NCIC CTG Overview: Structure and Opportunities for Investigators

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I have no relevant disclosures to make

Learning Objectives

- To describe the research mandate , mission and programmatic components of NCIC Clinical Trials Group (CTG)
- To list the broad accomplishments of NCIC CTG including conduct of practice changing studies
- To describe the external structure of NCIC CTG and opportunities for investigator engagement

NCIC Clinical Trials Group

- A research organization
- A clinical trials Cooperative Group
- Mandate is national
- Scope is international

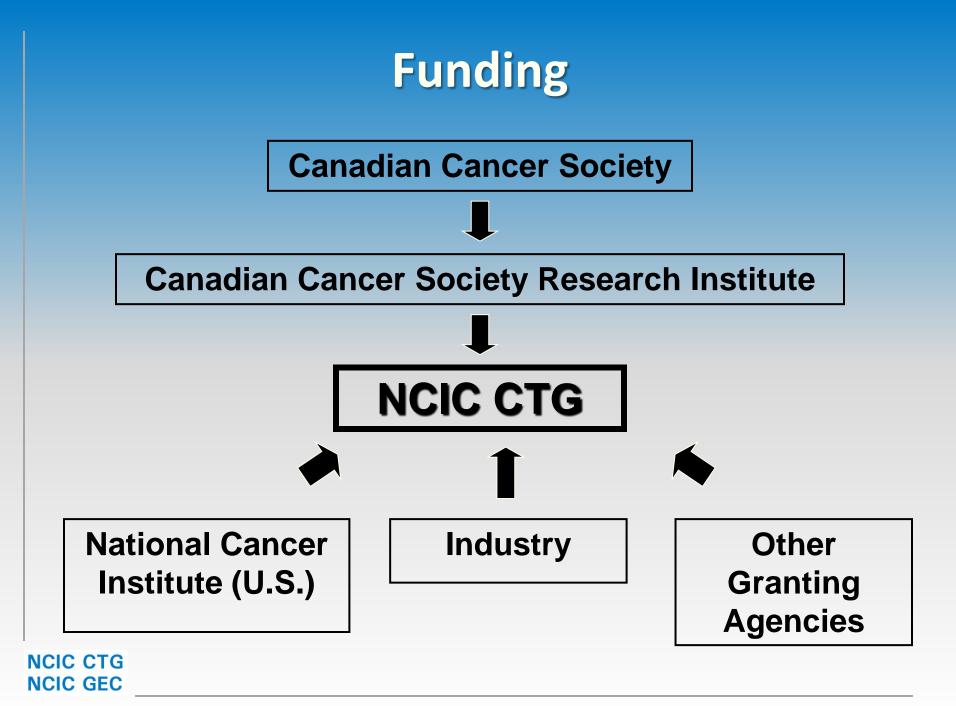
NCIC CTG

 To include: all cancer disease sites all treatment modalities

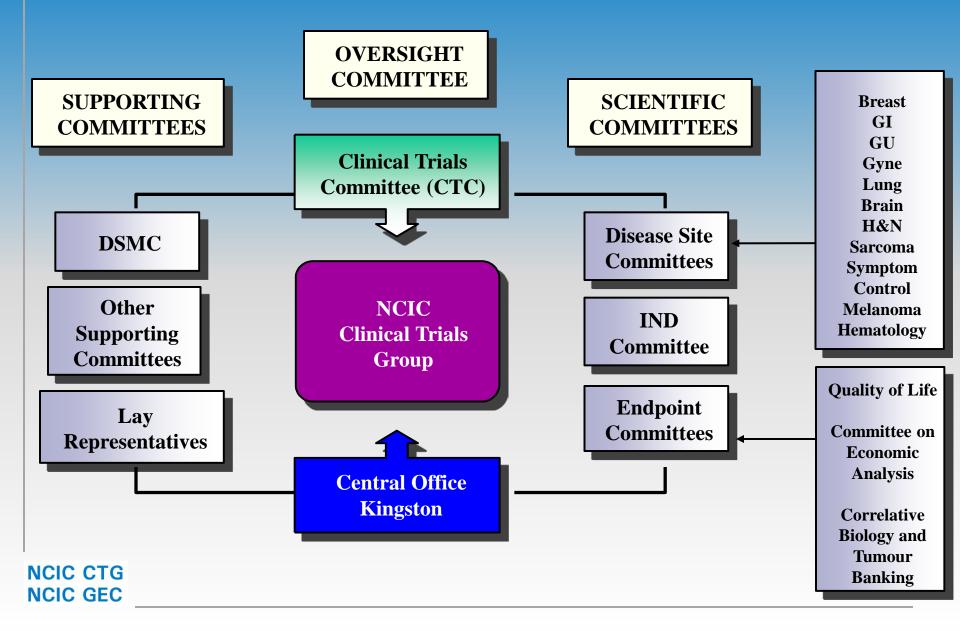
Mission

The mission of the NCIC Clinical Trials Group (CTG) is to develop and conduct clinical trials aimed at improving the treatment and prevention of cancer with the ultimate goal of reducing morbidity and mortality from this disease.

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External Structure



External Structure

Refers to network of investigators

NCIC CTG

Canada: approximately 80 sites
provincial cancer centres
university affiliations

special clinics

International: major cooperative groups

single sites in many countries

External Organization

Outcome-Based Committees

- Correlative Sciences and Tumour Biology
- Quality of Life
- Committee on Economic Analysis

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External Organization

Other Standing Committees include:

- Radiation Quality Assurance
- Audit and Monitoring Committee
- Clinical Research Associates
- Pharmacy Network
- Lay Representatives

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Two programmatic components

- Investigational New Drugs
- Phase III

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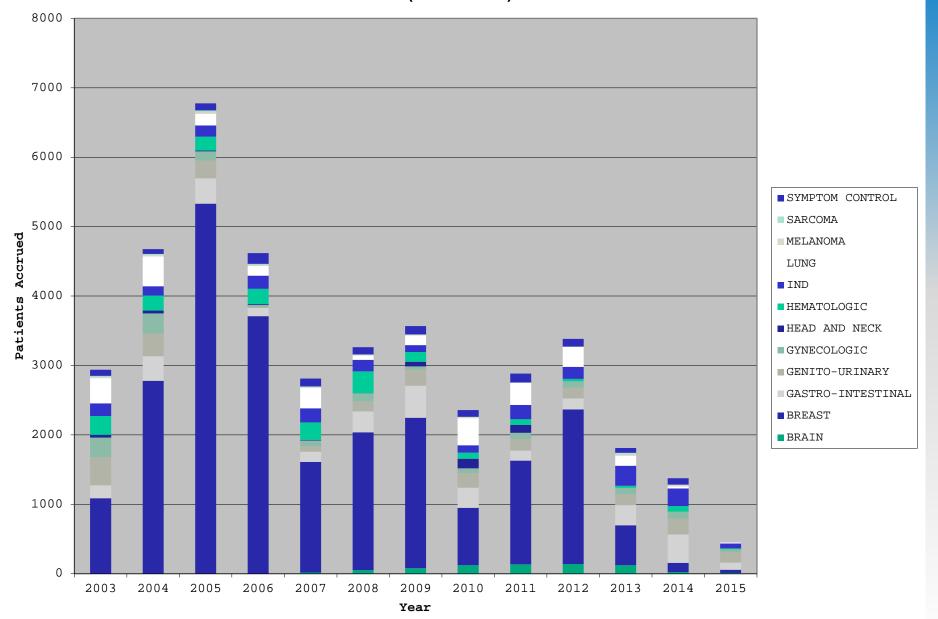
Phase III Broad Accomplishments

- 1980 2015:
- 482 trials
- 77,000 patients

In current grant cycle (since July 2010):

- 102 trials were in some form of conduct
- 11,600 new patients were accrued

Total Patients Accrued by Year (Disease Site)



Selected Deliverables

Publications:

- > 500 trial-related manuscripts and abstracts
- > 110 Central Office faculty research reports
- 18 meta-analyses

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Changes to Canadian/Global Health Care Practices

- Aromatase inhibitors for breast cancer (MA.17)
- Adjuvant therapy for lung cancer (BR.10)
- Erlotinib for lung cancer (BR.21)
- Temozolomide for glioblastoma (CE.3)
- Cetuximab for colon cancer (CO.17)
- Chemotherapy for Hodgkin lymphoma (HD.6)
- Limited role of RT in endometrial cancer (EN.5)
- Important role of RT in prostate cancer (PR.3)
- Aromatase inhibitors prevent breast cancer (MAP.3)
- Regional RT for breast cancer (MA.20)

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Intermittent hormone Rx for prostate cancer (PR.7)

NCIC CTG IND Programme

- 197 trials
- Enrolment of ~ 5,500 patients
- Testing of more than 70 new agents
- Multiple examples of:

'to phase III' results

successful correlative observations



Activity Level Phase III Program

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Changes to Canadian Health Care Practices

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HOW TO "GET IN"

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How to "Get In"

- Come to meetings
- Be active in your centre
- Accrue to trials
- Bring your ideas forward
- Get on a committee

Disease Site Committee

Let any special backgrounds be known

Consider an operations committee

(e.g. Audit / Monitoring)

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How to "Get In"

Communicate your interest

- Within centre-to-centre and site reps
- To us
- To site chair
- Respond to surveys, questions about studies
- Accrue to active trials
- If medical / heme onc, consider IND trials

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How to "Get In"

- Fellowship opportunities
- Secondary analyses

Trainees

- > 25 Fellows / PhD / Postdoctoral trainees
- > 20 Masters / PhD Theses
- 4 New Investigator Workshops (total N > 125)



DEBRIEF

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How Was Your Pre Meeting Experience?

- Communications
- Application Process

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How Was Your Meeting Experience? – Let us know!

- Content
- Format
- Venue
- Faculty
- Kingston

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How Was Your Experience? – Let us know!

- Networking
- Other comments

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THANK YOU

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