Canadian Cancer Clinical Trials Network

Children's Cancer & Blood Disorders

G.A.P.P. Webinar Series

A Peer-to-Peer Learning & Resource Sharing Platform to address Goals in Accrual, Performance, and PPI

Session #4: Implementing Canadian Remote Access Framework for Clinical Trials (CRAFT) for Pediatric Cancer Centres

G.A.P.P Webinar Series

*A peer-to-peer learning and resource sharing platform to address **G**oals in **A**ccrual, **P**erformance, and **P**PI.*

- G.A.P.P. aims to provide timely opportunities for clinical research professionals in the Network to address commonly reported challenges in meeting identified goals.

- It also aims to share successful strategies and/or approaches in clinical trial conduct.

- This facilitated, peer-led webinar series is specific for clinical trial investigators, managers, coordinators, and patient representatives conducting and/or affiliated with Canadian academic cancer clinical trials.

Webinar: CRAFT for Pediatric Cancer Centres

Co- Facilitators: Kathy Brodeur-Robb and Antonia Palmer

CRAFT Introduction & Overview

Paul Gibson, *Associate Medical Director, POGO*
Carol Digout, *Executive Director, APPHON*
Stephen Sundquist, *Executive Director, 3CTN*

3CTN CRAFT Proof of Concept - Site Implementation Experience

Krista Rideout, *Manager, Clinical Research, Eastern Health*

Panel Discussion: Getting Started with CRAFT

Stephen Sundquist, *Executive Director, 3CTN*
Paul Gibson, *Associate Medical Director, Pediatric Oncology Group of Ontario*
Mary Jean Howitt, *COG Regional Clinical Trial Coordinator, IWK Health Centre*
Krista Rideout, *Manager, Clinical Research, Eastern Health*
Jacqueline Limoges, *Chair, Ontario Cancer Research Ethics Board*
Jennifer Cox, *Manager, Research Contracts, Ottawa Hospital Research Institute*
Bianka Courcelle, *Research Nurse, CHU-Sainte Justine*

Facilitated Discussion: Implementing a Pediatric CRAFT Model

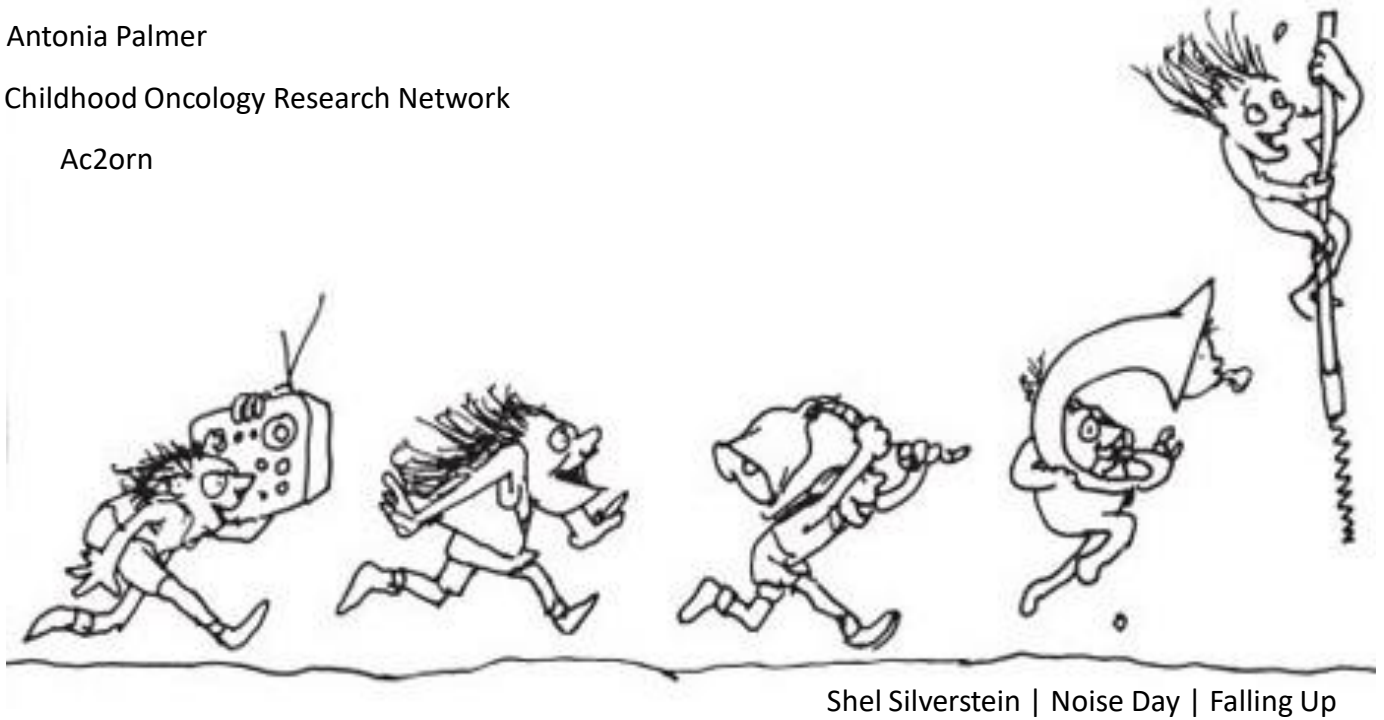
Leah Young, *C17 Research Network Coordinator*

Clinical Trial Pathways for Children

Antonia Palmer

Advocacy for Canadian Childhood Oncology Research Network

Ac2orn



Shel Silverstein | Noise Day | Falling Up

Clinical Trials to Patients and Patients to Clinical Trials

Shel Silverstein | Giving Tree

Treatment Pathways

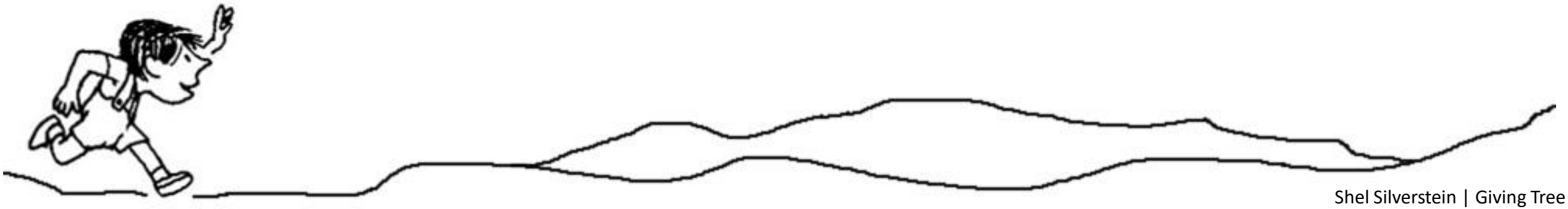
- Some pathways are direct.
- Other pathways are confusing and convoluted.
- Too many pathways end abruptly.

Shel Silverstein | Giving Tree

Primary Pathways

- The entrance and exit should be clearly marked.
- Avoid bottlenecks, no sharp turns.
- Wide enough to accommodate a variety of users.
- Provide connections to other pathways.

<u>Primary Pathways = Frontline Treatment Pathways</u>

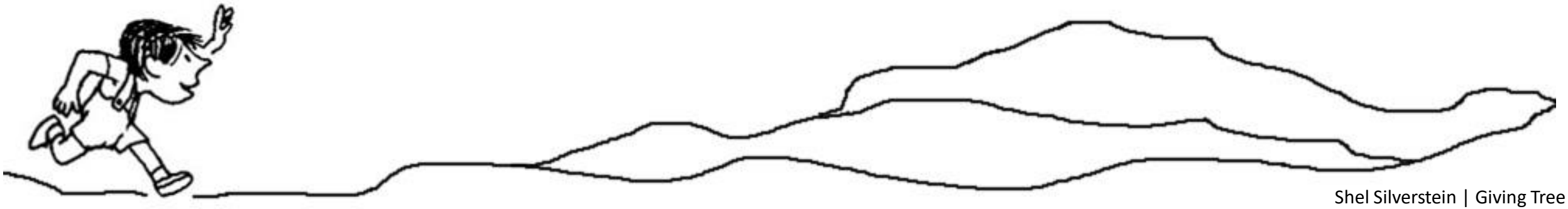


Shel Silverstein | Giving Tree

Secondary Pathways

- Connected to the primary pathway.
- Not as direct but a little more individualized.
- Allow for making discoveries.
- Brace for more twists and turns.

<u>Secondary Pathways = Relapsed Treatment Pathways</u>

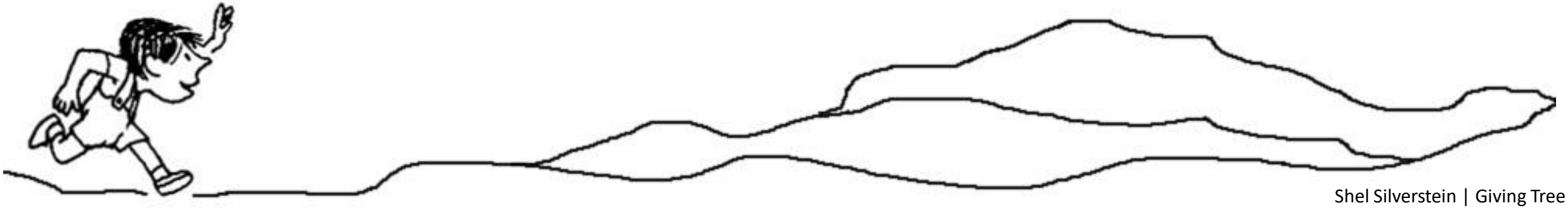


Shel Silverstein | Giving Tree

Tertiary Pathways

- Branching off primary and secondary pathways.
- Very individualized.
- Narrow and more difficult to travel.
- Expect sharp turns.

<u>Tertiary Pathways = The Unexpected Treatment Pathways</u>

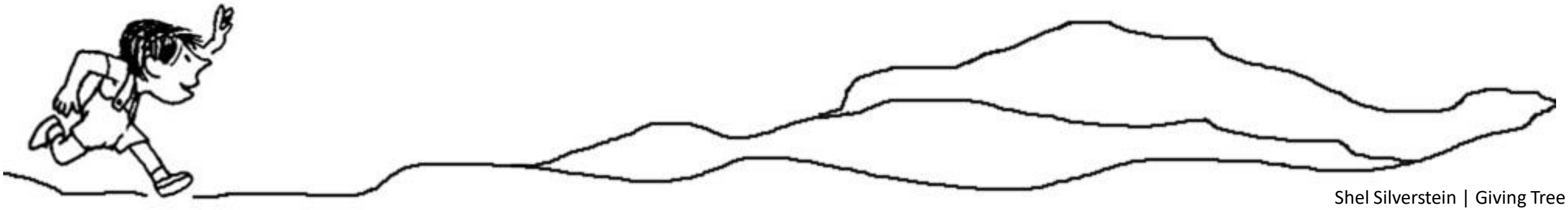


Shel Silverstein | Giving Tree

Patients to Clinical Trials

Getting Patients to Clinical Trials:

- MIBG Therapy for neuroblastoma

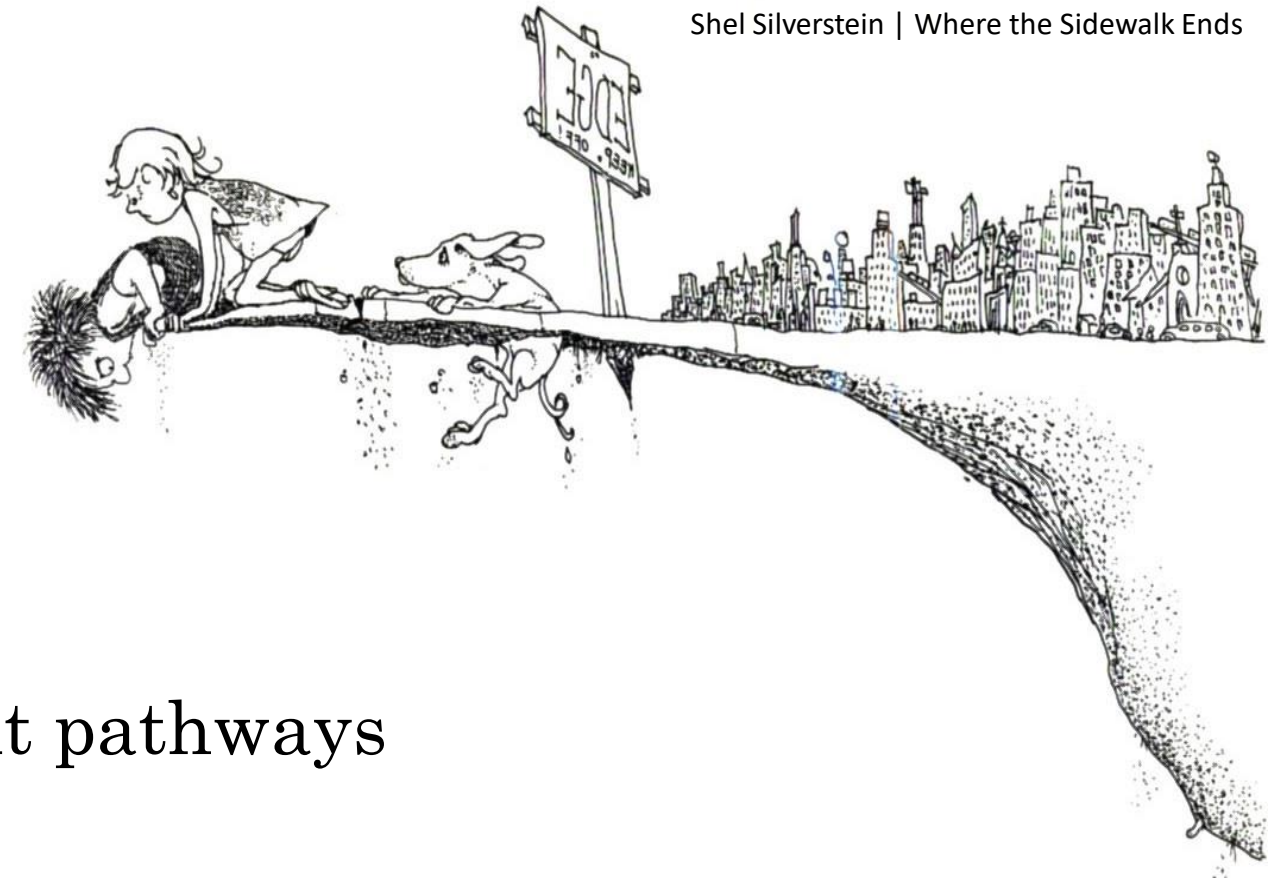


Shel Silverstein | Giving Tree

Clinical Trials to Patients

Getting Clinical Trials to Patients:

- Remote Clinical Trials – CRAFT



Clinical Trials for Children

- Ability to travel many different pathways
- Patient choice
- Flexible pathways
- Ensure pathways can be found
- Make all pathways equitable and accessible

Clinical Trials for Children

- Remove obstacles along all pathways
- Create pathways to get to a better state
- Don’t be afraid of designing totally new pathways
- Get new pathways open as soon as possible

Shel Silverstein | The Runners

Shel Silverstein | Music Lesson

We must **NOT** make clinical trials the hardest pathways to travel.

Create pathways with a **hopeful heart**, an open mind and a willingness to do something extraordinary**.**

Shel Silverstein | Circle Road

CRAFT Introduction & Overview

POGO Provincial Model for Pediatric Oncology Clinical Trials Participation

WEDNESDAY, JUNE 1, 2022

Presented to: CRAFT 101 for Pediatric Cancer Centres

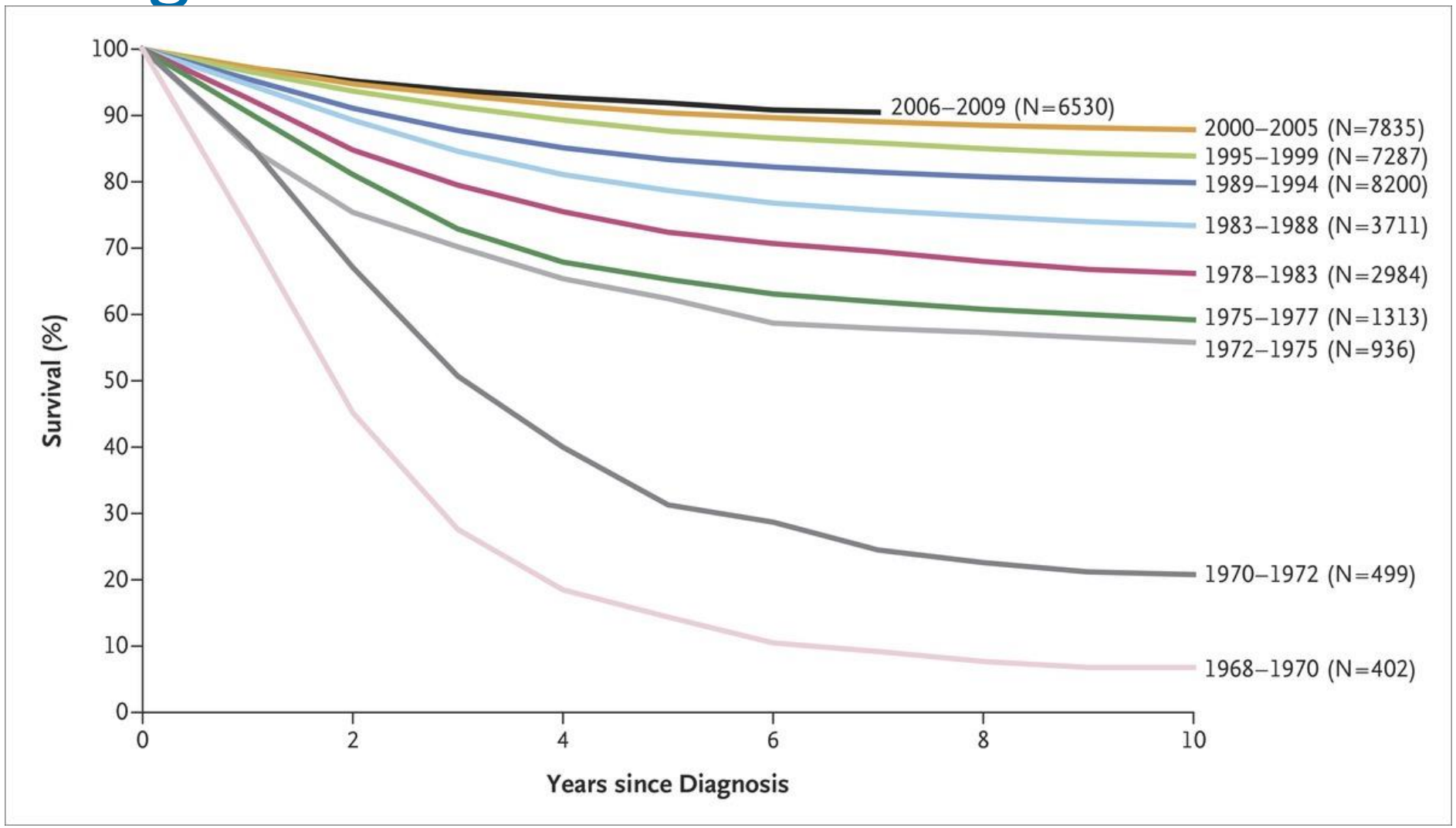
Presented by: Dr. Paul Gibson
Associate Medical Director, POGO

Overview

1. Pediatric oncology clinical trials
2. POGO and the POGO Satellite Program
3. POGO provincial model for clinical trials participation
    - POGO Provincial Research Ethics Board (REB) Principal Investigator (PI) Task Force
    - Laying the groundwork …
    - Hospital partner roles and responsibilities
    - Per-study implementation procedures
    - Current pediatric oncology clinical trials

Pediatric Oncology Clinical Trials

Building on a Record of Success …



Hunger and Mullighan, NEJM, 2015

Unique Challenges of Access

- Traumatic disruption to family life and routine
- ⅓ of after-tax income lost in the first three months after diagnosis[1]
- Expenses for travel, accommodations, meals and sibling care

Geographic distance from the specialized childhood cancer program may create a **barrier to enrollment** **in any available clinical trials.**

1. Tsimicalis A, Stevens B, Ungar WJ, McKeever P, Greenberg M. The cost of childhood cancer from the family's perspective: a critical review. Pediatr Blood Cancer. 2011 May;56(5):707-17. doi: 10.1002/pbc.22685. Epub 2011 Jan 16. PMID: 21370401.

POGO and the POGO Satellite Program

Pediatric Oncology Group of Ontario (POGO)

PURPOSE

POGO works to ensure that **everyone** affected by childhood cancer has access to **the best care and support**.

MISSION

We partner to achieve **the best childhood cancer care system** for children, youth, their families and survivors in Ontario and beyond.

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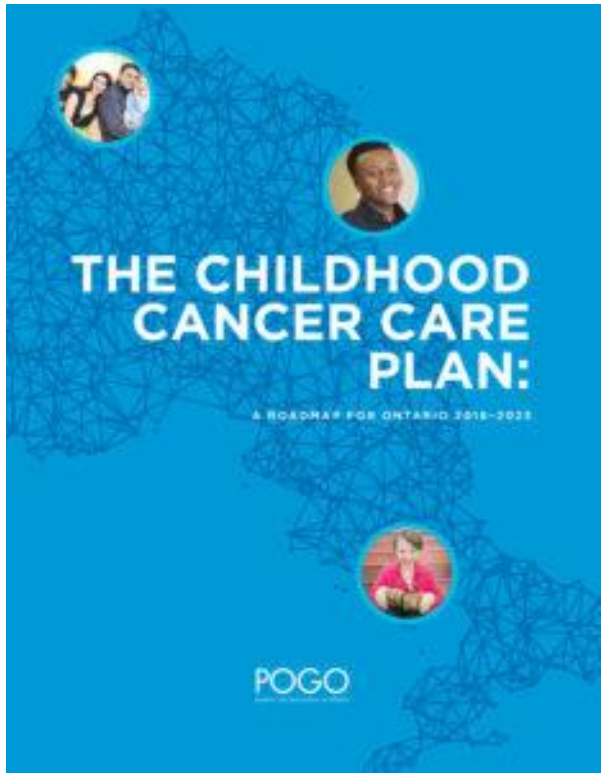
Pediatric Oncology Group of Ontario (POGO)



The Childhood Cancer Care Plan: A Roadmap for Ontario 2018–2023

One of five goals

RIGHT CARE IN THE RIGHT PLACE

Equitable access to care in the most appropriate setting balancing specialized needs and care closer to home

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POGO Satellite Program

- Established in 1998
  - Five specialized childhood cancer programs
  - Eight POGO Satellite Clinics
- Transfers select components of a child's care to community hospitals closer to home
  - Blood work/transfusions
  - Fever management
  - Routine follow-up care
- Care guided by POGO Satellite Manual
  https://www.pogo.ca/satellite-manual/

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Regulation of Clinical Trials

For on-study patients,
any therapy or management delivered in **any setting**
is considered part of the clinical trial protocol.

Patient **cannot enroll** on the clinical trial

Patient **cannot receive care** at the POGO Satellite Clinic

Ideally, patients and families **should not be forced to choose** between **enrolling on clinical trials** and **accessing the POGO Satellite Program**.

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Bringing the Cutting Edge Closer to Home

POGO Provincial Model for Pediatric Oncology Clinical Trial Participation

POGO Provincial Research Ethics Board (REB) Principal Investigator (PI) Task Force

- Established in 2014 to initially steward OCREB use by specialized childhood cancer programs
- Later expanded Identify and improve access on study therapy within POGO satellites

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ocreb

CHEO

Children's Hospital
London Health Sciences Centre

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

McMaster Children's Hospital
HAMILTON HEALTH SCIENCES

SickKids®

Laying the Groundwork

Master Research Agreements	• Between each specialized childhood cancer program and its affiliated POGO Satellite Clinic community hospital(s)
Delegation of REB Oversight	• Specialized childhood cancer programs and POGO Satellite Clinic community hospitals delegate REB oversight to OCREB for pediatric cancer studies
DSI Research Accreditation	• TCPS 2, Good Clinical Practice and Division 5 • Medical licenses and curriculum vitae

Investigator Responsibilities

Principal Investigator (PI)

- Specialized childhood cancer program
- Retains overall responsibility for the conduct of the research
- Delegates specific components of the research process to the DSI

Designated Satellite Investigator (DSI)

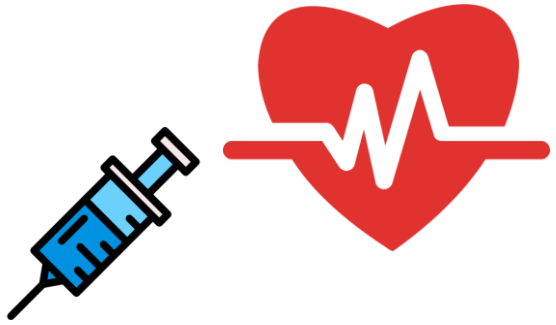
- POGO Satellite Clinic
- Included on the study delegation log at the specialized childhood cancer program
- Oversight of all therapy administered as part of a clinical trial at the POGO Satellite Clinic

Specialized Childhood Cancer Program Research Activities

- Under supervision of the PI
- Discussion, documentation, consent and enrollment for study
- Providing ongoing answers to participants' questions
- Delivery of CTEP-supplied investigational agents
- Protocol-specified disease assessment
- Collection of study-specific biologic samples
- Communicating any new information about the study to participants
- Storing of all documentation required for monitoring and audits

POGO Satellite Clinic Research Activities

- Under supervision of the DSI
- Administration of commercially available pharmaceutical agents included in the POGO Satellite Program scope of practice
- Performing standard of care laboratory testing
- Performing and documentation of physical examinations
- Supportive care management, including:
  - Management and adjustment of supportive care medications
  - Administration of hematopoietic growth factors, blood products, VariZIG and intravenous/inhaled pentamidine
  - Nutritional support
  - Pain management
  - Palliative care
  - CVC care



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Per-Study Activities

Step 1

Task Force agrees to open study provincially under OCREB

Step 2

Specialized childhood cancer programs implement study-specific addenda to Master Research Agreements with affiliated POGO Satellite Clinic community hospital(s)

Step 3

POGO administers protocol-specific training to DSIs

Step 4

Specialized childhood cancer programs add POGO Satellite Clinic DSIs to study delegation log

Step 5

Specialized childhood cancer programs provide DSIs with access to the study protocol in CTO Stream

CTO STREAM

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Clinical Trials Education

Step 1

Task Force agrees to open study provincially under OCREB

Step 2

POGO prepares online training module

Step 3

Pre-Emptive Training
POGO requests completion of training by all DSIs

Just-In-Time Training
POGO requests completion of training based upon patient referral

Step 4

DSIs submit Certificates of Completion to POGO

Step 5

POGO forwards documentation of training to specialized childhood cancer programs for retention in study files

Current Pediatric Oncology Clinical Trials

Clinical Trial	Name
AALL1731	A Phase 3 Randomized Trial of Inotuzumab Ozogamicin for Newly Diagnosed High-Risk B-ALL; Risk Adapted Post-Induction Therapy for High-Risk B-ALL, Mixed Phenotype Acute Leukemia, and Disseminated B-LLyA Study to Investigate Blinatumomab in Combination with Chemotherapy in Patients with Newly Diagnosed B-Lymphoblastic Leukemia
AALL1732	A Phase 3 Randomized Trial of Inotuzumab Ozogamicin for Newly Diagnosed High-Risk B-ALL; Risk Adapted Post-Induction Therapy for High-Risk B-ALL, Mixed Phenotype Acute Leukemia, and Disseminated B-LLy
AALL1631	International Phase 3 Trial in Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia Ph+ ALL Testing Imatinib in Combination with Two Different Cytotoxic Chemotherapy Backbones Introduction
AHEP1531	Cisplatin and Combination Chemotherapy in Treating Children and Young Adults With Hepatoblastoma or Liver Cancer After Surgery
ANBL1531	A Phase 3 Study of 131I-Metaiodobenzylguanidine (131I-MIBG) or Crizotinib Added to Standard Thera[y for Children with Newly Diagnosed High-Risk Neuroblastoma

Received: 29 June 2017 | Revised: 12 October 2017 | Accepted: 25 October 2017

DOI: 10.1002/pbc.26901

SPECIAL REPORT

WILEY Pediatric Blood & Cancer

SOCIÉTÉ INTERNATIONALE D'ONCOLOGIE PÉDIATRIQUE SIOP INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY

aspho The American Society of Pediatric Hematology/Oncology

Pediatric oncology clinical trial participation where the geography is vast: Development of a clinical research system for tertiary and satellite centers in Ontario, Canada

Sarah Alexander[1] | Mark Greenberg[1,2] | David Malkin[1,2] | Carol Portwine[3] | Donna Johnston[4] | Mariana Silva[5] | Shayna Zelcer[6] | Samantha Sonshine[1] | Janet Manzo[7] | Carla Bennett[2] | Kathy Brodeur-Robb[8] | Catherine Deveault[1] | Nivetha Ramachandran[1] | Paul Gibson[2,6]

For More Information

https://www.pogo.ca/satellite-manual

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QUESTIONS?

Connect with POGO

Follow

@POGO4Kids

@PediatricOncologyGroupofOntario

#ChampionChildhoodCancerCare | #POGO4Kids

Visit: www.pogo.ca

info@pogo.ca

Donate: www.pogo.ca/donate

Charitable Registration #: 871067245RR0001

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APPHON/ROHPPA

Atlantic provinces Pediatric Hematology/Oncology Network/
Réseau d'Oncologie et Hématologie Pédiatrique des Provinces Atlantiques

Carol Digout, Executive Director, APPHON/ROHPPA

Background

- Established in 1995
- 4 Provinces: Prince Edward Island, Nova Scotia, New Brunswick, Newfoundland & Labrador
- Funded by 4 Provincial Departments of Health
- Mandate: Levels of Care, Guidelines, Standards, Education & Quality Improvements
- 2 Tertiary Centers for the 4 provinces: Janeway in NL and IWK Health Centre in NS

Landscape

Province	Population	Area (km2)	Aver. Yearly oncology diagnosis
NS	943,000	55,284	33
NB	751,000	73,000	22
PEI	146,000	5,660	4
NL	520,000	405,000	14
Total	**2,360,000**	**538,944**	**73**

How to provide care as close to home as safely possible

- APPHON Mission :
- …..enable access for Atlantic province infants, children, adolescents and young adults with pediatric cancer or serious hematologic disorder to comprehensive, current, integrated, evidence-based pediatric hematologic/

  oncologic care delivered as close to home as effectively and safely feasible.

First step for sharing care

- Assess resources
- Safe delivery of care needs to be established prior to any treatment regardless of if they on a research protocol- need to have it done in advance so you are prepared if a trial becomes available or if there is a new diagnosis
- Assessment every 3-4 years
- Atlantic Canada assess 27 hospitals for care
- Development of Standards

Levels of Care

Assessments based on resources

4 Levels: Basic, Intermediate, Advanced and Sub-specialty/tertiary

Ability to give chemotherapy/admit patients/ provide any care based on these assessments

Examples:

Basic Centres: initiate treatment and transfer

Intermediate: Level appropriate chemotherapy/ low risk admissions

Advanced: IT Chemotherapy/admissions

Sub-Specialty – Diagnosis/give investigational agents/treatment plans

How we got here?

- Prior to 1995 almost all care was provided at the tertiary centres
- Only 2 tertiary centres for 4 provinces, large area with low cancer incidence
- Multi-disciplinary Board of Directors formed to develop standards of what would be required for safe shared care (nursing/ pediatricians/ oncologists/psychosocial/pharmacists etc)
- Needs to be done in conjunction with all disciplines and all types of hospitals to ensure buy-in and to truly understand strengths of all
- Many many meetings to gain consensus

Assessment form

	Required			Recommended			Action / Comments
	Full	Partial	No congruence	Full	Partial	No congruence	
INTERMEDIATE CENTER REQUIREMENTS *Must also meet all basic center requirements	F	P	N	F	P	N	
Pediatric Inpatient unit (may be shared) with isolation rooms							
Controlled quiet environment for chemotherapy administration							
A pediatrician (or GP in certain circumstances) able to manage the care of a child/adolescent with cancer or a serious hematologic disorder in collaboration with a pediatric hematologist/ oncologist. This includes supervision of chemotherapy administration and provision of onsite or immediate response for agents with risk of hypersensitivity reactions and/or extravasation.							
Nurses with competencies to access CVADs 24/7							

What is needed on ongoing basis

- Ongoing assessments/ability to change quickly as resources change
- Agreement from hospitals on their level of assessments
- Just in time education – some centres may have no patients for a few years then get a couple at once
- Continual look at best practice for standards/requirements – ie. APHON course for nursing
- Guidelines for supportive care with pre-printed orders
- Ongoing assessment of chemotherapy agents that are able to be given at each level of care
- Communication!!!!!!!
- For Clinical Trials additional training – to be discussed later

Chemotherapy Administration

Agent	Intermediate Level Hospital	Advanced Level Hospital	Sub-Specialty Level Centre
Aldesleukin	No	No	Yes
Amsacrine	No	No	Yes
Arsenic Trioxide	Yes	Yes	Yes
Asparaginase	Yes	Yes	Yes
Azacytidine	No	Yes	Yes
Bendamustine	Yes	Yes	Yes
Bevacizumab	No	Yes*	Yes
Bleomycin	Yes	Yes	Yes
Bortezomib	No	Yes	Yes
Brentuximab	No	Yes*	Yes
Carboplatin	Yes	Yes	Yes
Carmustine	Yes	Yes	Yes
Cisplatin	No	Yes	Yes

CRAFT Assessment

- POGO/APPHON/ Adult Oncologists
- Adapted APPHON/POGO's resource assessments more general/less pediatrics:
- https://www.google.com/search?q=ResearchProtocolFeasibility_WM.pdf&rlz=1C1CHBF_enCA867CA867&oq=ResearchProtocolFeasibility_WM.pdf&aqs=chrome..69i57.2230j0j9&sourceid=chrome&ie=UTF-

Closing thoughts

- To implement and share Clinical Research Trials need to know your resources!
- Need to develop/assess each hospital for what they can provide safely
- Levels of Care has been implemented in Atlantic Canada for over 20 years. Shared care has been strengthened and supported with this comprehensive framework which promotes consistency of care through adherence to evidence-based standards of care. Most families and patients like being closer to home when appropriate.
- Fluidity and responsiveness is necessary to a Levels of Care program. Tertiary physician buy-in and the Family Care Coordinators are key to successful implementation
- Clinical trials should be more accessible and more care available close to home wherever possible

Questions???

- http://www.apphon-rohppa.com
- Carol.digout@iwk.nshealth.ca

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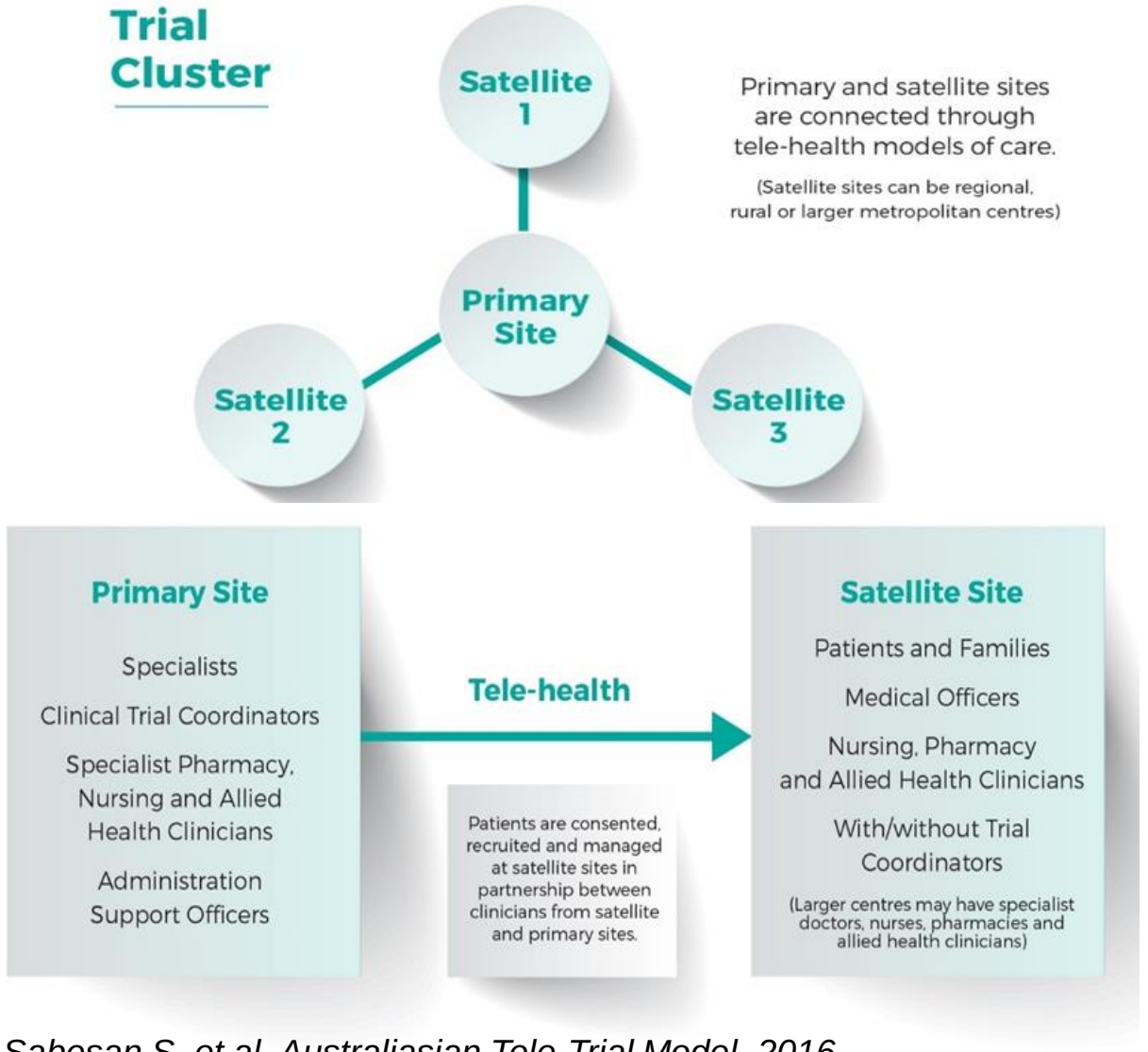
CRAFT
Canadian Remote Access/Decentralized Framework for Trials

Supporting Trials, Improving Outcomes, Demonstrating Impact

Canadian Cancer Clinical Trials Network

National Framework example: Australasian Tele-Trials Model (ATM)

- **TRIAL CLUSTER concept - agile & scalable**
- ***RISK-BASED* organization on a *TRIAL BASIS***
- **Explicit delegation of role accountabilities determined by:**
  a. **Satellite suitability – research capacity & experience**
  b. **Trial complexity**
- **Sites' involvement in multiple clusters creates an inter-connected clinical trial system**



Sabesan S. et al, Australiasian Tele-Trial Model, 2016

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CRAFT - A “Canadianized” ATM
Proposed Framework Requirements

1. Core Considerations
Stakeholder Engagement strategy • Framework adoption and scale up • Advocacy for health policy changes that uniformly recognize and support clinical trials as standard of care options
Infrastructure Planning • Address staffing, equipment and facility requirements at satellite centres to ensure patient participation can be supported throughout delegated trial activities
Enabling Resources and Funding • Support proof of concept & evaluation activities for trial/cluster pilots • Core support for primary sites to address initial start up costs • Develop model/template to capture costs related to coordination of a trial cluster and supervision of satellite sites within trial budgets
Ensuring Patient Standard of Care, Privacy Protection are maintained

Canadian Cancer Clinical Trials Network

CRAFT Framework Requirements

2. Pre-Trial Considerations
Adopt a risk-based approach for selection of satellite sites and trials • In evaluating eligibility for a given trial, site cluster organization must take into consideration unique capabilities of each satellite site
Training and trial education support needs for satellite site staff
Research Ethics Oversight - primary site's REB act as REB of record for the cluster
IP – management, administration, accountability

3. Trial Conduct Considerations
Regulatory • Adopt a *pragmatic* approach to guidelines interpretation so as not cause undue burden for satellite sites with limited resources • Monitor AEs, study compliance measures and performance standards for satellites in the cluster
Indemnity and insurance for satellite sites – sub-Investigator, Institution
Supervision Plan – QI oversight of satellite site activities

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	CRAFT	POGO	APPHON
Overview	• Trial activities are delegated to satellite sites, under the oversight of the primary site QI	• Pediatric Oncology care and research • Networked, shared care system between 5 ON tertiary hospitals & 8 POGO satellite centres • Satellites receive *Satellite Program* supports (training, SOPs)	• Pediatric hematology/ oncology care • Network for shared care/research guidelines & coordination for 27 Hospitals in Atlantic Canada • Services: communications, education, advocacy, and standards' development • Inter-provincial; Atlantic Canada
Delineation of Research Responsibilities	• Risk-based approach for selection of satellite sites, trials	• Risk-based sharing of trial responsibilities at satellites	• Resource/risk-based sharing of clinical trial responsibilities - based on assessed Level of Care
Ethics	• Primary site REB serves as Board of record	• Centralized provincial REB • Delegated REB authority from institutions	• Individual tertiary provincial/ institutional REBs - NSHA, HREB (NL)
Research Agreements (RA)	• Master RA between QI/Primary and satellite sites • SOW per study	• Master RA between tertiary and satellite centres • Addenda added per study	• RA in progress and signed with some
Study Specific Training	• QI/Primary site responsibility	• Satellite specific training provided	• IWK COG RA provides study specific training

Canadian Cancer Clinical Trials Network

Proposed Advantages of a CRAFT DCT Approach

Cancer Centre (Primary) Trial Site

- Leverages existing care models, agreements technology platforms to include trial conduct
- Increases recruitment potential by including patients from outside the Centre's catchment
- CRAFT Toolkit facilitates opening of satellite sites as new patients are identified

Satellite Sites

- Introduces potential for involving patients in trials not opened locally
- Builds research experience & capacity

Canadian Cancer Clinical Trials Network

Proof of Concept Planning & Readiness – CRAFT Toolkit

Template reference resources for trial Sponsors and participating Sites:

- **Satellite Site Assessment Tool**
  - comprehensive assessment of prospective site resources, research capacity, experience & readiness for a given trial
  - evaluation of suitability, safety for proposed remote trial activities
- **Supervision plan**
  - includes mitigation and management of risks identified through site assessment
- **Trial/Research Master *Site Agreement* + *Trial-specific* SOW Addendum**
- **Regulatory Compliance:** Site SOPs

https://3ctn.ca/for-researchers/craft/

Canadian Cancer Clinical Trials Network

CRAFT Proof of Concept - Sites and Trials

Canadian Cancer Clinical Trials Network

CRAFT Proof of Concept - Sites and Trials

Primary Site	Satellite Sites	Trial
Health Sciences North: Sudbury, ON QI: Lacey Pitre	**1. Sault Area Hospital** **2. Timmins District Hospital**	***Phase III, Open-Label, Randomized Study of Atezolizumab and Tiragolumab Compared With Durvalumab in Patients With Locally Advanced, Unresectable Stage III Non-Small Cell Lung Cancer Who Have Not Progressed After Concurrent Platinum-Based Chemoradiation*** NCT04513925 Sponsor: Hoffman-La Roche
BC Cancer: Prince George, BC QI: Robert Olson	**1. Mills Memorial Hospital (Terrace)** **2. Kootenay Boundary Regional Hospital (Trail)**	***Phase III Randomized Controlled Trial and Economic Evaluation of Stereotactic Ablative Radiotherapy for Comprehensive Treatment of Oligometastatic Cancer (SABR-COMET-3)*** NCT03862911 Sponsor: BC Cancer Agency
Eastern Health Sciences Centre: St. John's, NL QI: John Thoms	**1. Central Newfoundland Regional Health Centre (Grand Falls – Windsor)** **2. Western Memorial Regional Hospital (Corner Brook)**	***Randomized Phase 3 Trial of Metformin in Patients Initiating Androgen Deprivation Therapy as Prevention and Intervention of Metabolic Syndrome: The Prime Study*** NCT03031821 Sponsor: Canadian Urology Oncology Group (CUOG)

Canadian Cancer Clinical Trials Network

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Sheri Webb
Jennifer Cox
Phil Pollock
Jennifer Thurlow
Adrian Langleben
Rosalyn Juergens
Lauren Gogo
Kathy Smith*
Yolanda Madarnas

Carol Digout
Krista Ridout
Mary Jean Howitt
Chris Lavoie
Josée Igartua
Daniel Horne
Agnes Sauter
Don Wood*
Debra Walker*
Maya Jeanty
Jill Hamer-Wilson*

Anna Sadura
David K. Lee
Dawn Richards
Elmira Roshan-Afshar
Greg Williams
Gretta Hutton*
Jim Pankovich
Kathryn Dyck
Stephanie Mayne*
Stephen Sundquist

Steering Committee members

***3CTN patient representatives**

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3CTN thanks Canadian Partnership Against Cancer and Roche Canada for financial support of this project.

Site Implementation Experience DCT

Eastern Regional Health Authority

Eastern Health

Together we can

Planning

- **Sponsor/Stakeholder Engagement**
- **Site Selection**
  - Right location
  - Resources/Equipment
  - Staff

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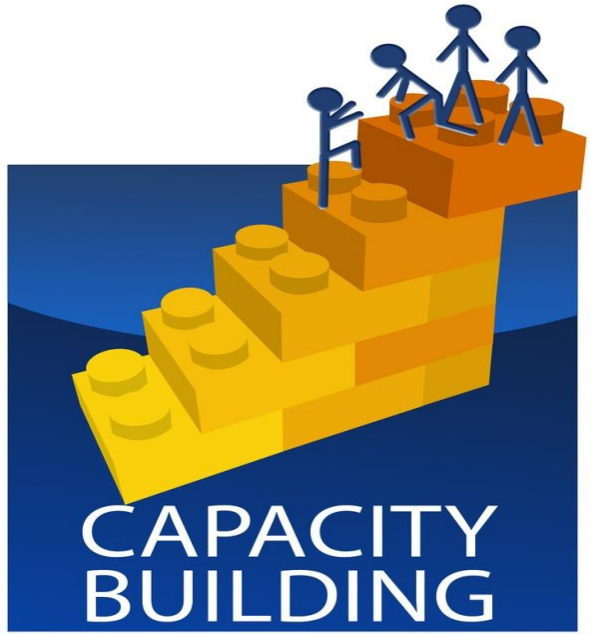
Planning

- **Trial Selection**
  - Minimal risk
  - Phase III
  - High recruitment



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Key Resources

- **Feasibility Checklist**
- **Master Research Agreement**
  - Statement of Work
- **Site Supervision Plan**

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Site Supervision Plan - Responsibilities Matrix

Clinical Trial Activity	Plan Detail	Responsible Person(s)	
		Primary Site	Satellite Site
Satellite Site Startup and Closure			
Ethics submissions (e.g. amendments, protocol deviations, SAE reporting)	The primary site is responsible for all ethics submissions	x	
Master Research Agreement, Statement of Work – review and execution	Manager of Clinical Research is responsible for execution of all agreements including negotiations	x	
Institutional department approvals, as required (e.g. pharmacy, imaging, pathology, procurement, etc.)		N/A	N/A
Site initiation visit with sponsor	Both Primary and Satellite Site will be present	x	x
Satellite site close out	Activities will take place at both sites and all final closure documents will be retained at Primary Site for long term storage	x	x
[Insert additional activities and/or adapt, as required]			
Satellite Investigator Site Files (ISF) and Subject Study Documents			
Management of study ISF	Satellite ISF will be kept at Grand Falls-Windsor. However, applicable sections of the ISFs will be maintained and kept in the Main site's ISF and a NTF will be filed in the satellite ISF (e.g., REB is combined and will be managed by Main site, all REB essential documents will be filed at Main site's ISF, etc.).	x	x
Management of subject study documents	Satellite site subject study binders kept at satellite site and shadow chart kept at primary site.	x	x
Communications			

Clinical Trial Activity	Plan Detail	Responsible Person(s)	
		Primary Site	Satellite Site
Participant visit(s) at Satellite Site	Conduct, coordinate and document each visit		x
Trial team meeting (specify)	Primary site will take lead Meeting minutes to be recorded with action points identified and documented.	x	x
Reporting and management of protocol amendments, process changes, changes to site personnel, etc.	All ethics correspondence will be completed by primary site	x	
Correspondence between trial sponsor and satellite site (e.g. study notifications, monitoring, etc.)			x
[Insert additional activities and/or adapt, as required]			
Clinical Trial Team Training			
Training will be arranged based on protocol and responsibilities identified in the site delegation log	Primary site will submit to the sponsor any changes in delegation log personnel or responsibilities	x	
Training and documentation of applicable GCP, TCP2 content for clinicians listed on the study delegation log	Primary site responsible for all training, training renewals and ensuring proper documentation	x	
Protocol training and documentation as required for planned trial-related procedures	Primary site responsible for all training of sub investigator	x	
[Insert additional activities and/or adapt, as required]			
Participant Enrollment and Case Management			
Study candidate screening and eligibility assessment	PI is responsible for final eligibility in the study. Satellite site may assist with screening procedures for patient including eligibility assessments as delegated.	x	x
Participant consent process	PI & Sub investigator can both consent pts	x	x
Participant enrollment, randomization	Pts enrolled at the satellite site will be randomized into the study by the primary coordinator	x	
Participant's contact for the trial	Primary coordinator will be the main study contact for participants	x	

Clinical Trial Activity	Plan Detail	Responsible Person(s)	
		Primary Site	Satellite Site
Scheduling trial visits, booking tests / procedures	Primary coordinator will be responsible for ensuring visits schedule is managed	x	
Source data collection and reporting	Patient charts will be kept at Satellite site and primary site will have a shadow chart. Satellite site staff will scan and share pt visits via teams	x	x
Collection of participant-reported source data (e.g. surveys, assessments)	Collected at satellite site during physical assessment visits, telephone visits will be conducted by primary site	x	x
Adverse Event management and reporting requirements	Electronic Case Report Forms (eCRF) are completed by primary site. Sub Investigator will document AE's on satellite site AE log and forward to primary coordinator All SAE's will be reported to the PI Zupon knowledge of event. Primary site responsible for all documentation associated with SAE's. As per protocol, the preliminary SAE Report Form is submitted (via email) to the Sponsor within 24 hours of knowledge of event. Assessment of SAE will be completed by NP (sub-investigator) and confirmed by QI. Clinical management of actual AE/ SAE will be responsibility of NP (sub-investigator) and PI (ex: patient presents at satellite site with UTI. NP can manage and treat).	x	x
Unblinding (as applicable)	PI is responsible for all requests of unblinding activities	x	
Protocol Deviations	Main and satellite site will have their own Protocol Deviation Logs. Protocol deviation reporting to REB, as necessary, will be the responsibility of the primary site. Satellite site to notify primary site of all PD's.	x	x

Clinical Trial Activity	Plan Detail	Responsible Person(s)	
		Primary Site	Satellite Site
Lab draws/ processing samples/ shipping	Blood draws will happen at satellite site, samples will be processed and stored in the -80 freezer and batch shipped yearly as per lab manual. Applicable temperature logs will be maintained at satellite site.		x
Study lab supplies	Initial study lab supplies sent from Sponsor to satellite site. Satellite site will re order supplies		x
Investigational Product/Study Intervention			
Procurement, distribution, storage (as applicable)	Satellite site IP will be delivered to primary site pharmacy and will be managed separately from the main site's IP supply with separate pharmacy binders. IP will be distributed based on randomization. Primary site will follow pharmacy policies, sop's and NTF on shipment of drug and storage to satellite site as necessary.	x	x
IP accountability, reconciliation, disposition	Primary site responsible for overall accountability however satellite site will complete accountability log* specified in Attachment 1 of this plan. *As the original version of the log will be sent with the study drugs between primary and satellite sites, a copy of the log will need to be retained on site binders each time the original log is being sent.	x	x
IP return after use	Used IP will be shipped back to primary site immediately after being returned to satellite site		x
Budget Management			
Scheduled payments to satellite sites	Manager/admin at primary site responsible for all accounting activities	x	
Reimbursement for participants' out-of-pocket costs	Primary site will disburse out of pocket cost to satellite site	N/A	
[Insert additional activities and/or adapt, as required]			

Regulatory

- Ethics
- Delegation Logs
- Update SOP’s
- Policies, NTF’s, Process updates

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The PRIME Study

PRevention and Intervention for MEtabolic syndrome

METFORMIN/ PLACEBO SUBJECT DRUG ACCOUNTABILITY LOG: SATELLITE SITE

Name of Institution: Grand Falls Windsor (Satellite Site)	**Sponsor Protocol No:** PRIME	**Investigator:** Dr. Thoms	**Site ID:** 018
Subject ID:		**Subject Initials (FML):**	
Protocol Title: A RANDOMIZED PHASE III TRIAL OF METFORMIN IN PATIENTS INITIATING ANDROGEN DEPRIVATION THERAPY AS PREVENTION AND INTERVENTION OF METABOLIC SYNDROME: THE PRIME STUDY			

	PRIMARY SITE DISPENSE TO SATELLITE SITE					RECEIVED AT SATELLITE SITE			DISPENSE TO PT	PT RETURN TO SATELLITE SITE		SATELLITE SITE RETURN TO PRIMARY SITE			
	Date Dispensed	# of bottles Dispensed	Lot #	Treatment (Bottle) #	Pharmacy Initials	Date Received	Initials	Good Condition Y/N	Date Dispensed & Initials	Date Returned	Total # of Tablets	Date Shipped to Primary Site	Initials	Comments	Monitor Initials
1															
2															
3															
4															
5															

Principal Investigator / Pharmacist Signature: _____ **Date** (DD/MMM/YY):_____

Study Monitor Signature: _____ **Date** (DD/MMM/YY):_____

Training

- Standard orientation for all our Research Staff
- Protocol specific training
- Primary coordinator onsite for 1st pt visit

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Operating Budget

- Negotiate satellite site into study budget
- Start small and build capacity

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Satellite Site - GFW

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THANK YOU !

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Panel Discussion

Getting Started with Craft

Moderator: Kathy Brodeur-Robb

Panelists

Stephen Sundquist, *Executive Director, 3CTN*
Paul Gibson, *Associate Medical Director, Pediatric Oncology Group of Ontario*
Mary Jean Howitt, *COG Regional Clinical Trial Coordinator, IWK Health Centre*
Krista Rideout, *Manager, Clinical Research, Eastern Health*
Jacqueline Limoges, *Chair, Ontario Cancer Research Ethics Board*
Jennifer Cox, *Manager, Research Contracts, Ottawa Hospital Research Institute*
Bianka Courcelle, *Research Nurse, CHU-Sainte Justine*

Faciliated Discussion

Implementing a Pediatric CRAFT Model

Moderator: Leah Young

- Join slido by visiting **www.slido.com** and entering the event code **#CRAFT** to access the polls
  - Polls tab is located on the right-hand corner beside the Q&A tab
  - Multiple options can be selected for each question

- If you would like to ask a question live and/or contribute to the discussion, please ‘raise your hand’ via Zoom

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