



Canadian
Cancer Clinical
Trials Network

Canadian Cancer Clinical Trials Network

Quarter Performance Report

Quarter 2, FY 2018/19 (Year 5): July 1 – Sept. 30, 2018

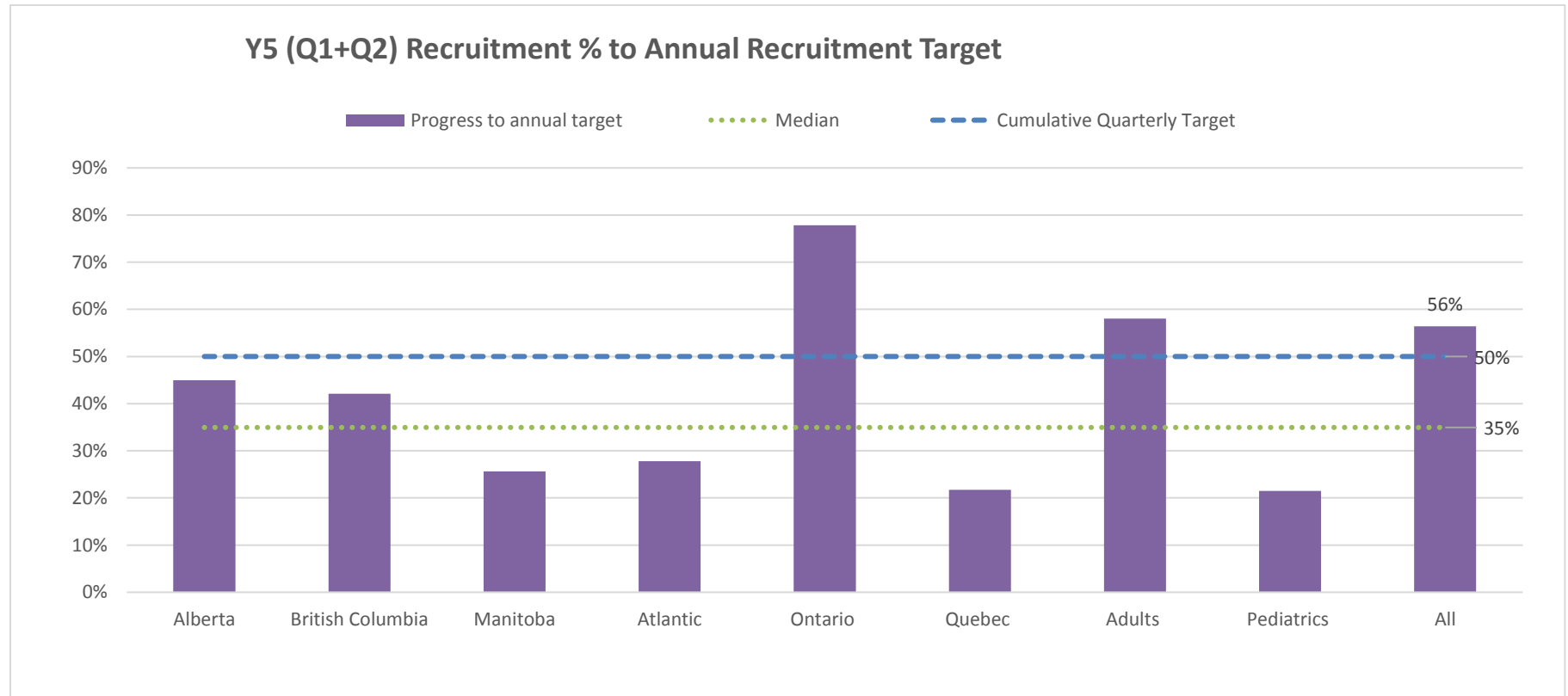
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Section A: Patient access and recruitment to the 3CTN Portfolio Trials

Patient Recruitment at All Network Sites

Objective: To improve patient access to academic clinical trials and improve patient recruitment by greater than 75% within four years



Notes:

- 977 patients were recruited to Portfolio trials in Quarter 2, 2018/19. Y5 target is to achieve 55% above pre-3CTN baseline.
- Although the Q1+Q2 accrual did meet the overall cumulative quarterly Network target of 1854 patients, most regions did not meet their quarterly recruitment targets. TMIST contributed 427 of total recruitment of Ontario, accounting for 20% of Network total recruitment.

Number of patients recruited and number of Portfolio trials per Network site (by fiscal year)

Objective: 1) to improve patient access to academic clinical trials and improve patient recruitment by greater than 75% within four years; 2) to increase the number of active recruiting trials per site by 50%, compared to pre 3CTN baseline, by 2022

Patient recruited to 3CTN Portfolio trials – BC, Alberta and Manitoba

Network Site	Pre-3CTN Baseline	Q1 2018-19	Q2 2018-19	Y5 Total	% of baseline	% to Y5 Target
CancerCare Manitoba	99	18	25	43	43%	28%
Prairie Mountain Health	1	0	0	0	0%	0%
CancerCare Manitoba - Pediatrics	18	2	1	3	17%	11%
CancerCare Manitoba Total	118	20	26	46	39%	25%
BC Cancer Agency - Vancouver Centre	106	31	22	53	50%	32%
Abbotsford Centre	16	5	4	9	56%	36%
Centre for the North, Prince George	1	1	4	5	500%	323%
Sindi Ahluwalia Hawkins Centre for the Southern Interior	38	5	14	19	50%	32%
Vancouver Island Centre	26	18	18	36	138%	89%
British Columbia Cancer Agency	187	60	62	122	65%	42%
Alberta Health Services, Cross Cancer Institute	102	42	24	66	65%	42%
Alberta Health Services, Tom Baker Cancer Centre	76	24	34	58	76%	49%
Alberta Health Services	178	66	58	124	70%	45%
Western Region Total	483	146	146	292	60%	39%

Number of active recruiting 3CTN Portfolio trials – BC, Alberta and Manitoba

Network Site	Q1 2018-19	Q2 2018-19
CancerCare Manitoba	28	27
Prairie Mountain Health	0	0
CancerCare Manitoba - Pediatrics	17	17
BC Cancer Agency - Vancouver Centre	25	25
Abbotsford Centre	4	4
Centre for the North, Prince George	3	3
Sindi Ahluwalia Hawkins Centre for the Southern Interior	9	10
Vancouver Island Centre	5	6
Alberta Health Services, Cross Cancer Institute	32	33
Alberta Health Services, Tom Baker Cancer Centre	34	30

Patient recruited to 3CTN Portfolio trials – Ontario

Network Site	Pre-3CTN Baseline	Q1 2018-19	Q2 2018-19	Y5 Total	% of baseline	% to Y5 Target	Without TMIST
London Health Sciences Centre	186	63	49	112	60%	39%	39%
Grand River Regional Cancer Centre	20	8	9	17	85%	55%	55%
Windsor Regional Cancer Centre	14	6	4	10	71%	46%	46%
Hamilton Health Sciences, Juravinski Cancer Centre	181	132	77	209	115%	74%	74%
Cambridge Memorial Hospital	11	1	0	1	9%	6%	6%
St. Joseph's Healthcare Hamilton	21	14	13	27	129%	83%	83%
Walker Family Cancer Centre, Niagara Health System	17	8	4	12	71%	46%	46%
Sunnybrook Health Sciences Centre, Sunnybrook Research Institute	141	138	183	321	228%	147%	62%
Humber River Hospital	1	2	2	4	400%	258%	258%
Michael Garron Hospital (Toronto East General Hospital)	2	2	0	2	100%	65%	65%
Princess Margaret Cancer Centre	396	199	149	348	88%	57%	57%
Markham Stouffville Hospital	1	0	0	0	0%	0%	0%
Mount Sinai Hospital	21	2	3	5	24%	15%	15%
Northeast Cancer Centre - Health Sciences North	24	7	6	13	54%	35%	35%
North York General Hospital	1	2	1	3	300%	194%	194%
Royal Victoria Regional Health Centre	8	4	3	7	88%	56%	56%
Southlake Regional Health Centre	10	19	16	35	350%	226%	226%
St. Michael's Hospital	19	0	1	1	5%	3%	3%
Thunder Bay Regional Health Sciences Centre	26	18	3	21	81%	52%	52%
Trillium Health Partners	27	4	3	7	26%	17%	17%
William Osler Health System	1	0	0	0	0%	0%	0%
The Ottawa Hospital Cancer Centre	132	182	201	383	290%	187%	69%
Cancer Centre of Southeastern Ontario at Kingston General Hospital	41	31	21	52	127%	82%	82%
Lakeridge Health, RSM Durham Regional Cancer Centre	22	4	2	6	27%	18%	18%
NRCC Ontario Subtotal	1,323	846	750	1596	121%	78%	57%

3CTN Performance Report, created: January 2, 2019

Recruitment database lock date: November 30, 2018/Portfolio snap shot date: December 31, 2018

Number of active recruiting 3CTN Portfolio trials - Ontario

Network Site	Q1 2018-19	Q2 2018-19
London Health Sciences Centre	45	46
Grand River Regional Cancer Centre	8	8
Windsor Regional Cancer Centre	4	4
Hamilton Health Sciences, Juravinski Cancer Centre	29	27
Cambridge Memorial Hospital	2	2
St. Joseph's Healthcare Hamilton	3	2
Walker Family Cancer Centre, Niagara Health System	8	7
Sunnybrook Health Sciences Centre, Sunnybrook Research Institute	32	34
Humber River Hospital	3	3
Michael Garron Hospital (Toronto East General Hospital)	2	2
Princess Margaret Cancer Centre	71	74
Markham Stouffville Hospital	0	0
Mount Sinai Hospital	4	4
Northeast Cancer Centre - Health Sciences North	6	7
North York General Hospital	3	4
Royal Victoria Regional Health Centre	8	6
Southlake Regional Health Centre	9	10
St. Michael's Hospital	1	1
Thunder Bay Regional Health Sciences Centre	5	5
Trillium Health Partners	3	3
William Osler Health System	1	1
The Ottawa Hospital Cancer Centre	38	37
Cancer Centre of Southeastern Ontario at Kingston General Hospital	26	25
Lakeridge Health, RSM Durham Regional Cancer Centre	3	4

Patient recruited to 3CTN Portfolio trials – Atlantic Region and Quebec

Network Site	Pre-3CTN Baseline	Q1 2018-19	Q2 2018-19	Y5 Total	% of baseline	% to Y5 Target
Nova Scotia Health Authority	39	12	7	19	49%	31%
Eastern Regional Health Authority	15	4	1	5	33%	22%
Janeway Child Health Centre	4	0	0	0	0%	0%
Atlantic NRCC total	58	16	8	24	41%	27%
CISSS de l'Outaouais	3	0	0	0	0%	0%
CHU de Québec – Université Laval, adults	180	38	21	59	33%	21%
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke, adults (CIUSSS-Estrie-CHUS)	46	6	4	10	22%	14%
Centre Hospitalier de l'Université de Montréal (CHUM)	153	33	27	60	39%	25%
CIUSSS du Nord-de-l'Île-de-Montréal(CIUSSS NDIM)	3	0	3	3	100%	65%
CIUSSS de l'Est-de-l'Île-de-Montréal(CIUSSS-EDIM)	60	9	5	14	23%	15%
CHU de Quebec - Pediatrics	17	7	3	10	59%	38%
Centre hospitalier universitaire de Sainte-Justine	42	10	9	19	45%	29%
Montreal Children's Hospital	24	2	1	3	13%	8%
Quebec Clinical Research Organization in Cancer (Q-CROC)	528	105	73	178	34%	22%
Eastern Region Total	586	121	81	202	34%	22%

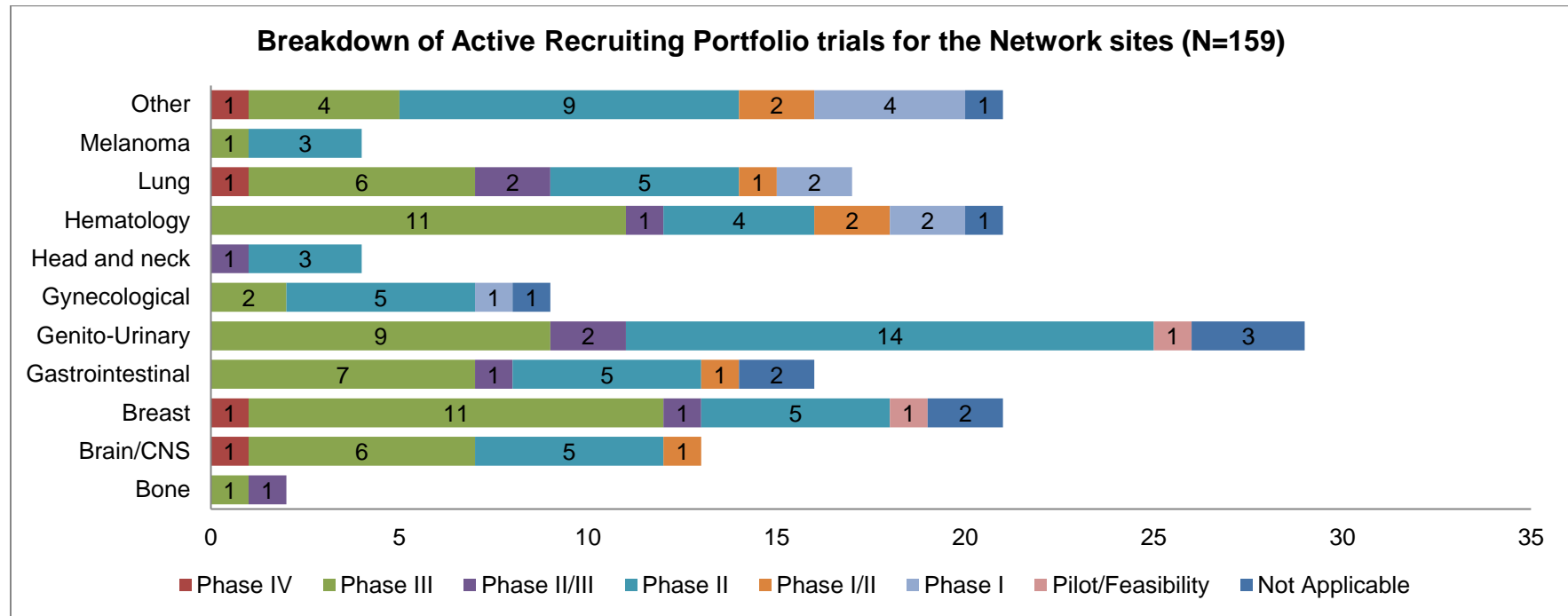
Number of active recruiting 3CTN Portfolio trials – Atlantic Region and Quebec

Network Site	Q1 2018-19	Q2 2018-19
Nova Scotia Health Authority	12	16
Eastern Regional Health Authority	4	6
Janeway Child Health Centre	11	9
CISSS de l'Outaouais	1	1
CHU de Québec – Université Laval, adults	19	20
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke, adults (CIUSSS-Estrie-CHUS)	13	11
Centre Hospitalier de l'Université de Montréal (CHUM)	32	34
CIUSSS du Nord-de-l'Île-de-Montréal (CIUSSS NDIM)	2	2
CIUSSS de l'st-de-l'Île-de-Montréal (CIUSSS-EDIM)	12	13
CHU de Quebec - Pediatrics	13	16
Centre hospitalier universitaire de Sainte-Justine	30	22
Montreal Children's Hospital	25	25

Section B: 3CTN Portfolio Metrics

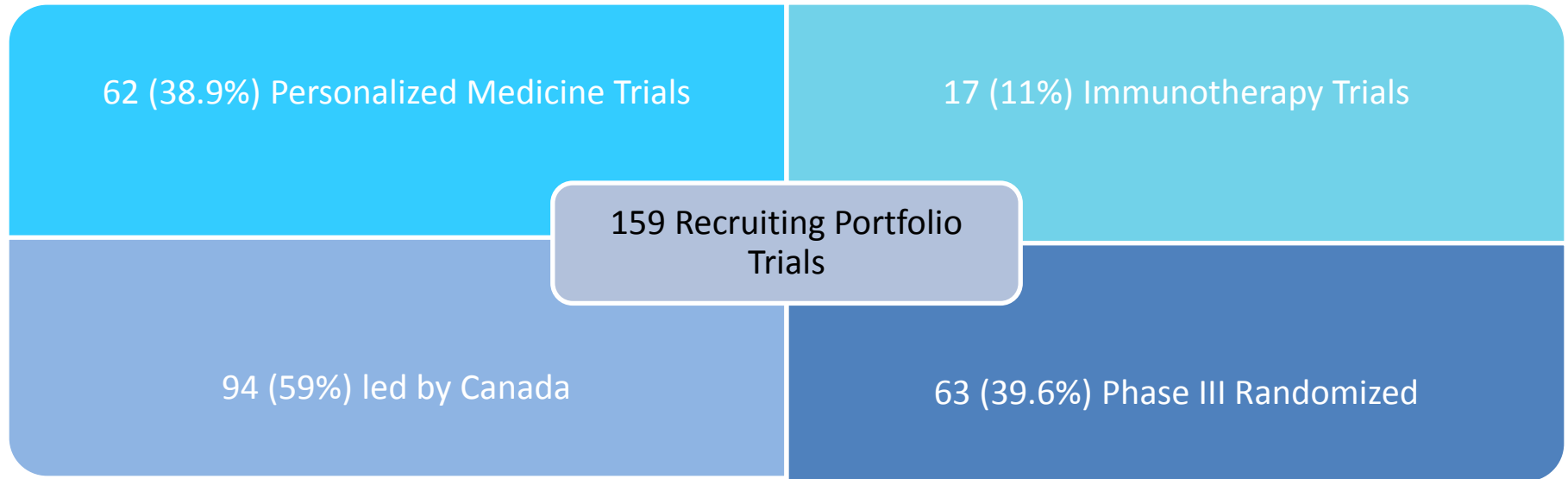
Active Recruiting Portfolio trials by disease site and phase

Objective: To monitor and optimize the portfolio in order to create opportunities for new trials and demonstrate 3CTN's impact.



*as of Dec. 31, 2018

Active Recruiting Portfolio trials by study type and special features



Overall Portfolio Complexity (Jan – Dec 2018)

Complexity mix by number of total portfolio trials (N=219 excluding TMIST trial) as of December 31, 2018 and YTD patients accrued report.

Patient Scope	Low		Standard		High	
	# of trials	Recruited (total)	# of trials	Recruited (total)	# of trials	Recruited (total)
Overall	26%	47%	60%	48%	15%	5%
Adults	26%	47%	60%	48%	14%	5%
Peds	16%	22%	54%	57%	30%	21%

Portfolio Impact Assessment

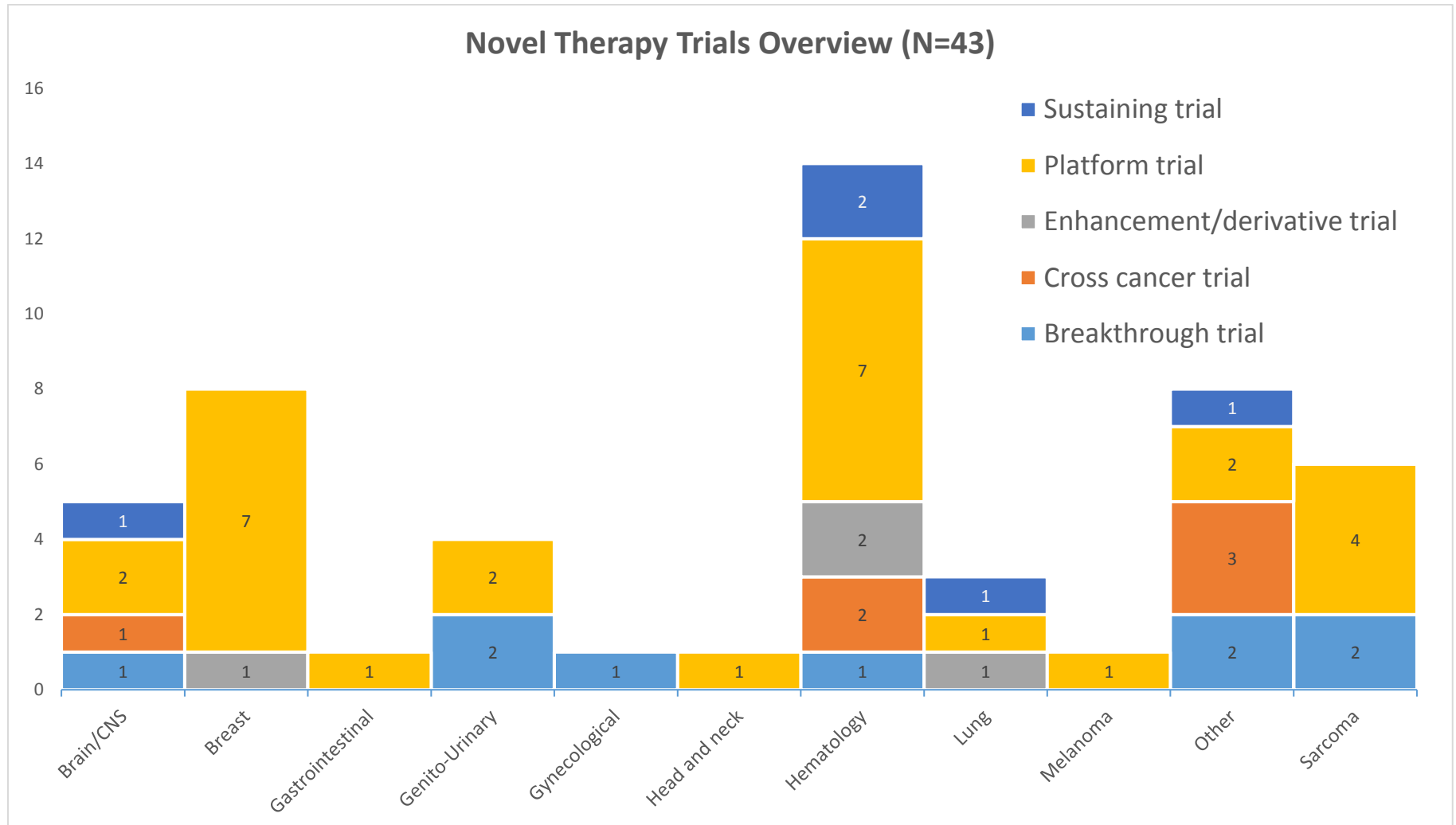
Objective: To provide a more specific and translatable impact description of 3CTN Portfolio trials to existing and future stakeholders.

As part of the continuing plan for implementing the 3CTN Portfolio Impact Assessment Criteria (see appendix table 2), a review of an initial set of 113 completed trials with publications was conducted. The assessment will be reviewed by Portfolio Committee. All Portfolio trials will be assessed and results will be updated quarterly.

Preliminary Results Completed Portfolio trials with Publications

Category	Breakthrough trial	Cross cancer trial	Enhancement /derivative trial	Platform trial	Sustaining trial	Total # of Trials per Study Criteria
Lifestyle Interventions				3	1	4
Novel therapy	9	6	4	28	5	43
Patient management		6	4	16	12	33
Precision medicine	9	9	8	48	8	70
Rare cancer setting	2	1	1	24	4	30
Vulnerable populations	3	5	4	23	5	33
Total # of Trials per Impact on Patient Population Criteria	10	14	12	69	24	113

Break-down of Novel Therapy Trials by Disease Site



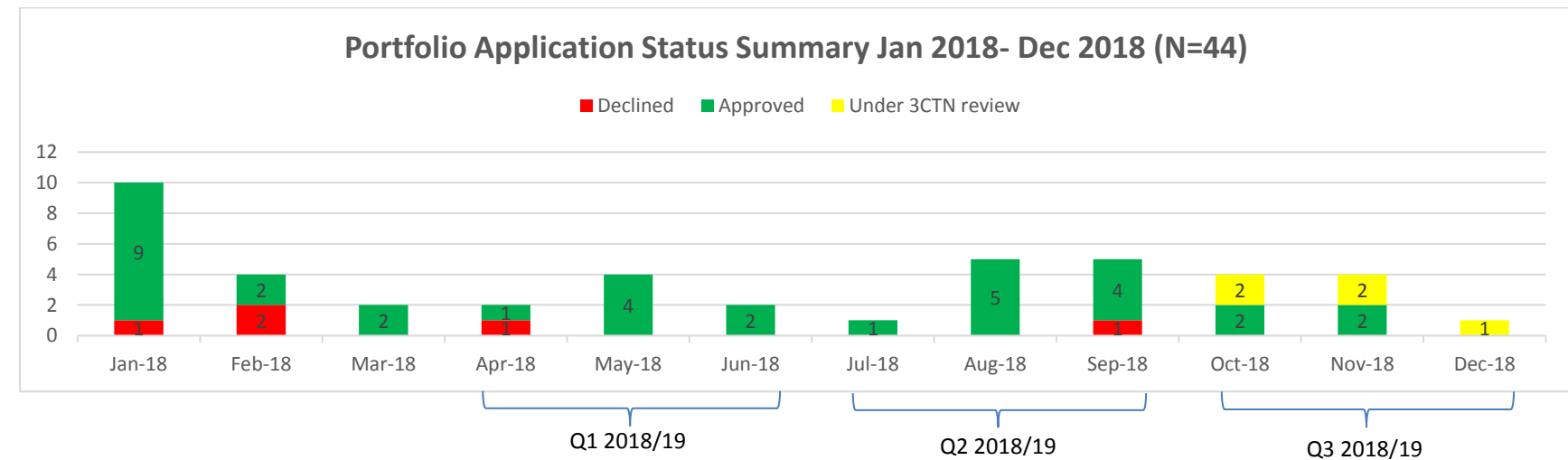
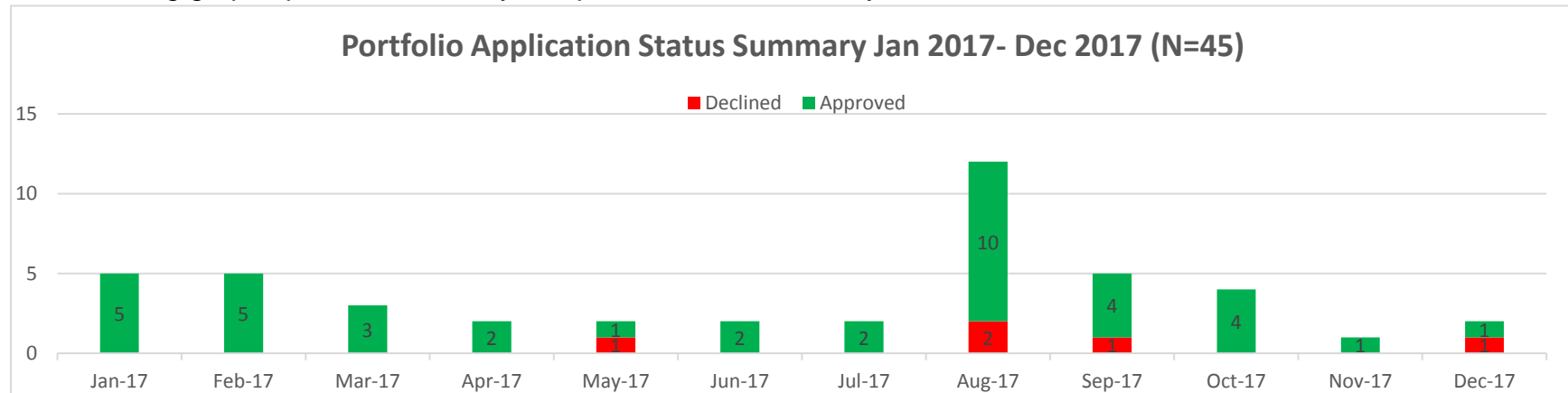
Overview of Portfolio applications

Objective: To increase the number of Portfolio applications received per year by 25% by 2022.

Since Jan. 2015, there have been 246 applications received in total with an acceptance rate 82%.

As of December 31, 2018, received 44 applications were received for the year, which was comparable to total for 2017.

The following graphs provide a monthly comparison of the last two years.



3CTN Performance Report, created: January 2, 2019

Recruitment database lock date: November 30, 2018/Portfolio snap shot date: December 31, 2018

Portfolio application efficiency

Objective: To improve portfolio application processing time

Portfolio Approval Process Timeline

Calendar Year	# Application Completed	Average Application Processing Time (days)	Median Application Processing Time (Days)
2015	89	24	8
2016	70	24	6
2017	45	19	6
2018	42	14	5

Facilitated Peer Review (FPR) Process

Calendar Year	# Application Completed	Average FPR Time (days)	Median FPR Time (days)
2015	6	47	33
2016	10	98	79
2017	4	79	53
2018	6	78	76

Note: 1) from application received to approve/decline the application since Jan 13, 2015 to Dec. 2018; 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 1: Site Efficiency definitions

Metric	Definition/formula	2018-2022 Target	Source	Frequency Reported
Start date of site activation process to Site Open to Accrual (New!)	=site open to accrual – start date of site activation process Note: Start Date of Site Activation Process/Date Site Confirmed Participation= the date that the site has the critical decision and package to start the trial activation process (whichever date is later):1) access to the protocol;2) the site PIs has expressed interest in the trial; 3)the site has confirmed its participation as a site through a formal or informal review process [refined definition]	300 days (average)	Site	Quarterly
Centralized Site REB Processing Time (Lead applicant submission to approval)	=Centralized site REB approval date - Centralized site submission date	90 days (average)	Site/ethics board	Semi-annual
Local Site REB Processing Time (site submission to approval)	=local site REB approval date - local site submission date	90 days (average, if not using centralized process) 7 days (average, if the site is not a lead applicant and only needs to submit supplementary material)	Site	Quarterly
Local Site REB Approval to First Patient Recruited	=first patient recruited to the site - local site REB approval date	90 days (average)	Site	Quarterly
Site Open to Accrual to First Patient Recruited	=first patient recruited to the site - site open to accrual date	60 days (average)	Site	Quarterly
Recruiting Period (from open to closed to accrual)	= site closed to accrual date - site open to accrual date	300 days (average)	Site	Quarterly
Site Accrual vs. Site Target	= total accrual when closed/ site accrual set when the site open to accrual	Sites recruited to 60% of site target 40% of sites recruiting greater than 75% of site target	Site	Quarterly

SOPs	Sites to use regulatory compliant clinical trial operations standard operating procedures (SOPs)	100% of sites	Site	Annual
CTRNet	Number of sites who have registered with CTRNet	100% of sites	Site	Annual

Table 2: Study Impact Criteria Definitions

Impact Assessment	Impact Category	Proposed Definition
Potential Impactful Study Criteria	Novel Therapy	Trials involving newly developed intervention (e.g. drug, novel biomarker or diagnosis)
	Rare Cancer Setting	As defined by the National Cancer Institute Cancer Facts and Figures 2017, cancer that occurs in <15 out of 100,000 people each year (e.g. mesothelioma, nasopharynx, gallbladder, soft tissue)
	Patient Management	Patient education, awareness, self- assessment trials, symptom control
	Vulnerable Populations	Pediatric, AYA, elderly, organ dysfunction
	Lifestyle Interventions	Trials focused on lifestyle changes that may prevent, decrease severity and/or delay disease progression and treatment side effects (e.g. exercise, diet)
	Precision Medicine	Biomarker, immunotherapy, diagnosis, and targeted therapies
Potential Impact on Patient Population	Breakthrough Trial	Trial involving a first in class, or novel intervention (drug, biologic, technology or technique) that could dramatically change how people with a particular type of cancer are treated
	Platform Trial	Using already available interventions for new types, settings or stages of cancer
	Enhancement/ Derivative Trial	Using additional targeting biomarker screening to tailor treatment and investigate outcomes
	Sustaining Trial	Calibrating/focusing on dosages, treatment cycles or schedule (e.g. colon cancer adjuvant 3 - 6 months)
	Cross Cancer Trial	Results applied to multiple disease sites or basket/umbrella trials
Innovativeness of Trials	Incremental	Potential for iterative changes/advancement (e.g. next in class drugs)
	Paradigm Shifting	Potential for radical improvements in cancers/policy changes within cancer, or across a cancer spectrum (e.g. first in class drugs in phase III trials; introduction of new previously unused intervention or approach; first trials of OncotypeDx in local breast cancer that transformed patient management; first immunotherapy trials)

Table 3. Reporting periods and dates Q4 2014/15 – Q4 2018/19

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
Q2 2017/18	July – September 2017	September 30, 2017
Q3 2017/18	October – December 2018	December 31, 2018
Q4 2017/18	January – March 2018	May 15, 2018
Q1 2018/19	April – June 2018	August 31, 2018
Q2 2018/19	July – September 2018	November 30, 2018
Q3 2018/19	October – December 2018	February 15, 2019
Q4 2018/19	January – March 2018	May 31, 2019

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