



Canadian
Cancer Clinical
Trials Network

Canadian Cancer Clinical Trials Network

Quarter Performance Report

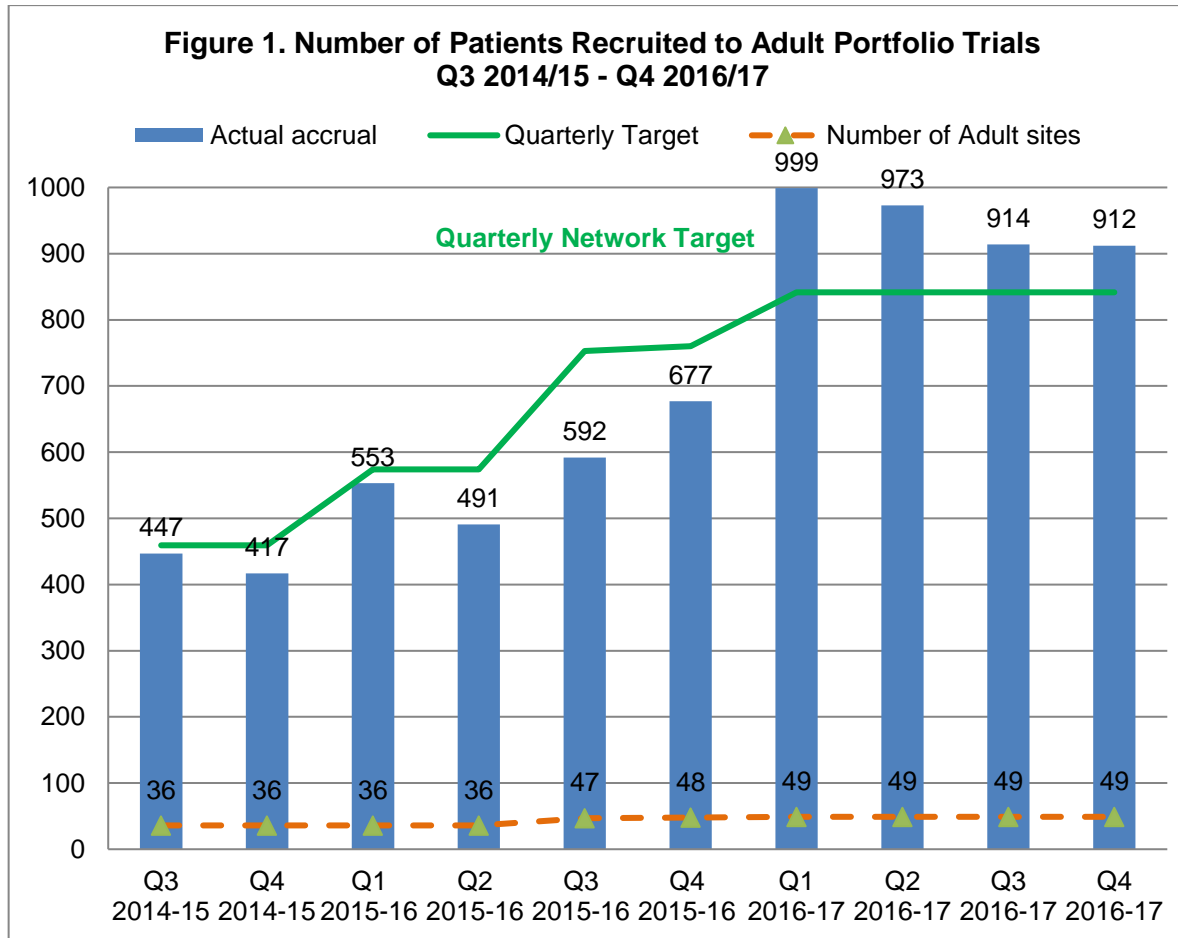
Quarter 4 2016/17: January 1 – March 31, 2017

Table of Contents

Section A: Progress at Adult Network Sites	2
Section B: Progress at Pediatric Network Sites.....	13
Section C: Portfolio Efficiency	21
Section D: Other metrics.....	21
Appendix: Additional Notes	23

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



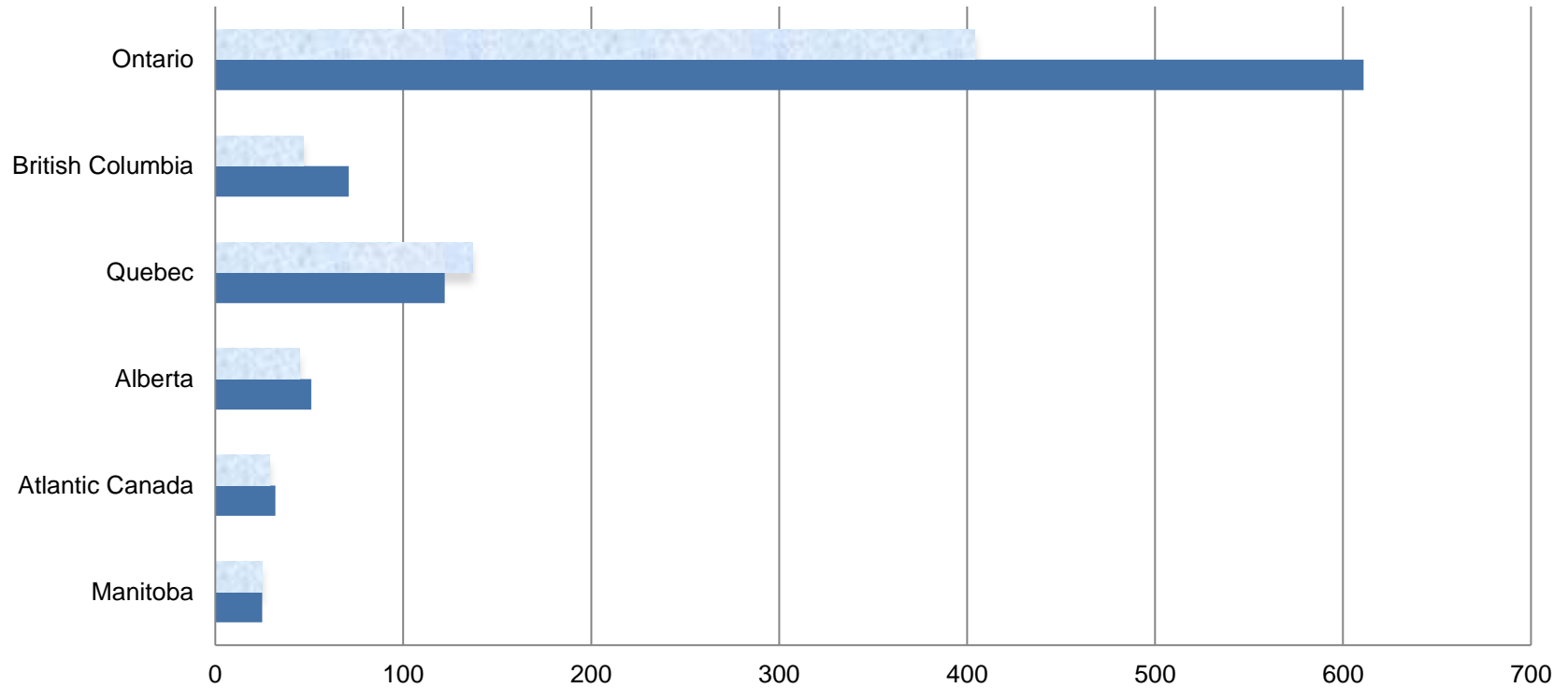
Notes:

- 912 patients were recruited to adult Portfolio trials in Quarter 4 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 include 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.
- New Brunswick sites have not reported in year 3.
- 35 out of 49 adult sites exceeded their quarter baseline and 26 out of 47 adult sites exceeded their quarter target.
- Legend:

✘	below quarter baseline
✔	exceed quarter baseline and above target

Q4 2016/17 progress against quarterly 2016/17 Network target			
	Actual	Target	Difference
Accrual	912	842	71
% above baseline	149%	137.5%	✔

Figure 2. Number of patients recruited to adult Network sites per region in Q4 2016/17



	Manitoba	Atlantic Canada	Alberta	Quebec	British Columbia	Ontario
■ 2016/17 Quarterly Baseline	25	29	45	137	47	404
■ Y3Q4 Actual	25	32	51	122	71	611

Figure 3. Number of patients recruited to adult Network sites per local-regional node (NCC + NACC) in Q4 2016/17

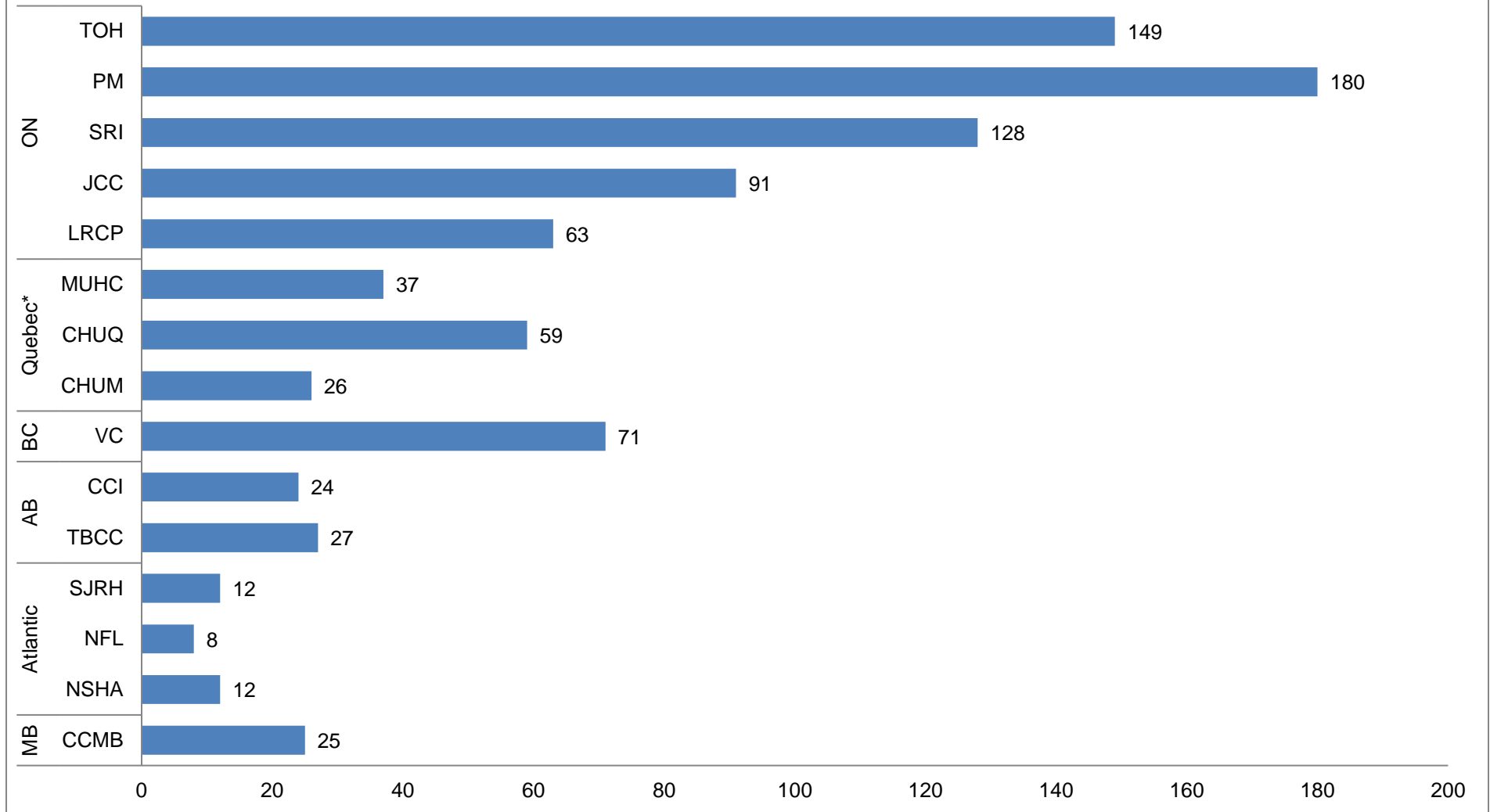


Figure 4. Progress to quarterly recruitment baseline at adult Network sites per region in Q4 2016/17

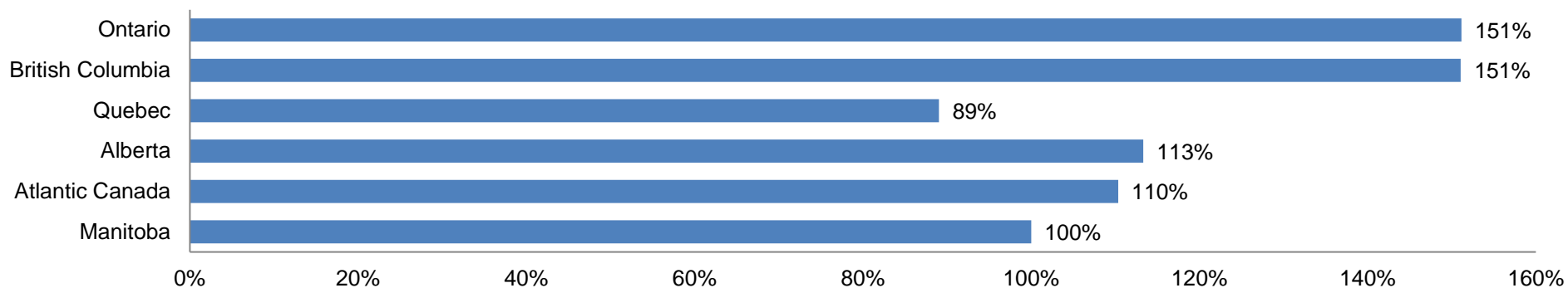


Figure 5. Percentage of patients recruited to quarter baseline of adult Network sites per local-regional node (NCC + NACC) in Q4 2016/17

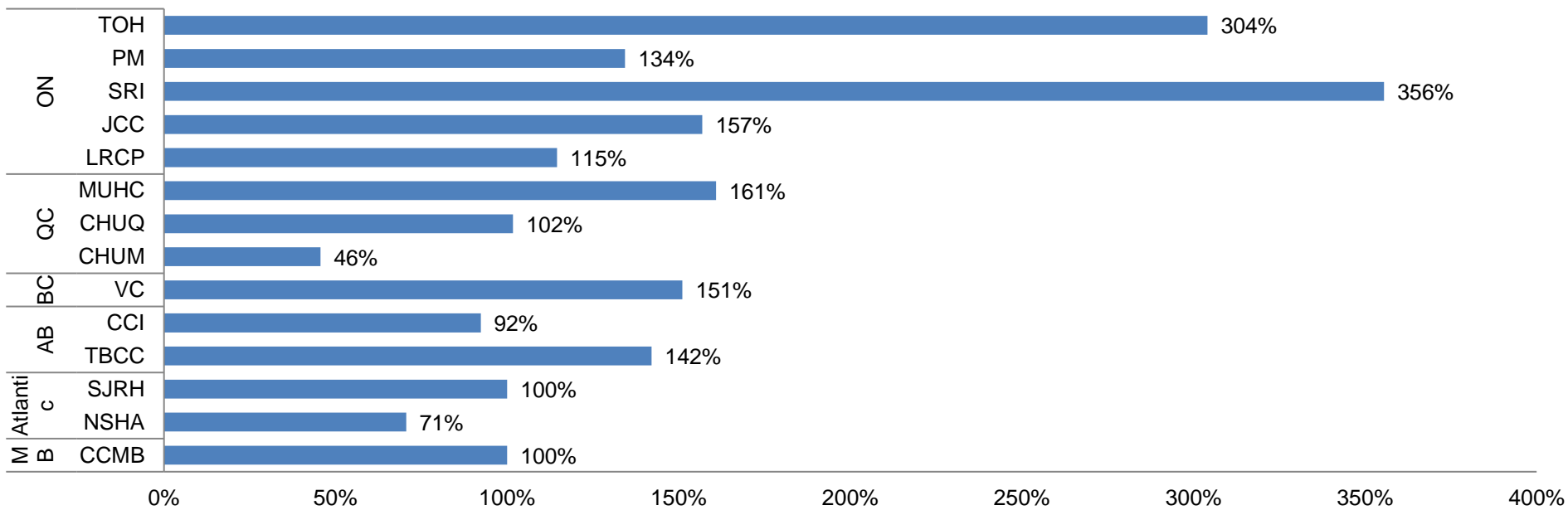


Table 1. Number of patients recruited per adult Network site (by fiscal year)

Network Site	**Y3 Baseline	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Y3 YTD Total	% of Y3 baseline
London Regional Cancer Program	186	37	35	53	36	46	36	51	41	35	52	179	96%
Grand River Regional Cancer Centre	20	6	6	1	4	5	3	16	11	12	4	43	215%
Windsor Regional Hospital	14	4	4	4	3	5	5	12	29	15	7	63	450%
Juravinski Cancer Centre	181	51	59	70	63	50	48	64	57	53	73	247	136%
Niagara Health System	17	2	2	6	8	3	5	2	6	4	1	13	76%
Cambridge Memorial Hospital	11	1	1	2	0	0	0	2	2	0	1	5	45%
St.Joseph Healthcare Hamilton*	21	-	-	-	-	-	30	8	14	16	16	54	257%
Sunnybrook Research Institute	141	50	63	78	58	39	56	94	78	101	126	399	283%
North York General Hospital	0	1	2	0	0	1	3	2	1	4	1	8	NA
Toronto East General Hospital	2	0	0	2	0	0	0	0	0	0	1	1	50%
Humber River Hospital	0	0	0	1	1	0	0	0	1	0	0	1	NA
Princess Margaret Cancer Centre	396	86	66	82	83	110	105	147	129	122	110	508	128%
Northeast Cancer Centre - Health Sciences North	24	0	2	3	5	2	7	1	2	2	7	12	50%
Trillium Health Partners	27	2	3	1	4	0	0	7	28	10	6	51	189%
Thunder Bay Regional Health Sciences Centre	26	2	0	1	0	1	1	17	11	9	9	46	177%
Southlake Regional Health Centre	10	0	1	3	2	2	8	17	32	18	8	75	750%
Royal Victoria Hospital	8	6	2	7	2	4	5	15	22	8	13	58	725%
St. Michael's Hospital	19	3	1	0	0	0	0	1	6	0	20	27	142%
William Osler Health System	1	0	0	0	0	0	0	10	8	11	0	29	2900%
Markham Stouffville Hospital	0	0	0	0	0	0	0	10	7	10	1	28	NA
Mount Sinai Hospital*	21	-	-	-	-	6	6	17	12	5	6	40	190%
The Ottawa Hospital	132	31	28	54	51	72	61	86	85	111	114	396	300%
Kingston General Hospital	41	17	7	12	11	11	24	33	29	39	21	122	298%
Lakeridge Health	22	4	2	4	9	3	10	24	24	8	14	70	318%
CancerCare Manitoba	99	17	22	26	14	18	14	30	21	26	25	102	103%

Network Site	**Y3 Baseline	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Y3 YTD Total	% of Y3 baseline
Saint John Regional Hospital	37	5	6	2	3	3	8	4	2	7	9	22	59%
Dr. Everett Chalmers Hospital	1	0	1	0	0	0	0	1	1	0	3	5	500%
Dr. Léon-Richard Oncology Centre	9	1	1	0	1	1	2	2	1	0	0	3	33%
Nova Scotia Health Authority	39	1	3	14	9	4	4	16	9	13	10	48	123%
PEI Cancer Treatment Centre	8	0	1	4	4	0	0	0	0	2	0	2	25%
Nova Scotia Health Authority, Hematology	7	7	5	14	4	1	6	7	4	5	2	18	257%
Eastern Regional Health Authority (NFL)	15							0	1	3	8	12	80%
BC Cancer Agency - Vancouver Centre	106	38	29	29	31	30	27	34	44	29	43	150	142%
Abbotsford Centre	16	4	6	7	5	10	6	6	3	4	0	13	81%
Centre for the North, Prince George	1	0	2	0	0	3	3	0	1	2	1	4	400%
Sindi Ahluwalia Hawkins Centre for the Southern Interior	38	10	17	9	11	10	8	14	7	4	5	30	79%
Vancouver Island Centre	26	4	5	12	4	12	16	14	18	15	22	69	265%
CIUSSS du Centre-Ouest-de-l'Île-de-Montréal(CIUSSS CODIM)*	87	-	-	-	-	30	42	41	35	43	33	152	175%
CISSS de l'Outaouais*	3	-	-	-	-	0	0	0	0	0	4	4	133%
CHU de Québec – Université Laval*	180	-	-	-	-	8	3	46	36	29	31	142	79%
CISSS du Bas-Saint-Laurent(CIUSSS-BSL)*	4	-	-	-	-	0	0	0	0	4	2	6	150%
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke (CIUSSS-Estrie-CHUS)*	46	-	-	-	-	7	9	12	13	19	26	70	152%
Centre Hospitalier de l'Université de Montréal (CHUM)*	153	-	-	-	-	25	34	49	39	32	4	124	81%
CIUSSS de la Mauricie-et-du-Centre-du-Québec (CIUSSS MCQ)*	8	-	-	-	-	1	0	3	6	5	3	17	213%
CISSS de Laval*	4	-	-	-	-	2	1	1	2	5	4	12	300%
CIUSSS du Nord-de-l'Île-de-Montréal(CIUSSS NDIM)*	3	-	-	-	-	0	0	0	6	1	0	7	233%
CIUSSS de l'Est-de-l'Île-de-Montréal(CIUSSS-EDIM)*	60	-	-	-	-	5	7	10	12	14	15	51	85%

Network Site	**Y3 Baseline	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Y3 YTD Total
Tom Baker Cancer Centre	76	31	10	41	35	34	30	28	35	33	27	123
Cross Cancer Institute	102	26	25	11	30	28	44	45	42	26	24	137
Adult Patient Sites (N=49 for Y3, 48 for Y2, and 36 for Y1)	2448	447	417	553	491	592	677	999	973	914	912	3798

Note:

* Not had full year reports, baseline and target numbers were prorated based on the number of quarters they reported

**The baseline is the average number of patients recruited to the 3CTN portfolio from 2011-2013. Y1 is prorated to 0.5 annual baseline as it started Oct 2014

*** No reports available

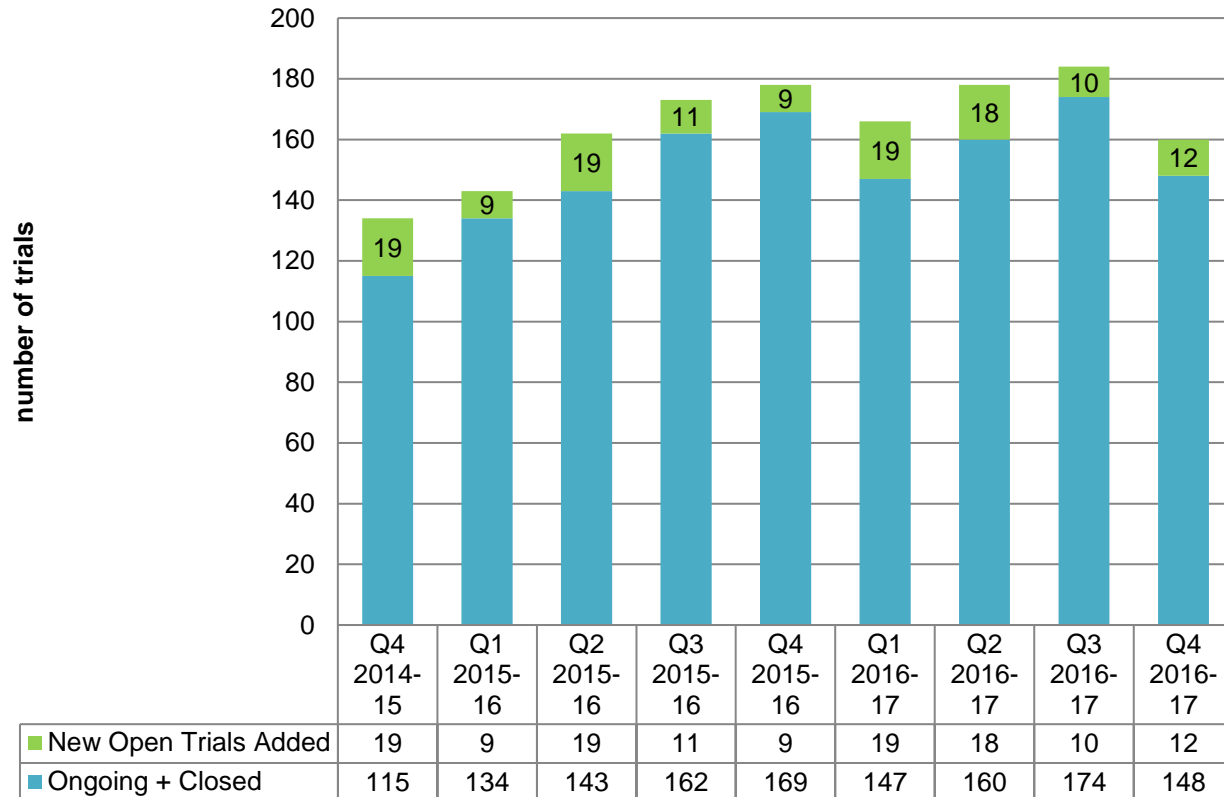
****Future potential NACC

° Year 2 overall target is 25% over the baseline, but some sites have less than 25% target in their contracts. The additional 12 sites have % growth target.

Updated June 1, 2017

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.

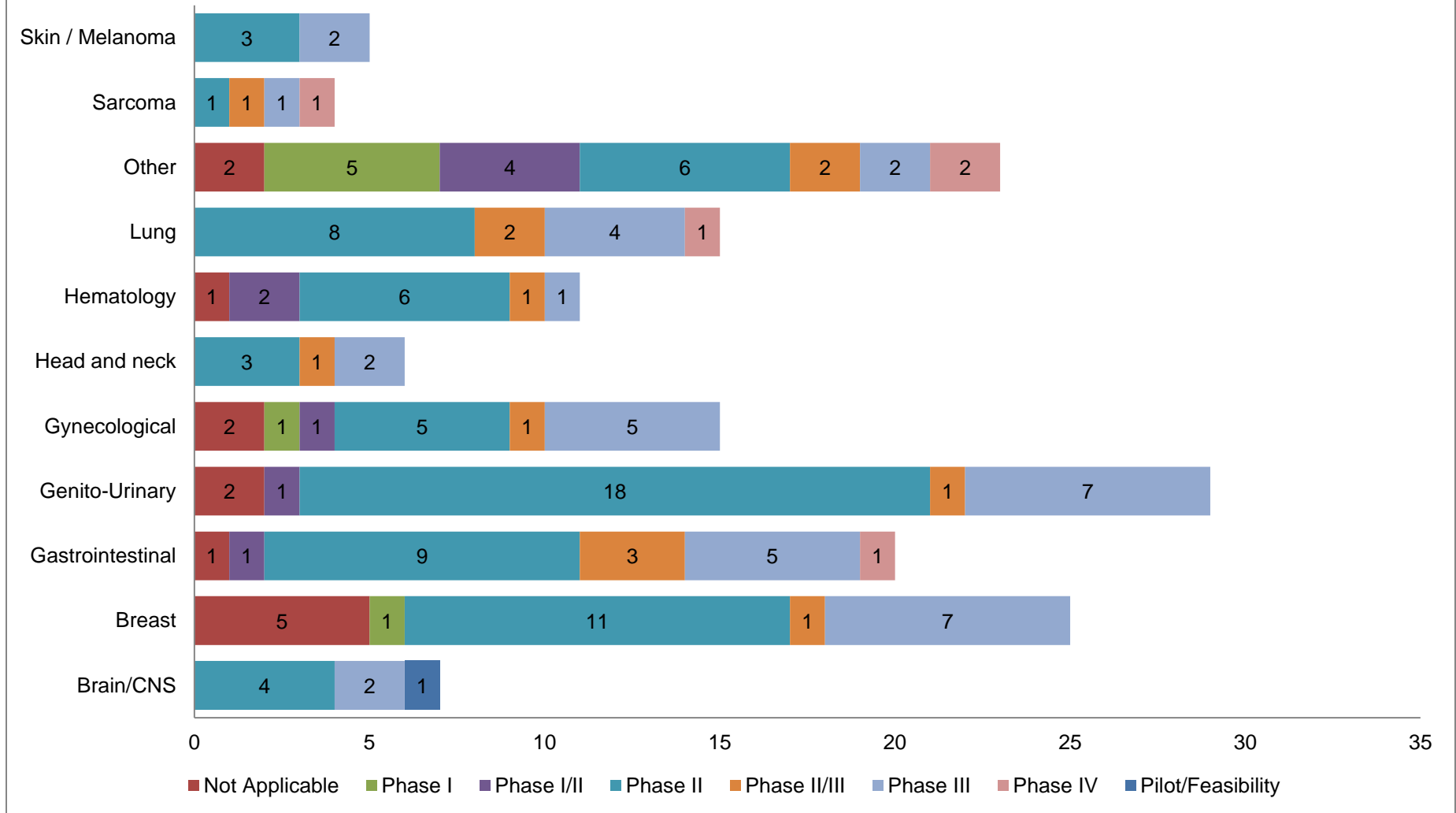
Figure 6. Total Portfolio trials at adult Network sites per quarter, Q4 2014/15 - Q4 2016/17



Notes:

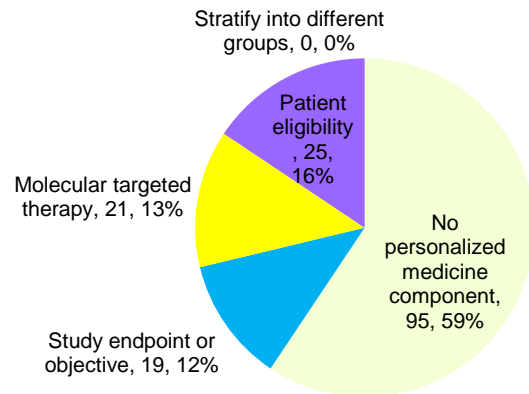
- There were 160 Portfolio trials in 2016, (YTD Total =59 newly added+35 closed YTD +66 previous recruiting trials)
- 12 news trials are included in the 173 recruiting trials at the end of Quarter 4
- Three trials were available at both adult and pediatric Network sites in 2016 and are included in both adult and pediatric figures

Figure 7. Breakdown of Portfolio trials at adult Network sites as of May 31, 2017



- The data provided in Figure 7 are a snapshot of the Portfolio as of May 31, 2017 (N=160)

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

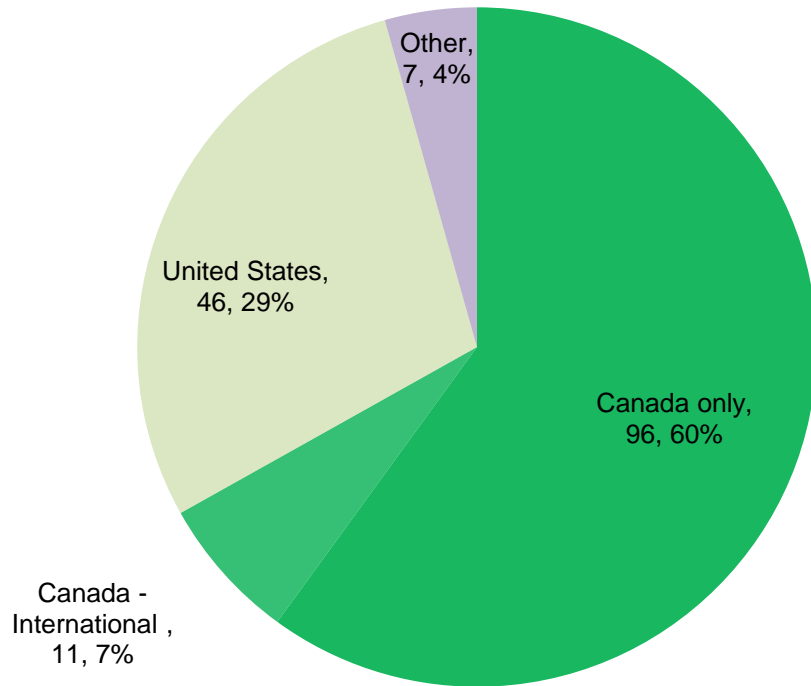


Notes:

- 65 Personalized medicine trials open to recruitment at adult Network sites, as of May 31, 2017 (n=160)
- 61% 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 160 (13.75%) 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

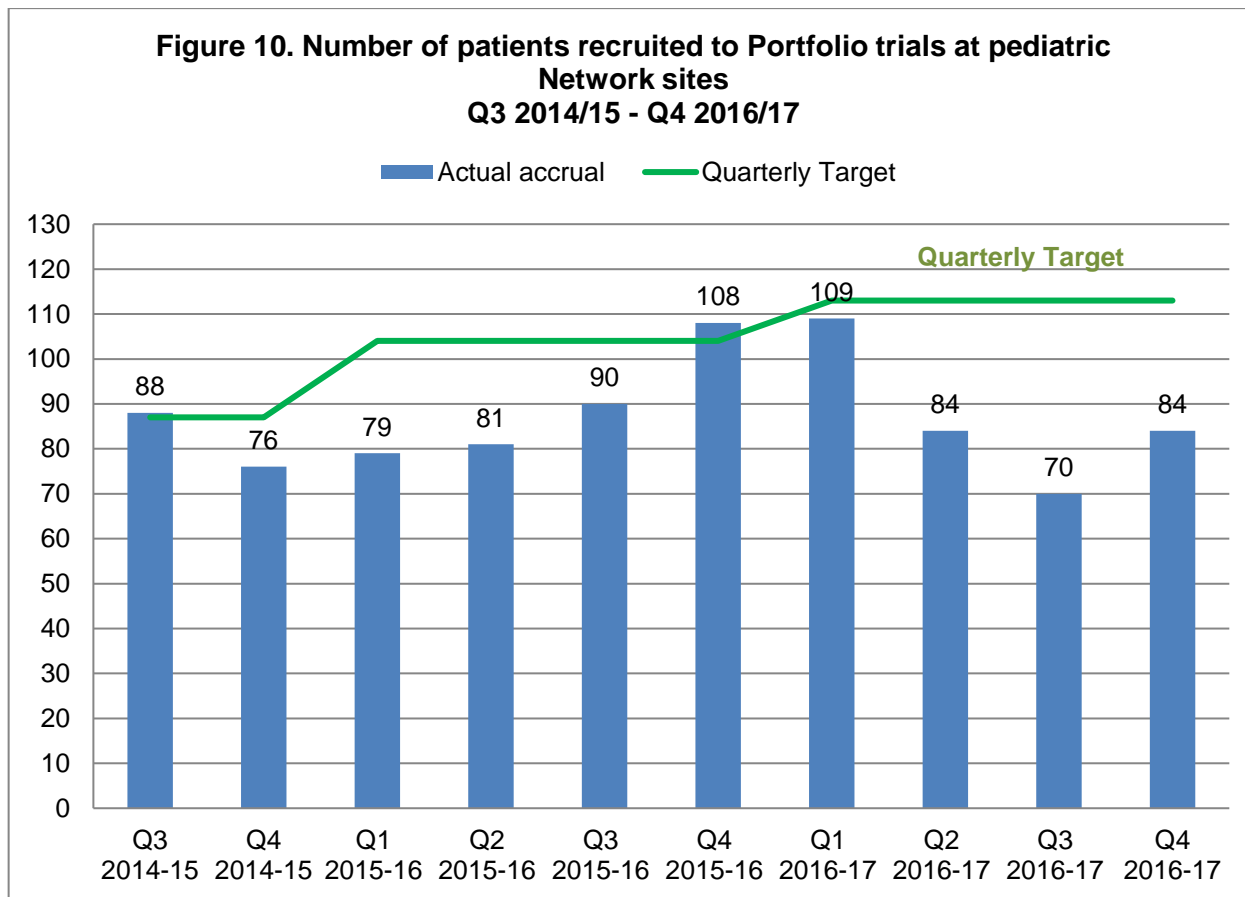


Notes:

- Breakdown of trials at adult Network sites by lead country, as of May 31, 2017 (n=160)
- Approx. 67% 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 is 5.90.
- Four 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 4 2016/17. The quarterly target for 2015/16 is 113 patients recruited to meet an annual target of 451 patients recruited. Pediatric Network sites are 33% below its quarterly target for recruitment
- Data includes pediatric sites associated with the C17 Council (N=17)
- Legend:

✘	lower than quarter target
---	---------------------------

Q4 2016/17 progress against quarterly target			
	Accrual	Target	Difference
Accrual	84	113	29
% above baseline	97%	130%	✘

Figure 11. Number of patients recruited per pediatric Network site in Q4 2016/17

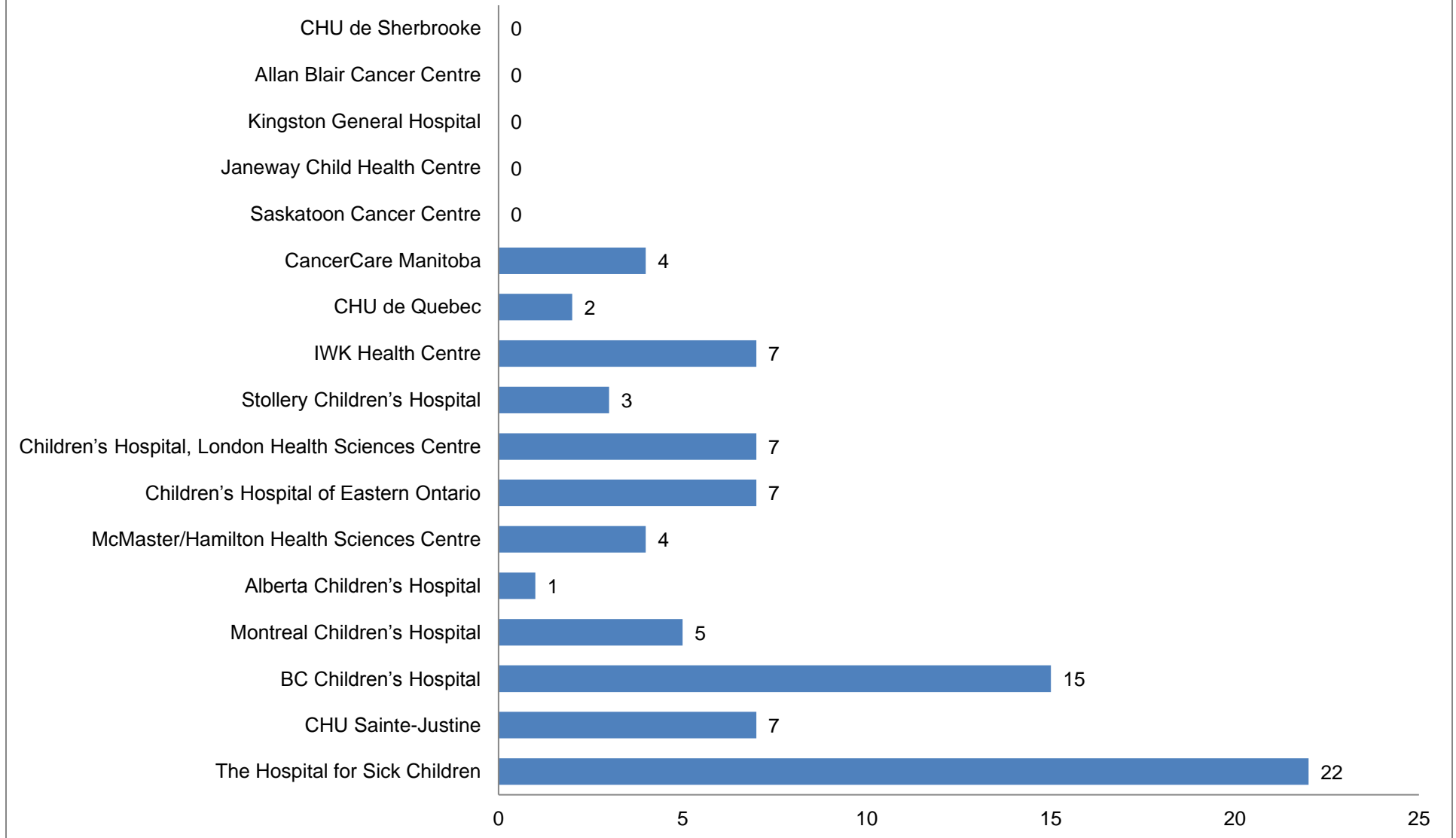


Figure 12. Progress to quarter baseline recruitment per pediatric Network site in Q4 2016/17

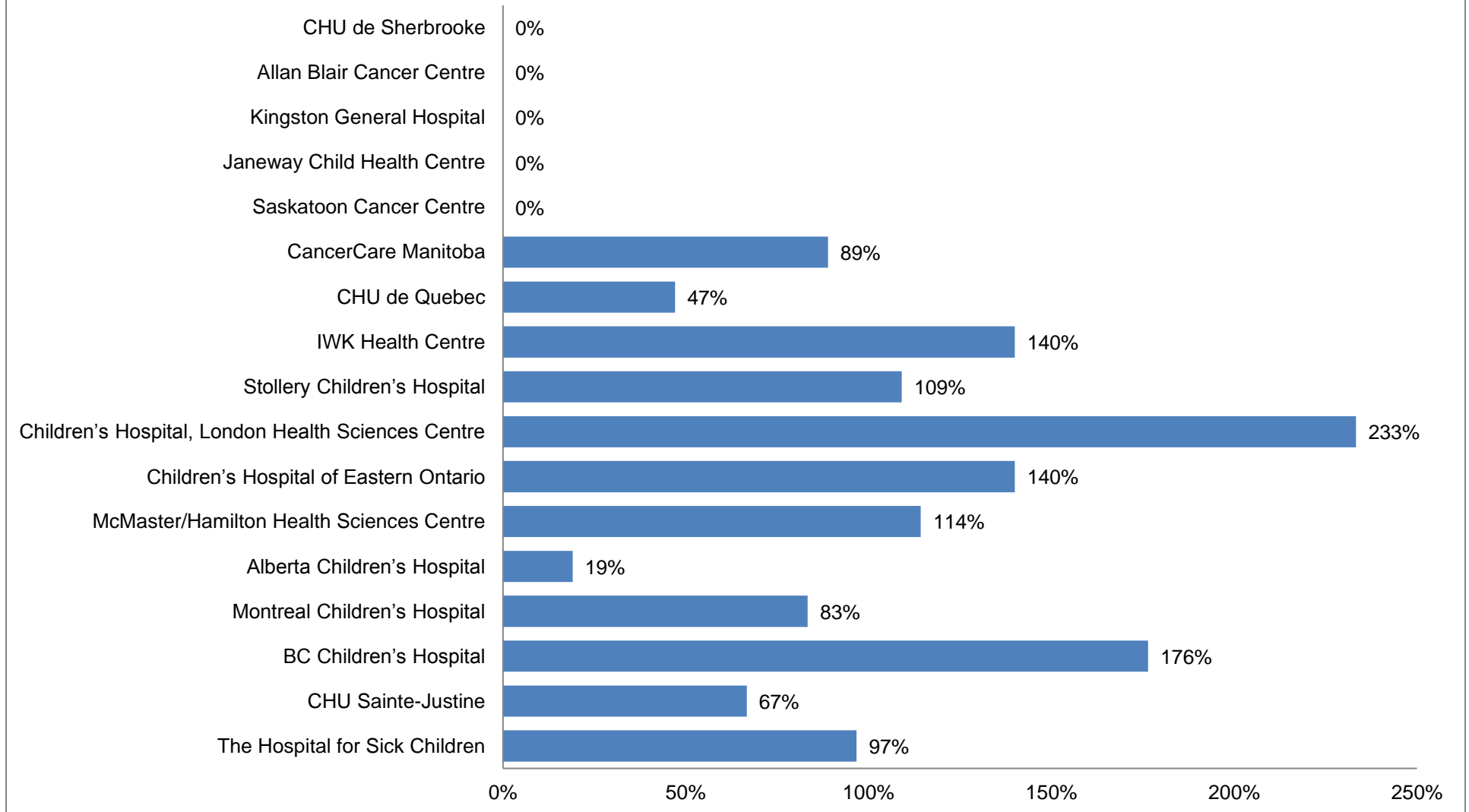
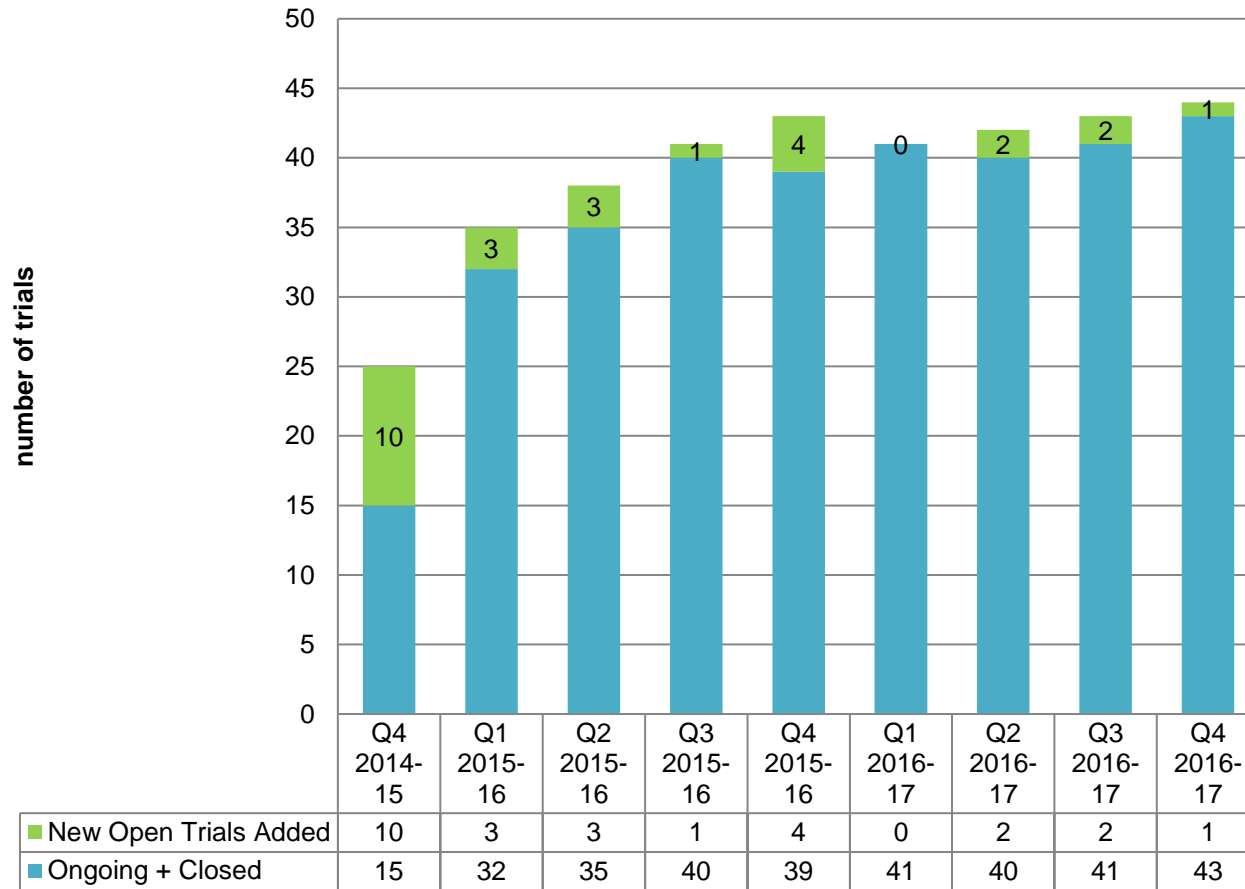


Table 2. Number of patients recruited per pediatric Network site (by fiscal year)

Network Site	**Y3 Baseline	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Y3 YTD Total	% of Y3 baseline
The Hospital for Sick Children	91	29	21	22	23	25	39	29	20	16	22	87	96%
CHU Sainte-Justine	42	9	9	10	1	8	7	14	10	8	7	39	93%
BC Children's Hospital	34	9	4	7	12	11	16	9	12	5	15	41	121%
Montreal Children's Hospital	24	3	6	4	5	8	6	6	1	2	5	14	58%
Alberta Children's Hospital	21	5	5	8	7	3	3	3	5	0	1	9	43%
McMaster/Hamilton Health Sciences Centre	14	4	2	4	7	2	7	10	2	3	4	19	136%
Children's Hospital of Eastern Ontario	20	5	5	5	4	3	6	7	8	13	7	35	175%
Children's Hospital, London Health Sciences Centre	12	3	4	2	6	5	2	5	9	5	7	26	217%
Stollery Children's Hospital	11	4	4	3	2	2	3	10	7	6	3	26	236%
IWK Health Centre	20	4	2	6	2	8	4	6	1	2	7	16	80%
CHU de Quebec	17	4	3	2	3	7	2	0	3	2	2	7	41%
CancerCare Manitoba	18	1	4	2	4	6	8	3	4	3	4	14	78%
Saskatoon Cancer Centre	6	5	4	2	1	0	3	2	1	2	0	5	83%
Janeway Child Health Centre	4	1	0	1	1	1	0	2	0	2	0	4	100%
Kingston General Hospital	9	2	3	1	3	1	2	3	1	1	0	5	56%
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
Ped sites (N=17) total	347	88	76	79	81	90	108	109	84	70	84	347	100%

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 - Q4 2016/17**



Notes:

- There were 44 Portfolio trials available at pediatric Network sites, 1 new trial added at the end of Quarter 4
- The data provided in Figure 13 is a snapshot of the Portfolio as of June 1, 2017
- Four 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 Fiscal Year 2016 Portfolio trials at pediatric Network sites

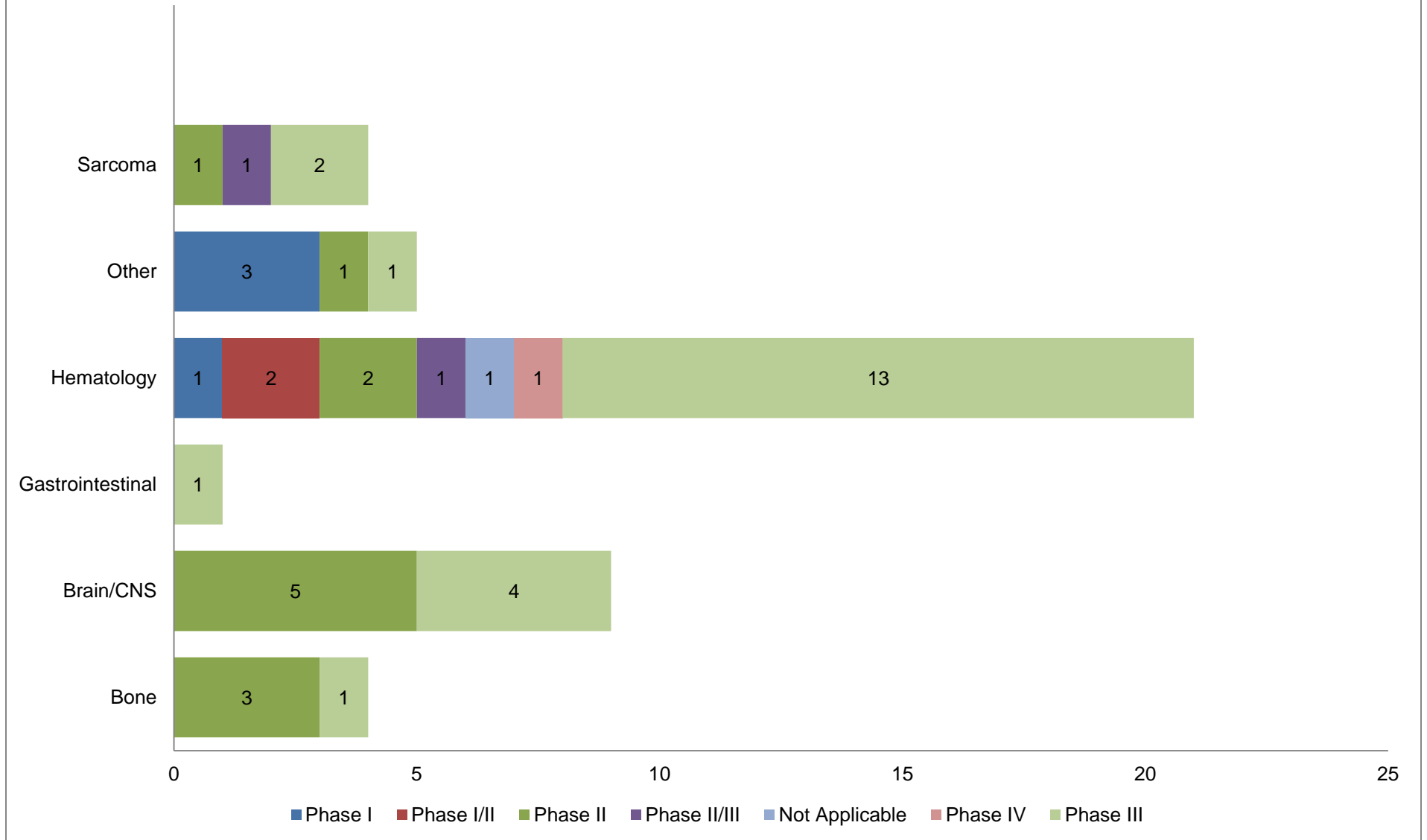
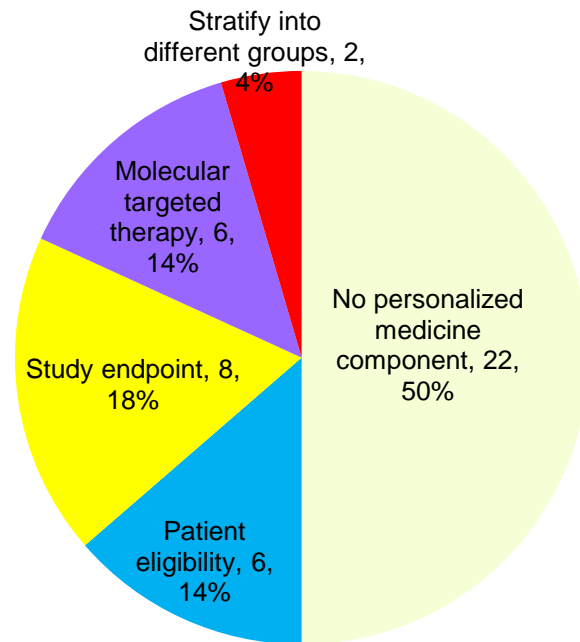


Figure 15. Breakdown of personalized medicine trials at pediatric Network sites in fiscal year 2016/2017

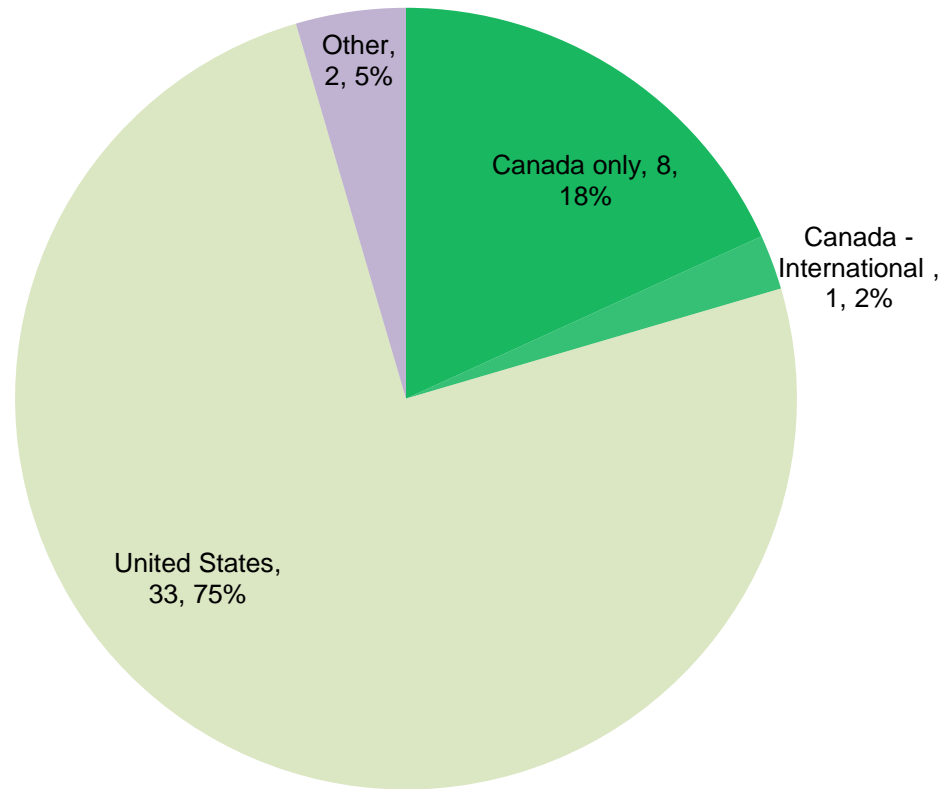


Notes:

- 22 Personalized medicine trials at pediatric Network sites, as of June 1, 2017 (n=44)
- 50% of all trials at pediatric Network sites have a personalized medicine component
- Four trials were available at both adult and pediatric Network sites in 2016 and are included in both adult and pediatric figures
- There were 9 out of 44 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 May 31, 2017 (n=44)
- 20% 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 is 7.84.
- Four 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	70	24
2017	17	12

Calendar Year	# Application Completed	Average FPR Time (days)
2015	6	47
2016	10	98

Note: 1) from application received to approve/decline the application since Jan 13, 2015 to May 2017; 2) from date site agreed to pursue peer review to date last reviewer submitted completed peer review package to 3CTN (approved as peer reviewed).

Section D: Other metrics

Objective: To provide overall metrics to all sites.

Complexity mix by number of total portfolio trials and patients accrued.

Patient Scope	Low		Standard		High	
	# of trials	Accrual (total)	# of trials	Accrual (total)	# of trials	Accrual (total)
Overall	31%	50%	58%	40%	11%	10%
Adults	32%	51%	59%	42%	9%	6%
Peds	23%	31%	50%	14%	27%	56%

*total data updated May 31, 2017

Site efficiency - National

Region	Activation Timeline from NOL/Sponsor Approval/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
Peds	225	-	184	147	362	163%
National (adult network sites)	280	78	190	93	460	68%

Note:

- Peds used NOL, most sites used "sponsor approval"
- first patients of peds and Alberta are by month and not exact dates
- under setup trials not included
- only for portfolio start date greater than April 1, 2014 and site open greater than April 1, 2014
- Due to various available data, the above metrics are for references only.

Appendix: Additional Notes

Table 3. Reporting periods and dates Q4 2014/15 – Q4 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
Q3 2016/17	October – December 2016	February 15, 2017
Q4 2016/17	January – March 2017	May 31, 2107

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