

[Standing Committees](#)

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[Strategic Executive Advisory Committee](#)

The SEAC is the Canadian Cancer Trials Group primary strategic advisory body providing advice on overall Canadian Cancer Trials Group policy and direction, as well as priorities and activities. It provides advice to the Director of the Canadian Cancer Trials Group for all senior governance, administrative, and fiscal decisions of the Canadian Cancer Trials Group.

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[Clinical Trials Committee](#)

The Group executive is called the Clinical Trials Committee. This Committee is responsible for advising the Director on all substantial issues concerning the Canadian Cancer Trials Group clinical trials programme. The Director appoints members for a three-year term. This Committee reviews the proposals for studies brought forward by the disease site committees and recommends for or against activation. It is important to emphasize that the Clinical Trials Committee considers all proposals for new studies and assigns priorities to them on an individual basis. It must, at times, decide between new trials in, for example, breast cancer and lung cancer. The Committee also advises on all major policy issues (e.g., authorship of publications). The CTC is also responsible for receiving and acting on the recommendations of the Data Safety Monitoring Committee. Finally, it recommends overall policies such as the level of per capita funding, the establishment of new disease site committees, etc.

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[Data Safety Monitoring Committee \(DSMC\)](#)

The DSMC is charged with the responsibility of protecting patient interests on Canadian Cancer Trials Group trials by providing an independent opinion on the suitability of continuing to enroll patients on individual studies. Its primary role is to review the results of protocol-specified interim analyses.

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[Quality of Life Committee](#)

The Quality of Life (QOL) Committee was initially formed as a working group in 1986 and became a standing committee in 1987 in recognition of the growing consensus that there was/is a need to consider quality of life endpoints in phase III clinical trials, and to promote research

addressing best practices addressing these endpoints. The committee is comprised of oncologists with expertise in quality of life evaluation, scientists with expertise in the field, research associates, patient representatives and others. Its responsibility is to provide methodological and practical support for collection of health-related quality of life (HRQOL) in clinical trials conducted by the Canadian Cancer Trials Group.

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[Correlative Sciences and Tumour Biology Committee](#)

The Canadian Cancer Trials Group has had a Correlative Sciences and Tumour Bank Programme in place since the inception of the Tumour Bank Working Group in 1995. The mandate of this original working group was to develop a tumour/tissue bank for Canadian Cancer Trials Group trials, largely focusing on phase III studies. The Committee's initial role was to develop guidelines and policies for the collection, storage, and distribution of patient specimens from Canadian Cancer Trials Group studies with the intent of ensuring that a tumour/tissue bank was available for correlative science research questions developed in conjunction with ongoing trials, or to answer research questions that would arise in the future. The Correlative Sciences and Tumour Biology Committee has, over the years, provided governance for the operational aspects and correlative science agenda for the Canadian Cancer Trials Group, and includes an executive and membership made up of academic pathologists, clinical scientists, members of the biobanking community in Canada, and Patient Representatives.

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[Committee on Economic Analysis](#)

The Committee on Economic Analysis (CEA) was established in 1996 because the leadership of the Canadian Cancer Trials Group recognized that economic factors were becoming increasingly important in decision-making regarding the adoption of new therapies. Rising health care costs and the modest benefits of many cancer therapies made it important to explore the economic benefit of a new therapy at the same time as its therapeutic benefit.

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[Patient Representative Committee](#)

The role of Patient Representatives in the Canadian Cancer Trials Group is to represent the perspective of patients and their families, and the public at large, in the development and delivery of clinical trials. The goal is to team with health care professionals/researchers to advance outstanding research in the treatment, care, and prevention of cancer.

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[Audit & Monitoring Committee](#)

The overall purpose of this Committee is to advise on and supervise Canadian Cancer Trials

Group quality assurance/quality control programs. Specific functions include: Reviewing the results of on-site visits and make recommendations for improvements when problems are detected; Approving measures to be used in assessing "centre performance," set desired standards of performance for those measures, and establish minimal acceptable criteria and reproval mechanisms; Reviewing recommendations from modality committees on quality control measures specific to their modalities. (access to AMC members only)

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[CRA Executive Committee](#)

The CRA Executive Committee (originally Steering Group) was re-structured in 2011, at which time new terms of reference were adopted. The Executive is an advisory committee responsible for facilitating the conduct of Canadian Cancer Trials Group studies by representing the knowledge and perspective of the CRA community and by providing advice to the Canadian Cancer Trials Group Central Office in the development of Group policies. In addition the Executive has a role in promoting the training and education of Canadian Cancer Trials Group CRAs.

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[CRA Committee](#)

The Clinical Research Associates (CRA) Committee (formerly the Data Management Committee) was established in 1988 with a mandate to improve the quality of Canadian Cancer Trials Group clinical trials of therapy in cancer and supportive care through the following mechanisms:

- Providing input by CRAs into protocol and forms design;
- Participating in disease site and standing committee discussions and decisions;
- Providing training and educational programs for CRAs;
- Improving communication among CRAs and with Central Office staff;
- Developing/maintaining a data management tools; and,
- Promoting liaison with other clinical trials networks and organizations.

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[Pharmacy Network](#)

The mission of the Pharmacy Network is to: Promote the optimum utilization and standardization of oncology pharmacy services in the development and conduct of clinical trials; and, Improve communication and share expertise in oncology issues and information between members, the central office and other professional groups within the Canadian Cancer Trials Group for the ultimate benefit of the cancer patient.

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[Radiation Oncology Quality Assurance Committee](#)

This committee was formed to oversee quality control of radiotherapy on Canadian Cancer Trials Group studies. The Committee reviews/amends the radiotherapeutic sections of new protocols and oversees real-time review of the prescription, dose-distribution, and radiotherapy fields for patients on trials involving this process.

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