

Canadian Cancer Trials Group "Who Are We" and "Where Are We Going"

2019 New Investigators Clinical Trial Course

Janet Dancey, MD, FRCPC

Director, Canadian Cancer Trials Group

Educational Objectives

• Session Name: Canadian Cancer Trials Group - "who are we" and "where are we going"

Educational Objectives:

- 1. History of the CCTG
- 2. Structure and organization
- 3. Key accomplishments
- 4. Key priorities 2016-2021 strategic plan



Canadian-based **ACADEMIC RESEARCH GROUP** with almost 40 years experience in the fight to end cancer

- **FUNDING:** Canadian Cancer Society grant, other grants, industry support, philanthropy/donations
- SCIENTIFIC AND OPERATIONAL EXCELLENCE: Unique expertise; national and international phase I-III trial design and conduct



- EXTENSIVE EXPERT NETWORK
- DATA QUALITY: Globally renowned clinical trials platform, digital infrastructure, and comprehensive trial / tissue databases

The CCTG drives health care innovation in its role in developing and testing new cancer treatments and protocols and is a mechanism for diffusion of innovation through its investigator network

Mission

To Develop and Conduct Clinical Trials Aimed at Improving the Treatment and Prevention of Cancer, with the Ultimate Goal or Reducing Morbidity and Mortality from this Disease

- ✓ All treatment modalities including supportive care
 - ✓ All Patients Pediatric, young adults, elderly

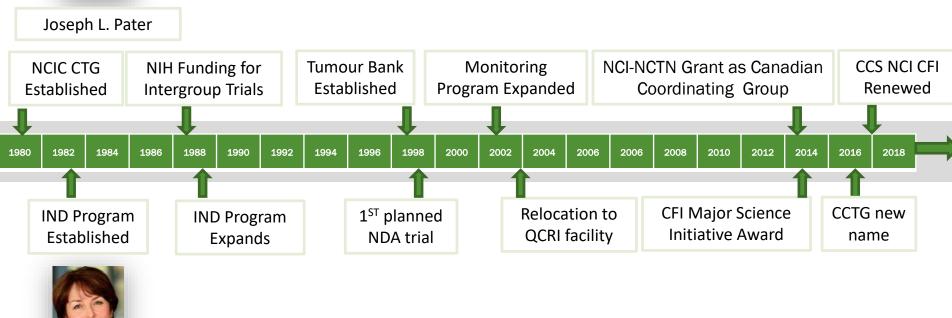
✓ All Phases of Trials



#trialsthatmatter



KEY MILESTONES



Elizabeth A. Eisenhauer

Canadian Cancer Groupe canadien
Trials Group des essais sur le cancer

Canadian Cancer Trials Group



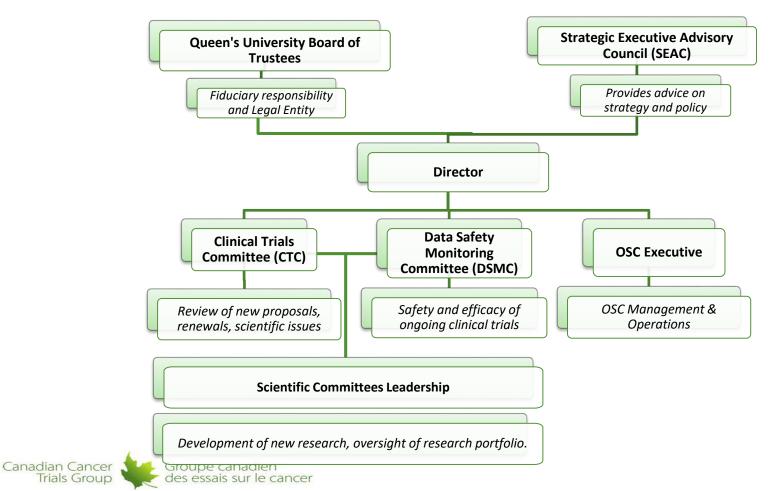




SCIENTIFIC & OPERATIONAL EXPERTISE

CCTG Governance

Trials Group



Committees

- 1. Brain*
- 2. Breast
- 3. GI
- 4. GU
- 5. Gyne
- 6. Hematology
- 7. H&N*
- 8. Lung
- 9. Melanoma*
- 10.Sarcoma*
- 11.Symptom Control
- 1. Quality of Life
- 2. Economic Analysis
- 3. Correlative Biology/Banking

^{*}Rare cancer initiative



Oversight Committees

Clinical Trials

Data Safety Monitoring

Strategic Executive Advisory

Scientific Committees

Disease Sites

IND Program (IND Exec oversight committee

Endpoints

Support Committees

CRA

Pharmacy

Auditing Monitoring

Patient Representative

Centre Representative

RTQA

> 85 member sites and 2,100 Investigators

Operations and Statistics Centre at Queen's (130 Staff & 13 Faculty)

Faculty at Queen's University



Dr. Janet Dancey Director Melanoma, Sarcoma



Dr. Lesley Seymour Investigational New Drugs



Dr. Chris O'Callaghan Gl. Brain



Dr. Wendy Parulekar Breast, GYNE



Dr. Annette Hay Hematology, Economics



Dr. Harriet Richardson Symptom Control,



Dr. Lois Shepherd Heme, Breast, Biobank



Dr. James Taylor Heme, Lung



Dr. Dongsheng Tu Group Biostatician



Dr. Bingshu Chen Senior Biostatistician



Dr. Keyue Ding Senior Biostatistician



Dr. Joe Pater Lung, methodology



Dr. Tricia Cotterel Molecular Pathology, Biobank



Operations & Statistical Centre



Operations and Statistics Centre

Operations & Statistics Centre (Queen's)

Contracts, finance, and administration support

Site and Investigator qualification and credentialing

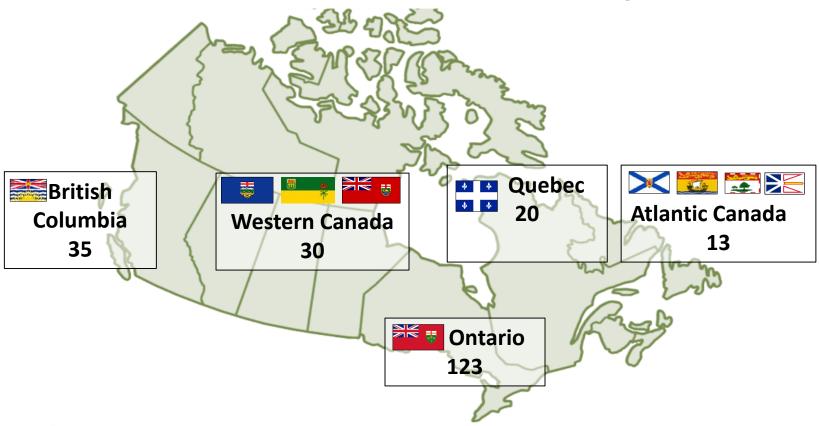
Scientific and methodological expertise

Project management, protocol development, data management, and trial/site activation support

Regulatory compliance, ethical oversight, pharmaco-vigilance, and quality assurance (monitoring/auditing)

IT expertise, EDC, programming & analysis, trial infrastructure (websites, drug management, registration/randomization, rostering/credentialing)

CCTG National Leadership





Structure – 85 Member Sites in All Provinces



- · CHU de Québec Children's
- Hotel de la Cite-de-la-Sante



- · Centre hospitalier universitaire de Sherbrooke
- · CHA-Hôpital de l'Enfant-Jesus
- · University Institute of Cardiology and Pneumology Quebec
- CHUO-Pavillon Hotel-Dieu de Ouebec
- · Centre de sante et de services sociaux de Rimouski-Neigette
- CHA-Hônital du St-Sacrement
- · Centre hospitalier regional de Trois-Rivieres
- · L'Hotel-Dieu de Levis
- CIUSSS de L'Est-de-Il'Ile-de-Montreal Hopital Maisonneuve-Rosemont
- CHU Sainte-Justine Centre de cancerologie Charles-Bruneau
- · Hopital du Sacre-Coeur de Montral
- · Jewish General Hospital
- CHUM-Pavillon Saint-Luc
- . CHUM Hopital Notre-Dame
- · Hôpital Charles LeMoyne
- McGill University Health Centre Montreal Children's Hospital
- . Research Institute of the McGill University Health Centre
- · Centre de Sante et de services sociaux de Gatineau

Atlantic Canada

- Newfoundland and Labrador
- . Janeway Children's Health & Rehabilitation Centre
- . Dr. H. Bliss Murphy Cancer Centre

Nova Scotia

- · Capital District Health Authority, Hematology
- . Cane Breton Cancer Centre

Prince Edward Island

· PEI Cancer Treatment Centre

New Brunswick

- · Saint John Regional Hospital
- . Dr. Everett Chalmers Hospital
- . The Moncton Hospital
- Dr. Léon-Richard Oncology Centre



- . Children's Hospital of Eastern Ontario Oncology. Markham Stouffville Hospital
- . Cancer Centre of Southeastern Ontario at Kingston
- · Ottawa Hospital Research Institute
- · McMaster Children's Hospital
- · Niagara Health System
- . St. Joseph's Healthcare Charlton Campus
- · Juravinski Cancer Centre at Hamilton Health
- Sciences · Lakeridge Health Oshawa

- Toronto Fast General Hospital
- · Hospital for Sick Children
- · Humber River Regional Hospital
- · St. Michael's Hospital · North York General Hospital
- · Princess Margaret Cancer Centre Credit Valley Hospital
- . Trillium Health Centre West Toronto

- · Mount Sinai Hospital
- . Odette Cancer Centre at Sunnybrook Health
- · Cambridge Memorial Hospital
- · Grand River Regional Cancer Centre
- · London Regional Cancer Program
- · Windsor Regional Cancer Centre . Health Sciences North, Sudbury
- · Algoma District Cancer Program Sault Area



. Thunder Bay Regional Health Science Centre





Structure - International



International collaboration with academic investigators and sites >40 countries on 6 continents



National and International Collaborations



National

- Pediatric Investigational New Drug Platform
- National Adolescent Young Adult Trials Platform
- Grants Stand Up to Cancer Canada, Canadian Breast Cancer Foundation, Terry Fox Research Institute Brain Tumour Group, Myeloma Canada Research Network, and Canadian Institutes of Health Research
- Networks Canadian Cancer Trials Network, Clinical Trials Ontario, and Network of Networks



United States

- Canadian Collaborating Partner of the US National Clinical Trials Network (NCTN) and partner with US Groups
- Membership on NCTN scientific steering committees
- Liaison to NCTN Medidata Rave Implementation and, more recently, Good Clinical Practice compliance, including Audit/Monitoring, Investigator Credentialing, and Standard Operating Procedures

National and International Collaborations



International

- European Organization for the Research and Treatment of Cancer
- Medical Research Council UK, Cancer Research UK, University College London
- International Rare Cancer Initiative
- Gynecologic Cancer Intergroup Group
- Breast International Group
- France UNICANCER (PA6, CO27), IFCT (BR31)
- Australia University of Sydney, Australasian Gastro-Intestinal Group, Australasian Lung Cancer Trials Group
- Italy National Cancer Institute of Naples
- Asia CX.5, BR.31, Chinese University Hong Kong
- Consortia Lung Immunotherapy NSCLC Consortium brought Groups/sites together from 13 countries to conduct BR.31

CCTG Network 2018-2019

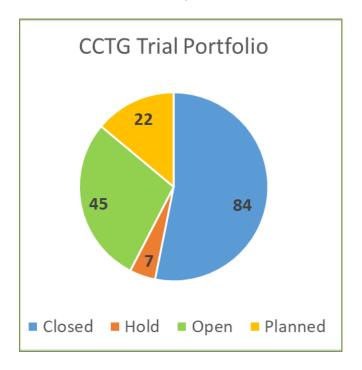
- Canada:
- Member centres = 86 (+1);
- Provinces = 10
 - Activate/Accrual = 57 (66%)
 - New
 - Lions Gate Hospital (CAVL)
 - Women's College Hospital (CAMX)
- > 6200 Canadian members
 - > 2,000 Investigators,
 - > 4,200 Clinical Trial Team Members,
 - New
 - Investigators 99
 - CTPs 462

- Global:
- Centres = 705
- Countries = 21
 - Active/Accrual = 21 (100%) with
 - Accrual = 19 (90%)
- Trials = BR31, BL12, BR34, CX5, I227, MA32, SC24,MA39, I235
- > 25000 members worldwide
 - > 6,200 Investigators and
 - > 19,000 CTP world wide



Trial Portfolio

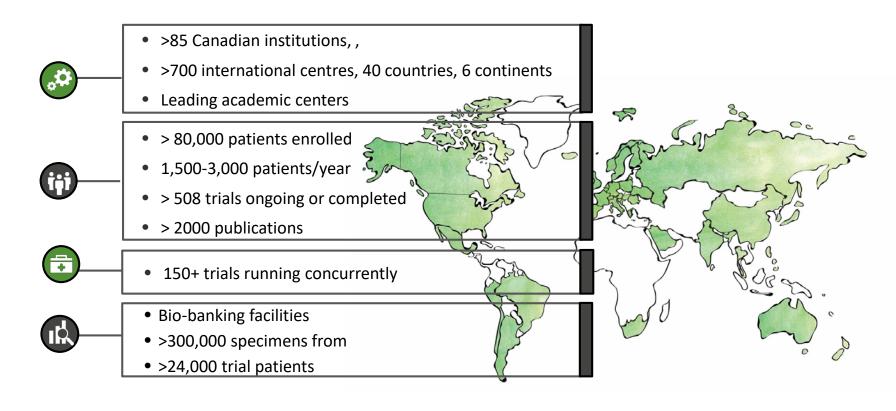
158 trials in the portfolio that are open, onhold, closed/follow up, and planned!



- 52 trials open/on hold (7)
 - 31 CCTG Led
 - 16 NCTN Led
 - 2 NCTN CCTG led
- 22 approved/in development
 - 9 CCTG Led
 - 9 NCTN US Group Led
 - 4 Other Group



CCTG Impact and Reach





Publications for 2018

- Total publications and abstracts = 77
- Total # of abstracts = 40
- Total # of manuscript publications = 37
- Total of CCTG-led trial primary publications = 9
- Total of non-CCTG-led trial primary publications = 6

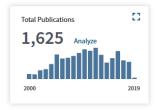
2017-2018 Selected Publications

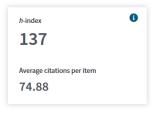
- Sparano JA et al. Adjuvant chemotherapy guided by a 21-gene expression assay in breast cancer, N Engl J Med, 379 (2018) 111-121.
 - This trial has reduced the number of patients overtreated with chemotherapy following surgery. Over 900 Canadian patients
 participated in the trial.
- Conroy T et al. FOLFIRINOX or gemcitabine as adjuvant therapy for pancreatic cancer, N Engl J Med, 379 (2018) 2395-2406.
 - Regimen improved the long-term survival of patients with resected pancreatic cancer.
- Gounder MM et al. Sorafenib for advanced and refractory desmoid tumors, N Engl J Med, 379 (2018) 2417-2428.
 - First drug proven to be effective for patients with this rare neoplasm.
- Woyach JA et al. Ibrutinib regimens versus chemoimmunotherapy in older patients with untreated CLL, N Engl J Med, 379 (2018) 2517-2528.
 - Ibrutinib, was more effective and well tolerated in older patients.
- Devarakonda S et al. Tumor mutation burden as a biomarker in resected non-small-cell lung cancer, J Clin Oncol, 36 (2018) 2995-3006.
 - One of five publications from the international LACE-Bio consortium
- Hanna T et al. Can administrative data improve the performance of clinical trial economic analyses? J Clin Oncol 36[30_suppl], 2. 9-25-2018.
- Hay AE et al. Linkage of clinical trial and administrative data: a survey of cancer patient preferences. Curr Oncol 2017; 24(3):161-167.



> 2000 Publications

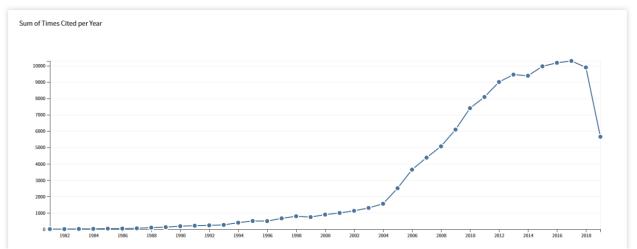
ISI Web of Science 1980 - 2019











10 Highest Cited Publications

Title	Author	Journal	Year	Total Citations	Per Year
New guidelines to evaluate the response to treatment in solid Tumors	Therasse P	JNCI	2000	12437	621.85
 New response evaluation criteria in solid tumours: Revised RECIST guideline (version 1.1) 	Eisenhauer EA	EJC	2009	9615	874.09
 Radiotherapy plus concomitant and adjuvant temozolomide for glioblastoma 	Stupp R	NEJM	2005	9416	627.73
Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised					
trials	Abe O	LANCET	2005	4745	316.33
Erlotinib in previously treated non-small-cell lung cancer	Shepherd FA	NEJM	2005	4171	278.07
 Effects of radiotherapy with concomitant and adjuvant temozolomide versus radiotherapy alone on survival in glioblastoma in a randomised phase III study: 5-year analysis of the EORTC-NCIC trial 	Stupp R	LANCET ONCOL	2009	3466	315.09
 Erlotinib plus gemcitabine compared with gemcitabine alone in patients with advanced pancreatic cancer: A phase III trial of the National Cancer Institute of Canada clinical trials group 		ЛСО	2007	2413	185.62
K-ras mutations and benefit from cetuximab in advanced colorectal cancer	Karapetis C	NEJM	2008	2390	199.17
 Interpreting the significance of changes in health-related quality-of-life scores 	Osoba D	hco	1998	1494	67.91
Erlotinib in lung cancer - Molecular and clinical predictors of outcome	Tsao MS	NEJM	2005	1427	95.13

Some High Impact CCTG Led Trials

- Aromatase inhibitors for breast cancer (MA.17) and extended adjuvant treatment (MA.17R)
- Regional nodal irradiation for early stage breast cancer (MA.20)
- Adjuvant therapy for lung cancer (BR.10)
- Erlotinib for lung cancer (BR.21)
- Temozolomide with radiation in the elderly (CE.6)
- Cetuximab for colon cancer (CO.17)
- Chemotherapy for Early Hodgkin lymphoma (HD.6)
- Important role of RT (PR.3), Intermittent Androgen Suppression (PR.7) in prostate cancer
- Dexamethasone for RT pain flare (SC.23)



Strategic Plan

Canadian Cancer Trials Group 2021

Trials that Matter

Strategic Plan



The Group will conduct trials that matter in the ways that matter and present the results that matter to reduce the burden of cancer for Canadians and contribute to the sustainability of the Canadian healthcare system.

Section	1: Context – Evolution of the Science and Rationale for the Plan3
1.1	Background3
1.4	The CCTG Environment – Opportunities and Challenges
Section	2: Mission, Vision, Value, and Value Generation14
2.1	Mission
2.2	Vision
2.3	High-Level Goals14
2.4	Values
2.5	Value Creation
Section	3: Scientific Agenda: Focus and Priorities
3.1	Reduce the Burden of Cancer by Identifying and Targeting Cancer Vulnerabilities17
3.2	Reduce the Morbidity of Cancer and Cancer Therapies Through Patient-Centred Trials20
3.3	Demonstrate the Value of Cancer Treatments to Improve the Delivery of Cancer Care21
Section	4: Enabling Strategies22
4.1	Engaging Patients as Partners22
4.2	Network Revitalization24
4.3	Modernizing Trial Capabilities and Platforms27
4.4	Strengthening Portfolio Management29
4.5	Step-Up Marketing and Communications Efforts30
4.6	Sustainable Funding33
Section	5: Risk Management and Implementation Planning35
5.1	Addressing Risks of Strategy Implementation35
5.2	Implementation Planning and Oversight36
5.3	Responding to Emergent Strategy37
5.4	Critical Success Factors

Appendices - Position papers
Precision Medicine
investigator engagement

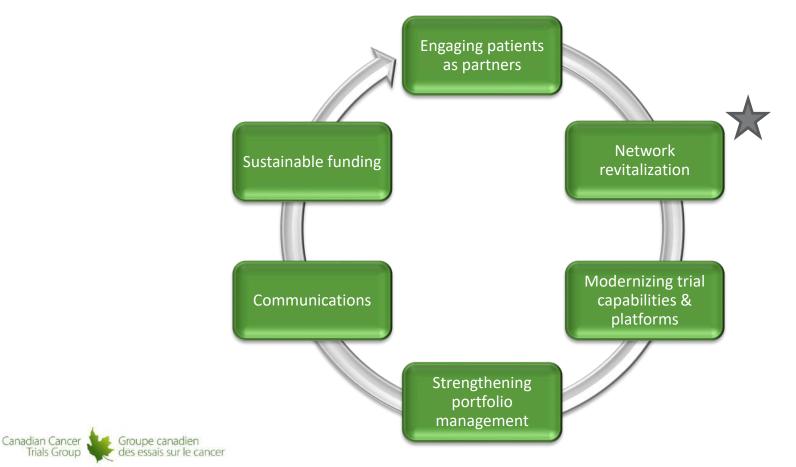
Data Sharing

Canadian Cancer Groupe canadien Trials Group

Strategic Priorities – And Sample of Current Research

Strategic Priority	Research
Targeting Cancer Vulnerabilities	 Precision Medicine Including Immunotherapy IND.223/cfDNA: Castrate Resistant Prostate Cancer Stratified Master Protocol PM.1 CAPTUR CAnadian Profiling and Targeted Agent Utilization Trial OV.24 An RCT of Acetysalicylic Acid Chemoprevention of High-Risk BRCA+ Ovarian Cancer prior to prophylactic surgery. ALC6/S1612 (LEAP) A randomized phase 2/3 platform trial to test novel therapeutics in medically less fit older adults with acute myeloid leukemia.
Patient – Focused Research	 MAC.18 POSITIVE: A Study Evaluating the Pregnancy Outcomes and Safety of Interrupting Endocrine Therapy for Young Women with Endocrine Responsive Breast Cancer CO.21 Colon Health and Life-Long Exercise Change (CHALLENGE)
Demonstrating Value	 BR.31 (and other RCTs): Cost-effectiveness analysis and QOL embedded as endpoints ME.13 Phase III Study of Duration of Anti-PD1 Therapy in Metastatic Melanoma (STOP-GAP). Value project linking QOL, preference, and cost-effectiveness data to create utilities

Strategic Priorities: 6 Enabling Strategies



Strategic Plan - Status of Activities Strengthen scientific network governance and performance

Activities	Performance Measurement	Status		
1. Plan for leadership succession	Address with Disease Site leadership	Complete / In Progress		
2. Develop and/or update Terms of Reference	New terms of reference for scientific committees and executives and repopulate committees	2018 TOR for Phase III DSC - Complete 2019 TOR for Rare Cancer Initiative - Drafted 2019/2020 Endpoint and Standing committees next (e.g. PRC, QOL, CEA) and Site/Cen Rep roles as will need separate consideration and discussion		
3. Develop Policies	Policy gaps identified and addressed; Policies reviewed and updated on a regular basis	Policy gaps to be analyzed now that TORs finalized - Next		
4. Refresh executives with mid-career and young investigators	Monitor turnover in committee membership	Complete / In Progress		
5. Provide performance metrics to investigators Canadian Cancer Groupe canadien Irials Group	Monitor Investigator and Centre performance	Additional tools to be developed - Next		

CCTG Investigator Engagement

	Website member access	Scientific meeting	Secondary analyses	Trial Chair/Cttees	Scientific Cttees Member	Scientific Cttees Exec	Oversight Cttees
Trainees	Y	Non-funded Invitation	Υ	-	Observer	-	-
Young Inv	Y	Funded Invitation	Υ	New Curriculum	Member	Observer Member	Observer Member
Mid Career	Y	Funded Invitation	Y	Y	Y	Y	Υ
Senior Inv	Y	Funded Invitation	Υ	Υ	Υ	Y	Υ

Data Initiative: Big, Right Data and Trials





Type of data:

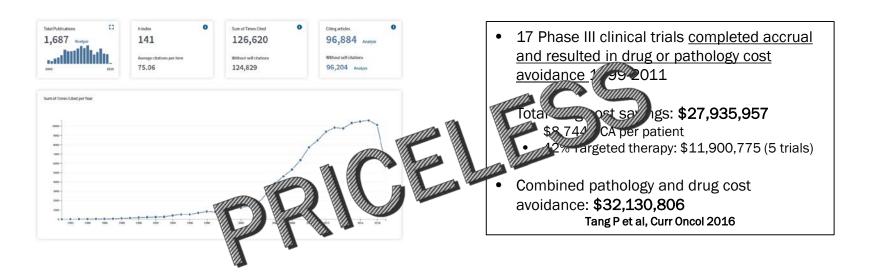
- E-Patient reported outcomes
- Population data bases
- Large omic data sets
- Sensors for monitoring physical and physiological functions.
- E-medical records linkages

Acquisition of data:

- Data to support regulatory submissions
- Statistical monitoring of trial data
- Minimal datasets for pragmatic trials
- Data sharing policy and data sharing platform
- RWE and clinical trials
 - Synthetic control arms for RWE trials
 - Pragmatic trial methods using RWE



CCTG Value and Impact



Volunteerism of over 200 leaders and 5000 CDN investigators & trial staff/year



Thank you!













