

Cancer Care Ontario Overview, Updates and Directions

LETA FORBES
DEANNA LANGER
SIMRON SINGH
CNETS. NOVEMBER 18, 2018

Today

Cancer Care Ontario: who we are, how we work

Key updates: PRRT, Ga68-DOTATATE PET

Direction moving forward

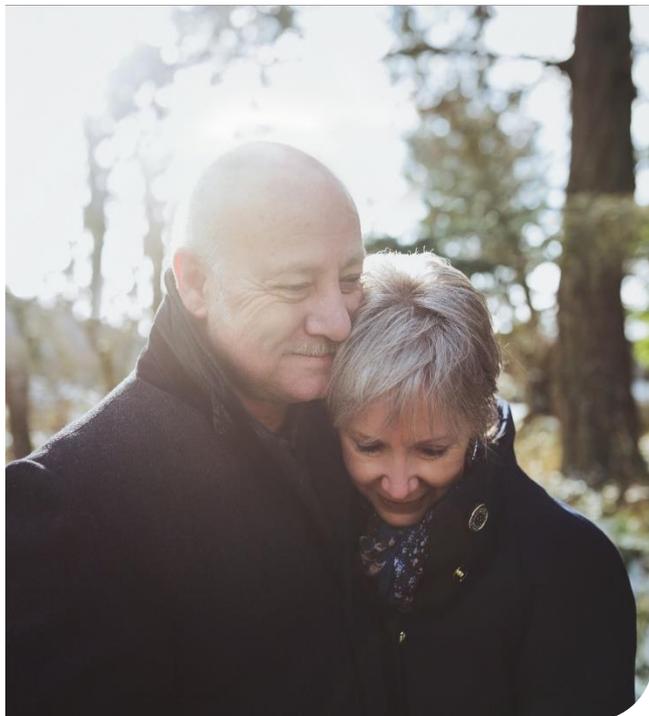
Cancer Care Ontario Overview

Who are we

And how do we do our work

Cancer Care Ontario – Who are we?

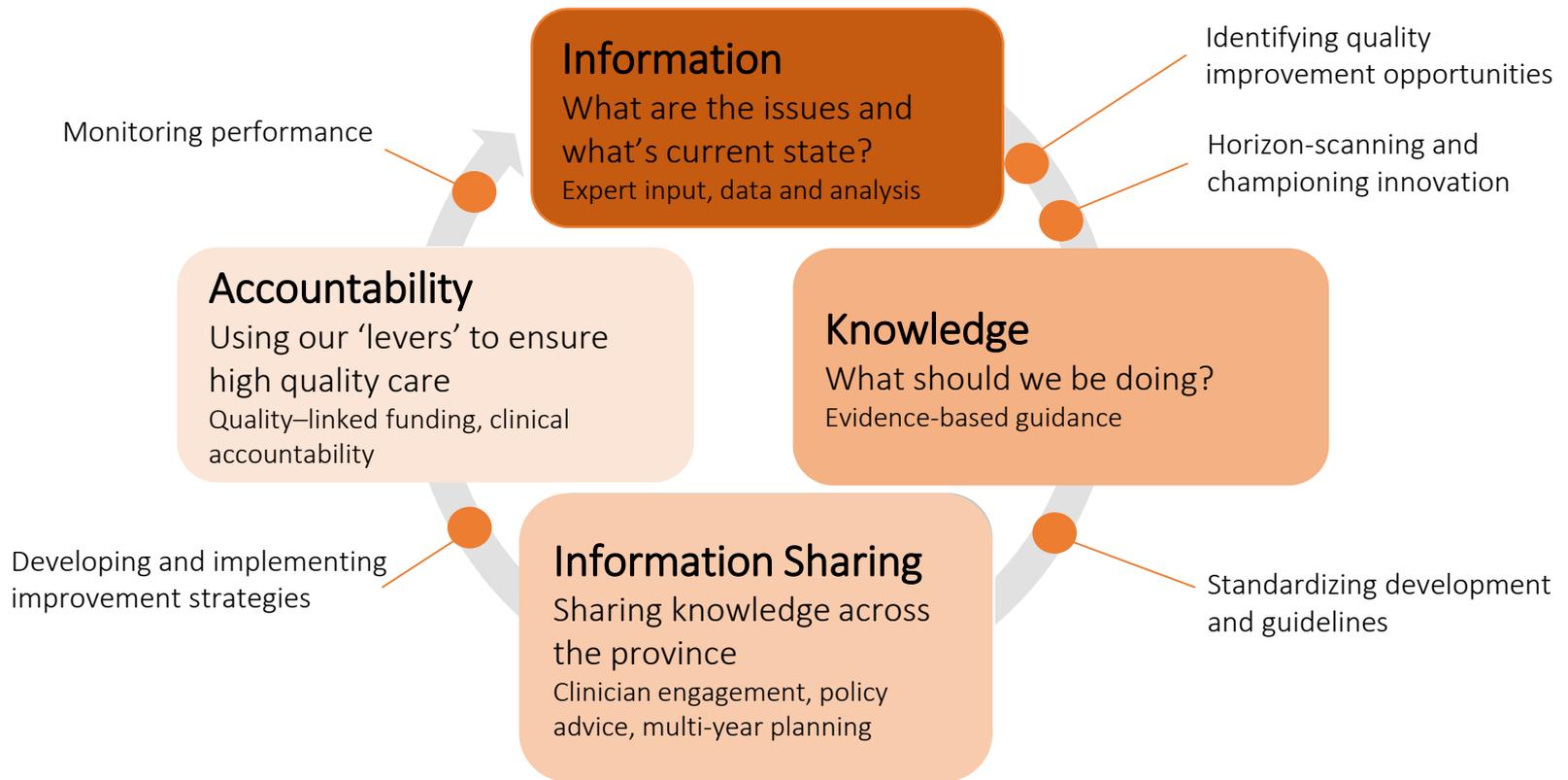
Cancer Care Ontario (CCO) is the Ontario government's advisory on cancer and chronic kidney disease, and other emerging areas.



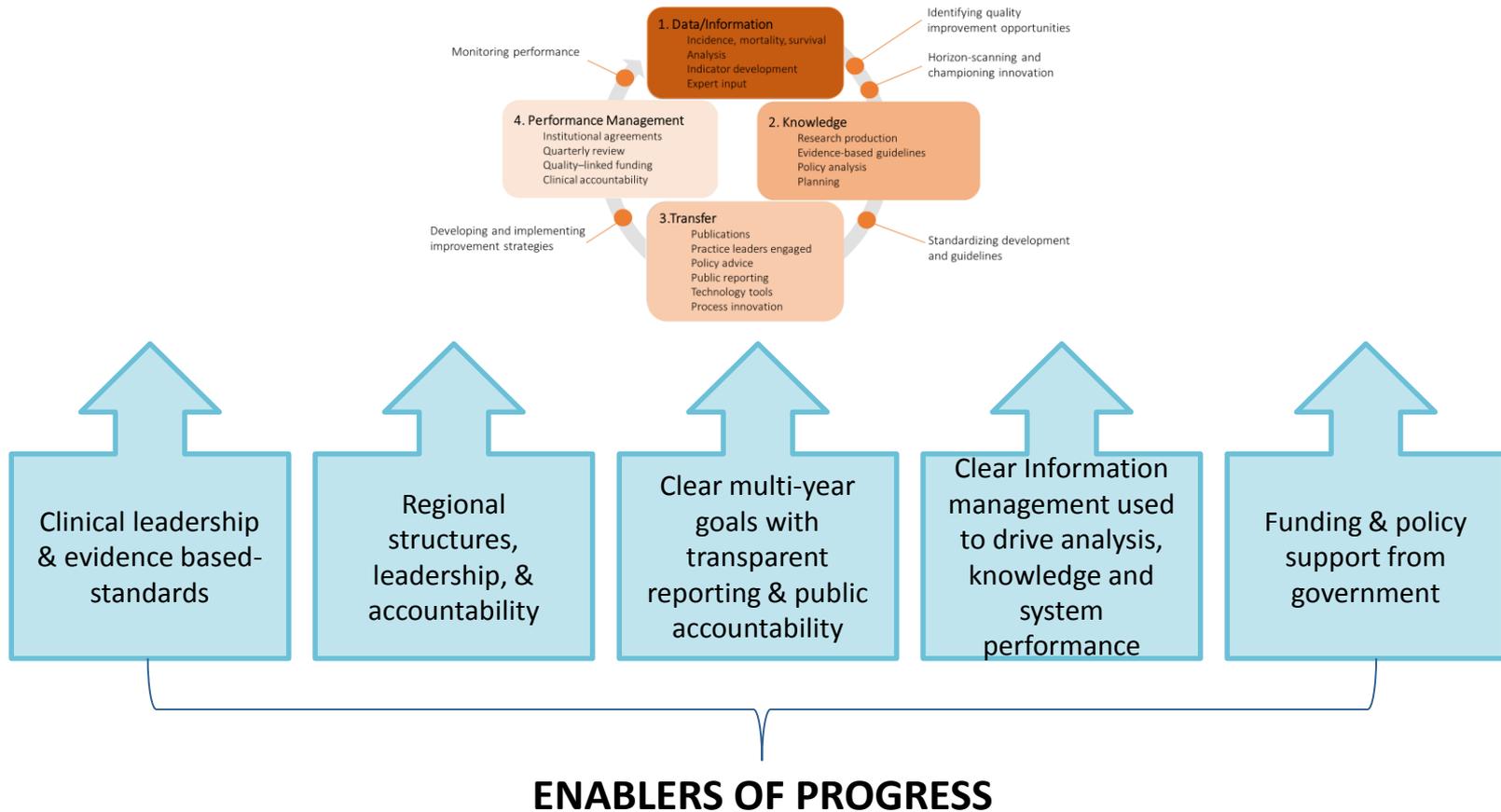
In cancer we:

- Equip health professionals, organizations and policy-makers with the most up-to-date cancer knowledge and tools to prevent cancer and deliver high quality patient care.
- Collect and analyze data about cancer services combined with evidence and research, and share with the healthcare community in the form of guidelines and standards.
- Monitor and measure the performance of the cancer system, and oversees a funding and governance model that ties funding to performance, making healthcare providers more accountable and ensuring value for investments in the system.
- Further Information on CCO and it's Programs is available at: www.cancercareontario.ca

How do we do our work?



Pillars of System-Level Improvement





Clinician Engagement at CCO

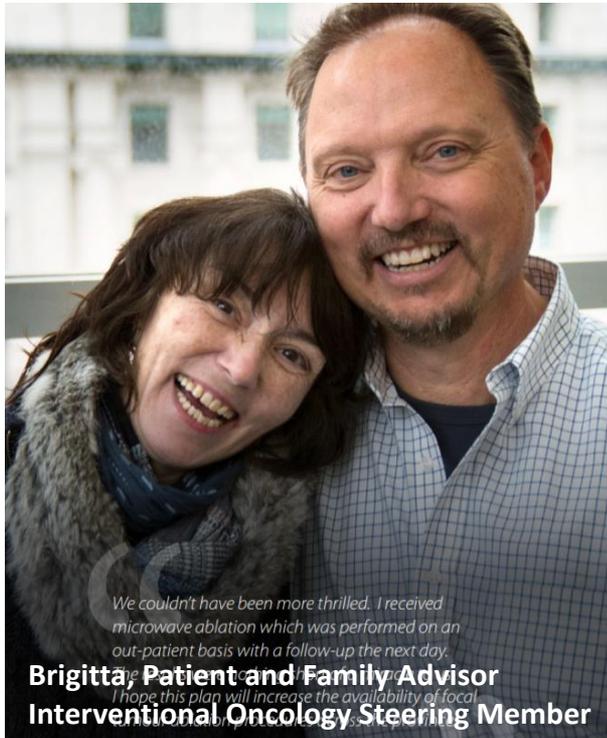
By the Numbers

Our work is clinically driven



Patient and Family Advisor Engagement

Patient and Family Advisors are key partners, helping guide what we do



The screenshot shows the top navigation bar of the Cancer Care Ontario website. The logo 'CCC Cancer Care Ontario' is on the left. The navigation menu includes 'HOME', 'DRUG FORMULARY', 'GUIDELINES & ADVICE', 'PATHWAY MAPS', and 'DATA & RESEARCH'. Below the navigation bar is a secondary menu with 'Types of Cancer', 'Cancer Treatments', 'Get Checked for Cancer', 'Find Services', and 'First Nations, Inuit & Métis'. The main content area has a breadcrumb trail: 'Home / About Cancer Care Ontario / Volunteer Opportunities / About Patient & Family Advisors'. The title is 'About Patient and Family Advisors'. The text explains that Patient and Family Advisors (PFAs) are people with experience in the Ontario cancer system who provide unique perspectives and feedback. It lists several roles for advisors, such as sharing their cancer care story, representing patient interests, and reviewing evaluation methods. An orange 'Apply Now' button is visible. Below the button, there is a section for 'Participation in Committees and Groups' and a section for 'Qualifications'.

CCC Cancer Care Ontario

HOME DRUG FORMULARY GUIDELINES & ADVICE PATHWAY MAPS DATA & RESEARCH

Types of Cancer Cancer Treatments Get Checked for Cancer Find Services First Nations, Inuit & Métis

Home / About Cancer Care Ontario / Volunteer Opportunities / About Patient & Family Advisors

About Patient and Family Advisors

Patient and family advisors (PFAs) are people with experience in the Ontario cancer system. As active participants of the cancer system, patients, families and caregivers can provide unique perspectives and valuable feedback on the standard of care they receive. By partnering with staff and contributing their insights, they provide direct input into policies, programs and practices that affect patient care and services.

If you become an advisor, we may ask you to:

- share your personal cancer care story
- use your personal experiences to help us understand what the cancer system looks like from a patient's perspective
- represent a broad range of patient interests, needs and backgrounds
- advise on how we can work with patients to design, plan and improve healthcare services
- review evaluation methods to help define the success of Ontario-wide initiatives
- listen to others' opinions, experiences and suggestions
- help us frame and focus discussion topics and meeting objectives
- engage in constructive and respectful dialogue

[Apply Now](#)

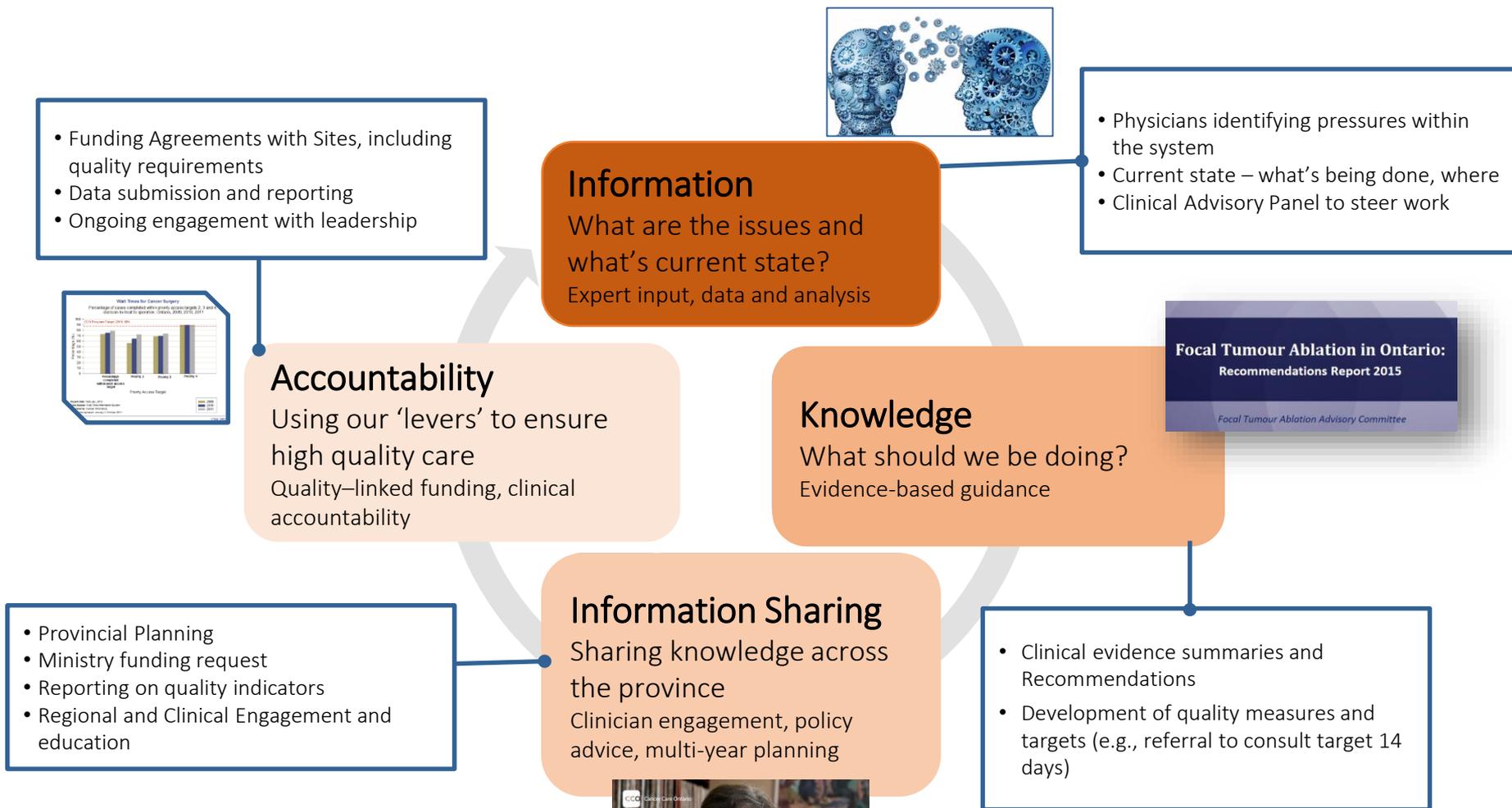
Participation in Committees and Groups

As an advisor, you will be invited to join committees, working groups or focus groups. Some of these are specialized and may require specific skills or requirements.

You may be selected to join a particular committee or group because of interests, skill sets or experiences you previously identified (e.g., experience with screening or treatment for a type of cancer). Selections are rarely made on a first-come-first-served basis. Instead, we select advisors whose backgrounds are a good fit. This makes the experience more valuable for everyone. Advisors may join more than 1 committee or group.

Qualifications

Example: Interventional Oncology – Focal Tumour Ablation



Ontario PRRT Trial

Ga68-DOTATATE PET Access

Ontario PRRT Trial

Ontario PRRT Trial launched to provide access to Lu-177 DOTATATE peptide receptor radionuclide therapy (PRRT) for eligible NETs patients

- Access mechanism to therapy under Health Canada Clinical Trials Application (CTA)
- CCO funded (with Ministry support); Princess Margaret acting as clinical trial sponsor

Provides:

- Expanded access to therapy, across province
- Clinical data on safety, patient outcome to support application for Health Canada Approval
- System (hospital) impact information to support funding request

Ontario PRRT Trial

Where have we been?

- Pre-2016 – access in London through Health Canada Special Access Programme, and/or ‘Safety Registry’
- 2016: Current trial launches at Princess Margaret
- Now: Treatment available at four sites (Hamilton, Sunnybrook, London, Princess Margaret)
 - Ga68-DOTATATE at one site (Princess Margaret)
- Provincial multidisciplinary cancer conference / tumour board helps determine eligibility
- **Target accrual:** 150 patients Current: 94 (81 received treatment)

Where are we going?

- Submission for Health Canada approval for Lu-177 DOTATATE PRRT a condition of the trial
- Early initiation of discussions with Health Canada for interim/continuity plan
- Study analyses to inform Health Canada submission and policy planning

**Need for patient access doesn't end when the study closes
We're planning for the future of care**

Access to Ga68-DOTATATE PET Scanning

Working towards (broader) Ontario access to Ga-68 DOTATATE PET

Currently – if you're not a PRRT study patient, you can't have a Ga-68 DOTATATE PET scan in Ontario

- No Health Canada approved product; CTA a requirement

What have we been doing:

- Added NETs expertise for case-by-case reviews
- Supporting access in Canada (Quebec)
- Ontario Program development
 - Clinical guidance
 - Leverage what we have, and build
 - Work with Ministry for support

Out of
Country

Out of
Province

Ontario
PET
Registry

Sherbrooke, PQ



Ontario Access to Ga68-DOTATATE PET Scanning – the tricky parts

Like all drugs (and radiopharmaceuticals), use is regulated by Health Canada

No drug label? (product monograph)..... No access.

Who's Who of a Health Canada CTA



Health Canada Protection and safety of the participants



Research Ethics Board Considers protocol, ethics, informed consent, conflicts of interest



Sponsor Adheres to Health Canada rules/regs, record keeping, and reporting



Manufacturer Product quality (chemistry, manufacturing)



Investigators Provide care according to protocol, monitor (and report) reactions

- CCO has been working with partners and Health Canada to comply with regulations, and make this work
- Ready for Ontario Cancer Research Board Submission, then Health Canada
- **Target:** Available Winter 2019

Cancer Care Ontario and neuroendocrine patient care

Our plan to move forward

CCO's role in NET patient care – recent history

Components of neuroendocrine patient care, operating independently

Majority of focus has been on getting PRRT trial operational

**Ontario
PRRT Trial**

**PET Scans
Ontario**
Ga68-
DOTATATE PET

**Interventional
Oncology**
Focal Tumour
Ablation

**Clinical
Programs**
Disease site
groups
Provincial
Progs

**Multi-
disciplinary
Case
Conferences**
MCC/Tumour
Boards

The case for change

With transition to operations for PRRT, CCO saw an opportunity to reframe our efforts to support a more comprehensive approach to improving overall management of NETs patient care

Why change?

1. The incidence of NETs is increasing across Ontario
2. The previous CCO tables for NETs (Consortium, Steering Committee and MCC) limit discussions and expertise to PRRT.
3. The number and type of diagnostic tests and treatments for NETs are increasing rapidly.
 - There are known inequities in access to diagnostics and treatments, variations in care and the quality of care provided is unknown.
4. NETs patients face challenges that are beyond radionuclide therapy.
5. Need to give clinicians tools that enable them to make and support the most appropriate diagnostic and treatment decisions.
 - Provide education and assist conversation between provider and patient.

Leadership: Neuroendocrine Tumours Advisory Committee

NETs Advisory Committee

Co-Chairs: Dr Leta Forbes and Dr Simron Singh



The Neuroendocrine Tumours Advisory Committee will provide advice and direction to ensure the delivery of high quality, equitable, in-province oversight for the care of NETs patients.

The Committee is comprised of clinicians, administrators and patient and family advisors, and will guide the development and implementation of the provincial oversight program.

Clinical expertise in treating NETs patients includes:

- Radiation Oncology, Medical Oncology, Surgery
- Nuclear Medicine
- Interventional Radiology
- Pathology
- Pharmacy
- Social Work

Putting it together

One home for neuroendocrine patient care

A Provincial Plan-like document will collate this work and other relevant guidance into a **living document** to help patients and their providers

We bring together:

- Clinical Leadership
- Information – data, evidence
- Broad engagement and partnership
- Expertise and experience (and a few hard lumps)
 - Health Canada
 - Clinical Infrastructure
 - Best-practice examples (e.g., provincial MCC)



Together we will
Questions?