



Canadian  
Cancer Clinical  
Trials Network

Canadian Cancer Clinical Trials Network

# Y4 Performance Report

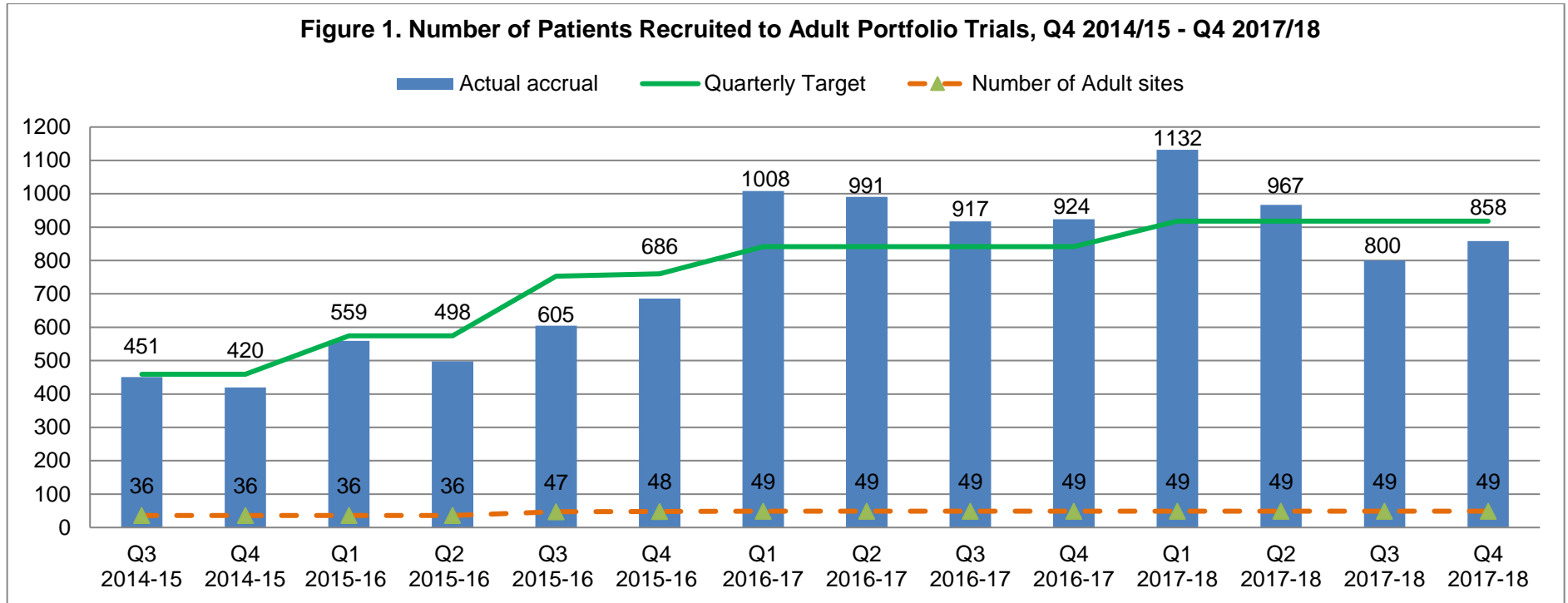
April 1, 2017 – March 31, 2018

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## Section A: Progress at Adult Network Sites

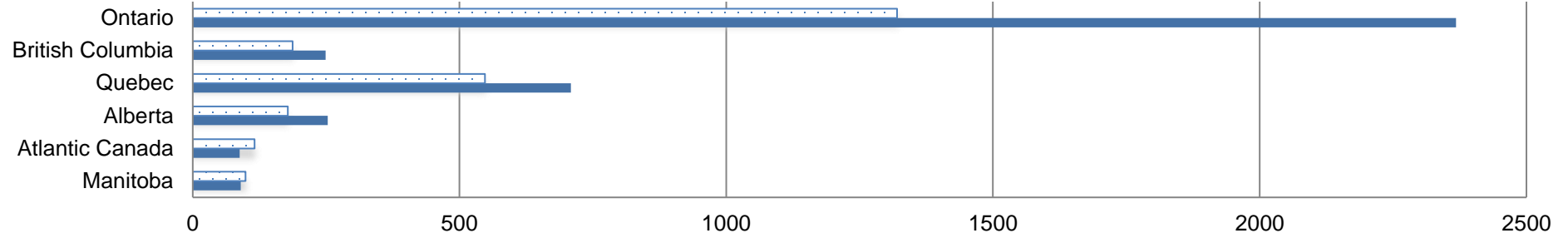
**Objective:** To improve patient access to academic clinical trials: a) Improve adult patient recruitment by greater than 50% within four years



### Notes:

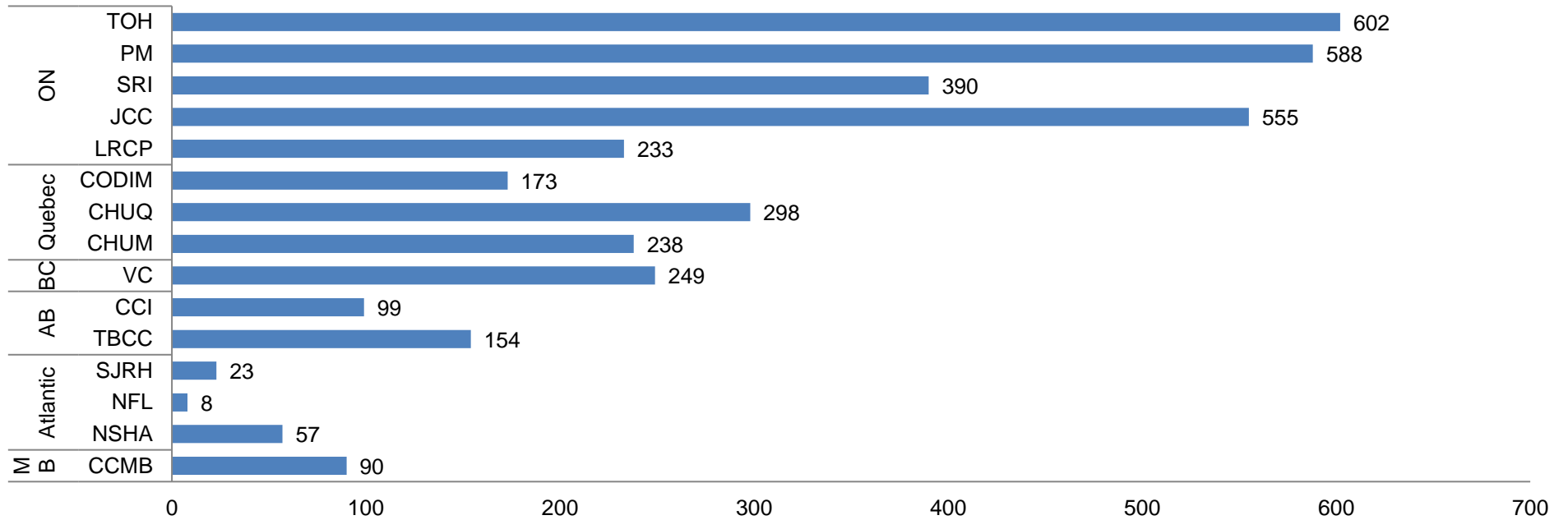
- 3757 patients were recruited to adult Portfolio trials in 2017/18. The annual Network target for 2017/18 was 3700 patients (53% over baseline). The Adult Network is 2% above its annual network target.
- Data includes adult sites with formal Agreements with 3CTN (N=49).
- The Network target is the target 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. As QCROC joined the network later and with lower target, Year 4 if excluding QCROC is 60% above the pre-3CTN annual baseline and 107% of the Y4 target.

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

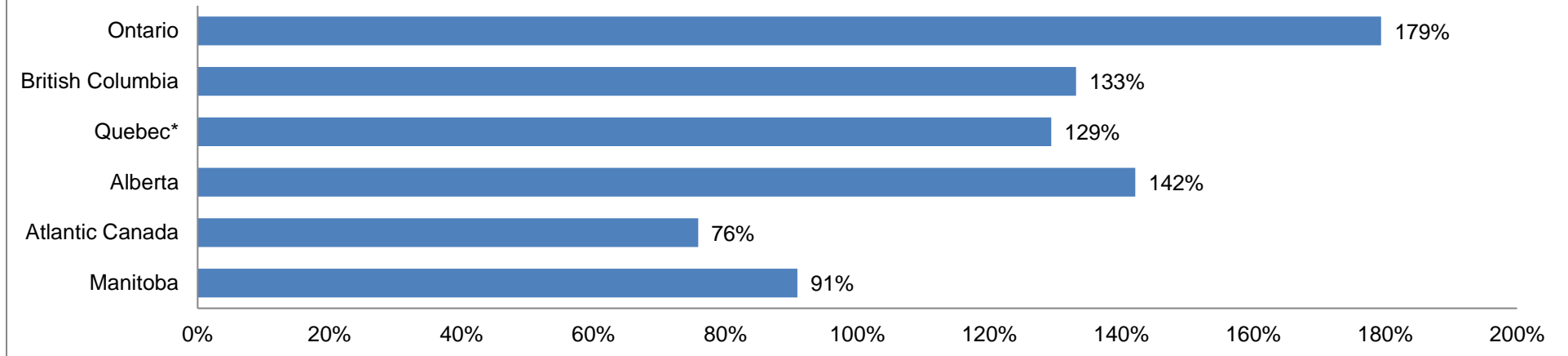


	Manitoba	Atlantic Canada	Alberta	Quebec	British Columbia	Ontario
Annual Baseline	99	116	178	548	187	1320
Y4 Actual	90	88	253	709	249	2368

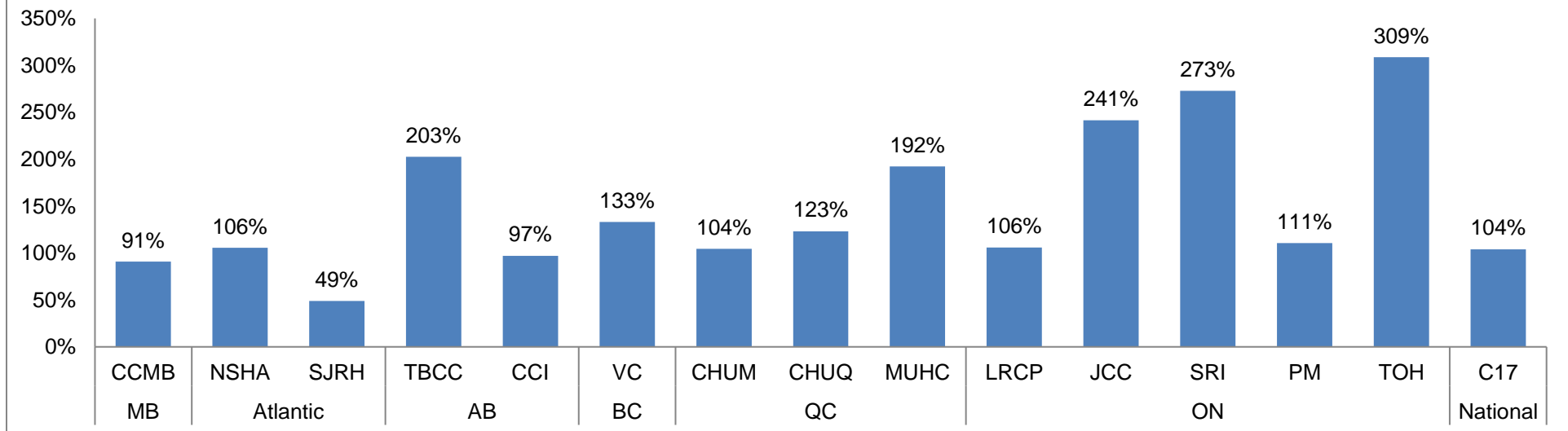
**Figure 3. Number of patients recruited to adult Network sites per local-regional node (NCC + NACC) in 2017/18**



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



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



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

**Recruitment to 3CTN Portfolio Trials**

Network Site	Baseline	Y1* Total	Y2 Total	Y3 Total	% of Y3 baseline	Q1 2017 (Apr-Jun)	Q2 2017 (Jul-Sep)	Q3 2017 (Oct-Dec)	Q4 2017 (Jan-Mar)	Y4 Total	% of Y4 baseline
London Regional Cancer Program	186	72	172	187	101%	43	54	43	29	169	91%
Grand River Regional Cancer Centre	20	12	13	43	215%	12	7	10	3	32	160%
Windsor Regional Hospital	14	8	17	63	450%	9	9	7	7	32	229%
Juravinski Cancer Centre	181	110	231	247	136%	145	116	106	87	454	251%
Niagara Health System	17	5	22	13	76%	7	9	1	6	23	135%
Cambridge Memorial Hospital	11	2	2	5	45%	0	1	2	1	4	36%
St. Joseph Healthcare Hamilton*	21	-	30	54	257%	14	25	15	20	74	352%
Sunnybrook Research Institute	141	113	229	398	282%	118	103	75	67	363	257%
North York General Hospital	1	3	4	8	800%	2	3	5	1	11	1100%
Michael Garron Hospital (Toronto East General Hospital)	2	0	2	1	50%	1	3	1	2	7	350%
Humber River Hospital	1	0	2	1	100%	3	2	0	4	9	900%
Princess Margaret Cancer Centre	396	157	384	533	135%	136	128	120	89	473	119%
Northeast Cancer Centre - Health Sciences North	24	2	17	12	50%	2	2	4	1	9	38%
Trillium Health Partners	27	5	5	51	189%	10	0	0	0	10	37%
Thunder Bay Regional Health Sciences Centre	26	2	3	46	177%	6	2	4	4	16	62%
Southlake Regional Health Centre	10	1	15	75	750%	9	12	4	1	26	260%
Royal Victoria Hospital	8	8	18	58	725%	16	5	1	1	23	288%
St. Michael's Hospital	19	4	0	27	142%	2	0	0	0	2	11%
William Osler Health System	1	0	0	29	2900%	0	0	11	2	13	1300%
Markham Stouffville Hospital	1	0	0	28	2800%	3	2	0	4	9	900%
The Ottawa Hospital Cancer Centre	132	59	238	396	300%	111	107	95	187	500	379%
Kingston General Hospital	41	24	58	122	298%	22	23	17	22	84	205%
Lakeridge Health	22	6	26	70	318%	9	6	2	1	18	82%
CancerCare Manitoba	99	39	72	102	103%	30	16	19	25	90	91%
Saint John Regional Hospital	37	11	16	22	59%	1	5	0	5	11	30%
Dr. Everett Chalmers Hospital	1	1	0	5	500%	4	2	3	0	9	900%
Dr. Léon-Richard Oncology Centre	9	2	4	3	33%	1	0	1	1	3	33%

### Recruitment to 3CTN Portfolio Trials

Network Site	Baseline	Y1* Total	Y2 Total	Y3 Total	% of Y3 baseline	Q1 2017 (Apr-Jun)	Q2 2017 (Jul-Sep)	Q3 2017 (Oct-Dec)	Q4 2017 (Jan-Mar)	Y4 Total	% of Y4 baseline
Nova Scotia Health Authority	39	5	40	52	133%	16	8	13	8	45	115%
PEI Cancer Treatment Centre	8	1	8	2	25%	0	0	0	0	0	0%
Nova Scotia Health Authority, Hematology	7	12	25	16	229%	4	2	4	2	12	171%
Eastern Regional Health Authority (NFL)	15	2	4	12	80%	2	2	1	3	8	53%
BC Cancer Agency - Vancouver Centre	106	67	117	152	143%	48	34	15	30	127	120%
Abbotsford Centre	16	10	28	14	88%	5	7	7	3	22	138%
Centre for the North, Prince George	1	2	6	4	400%	5	0	1	2	8	800%
Sindi Ahluwalia Hawkins Centre for the Southern Interior	38	27	40	30	79%	11	5	6	6	28	74%
Vancouver Island Centre	26	9	44	69	265%	27	15	12	10	64	246%
CIUSSS du Centre-Ouest-de-l'Île-de-Montréal(CIUSSS CODIM)*	87	0	76	159	183%	62	42	10	27	141	162%
CISSS de l'Outaouais*	3	0	0	4	133%	17	7	4	4	32	1067%
CHU de Québec – Université Laval*	180	0	25	144	80%	77	59	52	48	236	131%
CISSS du Bas-Saint-Laurent(CISSS-BSL)*	4	0	0	4	100%	1	2	2	2	7	175%
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke (CIUSSS-Estrie-CHUS)*	46	0	16	70	152%	11	23	7	14	55	120%
Centre Hospitalier de l'Université de Montréal (CHUM)*	153	0	59	123	80%	53	32	32	32	149	97%
CIUSSS de la Mauricie-et-du-Centre-du-Québec (CIUSSS MCQ) *	8	0	1	17	213%	4	6	0	3	13	163%
CISSS de Laval*	4	0	3	12	300%	5	2	1	3	11	275%
CIUSSS du Nord-de-l'Île-de-Montréal(CIUSSS NDIM)*	3	0	0	4	133%	8	1	3	4	16	533%
CIUSSS de l'Est-de-l'Île-de-Montréal(CIUSSS-EDIM)*	60	0	12	51	85%	8	16	19	6	49	82%
Tom Baker Cancer Centre	76	40	140	125	164%	36	34	38	46	154	203%
Cross Cancer Institute	102	50	112	137	134%	16	27	25	31	99	97%
<b>Adult Patient Sites (N=49 for Y3, 48 for Y2, and 36 for Y1)</b>	<b>2451</b>	<b>871</b>	<b>2348</b>	<b>3840</b>	<b>157%</b>	<b>1132</b>	<b>967</b>	<b>800</b>	<b>858</b>	<b>3757</b>	<b>153%</b>

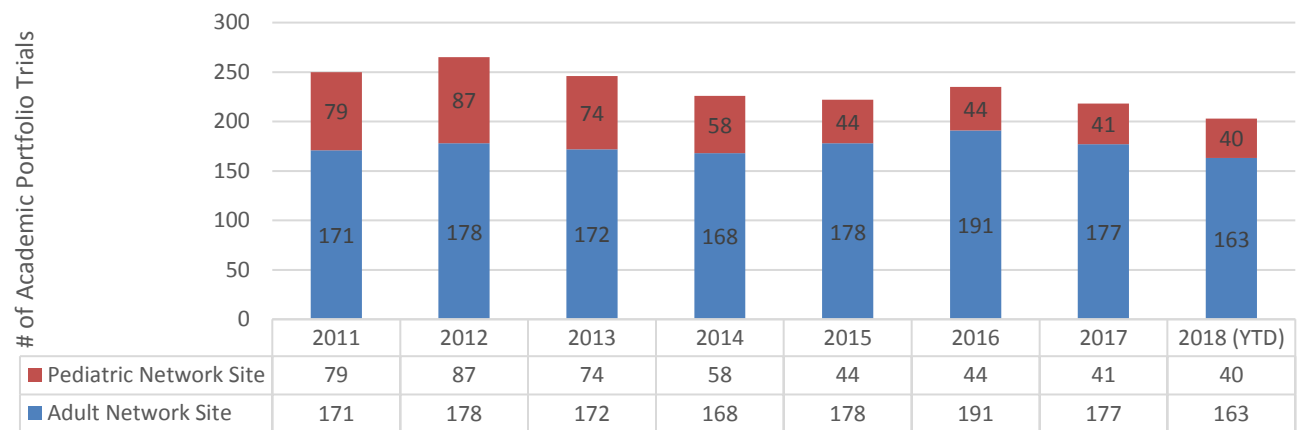
Note:

\* 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

**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 trial lists and patients and impact patient care.

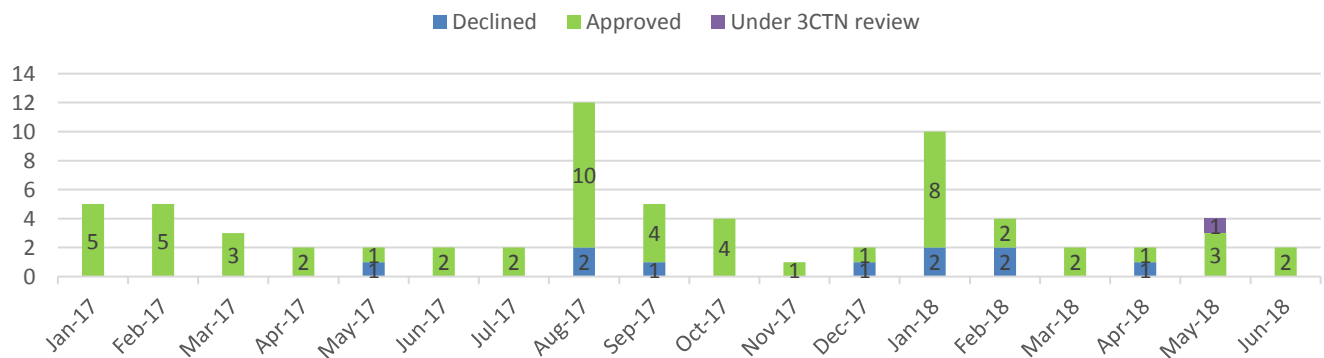
**Figure 6a. Total Portfolio Trials Year over Year for Network Sites (2011-2018 YTD)**



**Notes:**

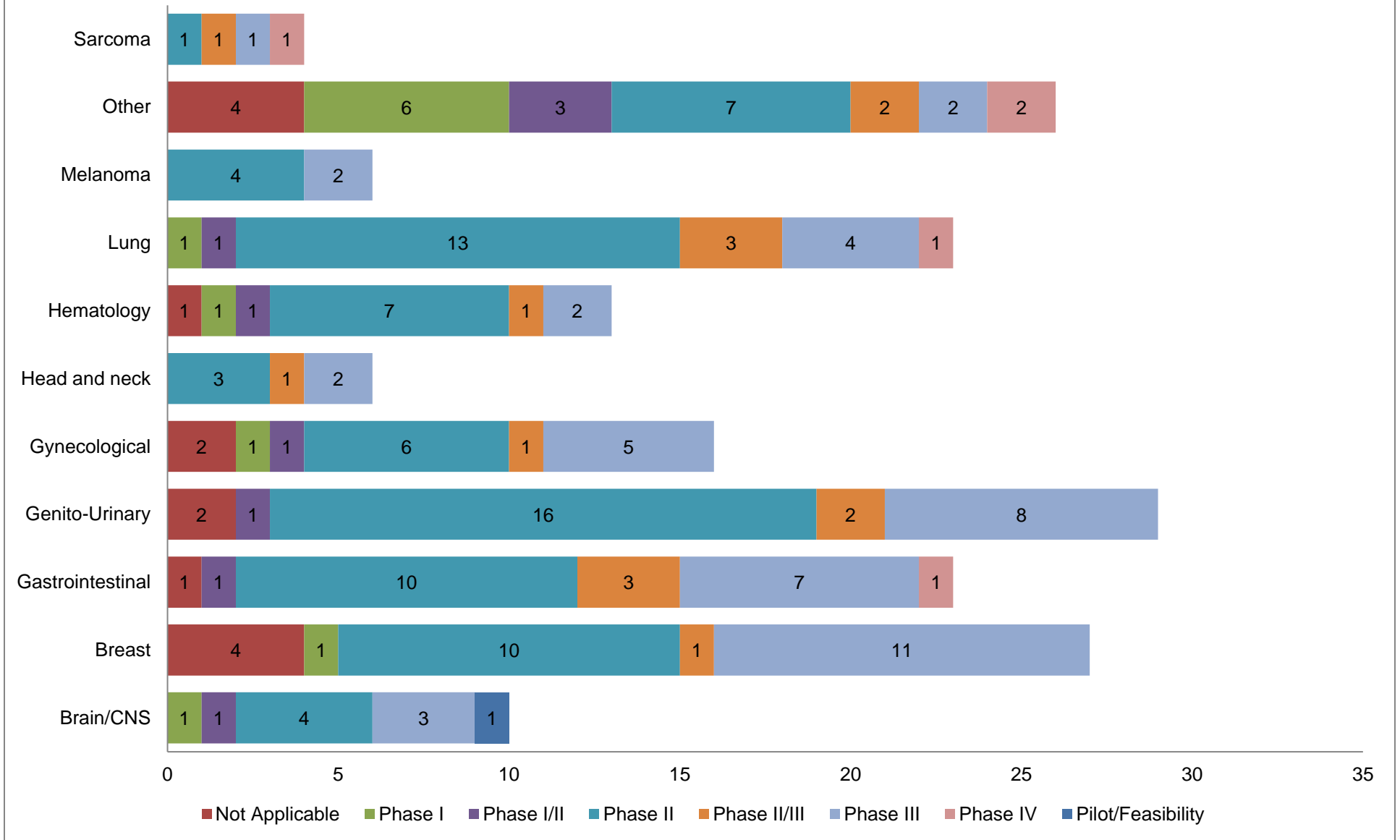
- These trials are reported based on calendar year 2011- June 2018.
- There were 183 Portfolio trials for adult network sites in year 4.
- Four trials available at both adult and pediatric Network sites in 2018 are included in both values.
- 34 new trials were added to fiscal year 4 for adult Network sites, see figure 6b.
- The data provided in Figure 6a are a snapshot of the Portfolio as of June 20, 2018

**Figure 6b: Adult Portfolio Application Status Summary (Jan 2017- June 2018)**

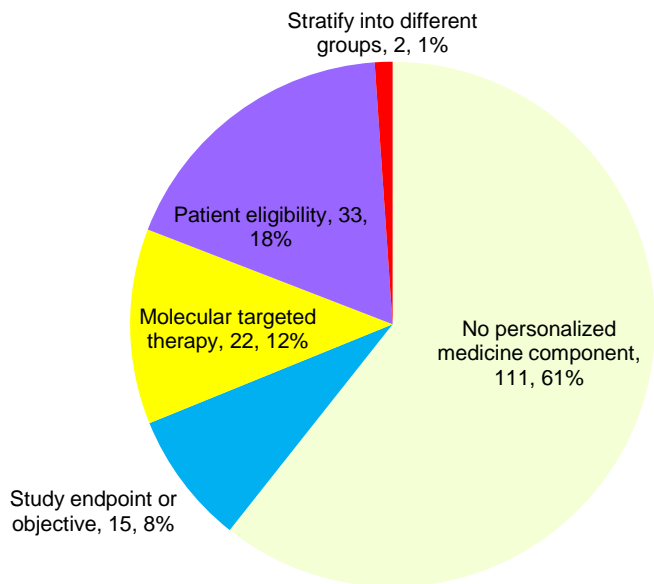




**Figure 7. Breakdown of 2017/18 Fiscal Year Portfolio trials at adult Network sites by trial Disease site and Phase**



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

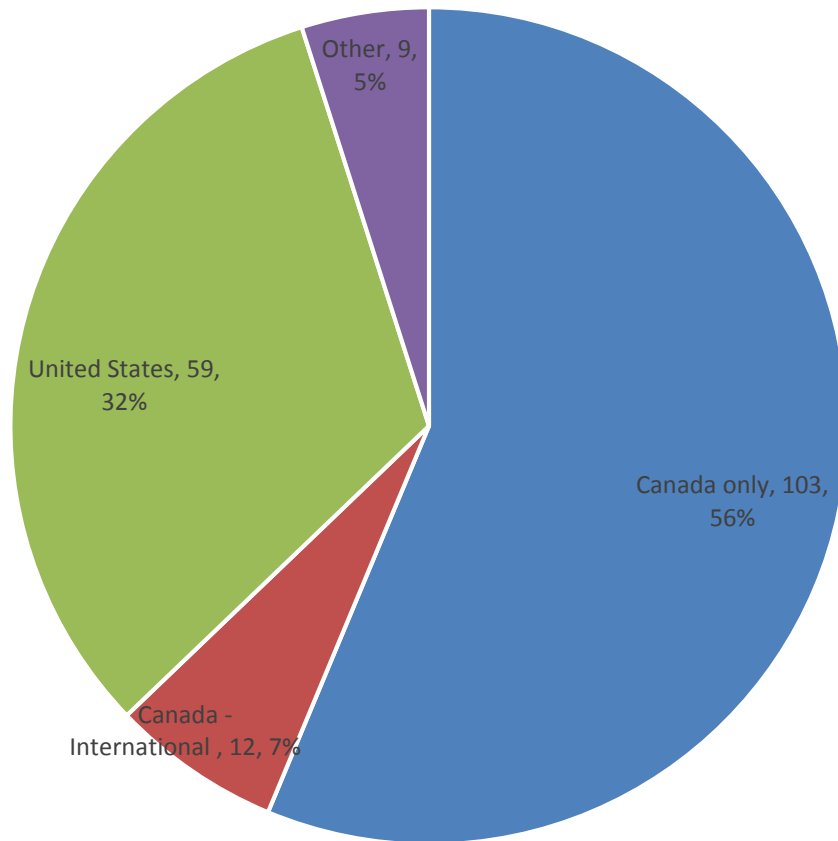


**Notes:**

- Personalized medicine trials at adult Network sites, as of March 31, 2018 (n=183)
- 39% of all trials at adult Network sites have a personalized medicine component; 13% of adult trials are immunotherapy related.
- Includes four trials that were available at both adult and pediatric Network sites in fiscal year 4

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 sites for 2017/2018 Portfolio Trials by lead country**

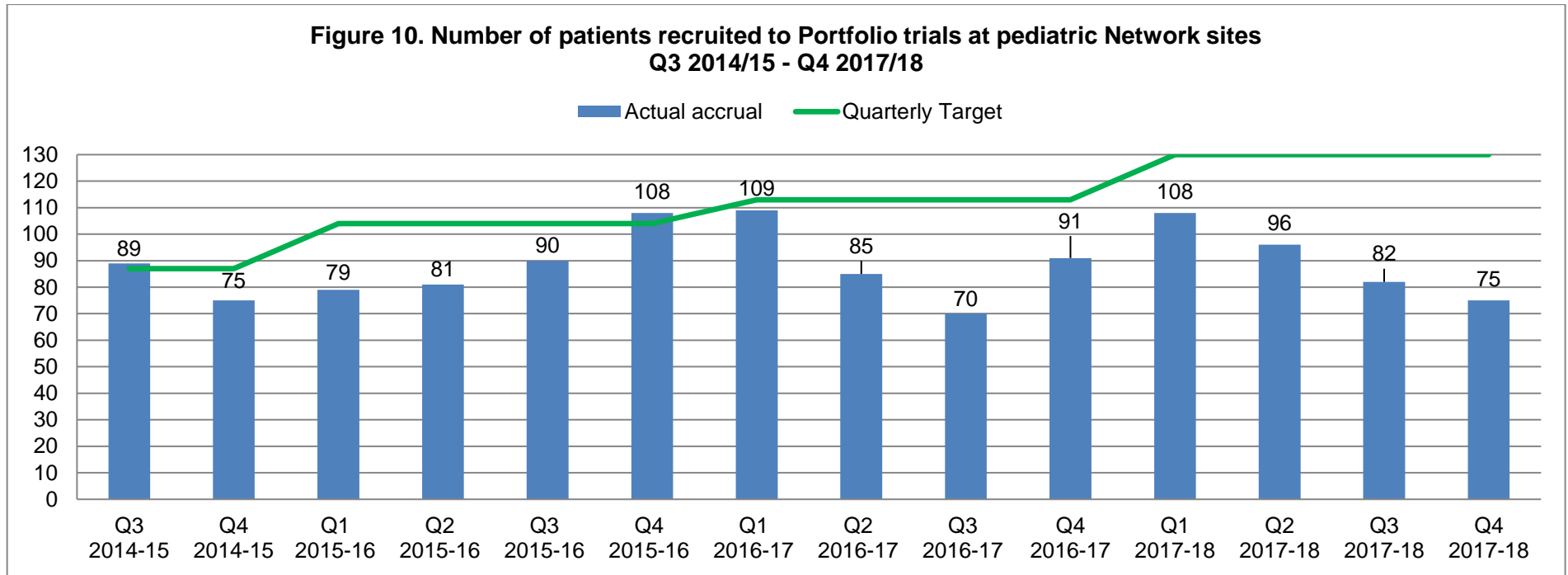


**Notes:**

- Breakdown of trials at adult Network sites by lead country, as of March 31, 2018 (n=185)
- Approx. 63% of all trials at adult Network sites are led by Canada – 7% of which are international, multi-centered studies
- The average number of Network sites per trial is 6.2.

## Section B: Progress at Pediatric Network Sites

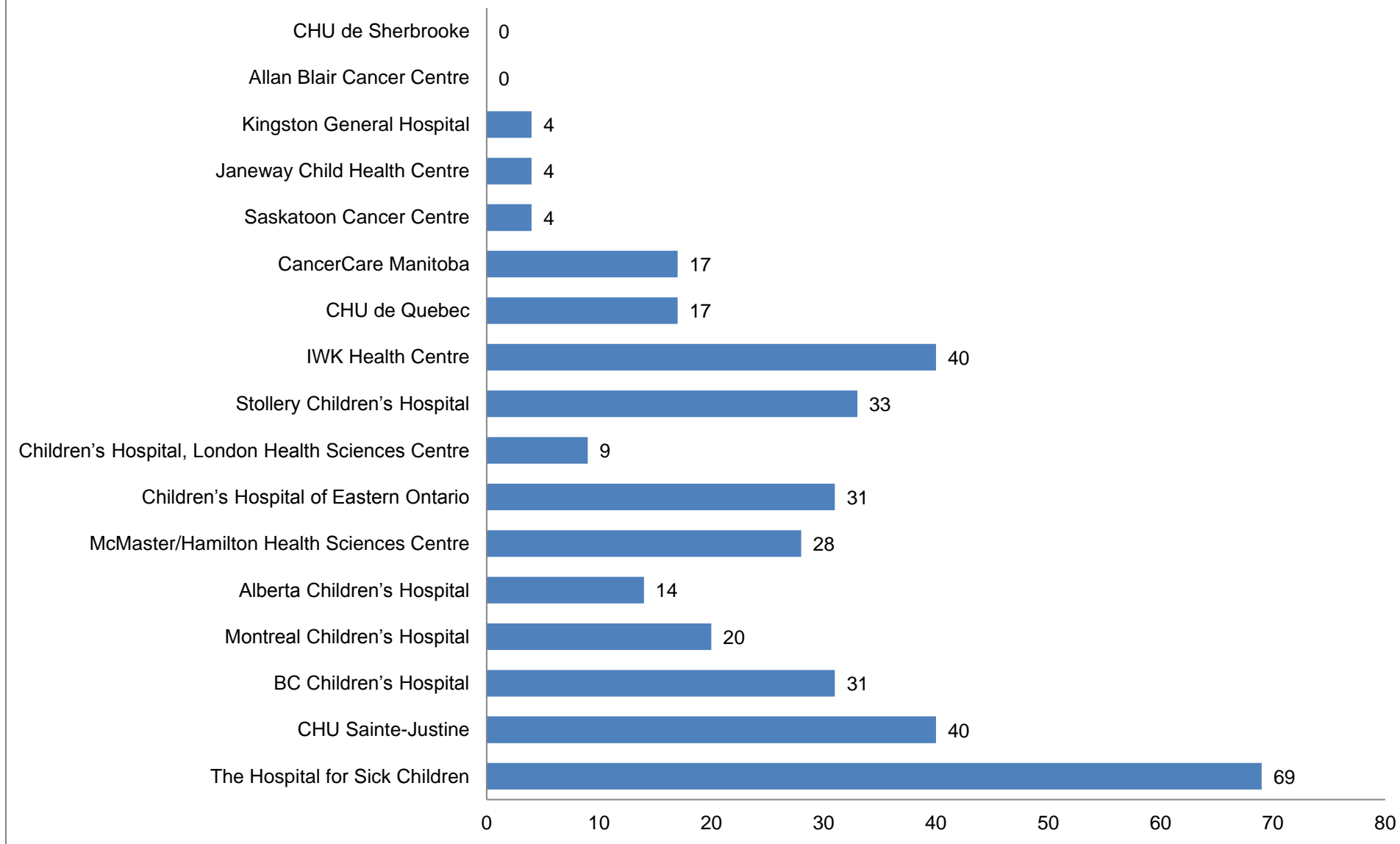
**Objective:** To improve patient access to academic clinical trials: Improve recruitment of pediatric patients



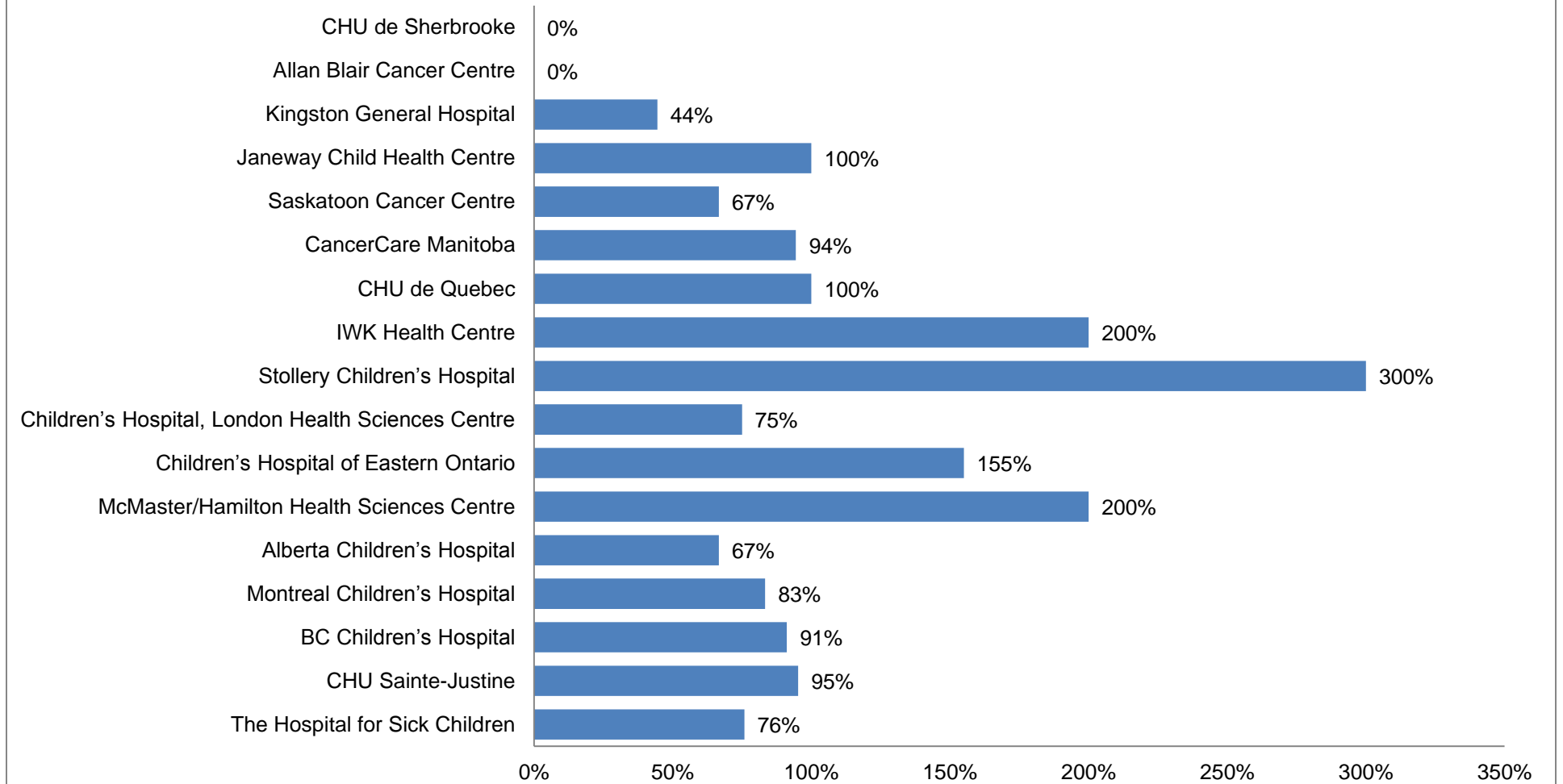
**Notes:**

- 361 patients were recruited to Portfolio trials at pediatric Network sites in 2017/18. Pediatric Network sites are 4% above its annual pre-3CTN baseline recruitment.
- Data include pediatric sites associated with the C17 Council (n=17)

**Figure 11. Number of patients recruited per pediatric Network site in 2017/2018**



**Figure 12. Progress to baseline recruitment per pediatric Network site in 2017/2018**



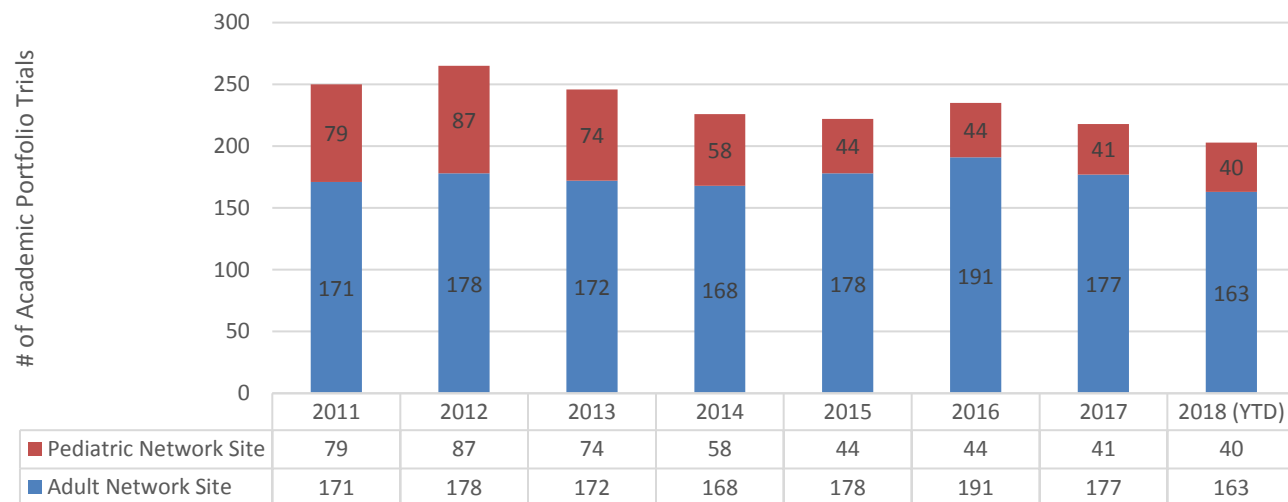
**Table 2. Number of patients recruited per pediatric Network site (by fiscal year)**

**Recruitment to 3CTN Portfolio Trials**

Network Site	Baseline	Y1* Total	Y2 Total	Y3 Total	% of Y3 baseline	Q1 2017 (Apr-Jun)	Q2 2017 (Jul-Sep)	Q3 2017 (Oct-Dec)	Q4 2017 (Jan-Mar)	Y4 Total	% of Y4 baseline
<b>C17 (national pediatric total)</b>	347	164	358	355	102%	108	96	82	75	361	104%
The Hospital for Sick Children	91	50	109	89	98%	22	18	17	12	69	76%
CHU Sainte-Justine, peds	42	18	26	44	105%	8	10	5	17	40	95%
BC Children's Hospital	34	13	46	41	121%	13	10	5	3	31	91%
Montreal Children's Hospital	24	9	23	14	58%	8	6	4	2	20	83%
Alberta Children's Hospital	21	10	21	10	48%	3	8	2	1	14	67%
McMaster/Hamilton Health Sciences Centre	14	6	20	19	136%	12	6	4	6	28	200%
Children's Hospital of Eastern Ontario	20	10	18	35	175%	9	9	3	10	31	155%
Children's Hospital, London Health Sciences Centre	12	7	15	26	217%	3	3	0	3	9	75%
Stollery Children's Hospital	11	8	10	26	236%	9	7	8	9	33	300%
IWK Health Centre	20	6	20	16	80%	10	5	19	6	40	200%
CHU de Quebec, peds	17	7	14	7	41%	1	8	6	2	17	100%
CancerCare Manitoba, peds	18	5	20	14	78%	8	2	3	4	17	94%
Saskatoon Cancer Centre	6	9	6	5	83%	1	0	3	0	4	67%
Janeway Child Health Centre	4	1	3	4	100%	1	0	3	0	4	100%
Kingston General Hospital	9	5	7	5	56%	0	4	0	0	4	44%
Allan Blair Cancer Centre, peds	4	0	0	0	0%	0	0	0	0	0	0%
CHU de Sherbrooke, peds	1	0	0	0	0%	0	0	0	0	0	0%
<b>Ped sites (N=17) total</b>	<b>347</b>	164	<b>358</b>	<b>355</b>	<b>102%</b>	<b>108</b>	<b>96</b>	<b>82</b>	<b>75</b>	<b>361</b>	<b>104%</b>

**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 trial lists and patients and impact patient care.

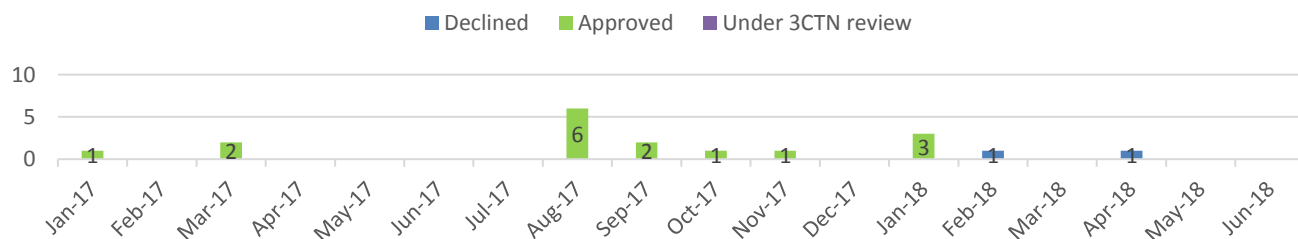
**Figure 13a. Total Portfolio Trials Year over Year for Network Sites (2011-2018 YTD)**



**Notes:**

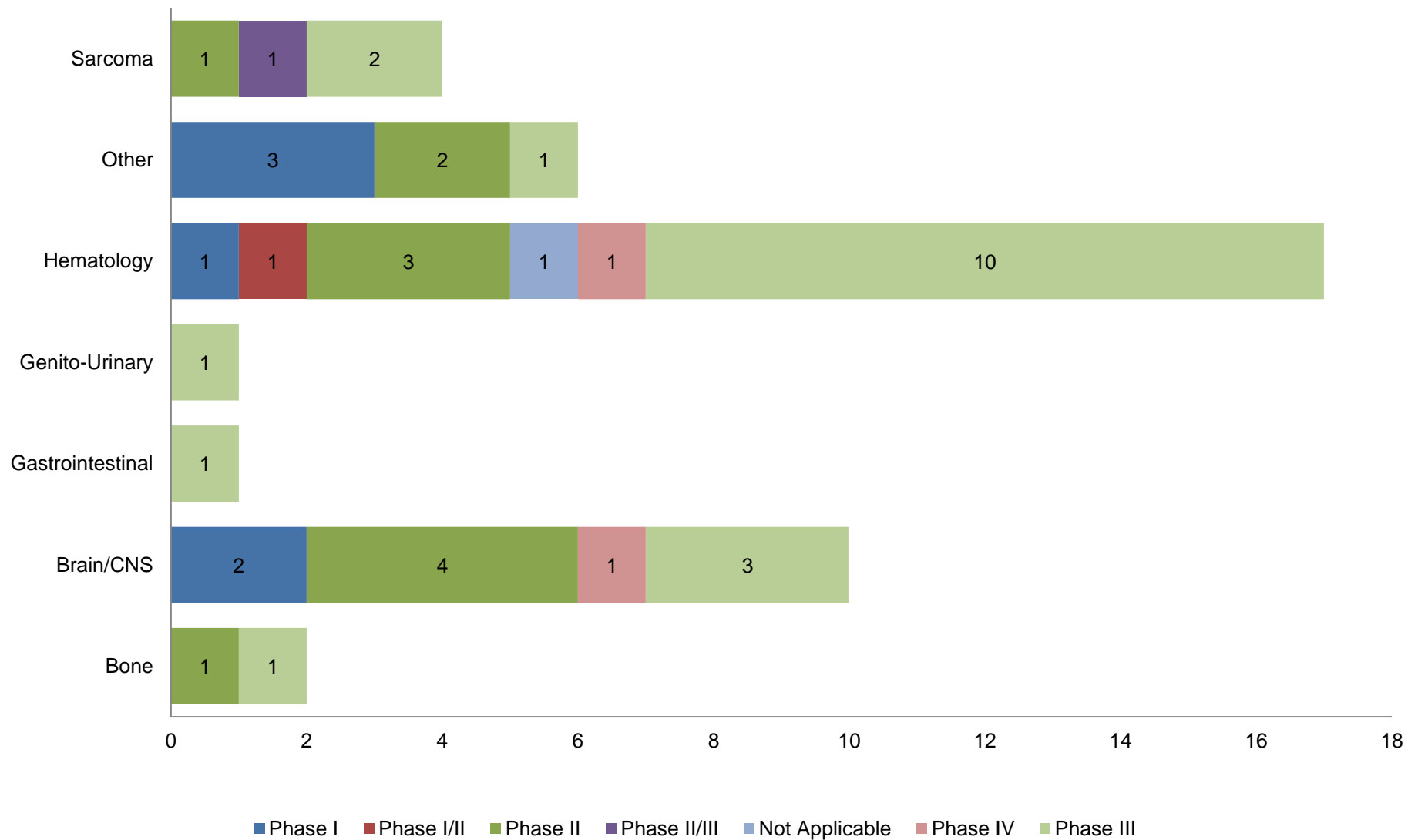
- There were 40 Portfolio trials available at pediatric Network sites, 3 new trials added at the end of Quarter 4
- 13 trials were added in year 4 (see figure 13b)
- The data provided in Figure 13a is a snapshot of the Portfolio as of June 20, 2016

**Figure 13b: Pediatric Portfolio Application Status Summary (Jan 2017- June 2018)**

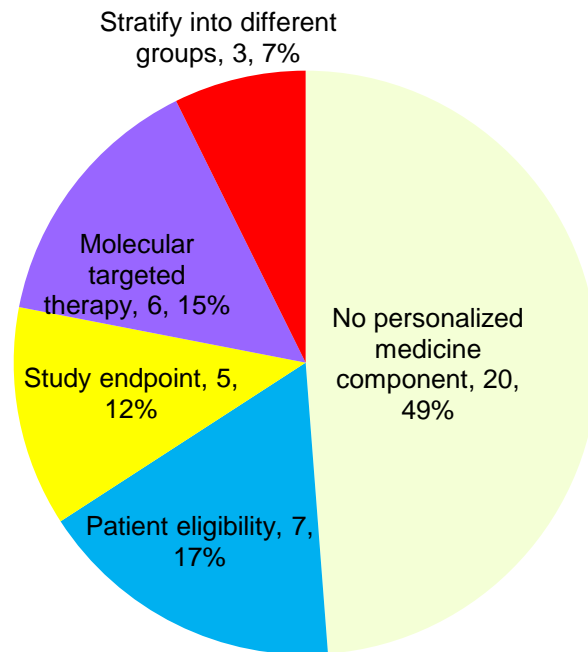




**Figure 14. Breakdown of Fiscal 2017- 18 Portfolio trials at pediatric Network sites by trial Disease site and Phase**



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

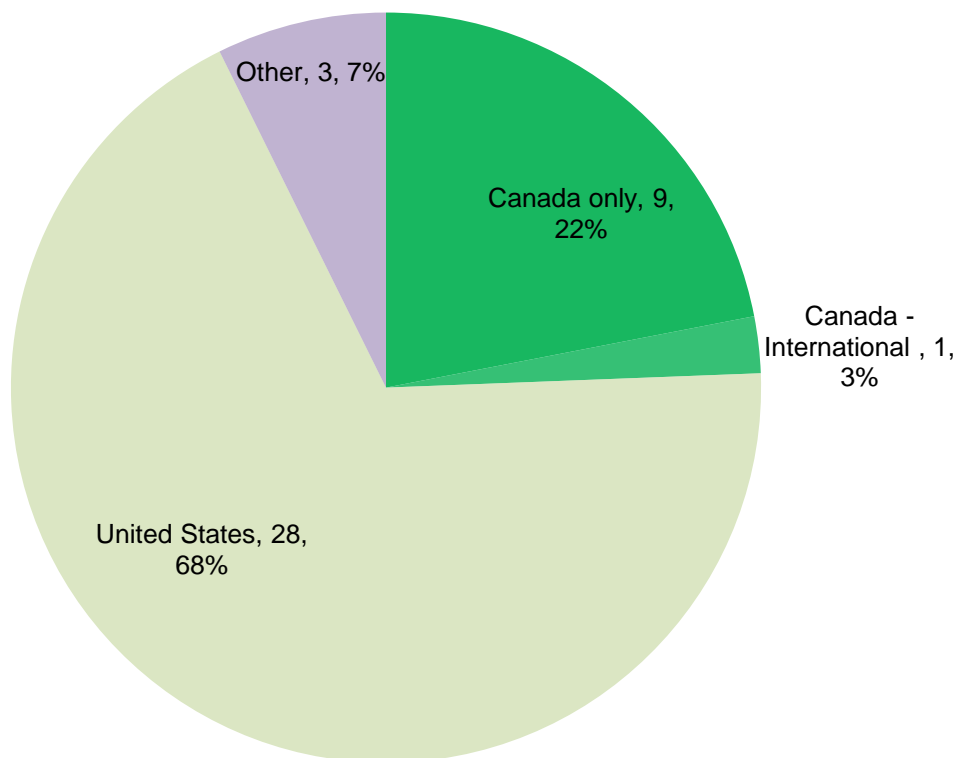


**Notes:**

- Personalized medicine trials at pediatric Network sites, as of March 31, 2018, (n=41)
- 51% of all trials at pediatric Network sites have a personalized medicine component; 20% of trials are immunotherapy related.

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 March 31, 2018 ,(n=41)
- 25% of all trials at pediatric Network sites are led by Canada – 3% of which are international, multi-centered studies
- The average number of pediatric Network sites per trial is 8.4.

## Section C: Portfolio Efficiency

**Objective:** To improve patient access and increase in successful completion of trials

### Portfolio Approval Process Timeline:

Calendar Year	# Applications Completed	Average Application Processing Time <sup>1</sup> (days)
2015	89	24
2016	70	24
2017	46	18
2018	24	11

### Facilitated Peer Review (FPR) Process:

Calendar Year	# Applications Completed	Average FPR Time <sup>2</sup> (days)
2015	6	47
2016	10	98
2017	4	79
2018	3	65

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

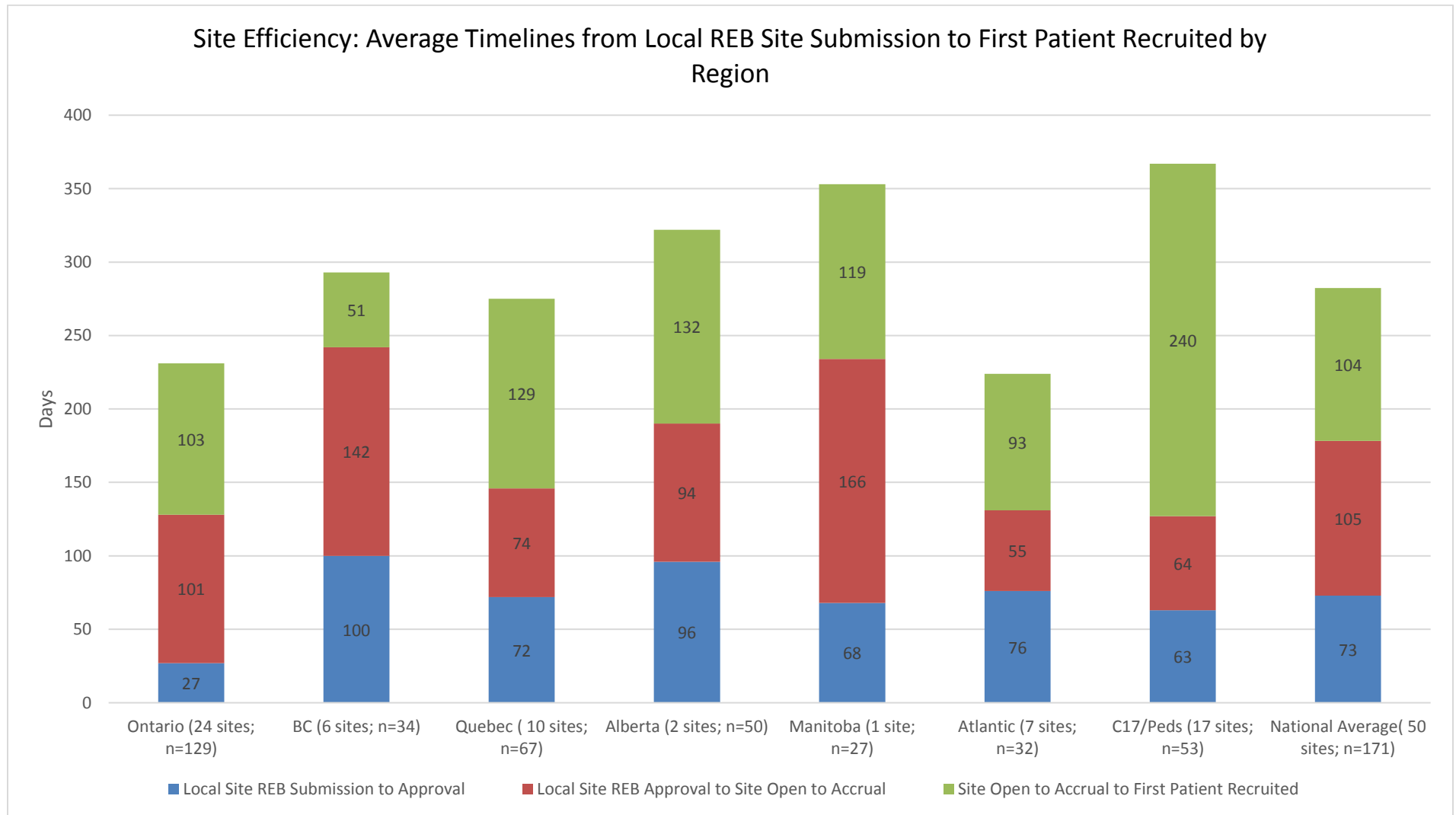
## Section D: Other metrics

**Objective:** To provide overall metrics to all sites.

### Complexity mix by number of total portfolio trials and patients accrued in Y4

Patient Scope	Low		Standard		High	
	# of trials	Accrual (total)	# of trials	Accrual (total)	# of trials	Accrual (total)
<b>Overall</b>	27%	47%	57%	42%	16%	11%
<b>Adults</b>	30%	49%	59%	45%	11%	6%
<b>Peds</b>	19%	25%	49%	20%	32%	55%

## Site efficiency – National



Region	Sites	# of Active portfolio Studies in Y4	fiscal year 4 accrual (YTD total)	Total trials included for this efficiency calculation	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
Ontario	24	129	2368	170	216	27	199	103	462	70%
BC	6	34	249	68	255	100	142	51	589	80%
Quebec	10	67	709	105	329	72	208	129	519	115%
Alberta	2	50	253	65	331	96	215	132	566	60%
Manitoba	1	27	90	41	432	68	300	119	483	50%
Atlantic	7	32	88	50	311	76	145	93	570	59%
C17/Peds	17	53	361	60	341	63	257	240	583	180%
National (adult network sites)	50	171	3757	173	312	73	201	104	532	72%

**Definitions and formula:**

Timeline	Formula
Activation Timeline from NOL/Sponsor Approval/Central Approval to Site Open to Accrual *	=site open to accrual - central approval or sponsor open to accrual or NOL (for C17 only)
Local Site REB Processing Time (site submission to approval)	=local site REB approval date - local site submission date
Local Site REB Approval to First Patient Recruited	=first patient recruited to the site - local site REB approval date
Site Open to Accrual to First Patient Recruited	=first patient recruited to the site - site open to accrual date
Recruiting Period (from open to closed to accrual)	= site closed to accrual date - site open to accrual date
Site Accrual vs. Site Target	= total accrual when closed/ site accrual set when the site open to accrual

**Note:**

- \*Centralized approval dates were used for BC and Ontario, Peds used NOL, other sites used "sponsor approval"
- Some historical dates for first patient enrolled list only the month and are not exact
- trials under setup not included
- Applies to portfolio start date after April 1, 2014 and site open after April 1, 2014

## Appendix: Additional Notes

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

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