Réseau de cancérologie Rossy

Rossy Cancer Network

Adult clinical trial participation across the RCN: how do we compare to the rest of Canada?

RCN Clinical Trials Managers and RCN Quality Council

INTRODUCTION

- Patient participation and access to clinical trials is a key measure of the delivery of quality cancer care.
- Patients treated in cancer centres with active clinical trial programs tend to have improved outcomes (e.g., survival and quality of life) compared to those treated at institutions without clinical trials.
- Barriers to clinical trial accrual are multifactorial, however, one of the main reasons given by patients for not taking part in a clinical trial is that **they didn't know the studies were an option for them.**
  - To illustrate this, 70% of Americans state they would be willing to participate in a clinical trial whereas historically only 5% of cancer patients enrol in clinical trials[1].
- Improved coordination, dedicated resources, and collaboration between sites are essential to the success of clinical research activities across the RCN.

PROGRESS TO DATE

Period	Goal	Status	Impact
2015-16	Map the clinical research landscape across the RCN	Done	Better understanding of clinical research activities. Needed for website development and metrics collection.
	Create a RCN clinical trials website listing all trials	Done	Decision-making tool for treatment on trials, available to physicians AND patients. Provides patients with greater treatment options.
2016-17	Publish the first public metrics report on enrolment to trials	Done	Provides a baseline for accrual (previously unknown) across the McGill academic centres.
	Raise clinical trial awareness • Post lists • Bring lists to tumour boards • Discuss trials at DS steering committees • Monthly DS newsletter	Done	Provides greater options for treatment.
2017-18	• BR2 (see poster) begins in November/December 2017	Con't	Increase accrual to breast cancer clinical trials.

RCN CLINICAL TRIALS LANDSCAPE

Are we missing a research group? Let us know!

MUHC

- **CIM** — Dr. Alcindor / P. Chipman
- **NRG** — Dr. Souhami / M. Perna
- **NRG-breast** — Dr. Thirwell / S. Moreno
- **Multiple Myeloma** — Dr. Sebag / N. Renouf
- **GY** — Dr. Gilbert / T. Grant
- **HPB** — Dr. Metrakos / A. Salman
- **CRU (MNI)** — Dr. Genge / M. Boutin-Caron

JGH

- **CRU** — Dr. Miller / A. Cascini
- **CRP** — Dr. Kavan / A. Mamo
- **NRG** — Dr. Boileau / L. Robitaille
- **RT** — Dr. Vuong / H. Lamarre
- **GU** — Dr. Bladou / O. Lotouchin
- **Niazi Research Group** — Dr. Niazi / T. Liyanage
- **Muanza & Sultanem** — Drs. Muanza, Sultanem / C. Blais

SMHC

- **CRP** — Dr. Langleben / R. Sharma

The Clinical Director and Clinical Manager are indicated for each research group. Only research groups providing cancer treatment-based clinical trials are included.

METHODS

Metrics on clinical trial accrual are presented as an **enrollment ratio.** An enrollment ratio can be interpreted as the percentage of patients enrolled on a clinical trial in a given year.

$$\text{Enrollment ratio} = \frac{\#\ \text{accruals}\ ^{*}}{\#\ \text{new incident cases}\ ^{\wedge}} \quad \text{in 1 calendar year}$$

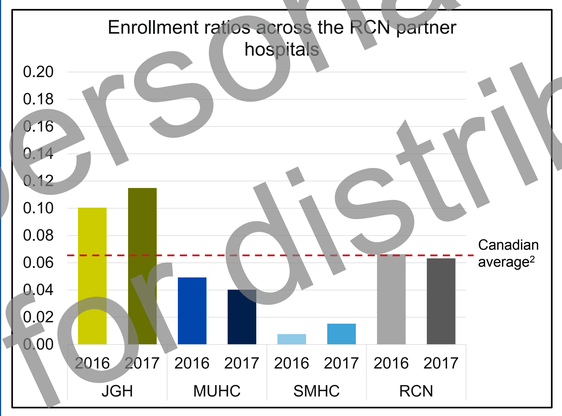
Numerator (*)

- Treatment trials (surgery, chemotherapy, radiation therapy) only.
- Biobanks, quality of life questionnaires, therapies aiming to minimize secondary effects of cancer/treatments are not included.
- An accrual is counted towards a hospital's numerator if they had their randomization (or equivalent) at that hospital.
- Withdrawn patients (but not screen failures) are included.
- Data were obtained from clinical trial managers directly.

Denominator (^)

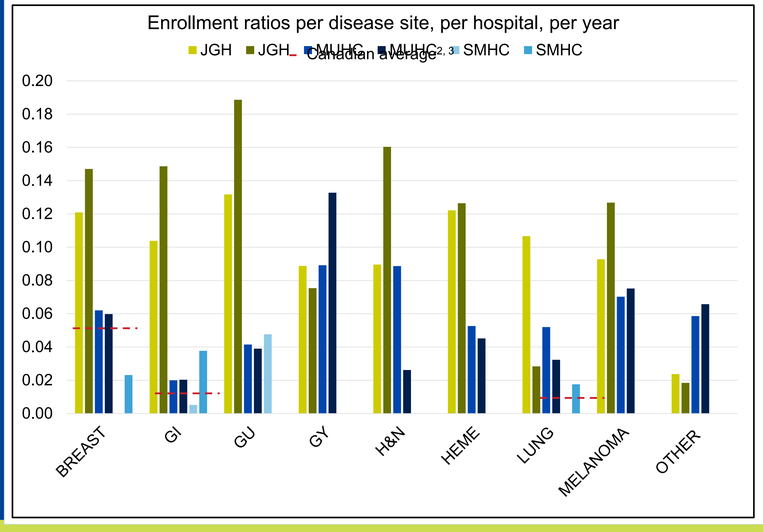
- Patient cases includes patients that had their first line treatment at one of the RCN treating hospitals regardless of where they were diagnosed.
- Data were obtained from the RCN cancer registry.

RESULTS



Overall, the RCN enrollment ratio is higher than the Canadian average (0.045 from 2014) but below the ASCO benchmark of 10% (0.1). Only the enrollment ratios for the JGH meet or exceed the ASCO benchmark.

2016 was a year of transition following the dismantling of the McGill-wide clinical research program.

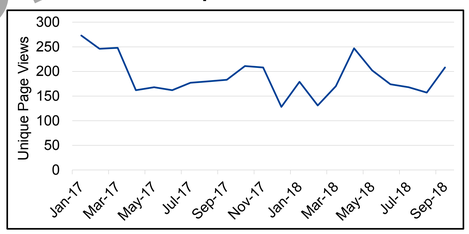


DISCUSSION

- There is no consensus on how best to report clinical trial metrics in the literature.
- Some points to consider include:
  - The inclusion of non-interventional trials or interventional trials focused on side effects of cancer/treatments?
  - The most appropriate denominator for this metric (we use new incident cases, but one could also:
    - Include relapsed/progressed patients?
    - Remove diagnoses where no clinical trials exist?
- Our methods were chosen to match clinical trial metrics across Canada as reported by CPAC (Canadian Partnership Against Cancer)[2].
- Ultimately, consistency in our data collection and inter-hospital comparisons will provide the most useful benchmark moving forward.

FUTURE DIRECTIONS

1. Increase online presence and ease of searching clinical trials



Approximately 150 treatment-based clinical trials are listed on the RCN web site by disease site group and all solid tumours separately.

The web site consistently gets about 200 unique page views per month.

We are looking into different methods of making our clinical trials lists searchable to promote ease of use.

2. Increase awareness and education around clinical trials

- Patient-geared educational pamphlet regarding clinical trials to be made available in different hospital areas and waiting rooms (in progress)
- Pin (shown on the right) already in use at the 3 partner hospitals. Two version of the pin are available. "Ask me about clinical trials" pin for investigators and "Ask your doctor about clinical trials" for support staff.

3. Increase clinical trials accrual via systematic pre-screening

- BR2, an RCN led systematic pre-screening program for breast cancer patients has begun in late 2017.
- Once potentially eligible patients are identified, research staff are notified in order to determine full eligibility and interest on the part of the patient.
- The goal is to increase clinical trials accrual in breast cancer from 0.08 (in 2017) to >0.15 (in 2018 and subsequent years).

REFERENCES/FOOTNOTES

1. Unger JM, Cook E, Tai E, Bleyer A. The Role of Clinical Trial Participation in Cancer Research: Barriers, Evidence, and Strategies. Am Soc Clin Oncol Educ Book. 2016;35:185-98.
2. Canadian Partnership Against Cancer (CPAC) - System Performance. 2018. Adult Clinical Trial Participation | Cancer System Performance. [ONLINE] Available at: https://www.systemperformance.ca/cancer-control-domain/research/adult-clinical-trial-participation/. [Accessed 17 October 2018].
3. Canadian averages for GI only include colorectal cases.

McGill

Centre universitaire de santé McGill — McGill University Health Centre

Hôpital général juif — Jewish General Hospital

Centre hospitalier de St. Mary — St. Mary's Hospital Center