

NCTN Working Group Status Report

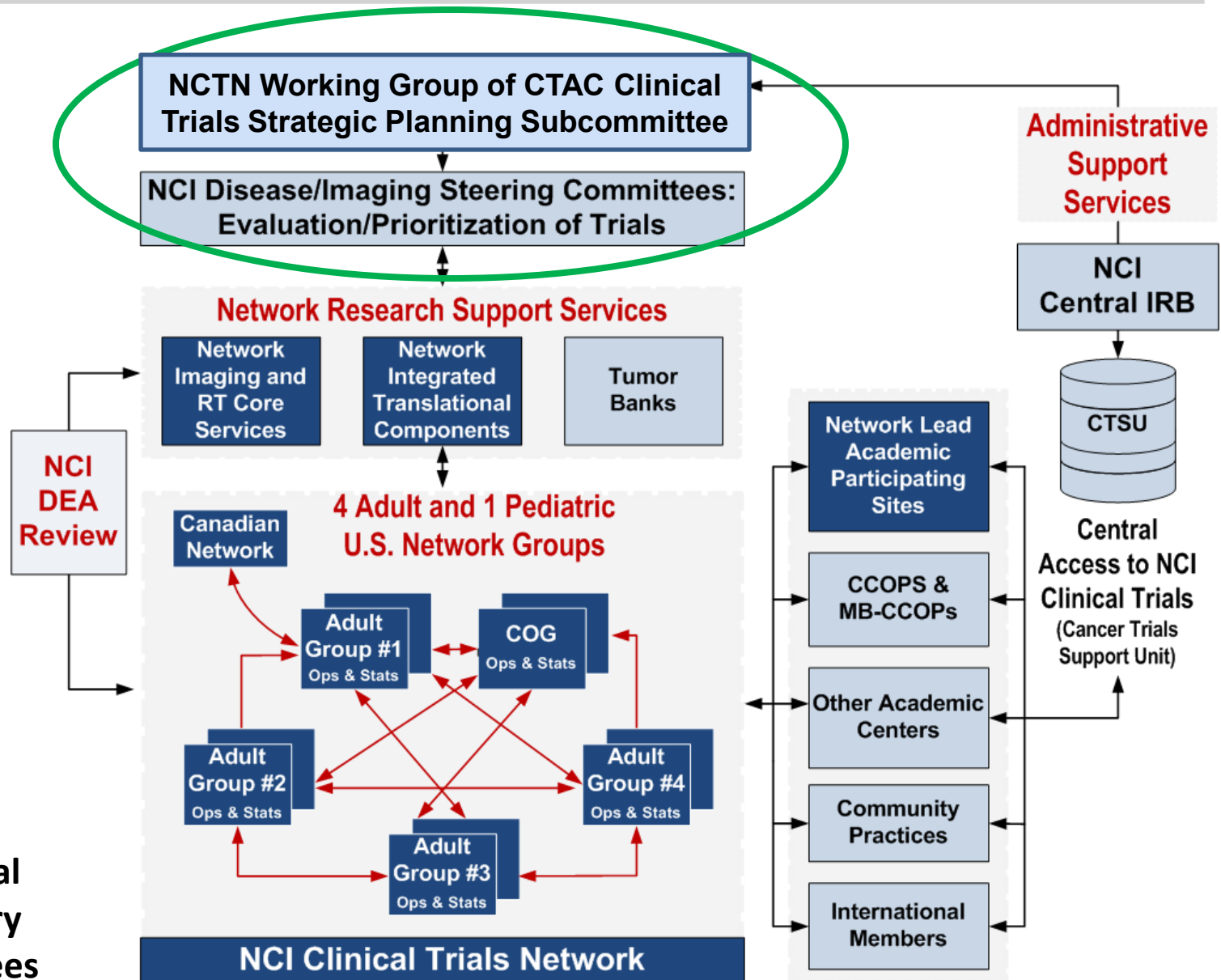
***A Working Group of the NCI Clinical and Translational
Advisory Committee (CTAC)***

Robert Diasio and George Sledge
February 11, 2013

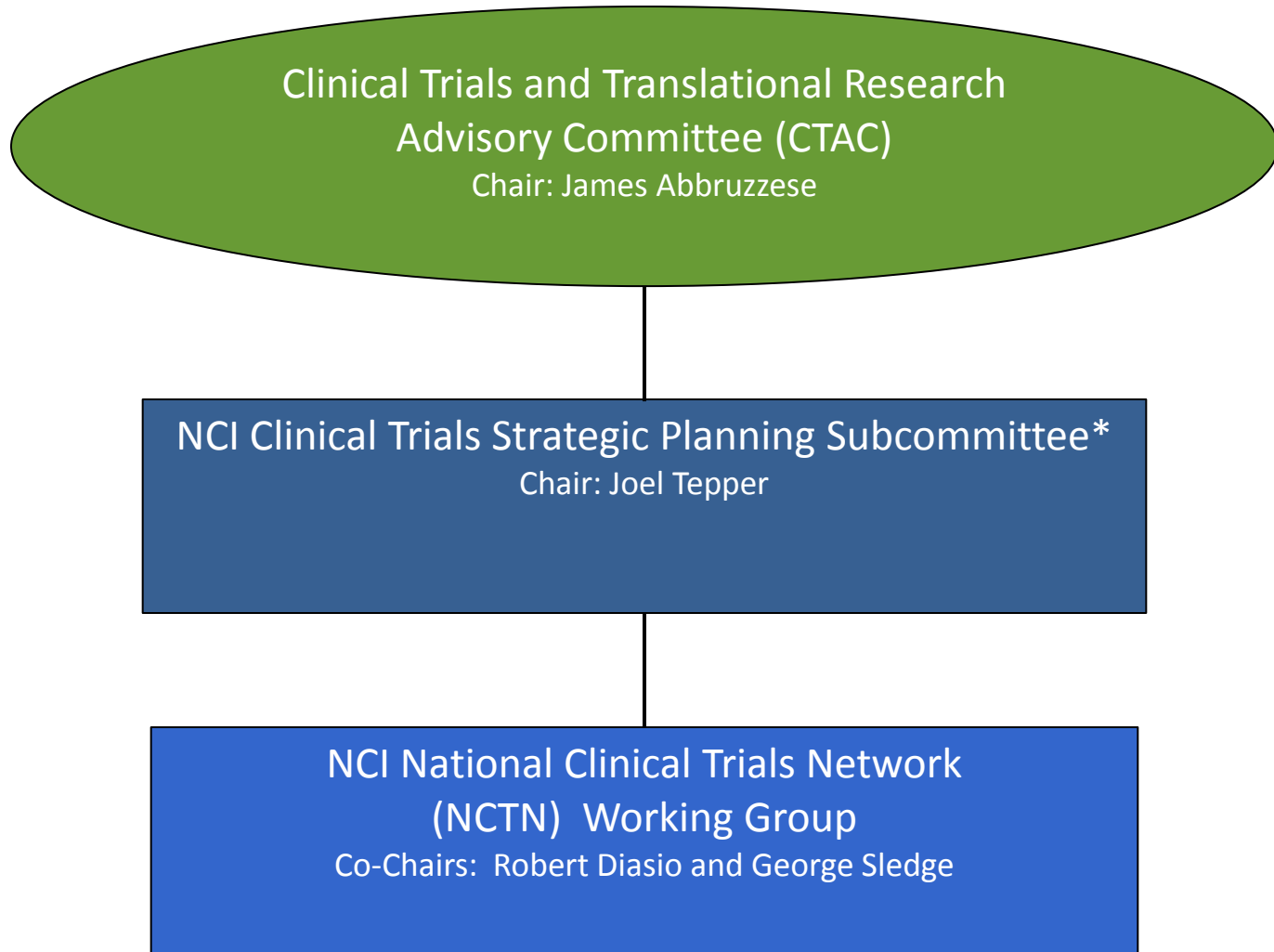
IOM-ASCO Implementing a National Cancer
Clinical Trials System for the 21st Century,
Workshop 2

New Organizational Structure

NCI National Clinical Trials Network (NCTN)



CTAC Committee Structure



*Ad hoc

CTAC Strategic Planning Ad Hoc Subcommittee

Purpose and Scope

- **Purpose:** Advise NCI on the development of a fully integrated clinical trials system.
- **Scope:** Trials funded through cooperative agreements and contracts.
 - NCI National Clinical Trials Network (NCTN) Trials reviewed by the Scientific Steering Committees and generally conducted by the Cooperative Groups and CCOPs.
 - NCI Early Phase Trials sponsored by CTEP and the Division of Cancer Prevention early phase drug/agent development programs.
- Recommended forming the **NCTN Working Group** to assist with the prioritization of NCTN trials.
- **Members:** Joel Tepper (Chair), James Abbruzzese, Nancy Davidson, Scott Lippman, Nancy Roach, and George Weiner.

NCTN WG Members

- **Co-chairs:** Robert Diasio and George Sledge
- **28 extramural members from key stakeholder groups:**
 - Cooperative Group Chairs
 - Cooperative Group Statisticians
 - CCOP/MBCCOP Principal Investigators
 - Cancer Control Research Base Principal Investigators
 - Cancer Center Directors
 - Steering Committee Chairs
 - Advocates
 - Translational Scientists
 - CTAC Clinical Trials Strategic Planning Subcommittee
 - NCI Leadership (DCTD, DCP, CCCT, Cancer Centers)

NCTN Strategic Planning WG Tasks

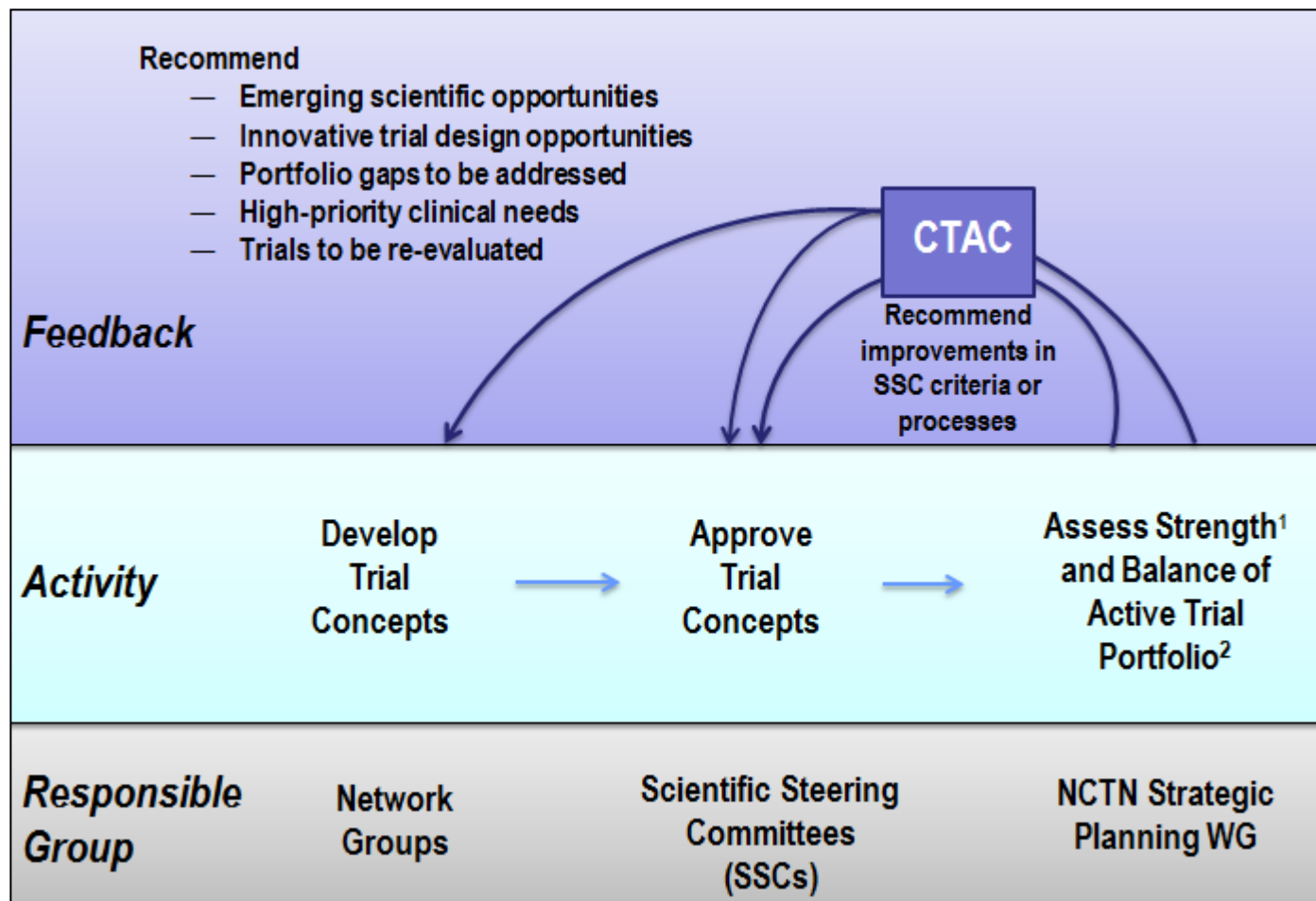
- 1) Assess the strength and balance of the active NCTN clinical trials portfolio (Cross-Disease Portfolio Management)**
 - Within each *disease*
 - Across all *diseases*
- 2) Recommend new strategic priorities and directions for the NCTN based on:**
 - Current trial portfolio and gaps
 - Evolving clinical needs
 - Emerging scientific opportunities
- 3) Review and assess the CTWG Evaluation process and results**
 - Quality of completed trial outcomes
 - Operational performance of Scientific Steering Committees
 - Efficiency of clinical trial conduct
- 4) Provide strategic advice to enhance NCTN clinical trial operations**
 - E.g. Collaboration and timeliness

NCTN Clinical Trials Portfolio

Prioritization Process

- **3 groups assist NCI in managing & prioritizing the portfolio:**
 - **Network Groups (Cooperative Groups)** develop trial concepts and conduct trials.
 - **Scientific Steering Committees (SSCs)** evaluate and approve trial concepts that are judged scientifically and clinically meritorious and worthy of the expenditure of NCI resources.
 - **NCTN Strategic Planning WG of CTAC** assesses the strength and balance of the active trial portfolio and recommends improvements through the Clinical Trials Strategic Planning Subcommittee of CTAC.
- **Continuous collaboration and feedback through CTAC**
 - Identify emerging scientific opportunities
 - Assess portfolio strengths and gaps
 - Respond to high priority clinical needs

Collaborative NCTN Clinical Trials Prioritization Model



¹Trial “strength” is the potential for generating high quality trial outcomes.

²Includes active phase 3 and large randomized phase 2 trials and concepts approved by an SSC but not yet activated.

Prioritization: Role of the NCTN Working Group

NCTN Strategic Planning WG

Initial Focus

- 1) **Assess the strength and balance of the active NCTN clinical trials portfolio (Cross-Disease Portfolio Management)**
 - Within each *disease*
 - Across all *diseases*
- 2) **Recommend new strategic priorities and directions for the NCTN based on:**
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Summary of First NCTN WG Meeting

July 2012

- **Piloted the process to assess the strength and balance of the NCTN trials utilizing the colorectal cancer clinical trials portfolio as the test case.**
- **Concluded review of individual trials within a disease is appropriate and feasible.**
- **Refined criteria for evaluating trials.**
- **Recommended assigning each trial an overall score based on individual trial evaluation criteria.**
- **Concluded presentations of clinical trial portfolio and strategy in disease area by CTEP Medical Officer and Steering Committee Chair is valuable for putting trials in context and understanding the basis for Steering Committee.**
- **Recommended summary information on other major ongoing trials outside of NCTN (e.g., industry, international) in disease area be provided.**
- **Recommended that WG members be assigned to disease based subgroups to take the lead in the review of each disease area.**

NCTN Working Group

- Five Disease Sites Reviewed
(July 11, 2012; Dec 16-17, 2012 meetings.)
 - Gastrointestinal
 - Breast
 - Leukemia
 - Lymphoma
 - Genitourinary

NCTN Working Group

Status of WG Evaluation:

- Interim comments only.
- No desire to “re-litigate” or be judgmental on previously approved studies.
- Goal is for this to be a learning exercise (worth noting this is the first time NCI or an NCI extramural group has had the opportunity to review the entire clinical trial portfolio).

NCTN Working Group

- Interim Evaluation – Within Disease
 - There appears to be considerable variability with regard to strength / weakness among the disease groups; may be due to:
 - Availability of multiple therapeutic agents for some diseases; few agents for others
 - Differences in scientific advances within certain diseases
 - Genomic and other biomarkers
 - Pathways identified
 - Other correlative science

NCTN Working Group

- Interim Evaluation - Within Disease
 - Other possibilities for variability in strength / weakness among the disease groups; may be due to:
 - Lack of a standard format from NCI for preparation and submission of concepts
 - Differences in approach and guidance from DS SSCs

NCTN Working Group

- Interim Evaluation - Within Disease
 - Experience ranking specific disease groups;
 - One example - Breast Cancer
 - Perceived by the group as “strong”
 - Addressed several important questions
 - Multidisciplinary
 - Good balance – systemic vs. local-regional

NCTN Working Group

- Interim Evaluation - Within Disease
 - Experience ranking specific disease groups;
 - One example - Breast Cancer
 - Still room for possible improvement
 - Need for smaller, “more nimble” randomized phase 2 trials looking at newer approaches
 - [e.g., Molecularly-driven trials; marker validation; correlative science; studies limiting toxicity; QOL and survivorship studies]

NCTN Working Group

- Interim Evaluation - Within Disease
 - Experience ranking specific disease groups;
 - One example - Breast Cancer
 - Still room for possible improvement
 - Breast Cancer SSC could potentially provide strategic guidance for concept selection, developing standards to improve trial design, optimizing use of:
 - Task Forces,
 - Working Groups,
 - Clinical Trial Planning Meetings.

Criteria for Evaluating Trials

- **Feasibility**

- Accrual difficulty
- Time and cost to implement at sites

- **Clinical Importance**

- Importance of study question relative to state of the science in the disease
- Benefit per patient and for population (e.g. life years saved)
- Benefit in light of disease context

- **Scientific Contribution**

- Test important scientific or proof of principle
- Importance of integral or integrated correlative study questions

- **Relative cost/resources**

- Total number of patients required
- Length of study (accrual and follow-up)

- **Appropriateness for NCTN Program**

NCTN Current Status & Future Plans

- **Anticipate a total of 3 meetings needed to complete the assessment of the strength and balance of the active phase 3 and large phase 2 clinical trials currently conducted by the NCTN Program:**
 - **December 2012:**
 - Analyzed the breast, GI, GU, leukemia, and lymphoma portfolios;
 - Interim report under review and plan to present status update at the March 13, 2013 CTAC meeting.
 - **March 2013 and Summer 2013 WG Meetings**
 - Review remainder of the portfolio including symptom management trials.
- **Cross-disease portfolio assessment activities to follow the individual disease portfolio assessments.**

Extra Slides

Prioritization: Role of the NCI Scientific Steering Committees (SSCs)

NCI Scientific Steering Committee Functions

- Evaluate trial concepts from Network Groups
- Prioritize and approve/disapprove trials
- Provide feedback and recommendations to investigators
 - Feasibility
 - Clinical importance
 - Scientific contribution
 - Appropriateness for the NCTN program

Concept Evaluation Summary by SSCs

(Evaluated by SSCs as of 12/31/2012)

Steering Committee	Total Concept Evaluated	Total Concept Approved	Total OPEN to Accrual
GISC	45	23	17
GCSC	43	26	24
HNSC	13	8	4
<u>SxQOL SC</u>	58	24	17
GUSC	19	9	7
BCSC	29	13	6
TMSC	24	7	4
LKSC	9	6	2
LYSC	15	6	5
MYSC	8	3	1
BMSC	14	9	4
CISC	3	2	1
PLLSC	5	3 ¹¹	1
PASTSC	8	5	0
	293	144 (49%)	93 (65%)

- 293 concepts evaluated
- 144 approved (49% of evaluated)
- 93 open to accrual currently (65% of approved)