As we embark on a new year, it is time to reflect on what we have accomplished together this year and what 2019 will bring. It has been a busy year with continued growth and expansion across our national and international networks.

Over the last year 57 of our trials had publications and abstracts. Two major practice-changing trials, the TailoRx | MAC12 and the PROTIGE 24 | PA.6 reported out at American Society of Clinical Oncology (ASCO) annual meeting and were published in the New England Journal of Medicine (NEJM). These trials literally changed practice immediately and address our strategic goals to reduce treatment morbidity and improve cancer mortality.

Also recently published in NEJM and presented at ASCO was SRC7, where the group contributed to defining a new treatment, sorafenib, in desmoid tumours, a rare neoplastic condition. Data locks and analyses have been done for MYX1, MA38, CO26 and the latter two already accepted for presentation at major meetings.

With the support of our network of researchers we have activated thirteen new trials and expanded IND227, into a phase III trial. Among these trials are: CE7 and MA39, our first CCTG led trials within the National Clinical Trials Network (NCTN); CCTG.001 (IND235) our first trial collaboration with the Cancer Research Institute (CRI); OV25 an innovative aspirin prevention trial for women with germline BRCA mutations at risk for ovarian cancer; and the MAC22 | TMIST breast imaging screening trial, which, according to 3CTN, is the highest accruing academic led cancer trial in Canada this year with over 700 participants registered.

Over the past year CCTG participated on 63 trials that were open to accrual and accrued patients to 48 of these trials. In addition, 12 new phase III trials were centrally activated, including 5 phase III trials led by CCTG, 7 phase III trials led by other international cooperative groups but conducted in Canada by CCTG, and 3 Investigational New Drug trials.
Annual accrual rates continue to increase with a total of 2,871 patients accrued into trials including 2,274 patients from Canada, 597 patients from other countries.

Our congratulations go to the seventy new investigators who enrolled their first patient in a CCTG trial and through the hard work at each of our centre sites.

We have begun the implementation of new terms of references and succession planning within the scientific committees. This year we welcomed some new committee chairs Penelope A. Bradbury, Lung; Camilla Zimmermann, Supportive Care; Michael McKenzie, Supportive Care; and Dr. Sharlene Gill, GI. We also thank prior chairs, Drs Glen Goss, Rebecca Wong and Derek Jonker. We welcome our 6 new Centre Representatives and 17 Centre CRAs and we acknowledge the contributions of their predecessors in supporting CCTG trial activity and their member institutions. Our international group has grown as well with 53 Principal Investigators and 75 Principal Clinical Research Associates joining our network from 13 countries.

Education of the next generation remains a high priority for CCTG. In addition to supervision of trainees, fellows and graduate students, we launched our first class of CCTG New Investigator Practicum Class through a grant from EMD Serono and have new students support from a grant from the Parrott Foundation.

Looking ahead, there are exciting new trials and trial report outs and a number of operations activities planned across the group. The scientific and operating plans will be presented early in 2019.

We have had another great year! I am honored to work with such an amazing group of researchers and clinical trial specialists across Canada and internationally, and I just wanted to say thank you for all you do.

May 2019 bring joy to you and your families.