



Canadian
Cancer Clinical
Trials Network

Canadian Cancer Clinical Trials Network

Quarter Performance Report

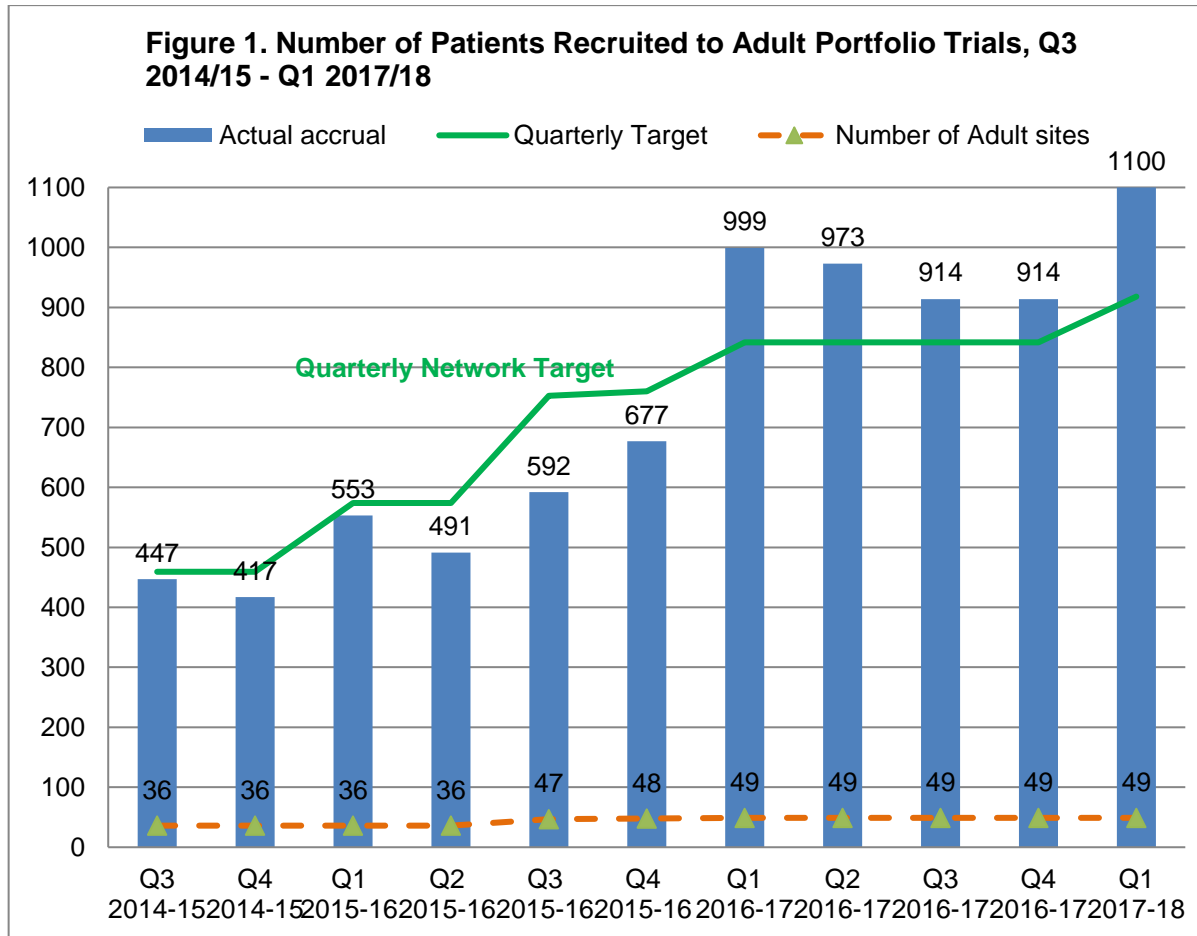
Quarter 1 2017/18: April 1 – June 30, 2017

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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



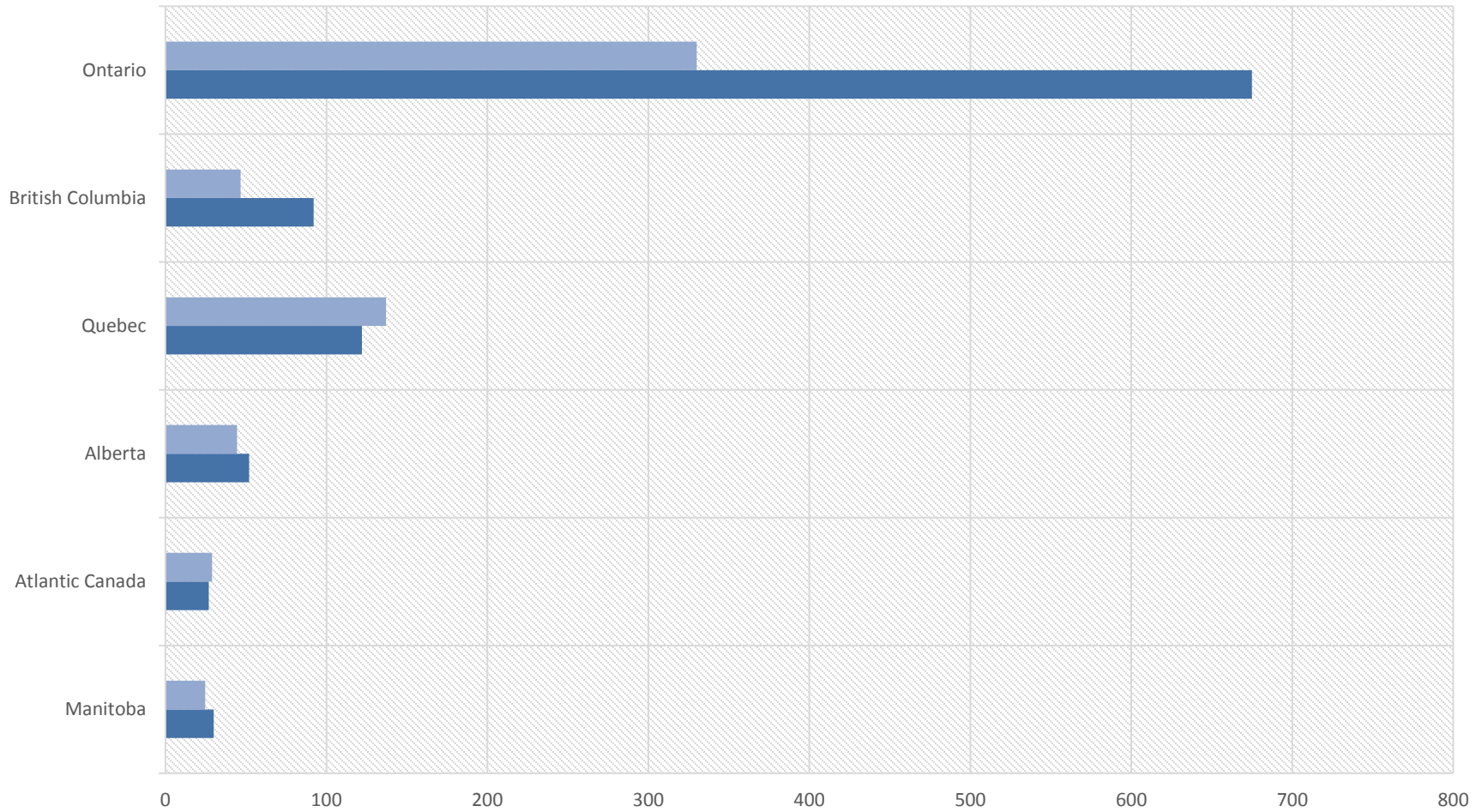
Q1 2017/18 progress against quarterly 2016/17 Network target			
	Actual	Target	Difference
Accrual	1100	918	182
% above baseline	180%	150.0%	✓

Notes:

- 1100 patients were recruited to adult Portfolio trials in Quarter 1, 2017/18.
- The Network recruitment target for 2017/2018 is 50% above baseline. The quarterly Network target for 2017/2018 is 918 patients recruited to meet an annual target of 3672 patients recruited. The network is well on track for meeting the Y4 network target.
- 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.
- 9 out of 49 adult sites exceeded their quarter baseline and 7 out of 49 adult sites exceeded their quarter target.
- Legend:

✗	below quarter baseline
✓	exceed quarter baseline and above target

Figure 2. Number of patients recruited to adult Network sites per region in Q1 2017/18



	Manitoba	Atlantic Canada	Alberta	Quebec	British Columbia	Ontario
■ 2017/18 Quarterly Baseline	25	29	45	137	47	330
■ Y4Q1 Actual	30	27	52	122	92	675

Figure 3. Number of patients recruited to adult Network sites per local-regional node (NCC + NACC) in Q1 2017/18

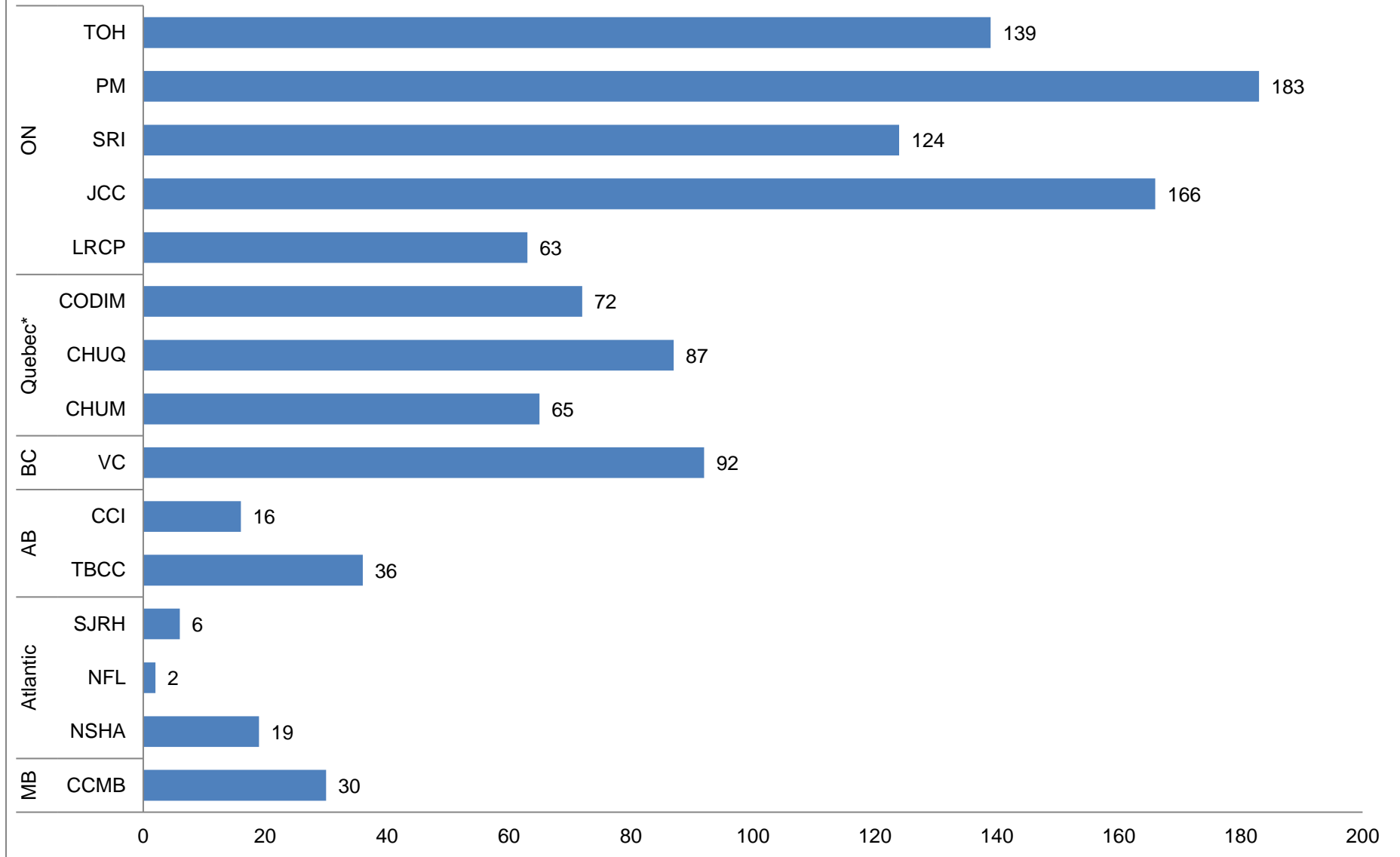


Figure 4. Progress to quarterly recruitment baseline at adult Network sites per region in Q1 2017/18

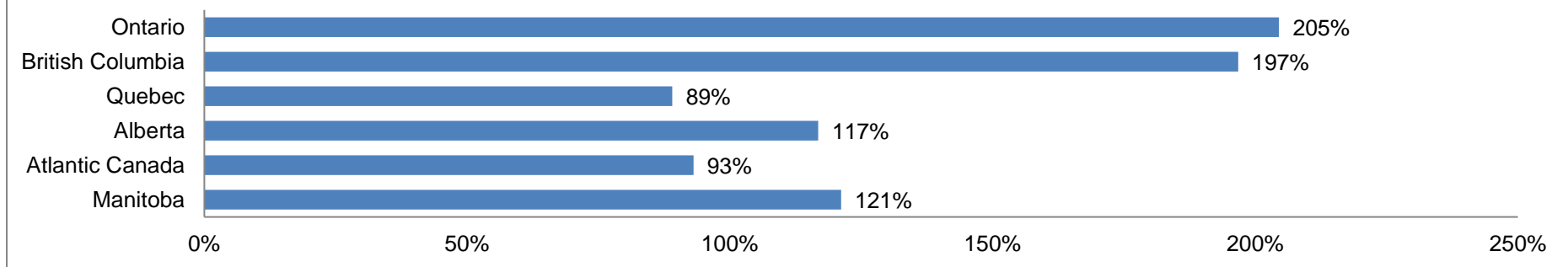


Figure 5. Percentage of patients recruited to quarter baseline of adult Network sites per local-regional node (NCC + NACC) in Q1 2017/18

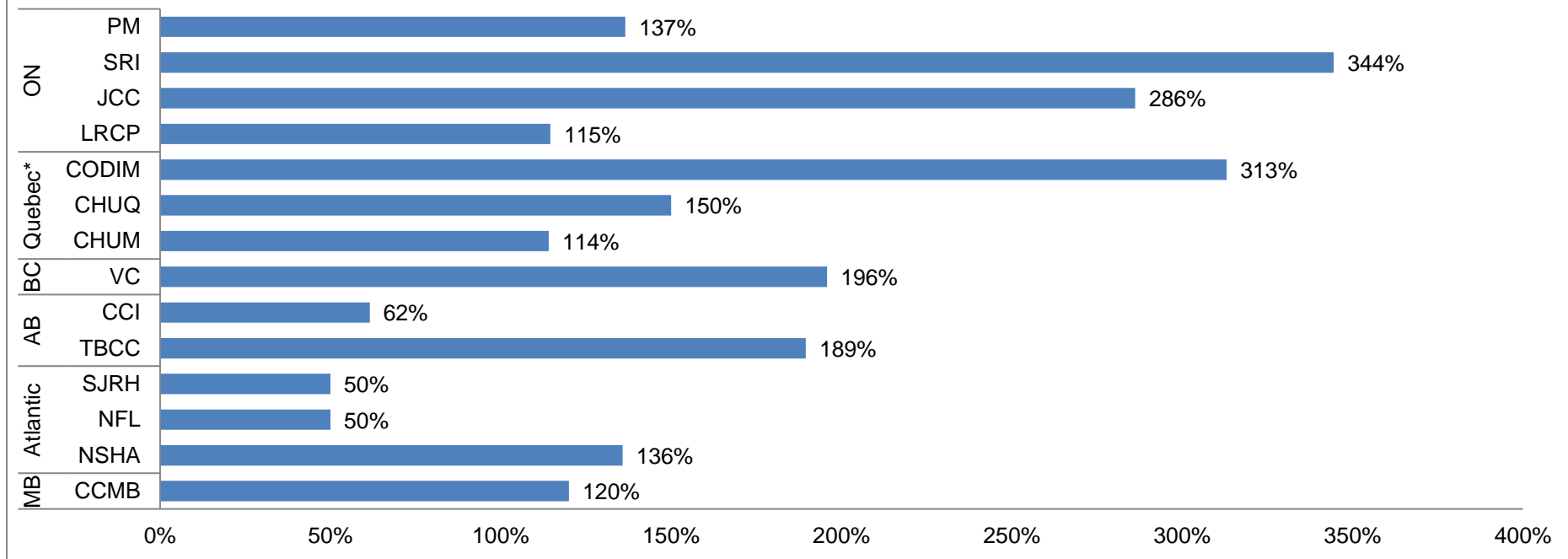


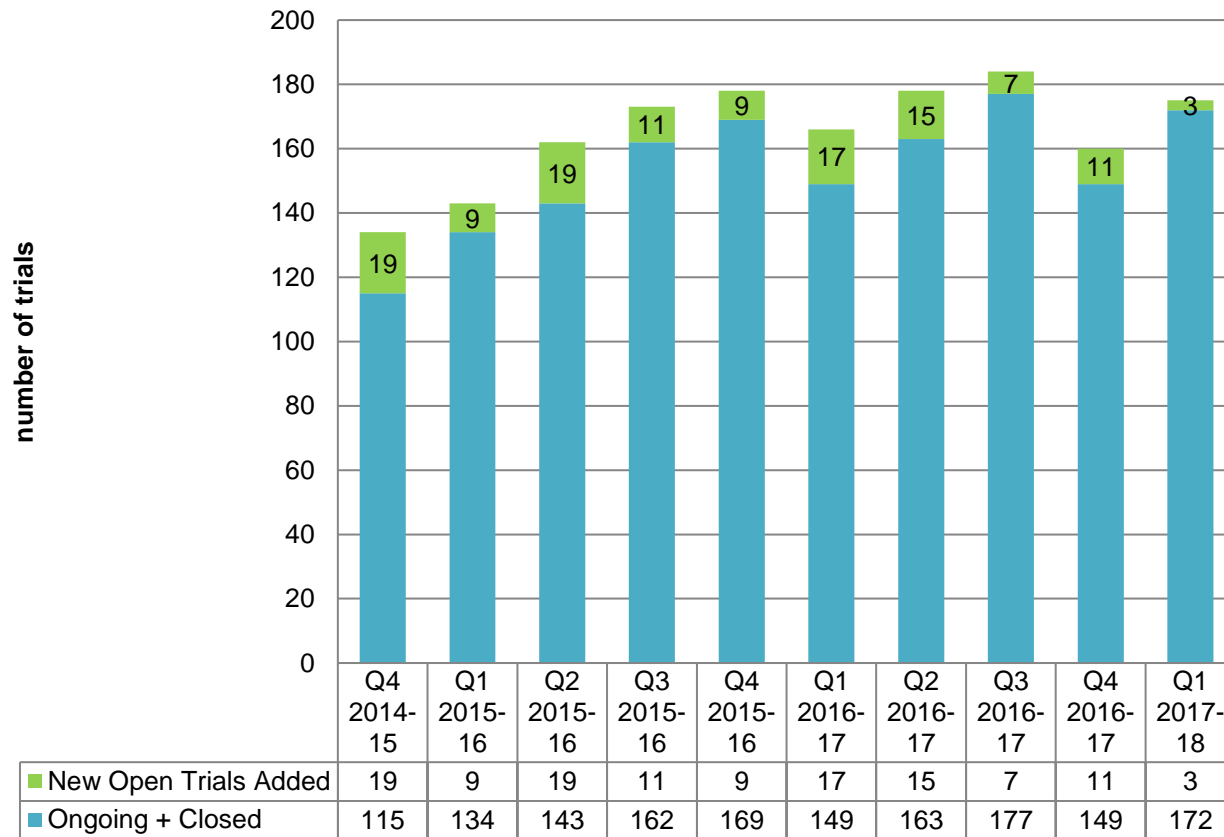
Table 1. Number of patients recruited per adult Network site (by fiscal year)

Network Site	**Y4 Baseline	Y1* Total	Y2 Total	Y3 YTD Total	Q1 2017	Y4 YTD Total	% of Y4 baseline
London Regional Cancer Program	186	72	171	179	42	42	23%
Grand River Regional Cancer Centre	20	12	13	43	12	12	60%
Windsor Regional Hospital	14	8	17	63	9	9	64%
Juravinski Cancer Centre	181	110	231	247	145	145	80%
Niagara Health System	17	4	22	13	7	7	41%
Cambridge Memorial Hospital	11	2	2	5	0	0	0%
St. Joseph Healthcare Hamilton*	21	-	30	54	14	14	67%
Sunnybrook Research Institute	141	113	231	399	119	119	84%
North York General Hospital	1	3	4	8	2	2	200%
Toronto East General Hospital	2	0	2	1	0	0	0%
Humber River Hospital	1	0	2	1	3	3	300%
Princess Margaret Cancer Centre	396	152	380	508	135	135	34%
Northeast Cancer Centre - Health Sciences North	24	2	17	12	2	2	8%
Trillium Health Partners	27	5	5	51	10	10	37%
Thunder Bay Regional Health Sciences Centre	26	2	3	46	6	6	23%
Southlake Regional Health Centre	10	1	15	75	9	9	90%
Royal Victoria Hospital	8	8	18	58	16	16	200%
St. Michael's Hospital	19	4	0	27	2	2	11%
William Osler Health System	1	0	0	29	0	0	0%
Markham Stouffville Hospital	1	0	0	28	3	3	300%
Mount Sinai Hospital*	21	-	12	40	0	0	0%
The Ottawa Hospital	132	59	238	396	108	108	82%
Kingston General Hospital	41	24	58	122	22	22	54%
Lakeridge Health	22	6	26	70	9	9	41%
CancerCare Manitoba	99	39	72	102	30	30	30%

Network Site	**Y4 Baseline	Y1* Total	Y2 Total	Y3 YTD Total	Q1 2017	Y4 YTD Total	% of Y4 baseline
Saint John Regional Hospital	37	11	16	22	1	1	3%
Dr. Everett Chalmers Hospital	1	1	0	5	4	4	400%
Dr. Léon-Richard Oncology Centre	9	2	4	3	1	1	11%
Nova Scotia Health Authority	39	4	31	48	15	15	38%
PEI Cancer Treatment Centre	8	1	8	2	0	0	0%
Nova Scotia Health Authority, Hematology	7	12	25	18	4	4	57%
Eastern Regional Health Authority (NFL)	15	0	0	12	2	2	13%
BC Cancer Agency - Vancouver Centre	106	67	117	150	44	44	42%
Abbotsford Centre	16	10	28	13	5	5	31%
Centre for the North, Prince George	1	2	6	4	6	6	600%
Sindi Ahluwalia Hawkins Centre for the Southern Interior	38	27	38	30	10	10	26%
Vancouver Island Centre	26	9	44	69	27	27	104%
CIUSSS du Centre-Ouest-de-l'Île-de-Montréal(CIUSSS CODIM)*	87	0	72	152	55	55	63%
CISSS de l'Outaouais*	3	0	0	4	17	17	567%
CHU de Québec – Université Laval*	180	0	11	142	75	75	42%
CISSS du Bas-Saint-Laurent(CIUSSS-BSL)*	4	0	0	6	1	1	25%
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke (CIUSSS-Estrie-CHUS)*	46	0	16	70	11	11	24%
Centre Hospitalier de l'Université de Montréal (CHUM)*	153	0	59	124	46	46	30%
CIUSSS de la Mauricie-et-du-Centre-du-Québec (CIUSSS MCQ) *	8	0	1	17	4	4	50%
CISSS de Laval*	4	0	3	12	5	5	125%
CIUSSS du Nord-de-l'Île-de-Montréal(CIUSSS NDIM)*	3	0	0	7	2	2	67%
CIUSSS de l'Est-de-l'Île-de-Montréal(CIUSSS-EDIM)*	60	0	12	51	8	8	13%
Tom Baker Cancer Centre	76	41	140	125	36	36	47%
Cross Cancer Institute	102	51	113	137	16	16	16%
Adult Patient Sites (N=49 for Y3, 48 for Y2, and 36 for Y1)	2451	864	2313	3800	1100	1100	45%

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.

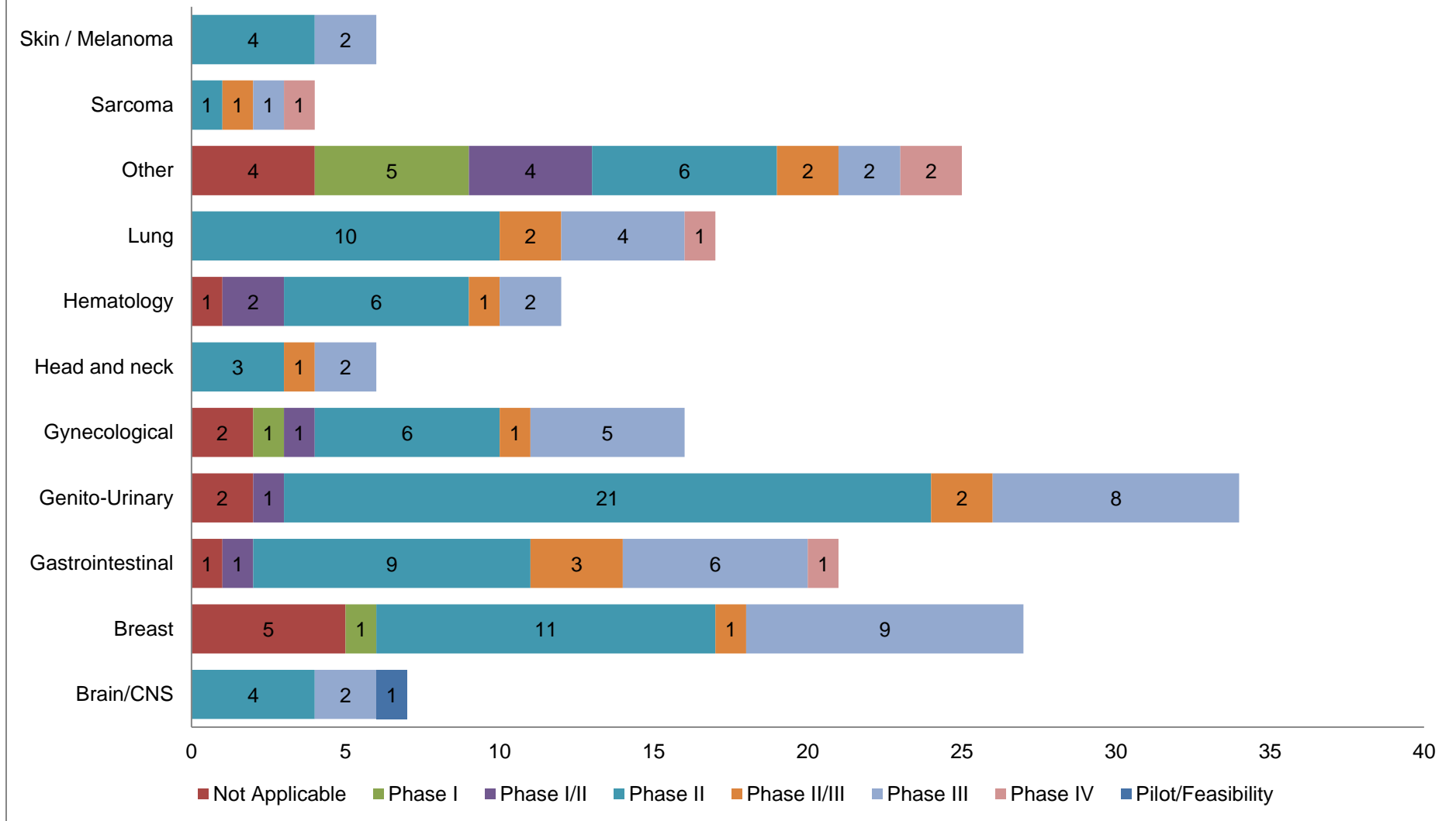
Figure 6. Total Portfolio trials at adult Network sites per quarter, Q4 2014/15 - Q1 2017/18



Notes:

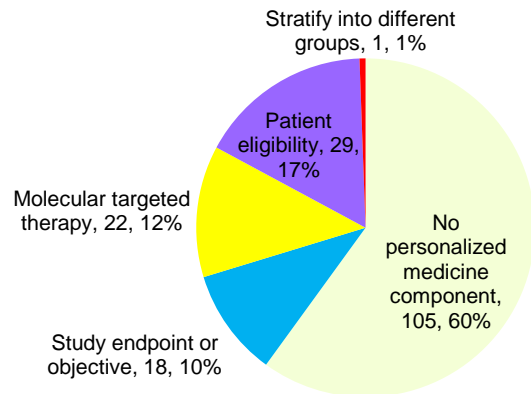
- There were 175 Portfolio trials in fiscal year 2017 for adult sites, (YTD Total =3 newly added+5 closed YTD +167 previous recruiting trials)
- 3 news trials are included in the 170 recruiting trials at the end of Quarter 4
- Three trials were available at both adult and pediatric Network sites in fiscal year 2017 and are included in both adult and pediatric figures

Figure 7. Breakdown of 2017 Fiscal Year Portfolio trials at adult Network sites



- The data provided in Figure 7 are a snapshot of the Portfolio as of September 18, 2017 (N=175)

Figure 8. Breakdown of personalized medicine trials at adult Network sites for 2017/2018 Portfolio Trials

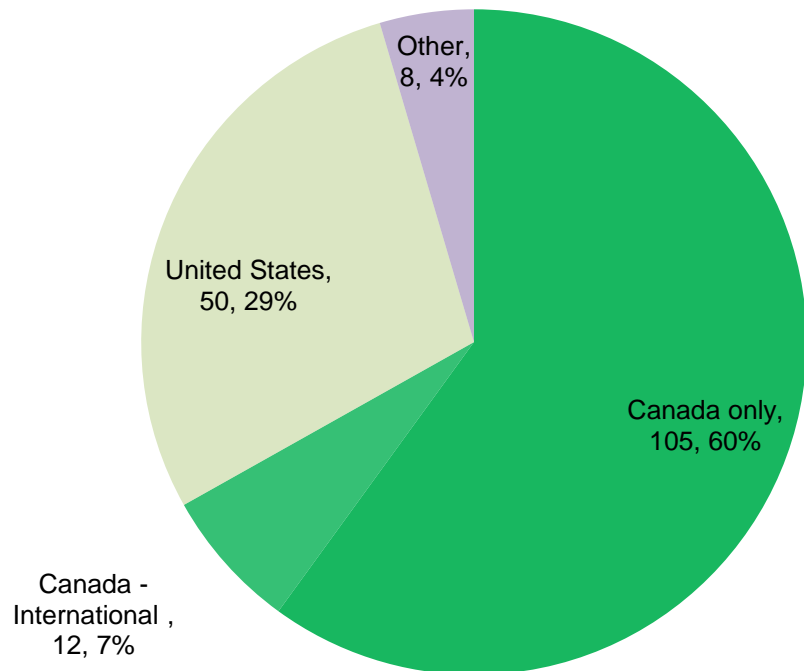


Notes:

- 65 Personalized medicine trials open to recruitment at adult Network sites, as of Sept 18, 2017 (n=175)
- 40% of all trials at adult Network sites have a personalized medicine component
- Three trials were available at both adult and pediatric Network sites in fiscal year 2017 and are included in both adult and pediatric figures
- There were 24 out of 175 (13.71%) 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 2017/2018
Portfolio Trials

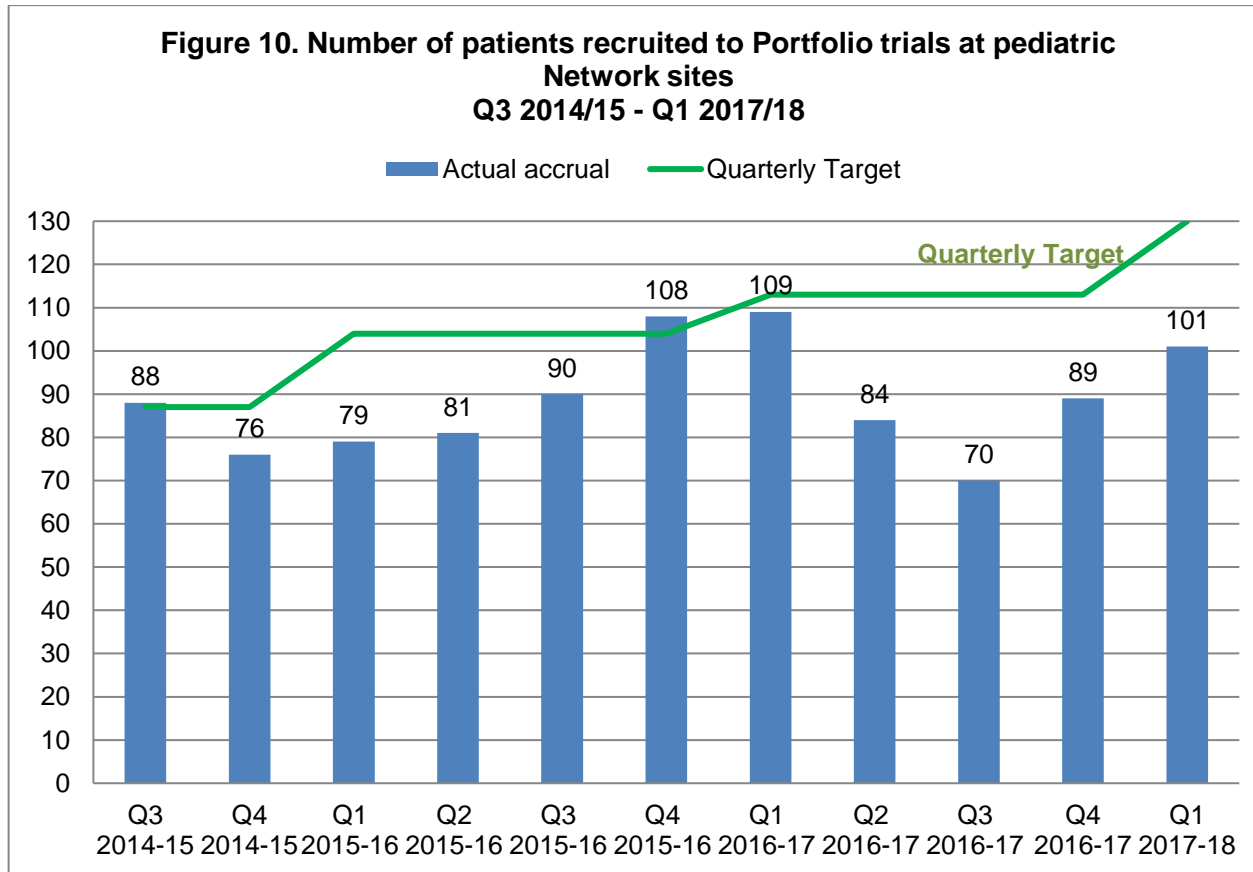


Notes:

- Breakdown of trials at adult Network sites by lead country, as of May 31, 2017 (n=175)
- Approx. 67% of all trials at adult Network sites are led by Canada – 7% of which are international, multicentered studies
- The average number of adult Network sites per trial is 5.99.
- Three trials were available at both adult and pediatric Network sites in 2017/2018 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:

- 101 patients were recruited to Portfolio trials at pediatric Network sites in Quarter 1 2017/18. The quarterly target for 2017/18 is 130 patients recruited to meet an annual target of 521 patients recruited. Pediatric Network sites are 14% below its quarterly target for recruitment
- Data includes pediatric sites associated with the C17 Council (N=17)
- Legend:

	lower than quarter target
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Q1 2017/178 progress against quarterly target			
	Accrual	Target	Difference
Accrual	101	130	29
% above baseline	116%	130%	

Figure 11. Number of patients recruited per pediatric Network site in Q1 2017/18

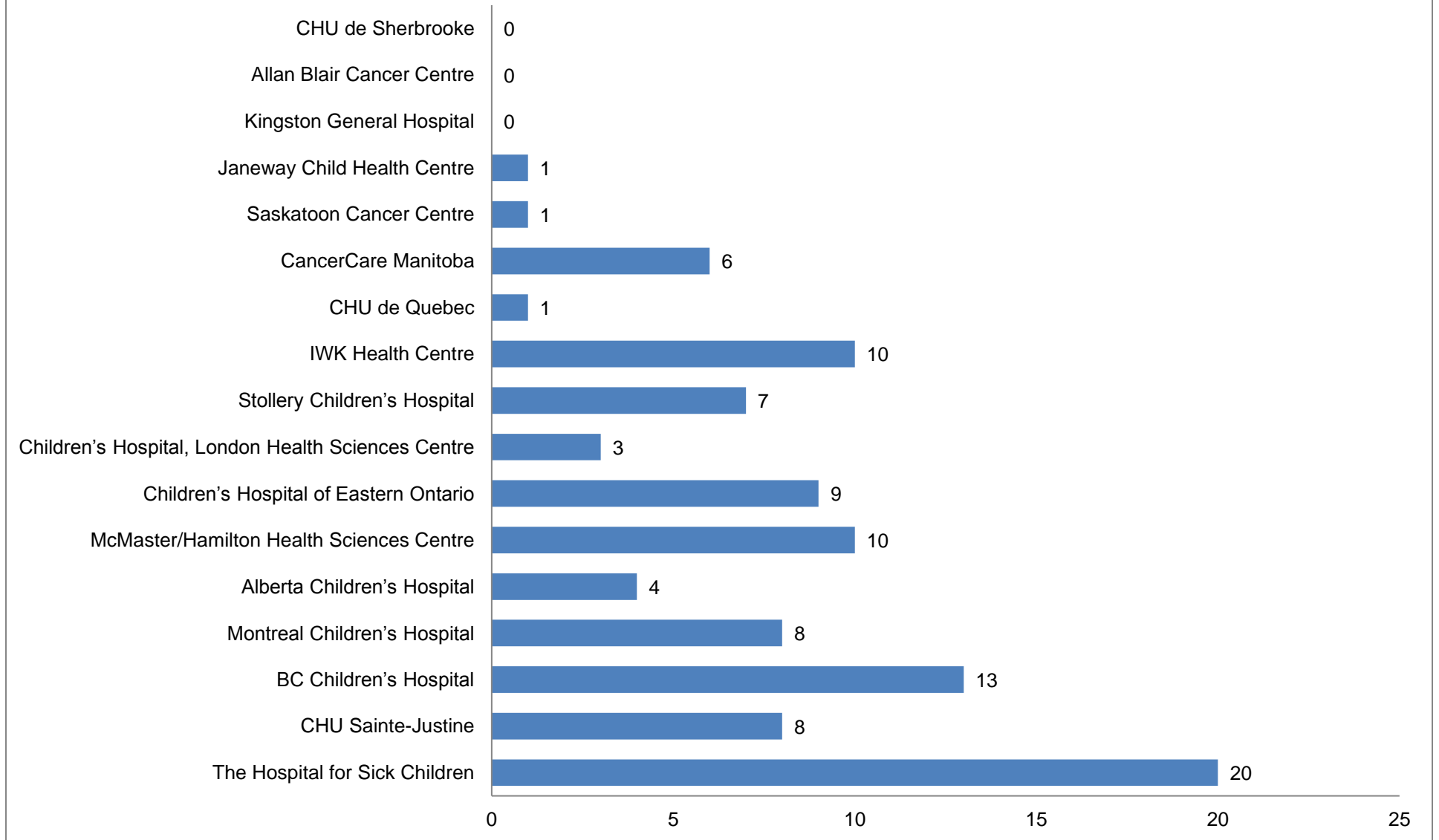


Figure 12. Progress to quarter baseline recruitment per pediatric Network site in Q1 2017/18

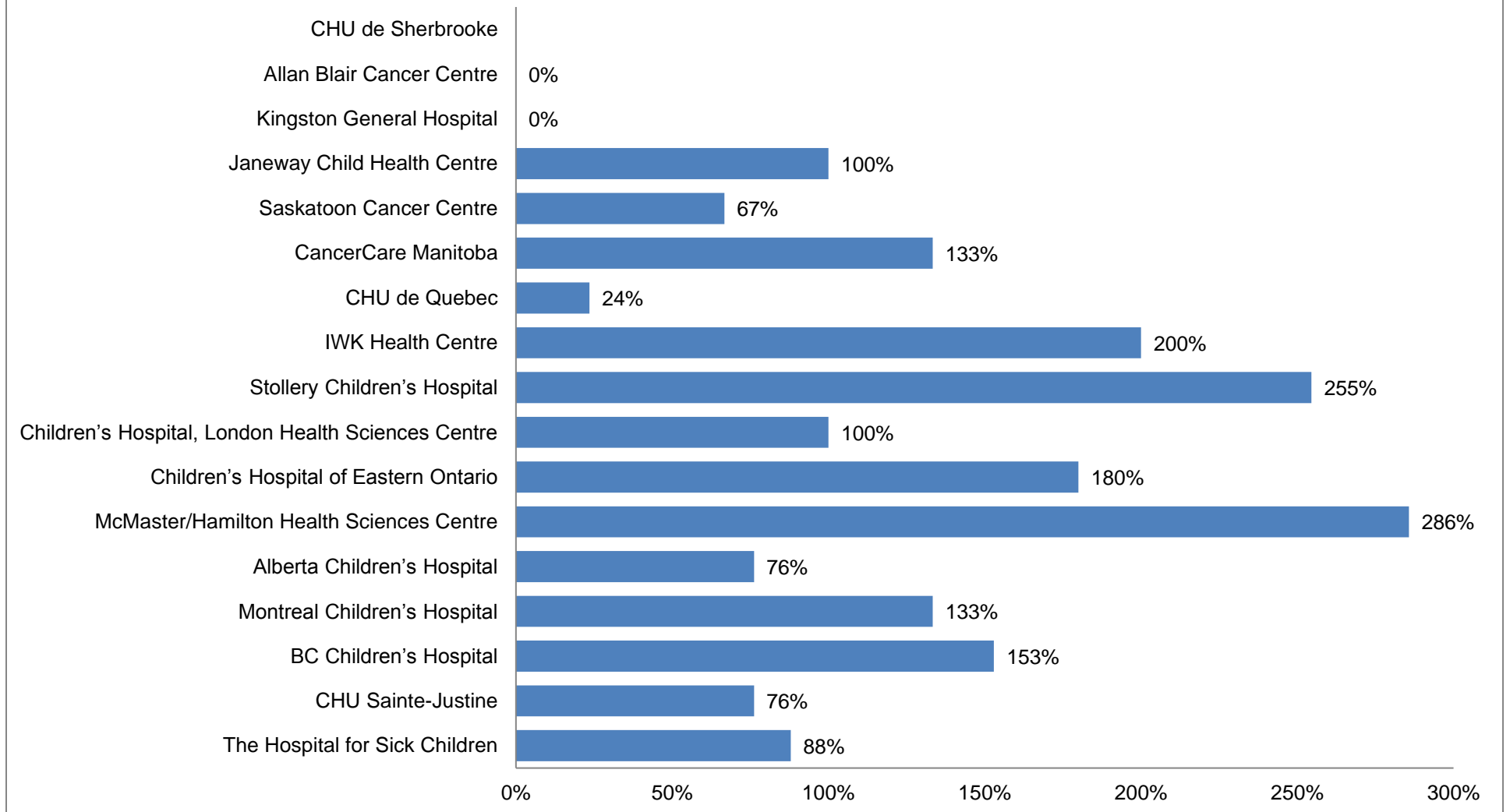
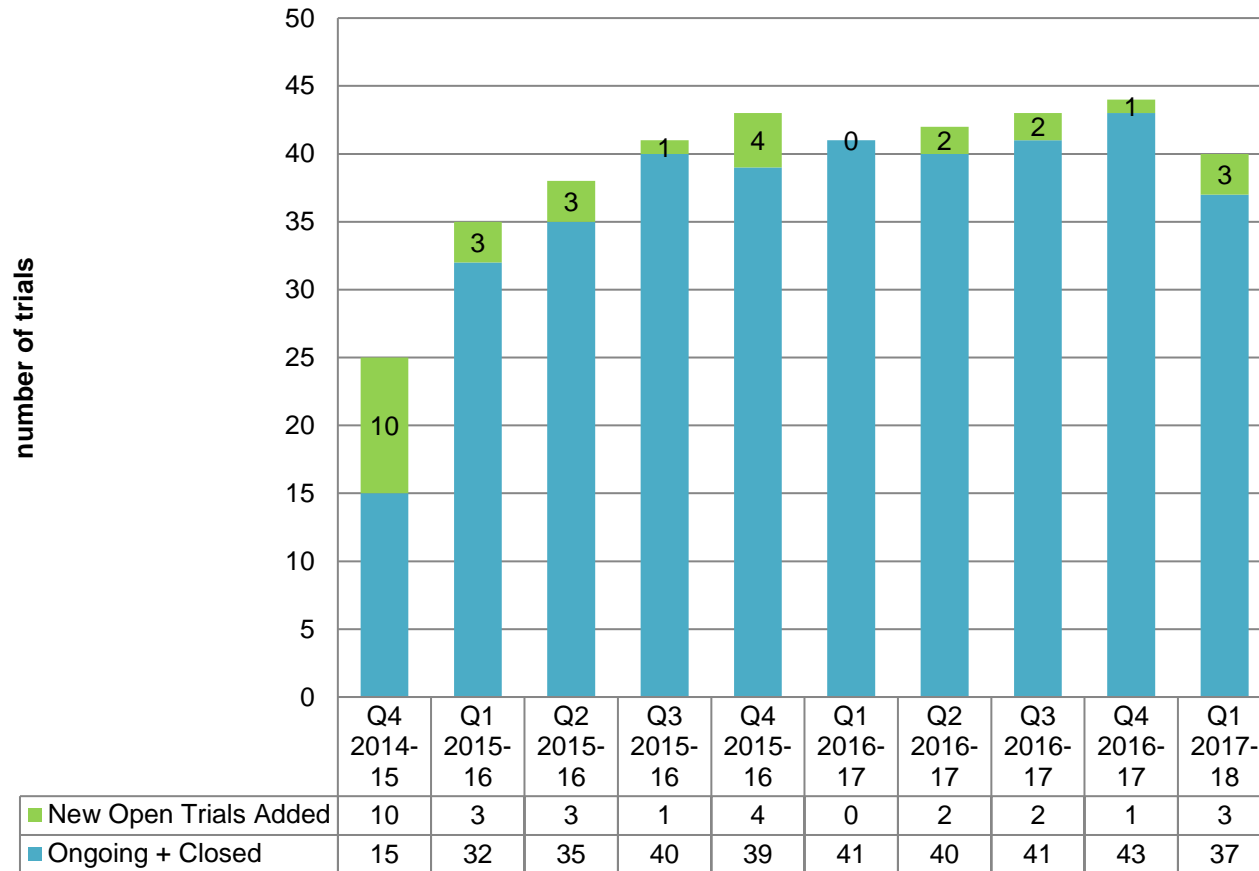


Table 2. Number of patients recruited per pediatric Network site (by fiscal year)

Network Site	**Y4 Baseline	Y1* Total	Y2 Total	Y3 YTD Total	Q1 2017	Y4 YTD Total	% of Y4 baseline
The Hospital for Sick Children	91	50	109	87	20	20	22%
CHU Sainte-Justine	42	18	26	44	8	8	19%
BC Children's Hospital	34	13	46	41	13	13	38%
Montreal Children's Hospital	24	9	23	14	8	8	33%
Alberta Children's Hospital	21	10	21	9	4	4	19%
McMaster/Hamilton Health Sciences Centre	14	6	20	19	10	10	71%
Children's Hospital of Eastern Ontario	20	10	18	35	9	9	45%
Children's Hospital, London Health Sciences Centre	12	7	15	26	3	3	25%
Stollery Children's Hospital	11	8	10	26	7	7	64%
IWK Health Centre	20	6	20	16	10	10	50%
CHU de Quebec	17	7	14	7	1	1	6%
CancerCare Manitoba	18	5	20	14	6	6	33%
Saskatoon Cancer Centre	6	9	6	5	1	1	17%
Janeway Child Health Centre	4	1	3	4	1	1	25%
Kingston General Hospital	9	5	7	5	0	0	0%
Allan Blair Cancer Centre	4	0	0	0	0	0	0%
CHU de Sherbrooke	1	0	0	0	0	0	0%
Ped sites (N=17) total	347	164	358	352	101	101	29%

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 2017/18**



Notes:

- There were 40 Portfolio trials available at pediatric Network sites, 3 new trial added at the end of Quarter 1 2017/2018.
- The data provided in Figure 13 is a snapshot of the Portfolio as of September 18, 2017.
- Three trials were available at both adult and pediatric Network sites in 2017/18 and is included in both adult and pediatric figures.

Figure 14. Breakdown of Fiscal 2017- 2018 Portfolio trials at pediatric Network sites

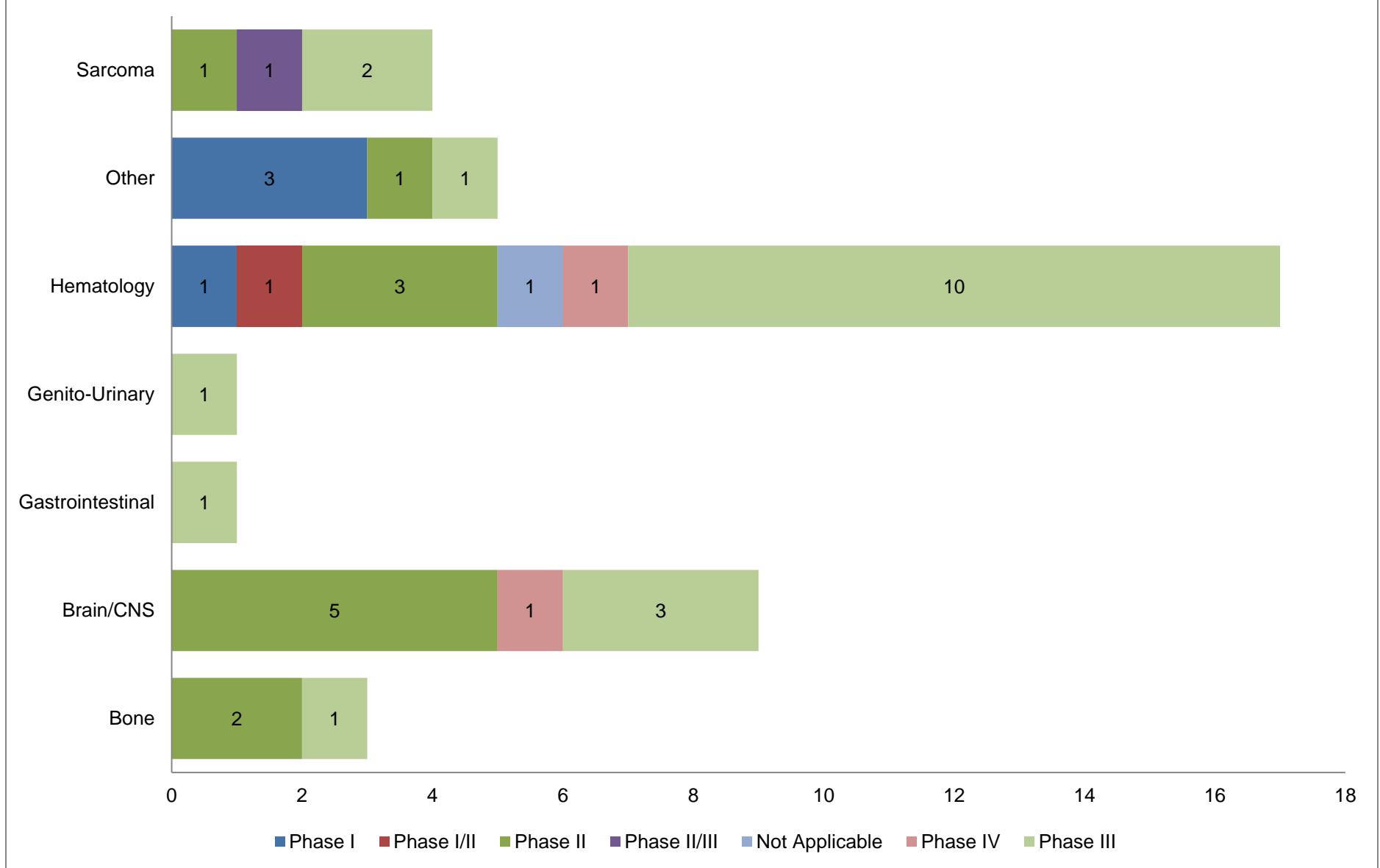
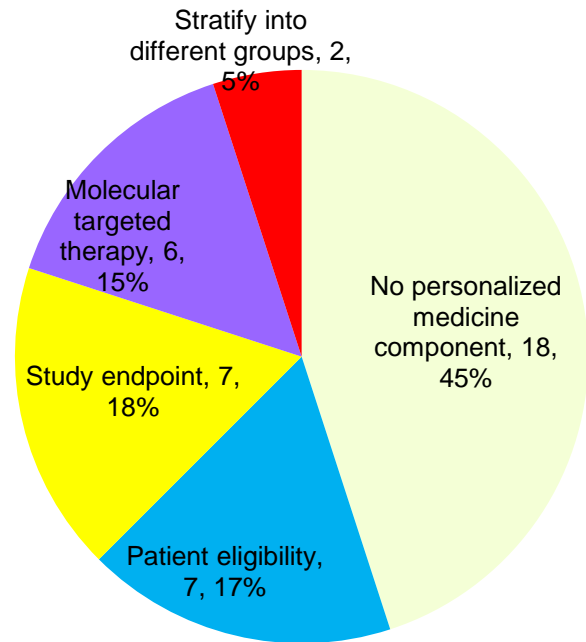


Figure 15. Breakdown of personalized medicine trials at pediatric Network sites in fiscal year 2017/2018

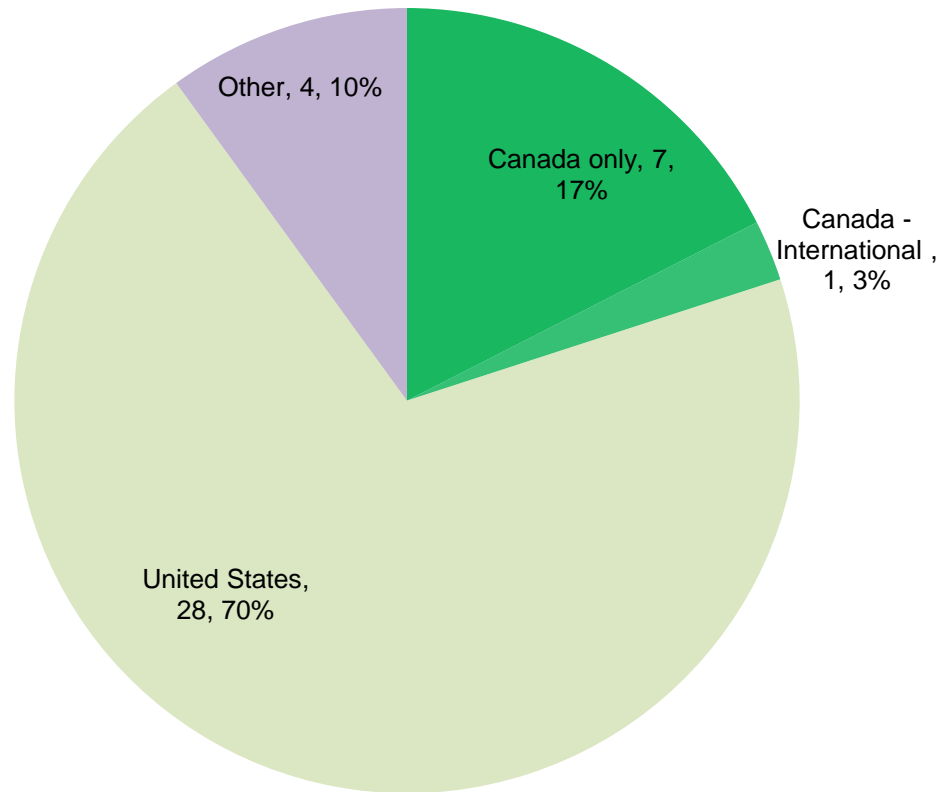


Notes:

- 12 Personalized medicine trials at pediatric Network sites, as of Sept 18, 2017 (n=40)
- 55% of all trials at pediatric Network sites have a personalized medicine component
- Three trials were available at both adult and pediatric Network sites in 2017 and are included in both adult and pediatric figures
- There were 10 out of 40 trials (25%) that were 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 2017/2018



Notes:

- Breakdown of trials at pediatric Network sites by lead country, as of September 18, 2017 (n=40)
- 20% of all trials at pediatric Network sites are led by Canada – 3% of which are international, multicentered studies
- The average number of Network sites per trial is 7.79.
- Three trials were available at both adult and pediatric Network sites in 2017-2018 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	33	10

Calendar Year	# Application Completed	Average FPR Time (days)
2015	6	47
2016	10	98
2017	1	71

Note: 1) from application received to approve/decline of the application since Jan 13, 2015 to September 18, 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).

Appendix: Additional Notes

Table 3. Reporting periods and dates Q4 2014/15 – Q1 2017/18

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, 2016
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, 2017
Q1 2017/18	April – June 2017	August 31, 2017

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

***Other metrics such as site efficiency related are reported on yearly basis