

Towards a national strategy for improving clinical trial accrual of adolescents and young adults (AYA) diagnosed with cancer. An initiative of the Canadian National Task Force (NTF) on AYA with cancer

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ARCC Conference May 12, 2014. Toronto.

Canadian National Task Force on Adolescents and Young Adults with Cancer

- Formed with the support of CPAC and C17 in 2008
- Recommendations generated at first international workshop, March 2010. Included

“Opportunities for AYAs with cancer to participate in appropriate clinical research trials must be increased and such patients should be offered entry into any appropriate clinical research trial for which they are eligible” (J Adolesc Young Adult Oncol 2011; 1:53-59).

Working Group (WG)

WG5: Short-term research priorities.

- Clinical trial access and accrual
- National survey of oncofertility services
- Surveillance of AYA with cancer; Linkage with CYP-C (Cancer in Young People in Canada), funded by the Public Health Agency of Canada

Goals of Working Group 5

- Assess current accrual of AYA to cancer clinical trials
- Identify barriers to and develop strategies for improving accrual of AYA to cancer clinical trials
- Implement, monitor and evaluate these strategies

Clinical trial accruals – provincial experience

1. British Columbia: 15-24 year olds

1990-2000: 12.5% accruals

2001-2010: 5.5% accruals

2. Manitoba 2003 – 2013

11 accruals in 15 – 17 year olds from 114 incident cases (7%)

11 accruals in 18 – 30 year olds from 2448 incident cases(0.4%)

3. Alberta 2000 – 2009

39 of 332 incident cases of leukemia, lymphoma or sarcoma in 15 – 29 year olds accrued to trials (11.7%)

Accrual to Cancer Clinical Trials in Ontario

Cancer Care Ontario 2004 – 2009, all ages^{1,2}

- 275,000 incident cases in 12 centres
- 28,140 (10.2%) accrued to clinical trials
- Accrual rate by centre ranges from 2.4 – 26.4%

1. <http://csqi.cancercare.on.ca/cms/Onc.aspx?portalid+63405&pageid=67928>
2. Excludes 15-17 year olds at the 5 tertiary care children's hospitals.

The landscape in Ontario in 2013

- Estimated incident cases
 - 2450 in Canada (minus Quebec) aged 15-29 years¹
 - 1176 in Ontario (48% of total population minus Quebec)
 - 847 in Regional Cancer Centres (72% of total)²
- Accrual to treatment trials³
 - 36 (4%)
 - 32 in one centre

1. Canadian Cancer Statistics 2009 – AAPC 1.1%
2. Furlong W et al. Int. J Cancer 2012; 131: 2660-2667.
3. Data from K Friel at OICR.

NCI Workshop on AYA0 – September 2013

- Scientific Update and Next Steps Needed
- Organized by NCI (Nita Seibel/Ashley Wilder Smith)
- Supported by LiveStrong
- Significant representation from COG
 - Albritton, Barr, Bleyer, Coccia, Freyer, Hayes-Lattin, Hunger, Indelicato, Kadan-Lottick, Link, McNeer, Pollock, Seibel, Siegel, Willman
- 5 Working Groups
 - Epidemiology(Geiger/Bleyer)
 - Biology (Tricoli/Blair)
 - Clinical Trials (Freyer/Blanke)
 - Health Services/Medical Care (Albritton/Hayes-Lattin)
 - HRQoL/Symptom Management (Zebrack/Wagner)
- Summary Report with recommendations to be published

Summary of Working Group 3 Recommendations to Improve Accrual to Clinical Trials

1. Improve Data Collection and Reporting

- Ensure national mechanisms exist to capture total no. of AYA patients
- Ensure requirement for NCI-funded sites to report total no. AYA pts and reasons for non-participation (with supplemental funding, if needed)

2. Improve Community-based Accrual

- Strengthen CCOP (soon NCORP) AYA activity within cooperative groups
- Encourage NCORP grant applicants to develop innovative AYA initiatives

3. Expand Intergroup Collaboration around AYAO

- Where biologically appropriate, modify age-eligibility criteria
- Co-develop scientifically integrated intergroup studies of common AYA cancers (primary strategy going forward)
- Consider development of Intergroup AYA Committee at NCTN level
- Ensure inclusion of AYA investigators at CTPMs and on CTEP Steering Cmtes
- Proceed with planned Intergroup AYAO Retreat on November 6, 2013

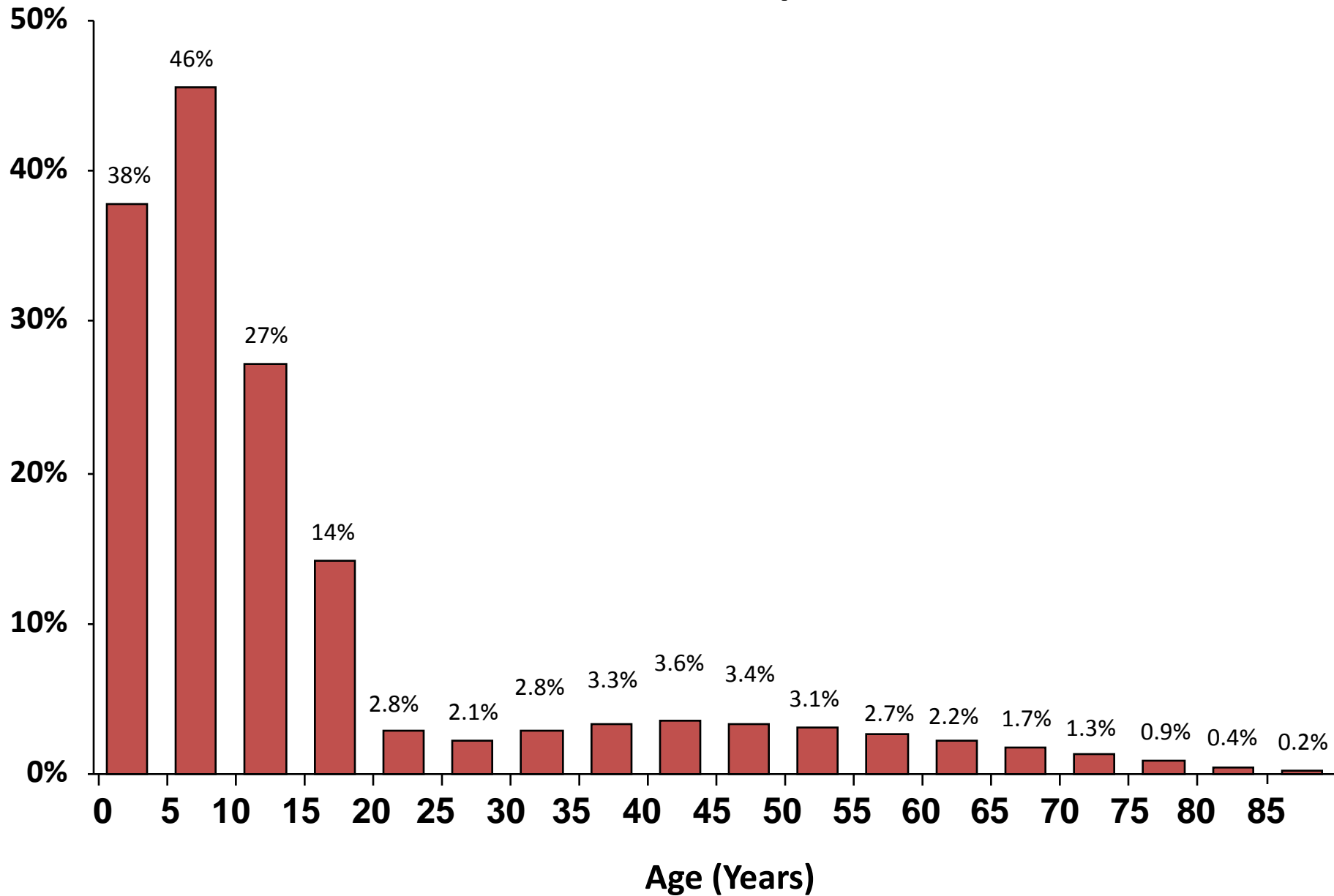
Summary of Working Group 3 Recommendations to Improve Accrual to Clinical Trials (cont'd)

4. Lower Barriers to Clinical Trials Participation

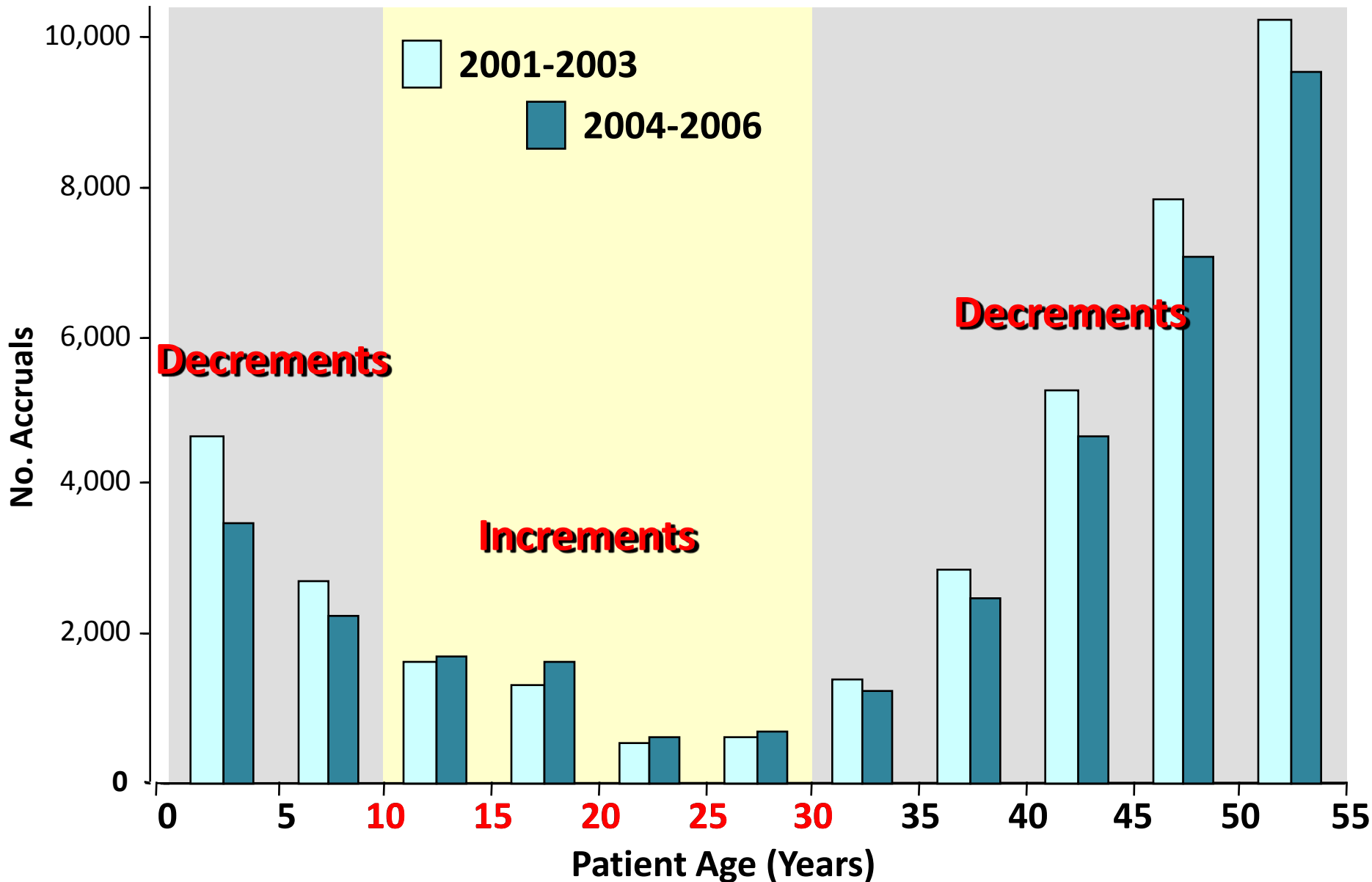
- Improve referral of AYAs to NCI-funded sites through increasing awareness of AYA disparities among primary care physicians and allied health professionals, including nurses, nurse practitioners, physician assistants, and social workers (via presentations at national/regional/local meetings)
- Increase likelihood that AYAs will consider participation in clinical trials
 - Social media
 - “Enlightened bedside support”
 - Make informed consent process more AYA-friendly (YouTube, etc.)
 - Increase perceived importance of clinical trials among community-based medical oncologists through ASCO, ASH, etc.
- Utilize and develop further mechanisms to support transportation of geographically-isolated AYAs to NCI-funded sites and AYA specialty centers

National Cancer Treatment Trials

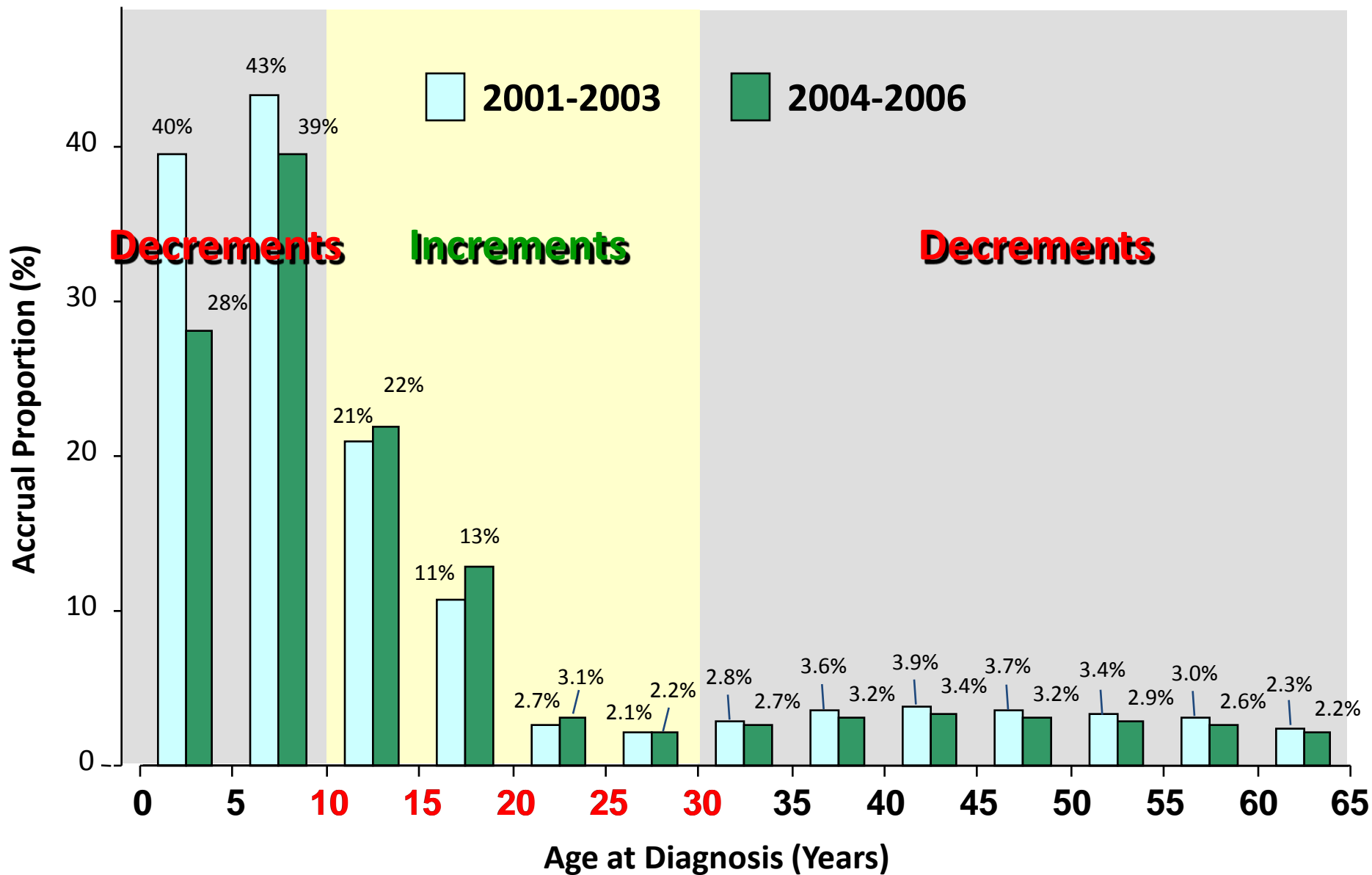
Estimated Mean Accrual Proportion, 1997-2006



U.S. Cancer Patients Entered on National Treatment Trials by 3-Year Calendar Intervals and 5-year Age Intervals

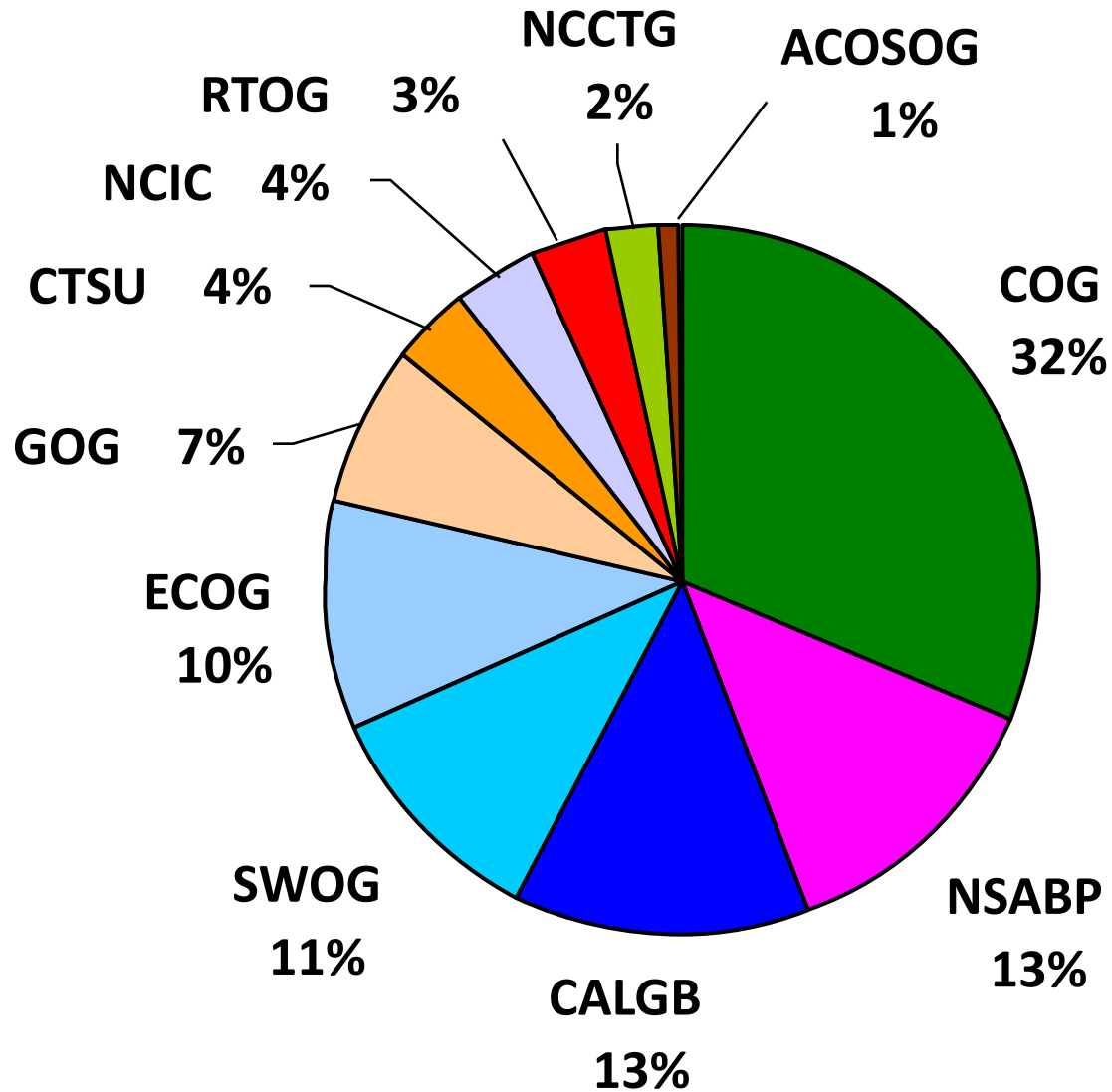


Proportion of U.S. Cancer Patients Entered on National Treatment Trials, by 3-Year Calendar Intervals and 5-year Age Intervals

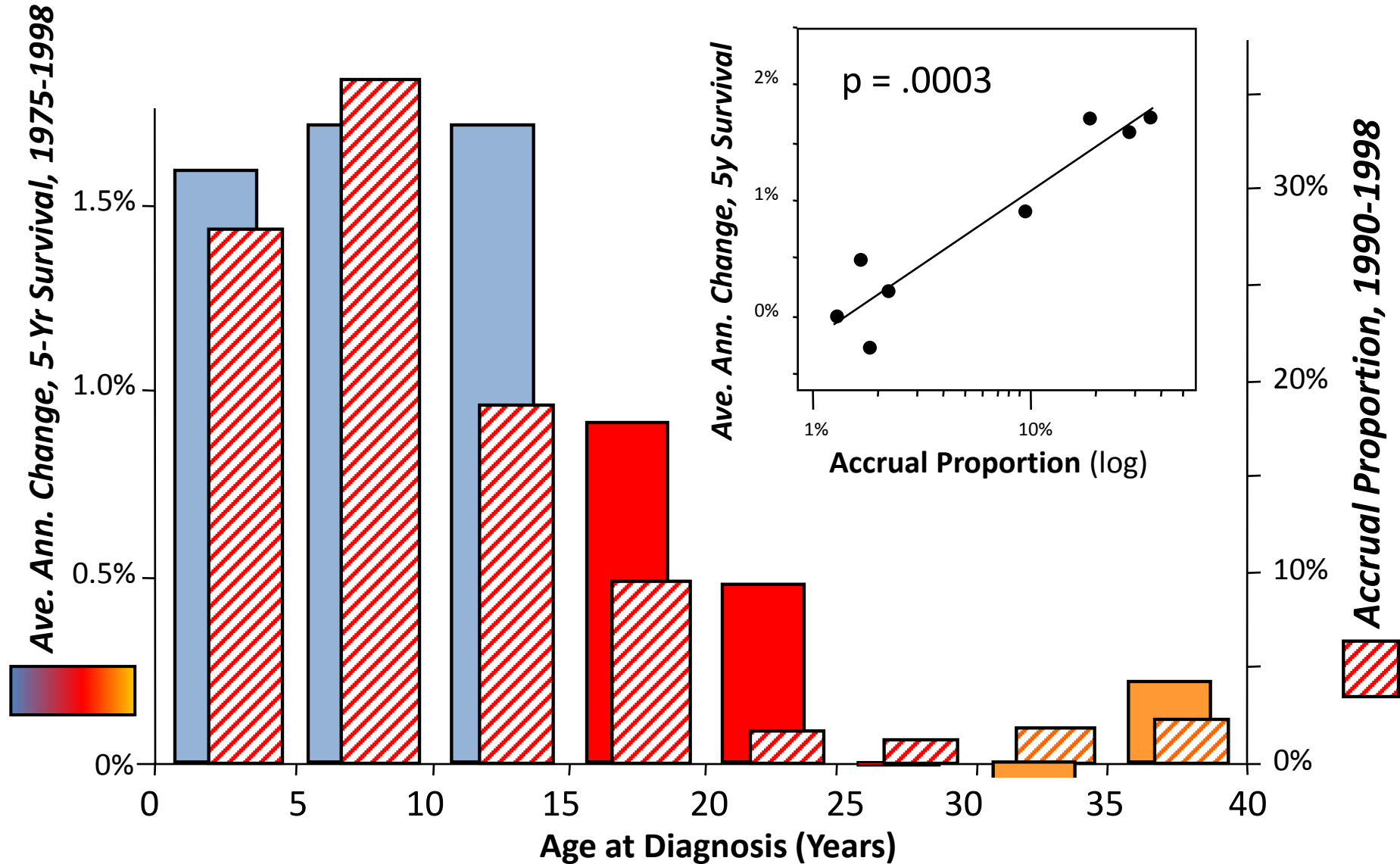


CTEP Treatment Trial Accruals, 2004-2006

Age 15-39, by Cooperative Group

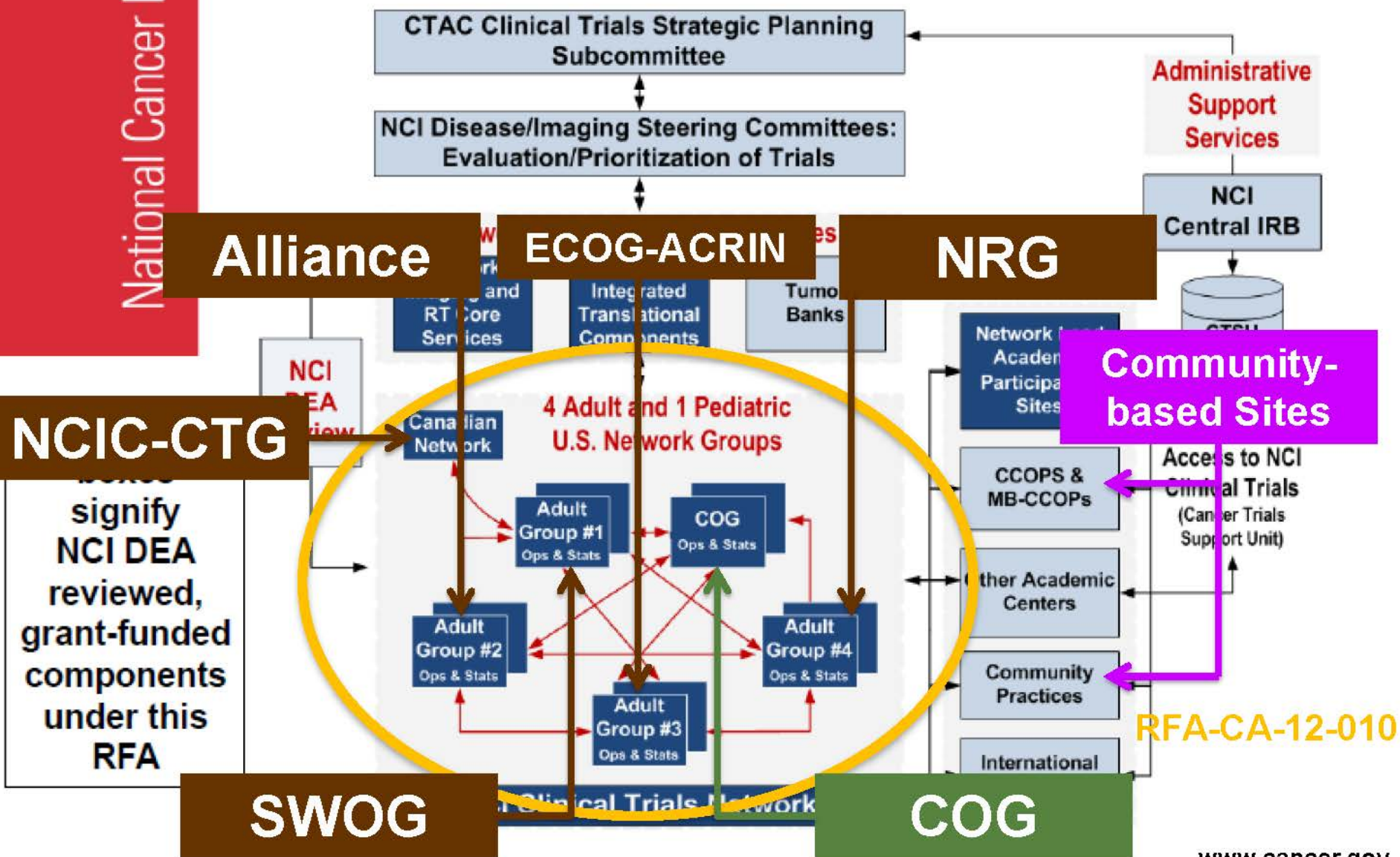


Survival improvement (1975-1998) correlated with clinical trial participation (1990-1998)



Introducing A New Organizational Structure

NCI Clinical Trials Network



Conclusions

1. Current clinical trial accrual rates for AYA with cancer appear to be substantially lower than for children in Canada
2. In some jurisdictions the rates are even lower than for older adults.
3. Accrual rates for adolescents who receive care in children's hospitals appear to be higher than for AYA in regional cancer centres.

Conclusions

Improving rates of accrual of AYA to cancer clinical trials in Canada is part of the work of the National Task Force to redress inequities of care for AYA with Cancer and improve their outcomes.