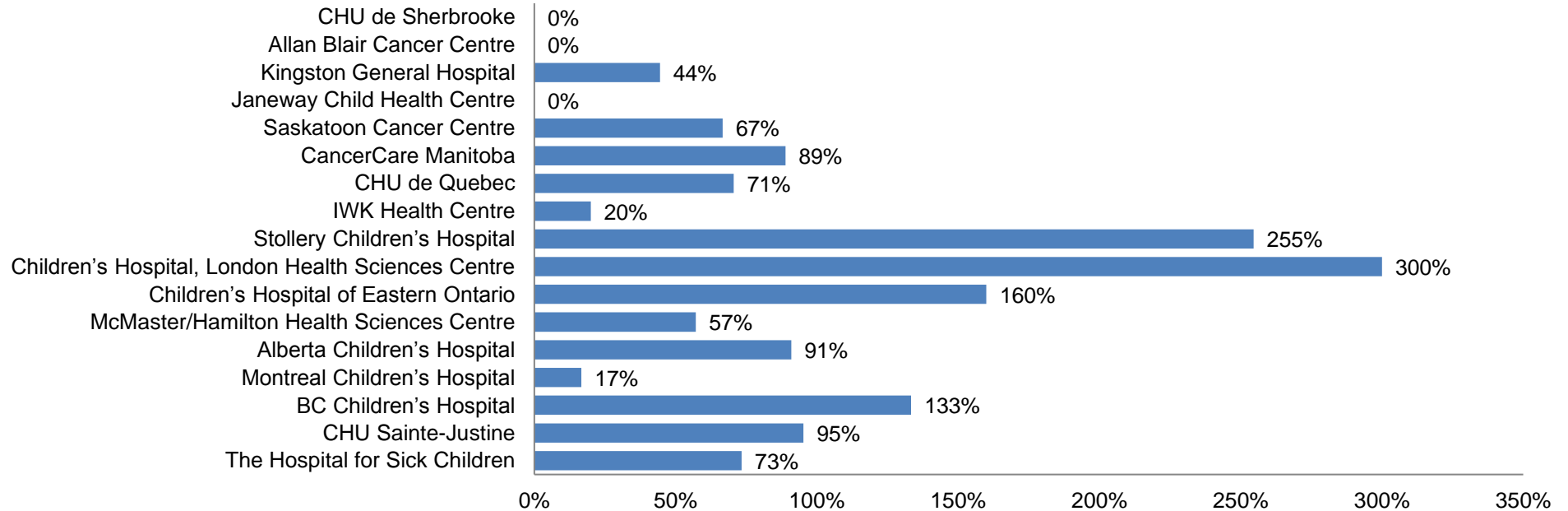
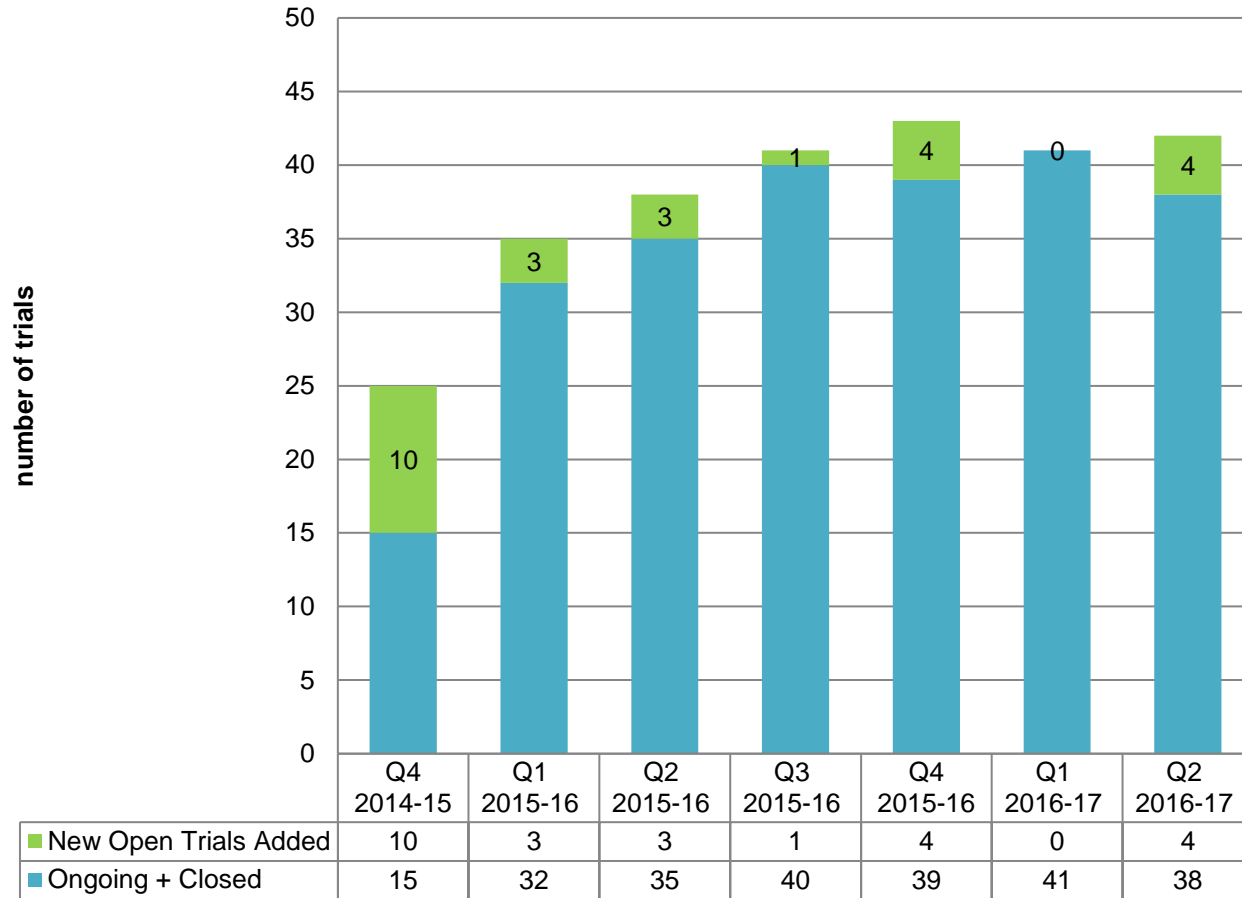


Table 2. Number of patients recruited per pediatric Network site

Network Site	**Y3 Baseline	Q3 2014	Q4 2015	Y1 Total	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Y2 Total	Q1 2016	Q2 2016	Y3 YTD Total	% of Y3 baseline
C17 (national pediatric total)	347	88	76	164	79	81	90	108	358	109	84	193	56%
The Hospital for Sick Children	91	29	21	50	22	23	25	39	109	29	20	49	54%
CHU Sainte-Justine	42	9	9	18	10	1	8	7	26	14	10	24	57%
BC Children's Hospital	34	9	4	13	7	12	11	16	46	9	12	21	62%
Montreal Children's Hospital	24	3	6	9	4	5	8	6	23	6	1	7	29%
Alberta Children's Hospital	21	5	5	10	8	7	3	3	21	3	5	8	38%
McMaster/Hamilton Health Sciences Centre	14	4	2	6	4	7	2	7	20	10	2	12	86%
Children's Hospital of Eastern Ontario	20	5	5	10	5	4	3	6	18	7	8	15	75%
Children's Hospital, London Health Sciences Centre	12	3	4	7	2	6	5	2	15	5	9	14	117%
Stollery Children's Hospital	11	4	4	8	3	2	2	3	10	10	7	17	155%
IWK Health Centre	20	4	2	6	6	2	8	4	20	6	1	7	35%
CHU de Quebec	17	4	3	7	2	3	7	2	14	0	3	3	18%
CancerCare Manitoba	18	1	4	5	2	4	6	8	20	3	4	7	39%
Saskatoon Cancer Centre	6	5	4	9	2	1	0	3	6	2	1	3	50%
Janeway Child Health Centre	4	1	0	1	1	1	1	0	3	2	0	2	50%
Kingston General Hospital	9	2	3	5	1	3	1	2	7	3	1	4	44%
Allan Blair Cancer Centre	4	0	0	0	0	0	0	0	0	0	0	0	0%
CHU de Sherbrooke	0	0	0	0	0	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 - Q2 2016/17**



Notes:

- There were 42 Portfolio trials available at pediatric Network sites, 4 new trials added at the end of Quarter 2
- The data provided in Figure 13 is a snapshot of the Portfolio as of November 22, 2016
- Three trials were available at both adult and pediatric Network sites in 2016 and is included in both adult and pediatric figures

Figure 14. Breakdown of 2016 Portfolio trials at pediatric Network sites

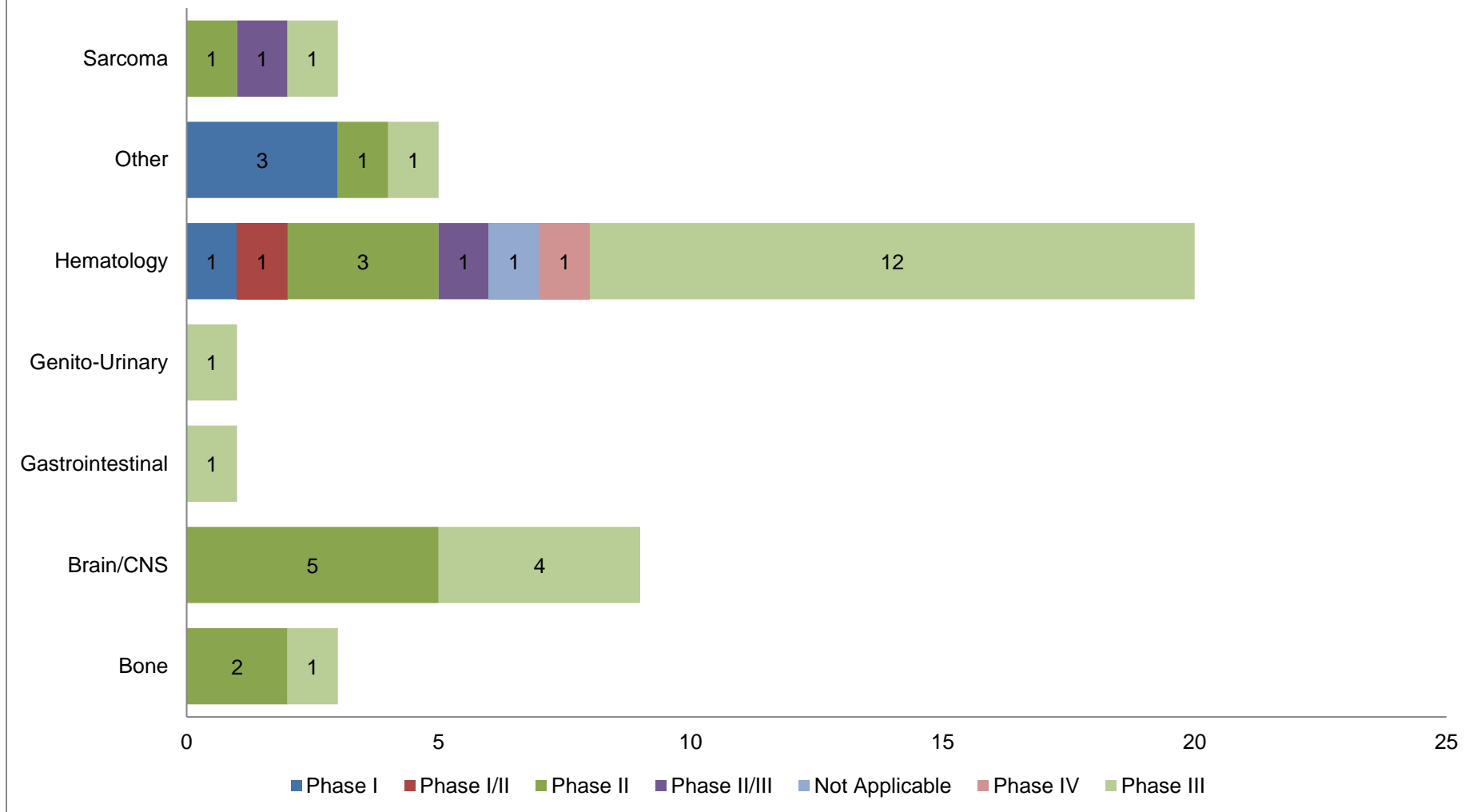
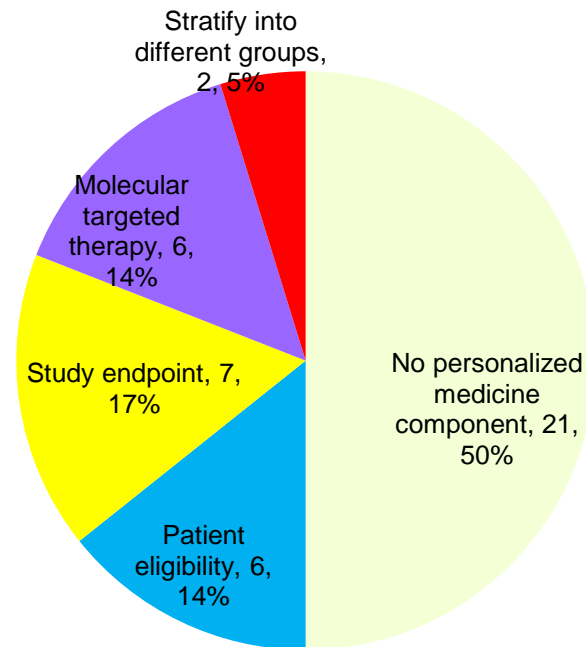


Figure 15. Breakdown of personalized medicine trials at pediatric Network sites in fiscal year 2016/2017

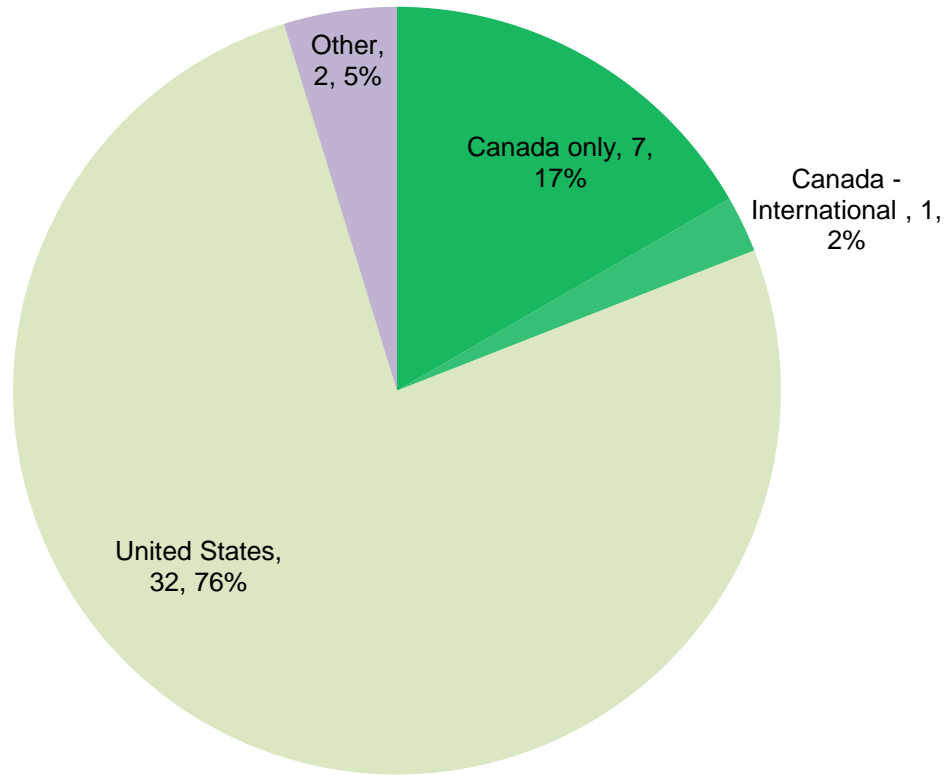


Notes:

- 21 Personalized medicine trials at pediatric Network sites, as of November 22, 2016 (n=42)
- 50% of all trials at pediatric Network sites have a personalized medicine component
- Three 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 42 trials (19%) 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)
- 19% 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 7.69.
- Three trials were available at both adult and pediatric Network sites in 2016 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	89	24
2016	61	16

Calendar Year	# Application Completed	Average FPR Time (days)
2015	6	47
2016	6	60

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

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

Appendix: Additional Notes

Table 3. Reporting periods and dates Q4 2014/15 – Q2 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 2016	November 15, 2016

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