



## March 2017 Newsletter

Volume 5, Issue 3

### A Letter from the Founder, Dr. Christine Brezden-Masley

Dear CCTC Members,

Since the launch of the CCTC in 2011, the consortium has remarkably expanded to over 260 members across 21 institutions, including 12 of the major cancer centres in Ontario.

We greatly value any input, feedback, and suggestions in order to make your experience with the site as user-friendly as possible. E-mail us at [cometrials@smh.ca](mailto:cometrials@smh.ca) and we will be more than happy to assist.

Sincerely,

**Dr. Christine Brezden-Masley**  
Founder, CCTC

### A Letter from the Project Manager, Caroline Illmann

Hello CCTC Members,

This year we are focusing on increasing membership and trials posted. Please feel free share CCTC with your oncology colleagues, we are always happy to have new members join the CCTC network. CCTC is continuing to grow with over 260 members and 31 institutions.

If you have an accruing trial you would like to highlight, please email [cometrials@smh.ca](mailto:cometrials@smh.ca) to nominate it to be one of our next *Trials of the Month*.

As always, please contact me at [cometrials@smh.ca](mailto:cometrials@smh.ca) any time with questions, comments or concerns.

Kind Regards,

**Caroline Illmann**  
Project Manager, CCTC

## ARTICLE RECOMMENDATION

### When Clinical Trials compete: prioritising study recruitment

Luke Gelin, Holly Fernandez Lynch, Barbara E Bierer, Glenn Cohen

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Journal of Medical Ethics 2017 Jan 20. Epub ahead of print

<http://jme.bmj.com/content/early/2017/01/20/medethics-2016-103680.long>

It is not uncommon for multiple clinical trials at the same institution to recruit concurrently from the same patient population. When the relevant pool of patients is limited, as it often is, trials essentially compete for participants. There is evidence that such a competition is a predictor of low study accrual, with increased competition tied to increased recruitment shortfalls. But there is no consensus on what steps, if any, institutions should take to approach this issue. In this article, we argue that an institutional policy that prioritises some trials for recruitment ahead of others is ethically permissible and indeed prima facie preferable to alternative means of addressing recruitment competition. We motivate this view by appeal to the ethical importance of minimising the number of studies that begin but do not complete, thereby exposing their participants to unnecessary risks and burdens in the process. We then argue that a policy of prioritisation can be fair to relevant stakeholders, including participants, investigators and funders. Finally, by way of encouraging and helping to frame future debate, we propose some questions that would need to be addressed when identifying substantive ethical criteria for prioritising between studies.

## TRIALS SNAPSHOT

| Trial Type       | Any Malignancy | Breast    | CNS      | GI        | GU        | GYN      | Head & Neck | Heme     | Lung      | Mel      | Total      |
|------------------|----------------|-----------|----------|-----------|-----------|----------|-------------|----------|-----------|----------|------------|
| Imaging Study    | -              | 2         | -        | -         | -         | -        | -           | -        | -         | -        | 2          |
| Observational    | -              | 3         | -        | -         | 1         | -        | -           | -        | -         | -        | 4          |
| Prevention       | -              | -         | -        | 1         | -         | -        | -           | 1        | -         | -        | 2          |
| Radiation        | -              | 4         | -        | 3         | 2         | -        | -           | -        | -         | -        | 13         |
| Surgical Therapy | -              | 1         | 2        | -         | 1         | 1        | -           | -        | 4         | -        | 7          |
| Systemic Therapy | 1              | 14        | 1        | 10        | 17        | -        | 1           | 1        | 1         | 8        | 67         |
| Therapeutic      | -              | -         | -        | -         | 2         | 4        | 1           | 2        | 10        | -        | 4          |
| Supportive Care  | 1              | -         | -        | -         | -         | -        | -           | -        | -         | -        | 1          |
| <b>TOTAL</b>     | <b>2</b>       | <b>24</b> | <b>3</b> | <b>14</b> | <b>23</b> | <b>5</b> | <b>2</b>    | <b>4</b> | <b>15</b> | <b>8</b> | <b>100</b> |



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### TRIALS OF THE MONTH

| Type           | Acronym                              | Study Title  | Description  | Site (s)  |
|----------------|--------------------------------------|--|--|---|
| Any Malignancy | <u><a href="#">AVERT</a></u>         | Apixaban for the Prevention of Venous Thromboembolism in High-Risk Ambulatory Cancer Patients: A Randomized Placebo-Controlled, Double-Blind Clinical Trial  | <ul style="list-style-type: none"> <li>Any histologically confirmed malignancy</li> <li>Supportive Care Therapy</li> </ul> | Markham Stouffville Hospital                          |
| Breast         | <u><a href="#">KATE.2</a></u>        | A Study to Evaluate the Efficacy and Safety of Trastuzumab Emtansine in Combination With Atezolizumab or Atezolizumab-Placebo in Participants With Human Epidermal Growth Factor-2 (HER2) Positive Locally Advanced or Metastatic Breast Cancer Who Have Received Prior Trastuzumab and Taxane Based Therapy | <ul style="list-style-type: none"> <li>Metastatic</li> <li>HER2 positive</li> <li>Systemic Therapy</li> </ul>              | Odette Cancer Centre                                  |
| GU             | <u><a href="#">GALAHAD</a></u>       | A Phase 2 Efficacy and Safety Study of Niraparib in Men with Metastatic Castration-Resistant Prostate Cancer and DNA-Repair Anomalies  | <ul style="list-style-type: none"> <li>Prostate Cancer</li> <li>Therapeutic</li> </ul>                                     | Odette Cancer Centre                                  |
| Heme           | <u><a href="#">GS 9973</a></u>       | A Phase 2 of Entospletinib in Subjects With Relapsed or Refractory Hematologic Malignancies  | <ul style="list-style-type: none"> <li>Non-Hodgkin's Lymphomas</li> <li>Systemic Therapy</li> </ul>                        | Royal Victoria Regional Health Centre                 |
| GYN            | <u><a href="#">C31004</a></u>        | A Phase 2, Randomized Study of MLN0128 (a Dual TORC1/2 Inhibitor), MLN0128+MLN1117 (a PI3K $\alpha$ Inhibitor), Weekly Paclitaxel, or the Combination of Weekly Paclitaxel and MLN0128 in Women With Advanced, Recurrent, or Persistent Endometrial Cancer   | <ul style="list-style-type: none"> <li>Metastatic</li> <li>Endometrial/ Uterine</li> <li>Systemic Therapy</li> </ul>       | London Health Sciences Centre                         |
| Lung           | <u><a href="#">CA001-030</a></u>     | A Phase 1/2 Multicenter Study of BMS-986012 in Subjects With Relapsed/Refractory Small Cell Lung Cancer  | <ul style="list-style-type: none"> <li>Metastatic</li> <li>Small Cell Lung Cancer</li> <li>Systemic Therapy</li> </ul>     | London Health Sciences Centre                         |
| MeI            | <u><a href="#">ME13</a></u>          | A Randomized Phase III Trial of the Duration of Anti-PD-1 Therapy in Metastatic Melanoma (STOP-GAP)  | <ul style="list-style-type: none"> <li>Stage III/IV</li> <li>Systemic Therapy</li> </ul>                                   | London Health Sciences Centre<br>Odette Cancer Centre |
| GI             | <u><a href="#">Checkmate 649</a></u> | A Randomized, Multicenter, Open-Label, Phase 3 Study of Nivolumab Plus Ipilimumab or Nivolumab in Combination With Oxaliplatin Plus Fluoropyrimidine Versus Oxaliplatin Plus Fluoropyrimidine in Subjects With Previously Untreated Advanced or Metastatic Gastric or Gastroesophageal Junction Cancer       | <ul style="list-style-type: none"> <li>Metastatic</li> <li>Esophageal</li> <li>Systemic Therapy</li> </ul>                 | London Health Sciences Centre                         |



[Click here to NOMINATE your trial for Trials of the Month!](#)



## MEMBERSHIP UPDATES

**269 members**  
**31 institutions**  
**100 accruing trials**



## ACKNOWLEDGEMENTS

The CCTC has been funded by unrestricted educational grants from the following supporters:



## CONTACT US

Do you have any questions, feedback, suggestions? Please do not hesitate to contact us.

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[@COMET\\_Trials](https://www.cometrials.com)  
[www.cometrials.com](http://www.cometrials.com)

## INSTITUTIONS

| Institution                           | Location      | Members | Trials |
|---------------------------------------|---------------|---------|--------|
| Cambridge Memorial Hospital           | Cambridge     | 3       | 3      |
| Grand River Hospital                  | Waterloo      | 8       | 1      |
| Humber River Regional Hospital        | Toronto       | 5       | 1      |
| Kingston General Hospital             | Kingston      | 4       | 3      |
| Juravinski Cancer Centre              | Hamilton      | 7       | -      |
| Lakeridge Health Corporation          | Oshawa        | 20      | -      |
| London Health Sciences Centre         | London        | 9       | 54     |
| Mackenzie Health Hospital             | Richmond Hill | 5       | -      |
| Markham Stouffville Hospital          | Markham       | 3       | 1      |
| Mount Sinai Hospital                  | Toronto       | 2       | 4      |
| North York General Hospital           | Toronto       | 12      | 3      |
| Odette Cancer Centre/Sunnybrook       | Toronto       | 56      | 35     |
| Ontario Institute for Cancer Research | Toronto       | 4       | -      |
| Ontario Hospital                      |               | 1       | -      |
| Ottawa Hospital                       | Ottawa        | 2       | -      |
| Princess Margaret Cancer Centre       | Toronto       | 24      | 1      |
| Quinte Health Care                    | Belleville    | 1       | -      |
| Rouge Valley Health System            | Ajax          | 3       | -      |
| Royal Victoria Regional Health Centre | Barrie        | 24      | 16     |
| Scarborough General Hospital          | Toronto       | 1       | -      |
| Southlake Regional Health Centre      | Newmarket     | 20      | 11     |
| St. Joseph's Health Centre            | Toronto       | 4       | -      |
| St. Joseph's Healthcare               | Hamilton      | 4       | -      |
| St. Michael's Hospital                | Toronto       | 14      | 7      |
| Sudbury Regional Hospital             | Sudbury       | 1       | -      |
| Thunder Bay Regional                  | Thunder Bay   | 2       | -      |
| Toronto General Hospital              | Toronto       | 3       | 1      |
| Toronto East General Hospital         | Toronto       | 5       | -      |
| Trillium Health Partners              | Mississauga   | 16      | -      |
| William Osler Health Systems          | Brampton      | 4       | -      |
| Windsor Regional Hospital             | Windsor       | 1       | -      |
| Wingham and District Hospital         | Wingham       | 1       | -      |