ETHICS. ABOVE ALL.

ocreb

ONTARIO CANCER RESEARCH ETHICS BOARD
ANNUAL REPORT 2015 2016

ABOUT RESEARCH ETHICS BOARDS

Research Ethics Boards (REBs) are independent, multi disciplinary committees that review the ethical acceptability of research involving humans to determine whether the research should be permitted to start or to continue. REBs that review biomedical research generally include doctors, other healthcare professionals and members of the scientific community, as well as non scientific members with specific expertise, including ethicists, lawyers, privacy experts and community members. Working within a defined regulatory and ethical framework, the REB s role is to safeguard the rights and welfare of the individuals who volunteer to participate in research. This is carried out by ensuring that the study sponsor and the researchers have adequately considered and applied the required ethical principles for the conduct of research to the design and implementation of the research, including the consent form. The REB also serves as a consultative body to the research community and thus contributes to the creation and preservation of a culture of research ethics.

REVIEWING. AND CONTRIBUTING.

INNOVATIVE. COLLABORATIVE. PROGRESSIVE.

Since January 2004, the Ontario Cancer Research Ethics Board (OCREB), a central, expert oncology REB, has been working with researchers, institutions and sponsors to safeguard the rights and welfare of research participants in Ontario while advancing ethically sound cancer research. OCREB:

- Applies extensive oncology expertise to its review of the research;
- Reduces duplication and cost by eliminating the need to gain local REB approval of the research at each participating centre;
- Facilitates the start-up of the research at multiple centres across Ontario – once the provincial submission is approved, participating centres usually receive approval to conduct the research within days of submitting to OCREB;
- Serves all but two of the cancer centres in Ontario that conduct clinical trials, including pediatrics;
- Is a respected leader in cancer research ethics;
- Was the first REB qualified under the Clinical Trials Ontario REB Qualification Program.

OCREB is accountable to the Ontario Institute for Cancer Research (OICR)'s Board of Directors through the OCREB Governance Committee.

To learn more about the OCREB Governance Committee Membership, please visit **www.ocreb.ca**

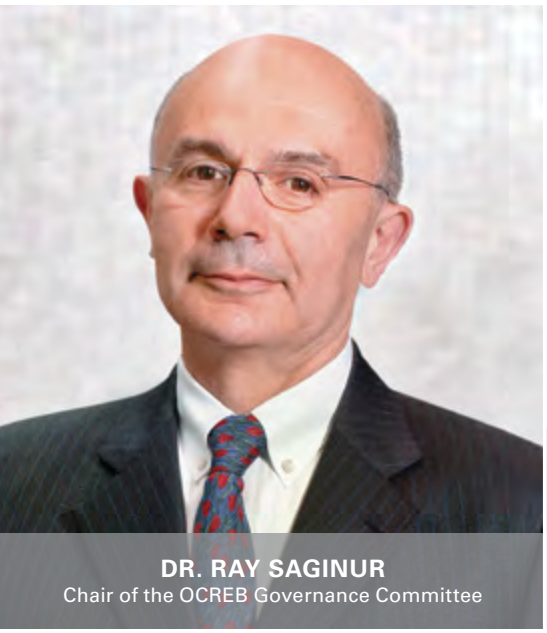
WORKING. WITH YOU.

MESSAGE FROM THE CHAIRS AND EXECUTIVE DIRECTOR

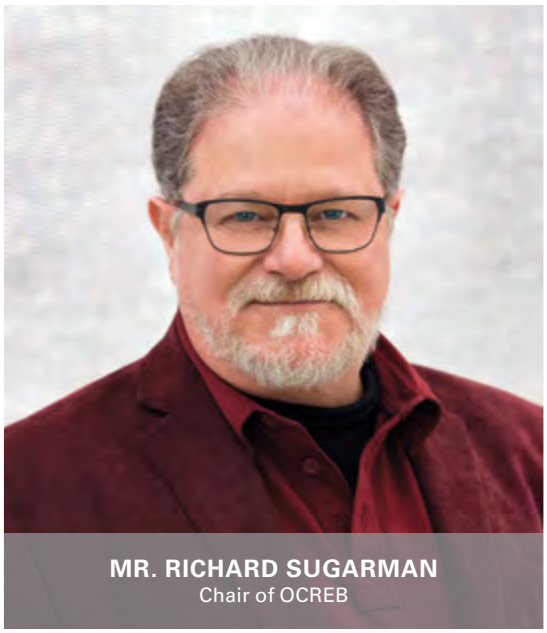
For more than 12 years, the Ontario Cancer Research Ethics Board (OCREB) has been working with our colleagues in the research community to safeguard the rights and welfare of research participants, while advancing ethically sound cancer research. This report illustrates how we remain steadfast in those efforts.

Following years of meetings and preparation, OCREB broadened its mandate to include pediatric research and since May 2015, has reviewed eight Children's Oncology Group trials. It has been an exciting challenge to expand into this important area of research. We are pleased with the recent news that the Board of Trustees of the Children's Hospital of Eastern Ontario has authorized the use of OCREB. Having OCREB serve as the REB of record for all five pediatric centres in Ontario undoubtedly will improve access to multi-centre clinical trials for children with cancer.

While OCREB's priority is the protection of those individuals who volunteer to participate in research, we are well aware that to most of our research partners, including patients, time is also of the essence. Timeliness is one of the key benefits to OCREB's centralized model; once a study is approved, participating centres usually obtain OCREB approval to conduct the study within days. However, we all are frustrated that it continues to take an average of about three months to get a study approved. For this reason, last year we put significant effort into analyzing timelines in hopes of identifying ways to reduce delays while maintaining high quality in the review of increasingly complex research. Not surprisingly, there was no obvious single cause of the delays. However, we uncovered important information that is relevant to all parties.



DR. RAY SAGINUR
Chair of the OCREB Governance Committee



MR. RICHARD SUGARMAN
Chair of OCREB

MS. JANET MANZO
Executive Director of OCREB

The feedback from this year's annual researcher survey was strongly positive, with the highest ratings to date in almost all areas. Despite the low response rate, we believe the overall message is "steady as she goes".

Next year promises to be another exciting one. In addition to continuing quality improvement efforts, we will assess the feasibility of expanding OCREB's mandate to include all pediatric clinical trials. Additionally, now that Clinical Trials Ontario (CTO) has been successfully operating an online ethics system for over a year, providing Ontario with the infrastructure to support a single ethics review for multi-centre non-cancer research, we plan to evaluate the practicality of transferring to CTO's electronic system. Doing so will reduce the number of different REB systems that researchers in Ontario will have to navigate and with which institutions must relate.

The feedback from this year's annual researcher survey was strongly positive, with the highest ratings to date in almost all areas.

Finally, organizations such as the Network of Networks (N2), the Canadian Cancer Clinical Trials Network (3CTN), and the BC Clinical Research Infrastructure Network (BCCRIN) are leading efforts to raise awareness and to better engage patients and the public in clinical research. Three recently implemented initiatives include a national clinical trials participation survey (BCCRIN), a national 'Ask Me Campaign' to raise awareness of cancer clinical trials (3CTN) and a N2 suite of resources and strategies including the clinical trial video "It Starts With Me"; "Ça Commence Avec Moi", developed with patient and caregiver input. OCREB will partner with these organizations and will engage with other initiatives to learn more about the research participant perspective, the most important voice in the entire research enterprise.

As always, we are grateful to the many individuals whose dedication and commitment are critical to OCREB's success. We look forward to continued support and ongoing collaborations with all of our partners in the research community, thanks to whom OCREB remains strong and steady.

PROTECTING. PARTICIPANTS.

REPORT ON 2015–2016 OBJECTIVES

The metrics data relate to the 2015 calendar year; all other data reflect the fiscal year April 1, 2015 – March 31, 2016. Because the average is strongly influenced by a small number of outlying values, unless otherwise indicated, the median is used when presenting the metrics data to provide a more typical picture. OCREB establishes its annual goals based on internal (OCREB members and office personnel) and external input (researchers, study staff, sponsors), as well as changing regulations and guidelines and emerging ethical issues. The 2015–16 goals are presented below. Although the goals predominantly have an operational focus, OCREB's priority remains to safeguard the rights and welfare of research participants.

01

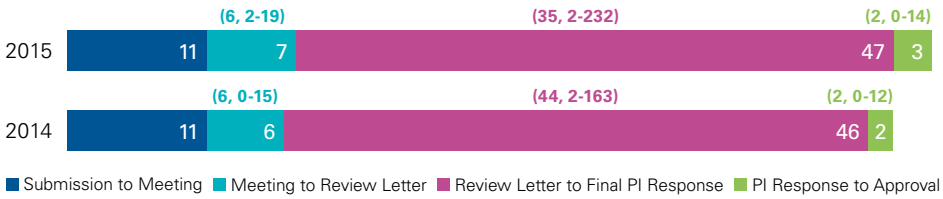
GOAL

Researchers and sponsors have expressed the desire to get studies up and running faster. Since OCREB's first year of operation, the time it takes to get new studies approved has been between 56 and 66 business days (an average of about three months).

With the implementation of an online system in 2011 – and despite increasing volume – OCREB was able to reduce the timelines under its control. However, the time it takes for the lead or Provincial Applicant (PA) to submit the final response to an OCREB review letter has barely budged. Since this continues to be the area of biggest delay (seven weeks or longer), last year we endeavoured to identify actionable causes of the delays.

We examined 35 of the 59 new studies submitted in 2014 for which it took more than six weeks from the time that OCREB issued its review letter to the time that OCREB received the final response from the PA. For 17 of those studies (almost 50 per cent), it took more than six weeks to receive the first PA response. For 30 studies, the application was sent back to the PA more than once for corrections or clarifications, usually due to issues with the consent form or other deficiencies in the submission. The number of times that an application is sent back increases the potential for delay, due to the requirement for input or review each time by all parties (the PA, the sponsor or Contract Research Organization (CRO) and the REB).

TIME FROM SUBMISSION TO APPROVAL FOR NEW STUDIES SUBMITTED IN 2014 AND 2015 - IN BUSINESS DAYS (mean, (median, range))



The ethics review process is measured in four stages: 1) The time from the deadline for receipt of submissions to the OCREB meeting. 2) The time it takes OCREB to issue a review letter after the OCREB meeting. 3) The time it takes to receive the final PA response to the review letter. 4) The time it takes for OCREB to issue its approval/final decision after receipt of the final PA response.

Since the PA response period includes the back-and-forth between OCREB and the PA, we also looked at potential delays at OCREB. For six of the studies, it took more than three weeks for OCREB to review the PA response. This appears to be due to factors such as staffing changes or absences, competing workload responsibilities, receipt of the PA response just before a holiday break or waiting on multiple REB members to review the PA response. When the PA response requires review by more than one OCREB member, delays can be expected in the OCREB review time. However, the overall length of time that the application was with the PA during that period was four times greater than the time it was under OCREB control.

In looking at other potential factors (e.g., study sponsor, involvement of a CRO, submitting centre, PA, study staff, number of consent forms), there was no obvious single factor causing the delays in the PA response times. Contributing factors appear to be: the level of research team experience with and knowledge of OCREB processes and expectations, including familiarity with OCREB's online system; the degree of compliance with OCREB's consent form template; and, institutional issues such as staff turnover and lack of relevant experience and training of the personnel responsible for REB submissions. OCREB will continue to investigate activities under its control in order to identify gaps and areas for improvement. We will also work with the PA to investigate delays as they happen and to identify strategies to reduce delays. In addition, OCREB will build on previous efforts to work with sponsors and CROs on ways they can facilitate the review process.

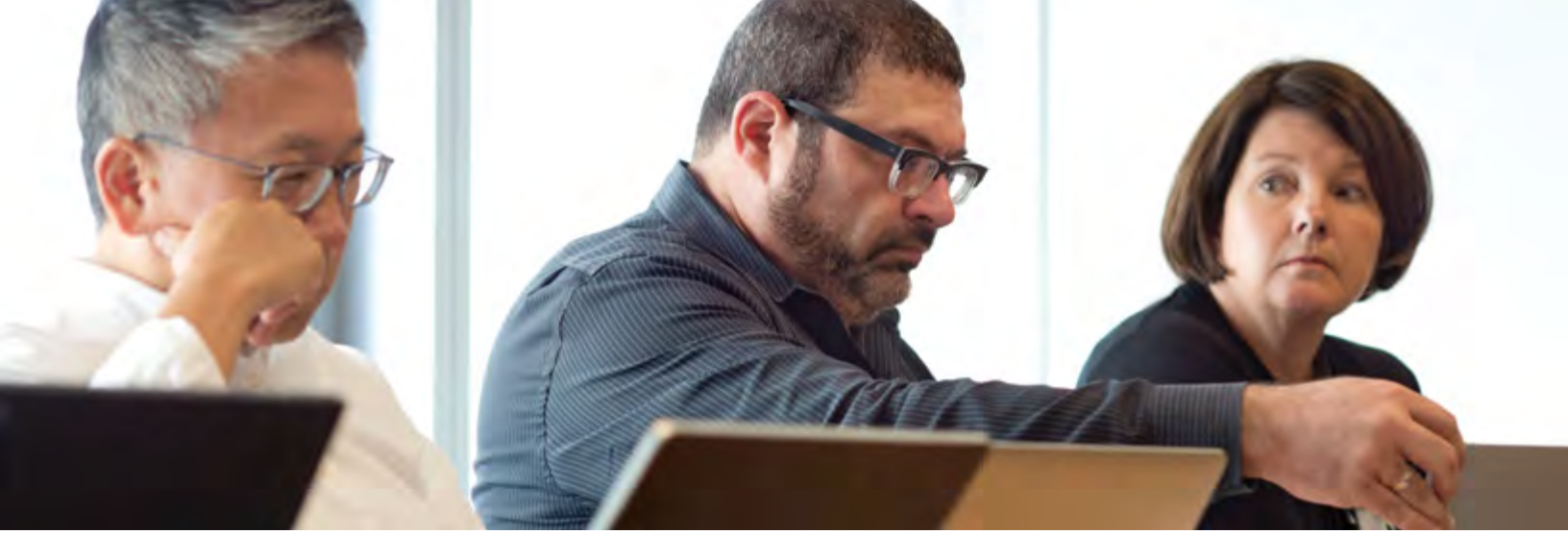
OCREB will continue to investigate activities under its control in order to identify gaps and areas for improvement.

02

GOAL

One of the benefits of OCREB's streamlined model is that once a study is approved, participating centres are able to obtain OCREB approval within days. However, other conditions also must be met before a centre is authorized to start or "activate" a study.

In order to determine if investing further efforts into reducing the OCREB approval time of new studies was likely to have a meaningful impact on study start-up times at the centres, we needed to understand how long it took participating centres to submit their centre-specific applications to OCREB, as well as how long it took them to activate the study. Two reports were created to collect this data on the 650 centre applications submitted between 2012 and 2014, inclusive. The average time for participating centres to activate studies following study approval was nine weeks. This included three weeks to submit their initial application following study approval and another six weeks to activate the study. This suggests that there are non-OCREB dependent factors responsible for most of the delays in study start-up. Although investing more time in reducing the delays to initial study approval might not have a significant impact on study start-up, OCREB will continue to work with the centres to try to better understand the causes of study activation delays and where possible, to identify strategies to reduce delays.



03

GOAL

As noted earlier, the more times that a submission goes back and forth between the applicant and the REB, the greater the likelihood of delays. In a majority of cases, OCREB sends the submission back due to issues with the consent form.

Other reasons are incomplete applications or other deficiencies with the overall submission. In an effort to reduce the back-and-forth, we considered establishing a formal consultative service to enhance the research team's understanding of research ethics and thus improve the quality of the submissions. Such a service would require the provision of relevant information, including: the ethical principles that govern research; the purpose, the roles and responsibilities and the expectations of the REB; the regulatory and guidance criteria that must be applied to the review and implementation of research; and pragmatic aspects of the REB submission processes.

To investigate the feasibility of establishing a formal consultative service, a review was conducted of existing initiatives such as the monthly teleconferences, expanded online system training, on-site education sessions for study staff, *ad hoc* consultation requests by sponsors, researchers and research staff, as well as a review of a past outreach project. The analysis revealed that each initiative had been created to fulfill a specific purpose and there are many factors that would make it difficult to tailor any new initiatives appropriately. For example, although the general target populations are known, the specifics of the populations (e.g., roles and responsibilities of personnel at each centre) vary widely. In addition, the targeted populations can be transient and support for training and education is inconsistent across institutions. Interestingly, most attempts to acquire directional feedback on the various initiatives have to date yielded limited and non-generalizable information. Those consultative programs that seem to function best are those that engage the study personnel at a grassroots level. Finally, most studies submitted to OCREB are well-developed multi-centre protocols that require limited consultation.

We will continue to promote participation in our current initiatives and provide consultation services on an *ad hoc* basis.

In conclusion, a new consultative service does not appear to be a pressing need. We will continue to promote participation in our current initiatives and provide consultation services on an *ad hoc* basis. In addition, we periodically will revisit the effectiveness of the programs and make changes or establish new initiatives as needed.

04

GOAL

Pre-screening consent forms are sometimes used to evaluate a single eligibility criterion as a preliminary means of determining whether a patient might be eligible for a study.

After seeing an increase in the use of pre-screening consent forms, OCREB considered developing a pre-screening consent form template. However, because of variations observed in their use, OCREB sought first to assess the validity, value and purpose of obtaining pre-screening consent, beginning with a review of existing literature. A review is underway of all of the eligibility criteria (i.e., inclusion and exclusion criteria) observed in studies submitted to OCREB in 2013, 2014 and 2015, highlighting those studies designated specifically as requiring pre-screening criteria. Collection and collation of this data is ongoing. Once the data has been evaluated, the findings will be presented to the Board for a determination regarding the acceptability and recommended use of pre-screening consent forms.

05

GOAL

OCREB's focus always has been on improving the quality and efficiency of research ethics review for multi-centre clinical trials.

For the purposes of its mandate, "multi-centre" is defined as more than one participating Ontario centre and "clinical trial" is defined as any research that prospectively assigns human participants to one or more health-related interventions to evaluate the effects on health outcomes. Interventions are restricted to drugs and other biological products, surgical procedures, radiological procedures, diagnostics and devices. Since OCREB occasionally receives requests to accept multi-centre cancer research that falls outside of its current mandate, such as research involving database linkages and chart abstraction, we attempted to identify the types and volume of non-clinical trial research, as a basis for assessing the feasibility of broadening OCREB's mandate.

After examining the out-of-scope requests and in discussions with researchers making those requests, we confirmed that obtaining sufficient quantitative information on the type and volume of non-clinical trial cancer research is difficult. Without that information, it is problematic to develop a business case for a mandate expansion. Establishing the appropriate infrastructure (e.g., processes and procedures, workload, forms) to accommodate an expanded mandate would require additional resources such as REB Chair and member time, REB member expertise, staff training and education and associated costs. In addition, having a central OCREB review would not address existing institutional review and policy requirements such as privacy training, health records access, data transfer agreements and local PI involvement. Moreover, with the establishment of CTO in 2012, an OCREB mandate expansion may be unnecessary. Under the CTO process, existing institutional REBs serve as the REB of record for all participating Ontario centres. Given that those REBs oversee much broader types of research than OCREB and that many of the ethical issues in the review of non-clinical trial research are related to methodology or to privacy, a CTO Qualified REB might be better equipped to review non-clinical trial cancer research than OCREB. However, this also would not eliminate the need for researchers to comply with other institutional review and policy requirements. In the meantime, OCREB will continue to interpret its mandate liberally, with a focus on multi-centre trials that support the strategic initiatives of OICR.

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EVALUATING.
AND MEASURING.

Institutional Membership

One new institution, Markham Stouffville Hospital, established an affiliation with OCREB in 2015, bringing the number of Ontario institutions that are authorized to use OCREB to 28 (of 30). The Children's Hospital of Eastern Ontario has institutional approval to use OCREB and is currently working through the affiliation steps.

For a list of all institutions authorized to use OCREB, please visit **www.ocreb.ca**

Timeline Metrics: New Studies

OCREB received 92 new studies in 2015, which is an increase of 56 per cent over 2014 and 26 per cent over the average of 73 new studies since 2010. Of the 92 new studies, 85 were reviewed by the full Board and seven met the criteria for expedited/delegated review. Three were deferred to a second review by the full Board. Five studies subsequently were withdrawn, one has completed and closed and three are awaiting the PA response. For the approved studies, the median time from submission to approval was 12 weeks. The delay in time to overall approval continues to be the time to receive the final PA response to the OCREB review letter.

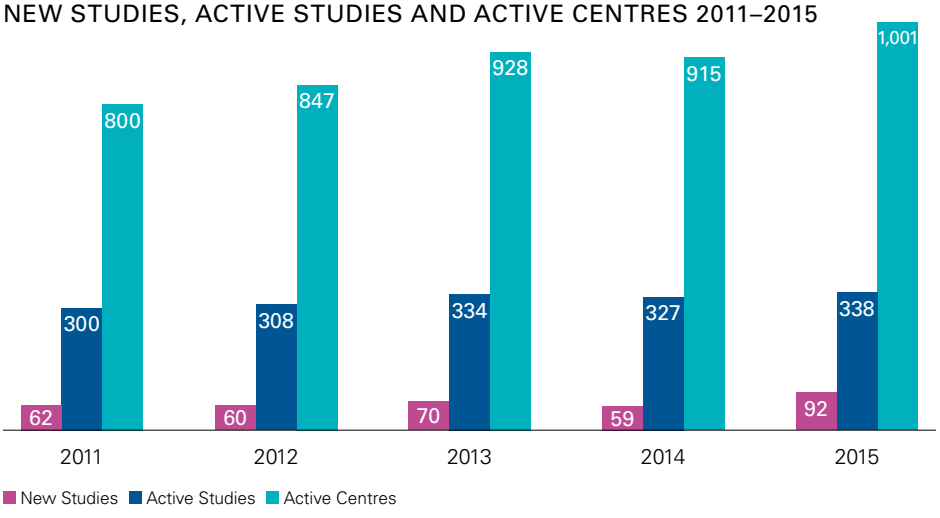
Timeline Metrics: New Centre Applications

OCREB received 306 centre initial applications in 2015 compared to 183 in 2014, an increase of 67 per cent. This included centres joining studies that were originally approved between 2010 and 2014. The median time from submission to approval was three business days.

Volume: New Studies, Active Studies and Active Centres 2011 to 2015

Of the 741 studies submitted to OCREB since January 2004, at the end of 2015, there were 338 active studies involving 1,001 active participating centres. This compares to 327 studies involving 915 active centres at the end of 2014. Below is a chart showing the number of new studies submitted each year since 2011, as well as the number of active studies and the number of active participating centres on those studies at the end of each year. The launch of an online system in 2011 allowed for more comprehensive data collection.

NEW STUDIES, ACTIVE STUDIES AND ACTIVE CENTRES 2011–2015



Volume: Post-Approval Submissions 2012 to 2015

Once a study is up and running, it is usually associated with multiple post-approval submissions. These submissions can be applications from centres for approval to join the study, changes related to new information gleaned during the conduct of the study, reports of events that occurred during the study, annual reports of the study progress, or study closure forms. Below is a table illustrating the number of post-approval submissions each year.

SUBMISSION TYPE	2012	2013	2014	2015
Centre Initial Applications	220	247	183	306
Provincial Amendments	538	588	677	550
Centre Amendments	114	140	109	136
Provincial Continuing Review Applications	261	314	286	270
Centre Continuing Review Applications	770	945	901	886
Provincial Reportable Events	158	231	224	227
Centre Reportable Events	367	434	221	193
Provincial Study Closures	44	44	61	51
Centre Closures	121	166	216	156
Total Post-Approval Submissions	**2,593**	**3,109**	**2,878**	**2,775**

Quality Improvement Initiatives

As part of its ongoing commitment to quality improvement (QI), OCREB employs a variety of methods for communication and dissemination of information, as well as multiple approaches to process improvement. A few of the QI activities are described below:

- **Policy and Procedures Committee:** established in 2006, this Committee serves as an advisory group to OCREB, with a mandate to investigate emerging issues and to develop relevant policies and procedures. Activities include consultations with the Panel on Research Ethics, with Health Canada, with the Office for Human Research Protection in the U.S. or with the Office of the Information and Privacy Commissioner of Ontario, when warranted.

- **National Consent Form Template Development Team:** a joint effort (since 2010) between the Canadian Cancer Trials Group, the BC Cancer Agency REB and OCREB, and more recently CTO and representatives from Alberta and Saskatchewan. The purpose is to provide an inclusive, systematic approach to improving the consent form template and to promote consistency in the general information provided to research participants. An updated consent form template was issued last year and a completely revamped optional consent form template will be issued in April 2016.

- **Continuing Education:** OCREB members and office personnel are provided the opportunity to attend the annual national conference hosted by the Canadian Association of Research Ethics Boards (CAREB), as well as other webinars and conferences throughout the year. The second annual Education Retreat was held the evening of December 10, 2015. A follow-on session was held at the December 11, 2015 OCREB meeting. The topics covered at the two sessions were:

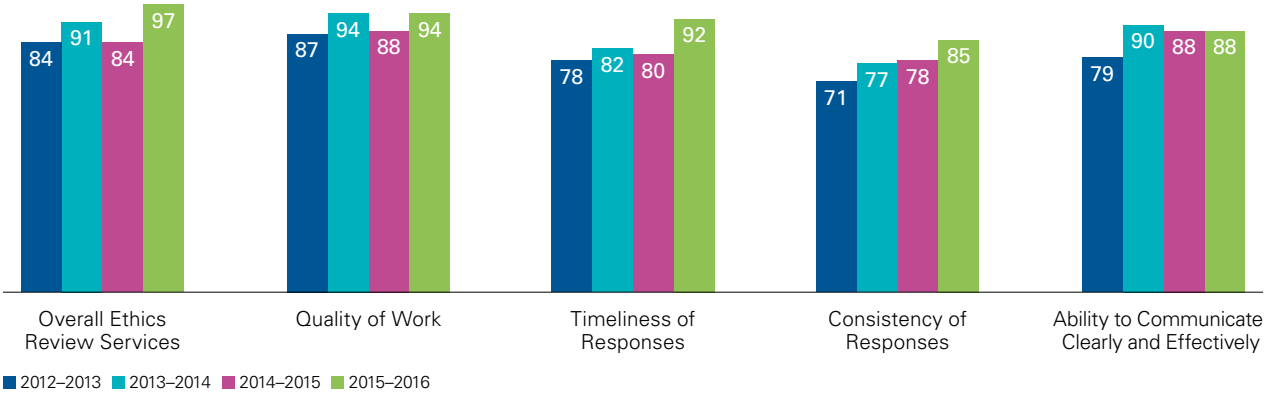
  1. Cancer Care Ontario draft clinical trial drug reimbursement policy.
  2. Questions and considerations for ethics committees evaluating pediatric drug trials.
  3. Scientific elements and ethical considerations in the REB review of novel clinical trial designs.
  4. Precision medicine trials.

- **Monthly Webinars/Teleconferences:** since 2006, OCREB has been hosting monthly sessions for study staff across Ontario to promote education and communication relevant to research participant protection. The sessions include updates on the regulations, presentations on current and emerging issues as well as relevant noteworthy items. The sessions also provide a forum for communicating updates to OCREB's policies or procedures, as well as for obtaining input from study staff. The eight sessions held in 2015–16 were attended by an average of 12 centres (range nine to 16).

- **Regular Team Meetings:** the OCREB office holds regular team meetings to foster consistency in the application of procedures and policies. Meetings also take place on an *ad hoc* basis as procedural or policy issues arise.

- **Stakeholder Feedback:** in addition to exit interviews with outgoing OCREB members, OCREB formally seeks input from researchers and sponsors. The response rate to this year's survey from the researcher group was 12 per cent (down from 16 per cent last year), evenly split between investigators, study coordinators and other members of the research team. Only 23 responses were received from sponsors and CROs. Given the low response rates, the results are difficult to interpret. However, the overall feedback was positive and the constructive suggestions for improvement will assist in directing improvement efforts.

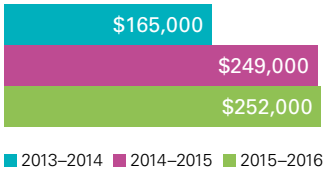
PERCENT OF SURVEY RESPONDENTS THAT RATED THE CATEGORY AS "GOOD" OR "EXCELLENT"



Cost Recovery

On April 1, 2013, OCREB began charging for the review of all new industry-sponsored studies. OCREB had not charged for its services prior to that time because of the OICR infrastructure funding arrangement with the Ontario centres. The fees were derived from an assessment of the amounts charged by REBs in Canada and the U.S., as well as an analysis of the review activities required by OCREB over the life cycle of a trial. The final fee structure also took into consideration a pragmatic approach to managing the overall process. The total amount recovered each year represents approximately 25 per cent of the overall annual operating costs.

OCREB COST RECOVERY



PARTICIPATING. THROUGHOUT ONTARIO. AND BEYOND.

OCREB continues to actively participate in a variety of ethics-related initiatives in Ontario and Canada such as CTO, the Network of Networks (N2), CAREB, the Ontario Health Study, the Panel on Responsible Conduct of Research, a national REB Accreditation Working Group, the Canadian Cancer Clinical Trials Network (3CTN) and various harmonization efforts. In addition to those ongoing efforts, specific objectives for next year include:

1. Develop specific objectives and procedures to obtain input from individuals who have participated in clinical trials, in order to assess and improve OCREB's ability to meet its primary mandate of the protection of research participants.

2. Assess the operational requirements and develop a tactical plan for expanding the OCREB mandate to all pediatric multi-centre cancer trials.

3. Evaluate the feasibility of moving to the CTO electronic REB review system, and if appropriate, develop a systematic plan for the move.

4. Collaborate with 3CTN on their pilot "permission to contact/record review" initiative to facilitate the development of a streamlined health record screening process to determine study eligibility.

5. Collaborate with N2 on the development of assent policies, procedures and templates to facilitate the review of pediatric trials.

6. Survey the evolution of the consent form documents over the past 10 years to provide a baseline for future investigations into improving the consent process.

To learn more about OCREB, please visit **www.ocreb.ca** and **www.ocrebonline.ca**

PROFESSIONALS. THAT CARE.

OCREB MEMBERSHIP 2015–2016

CHAIR

Richard Sugarman
Chair, OCREB,
Ontario Institute for Cancer Research, Toronto

VICE-CHAIRS

Yoo-Joung (Yooj) Ko
Vice-Chair, OCREB
Medical Oncologist,
Sunnybrook Health Sciences Centre, Toronto

Mark Whissell
Vice-Chair, OCREB
Clinical Research Manager,
Health Sciences North/Horizon Santé-Nord, Sudbury

MEMBERS

James Anderson (alternate)
Appointed August 2015
Clinical and Research Ethicist,
Holland Bloorview Kids Rehabilitation Hospital, Toronto

Laura Bailey
Appointed January 2016
Clinical Research Coordinator/
Recruitment Specialist, London Health Sciences Centre, London

Patti Bambury (alternate)
Appointed July 2015
Co-Coordinator, Resource Nurse,
Children's Out-patient Clinic,
Grand River Hospital, Kitchener

Sally Bean
Reappointed August 2015
Senior Ethicist and Policy Advisor, Sunnybrook Health Sciences Centre, Toronto

Savtaj Brar (alternate)
Appointed February 2016
Surgical Oncologist, Mount Sinai Hospital, Toronto

Scott Bratman
Appointed April 2015
Radiation Oncologist,
Princess Margaret Cancer Centre, University Health Network, Toronto

Lindsay Carlsson (alternate)
Appointed December 2015
Advanced Practice Oncology Nurse/Clinical Research Coordinator, Princess Margaret Cancer Centre, University Health Network, Toronto

Elvina Chow (alternate)
Appointed July 2015
Associate, Baker & McKenzie LLP, Toronto

Catriona Buick
Reappointed June 2015
Advanced Practice Oncology Nurse, Princess Margaret Cancer Centre, University Health Network, Toronto

Stephanie Chadwick
Stepped down October 2015
Clinical Nurse Specialist,
Princess Margaret Cancer Centre, University Health Network, Toronto

Flay Charbonneau (alternate)
Term ended November 2015
Manager, Pharmacy (Oncology),
Sunnybrook Health Sciences Centre, Toronto

Carol Cheung
Reappointed August 2015
Pathologist, Princess Margaret Cancer Centre, University Health Network, Toronto

Carlo De Angelis
Term ended November 2015
Oncology Pharmacy Clinician Scientist, Sunnybrook Health Sciences Centre, Toronto

Christine Elser (alternate)
Appointed June 2015
Medical Oncologist, Princess Margaret Cancer Centre, University Health Network, Mount Sinai Hospital, Toronto

Joseph Ferenbok
Appointed June 2015
Director Translational Research Program, University of Toronto, Toronto

Ronald Feld (alternate)
Term ended June 2015
Medical Oncologist, Princess Margaret Cancer Centre, University Health Network, Toronto

Catherine Fortin
Clinical Program Manager,
Ontario Regional Biotherapeutics Program, Ottawa Hospital Research Institute, Ottawa

Graeme Fraser
Hematologist, Juravinski Cancer Centre, Hamilton

Lee Ann Gallant
Appointed April 2015
Pediatrician, Gallant Medical Clinic, Toronto

Janet Gammon
Appointed April 2015
Clinical Program Coordinator/
Contact Nurse, Neuro-Oncology, The Hospital for Sick Children, Toronto

Ronald Grant (alternate)
Appointed August 2015
Pediatric Medical Oncologist,
The Hospital for Sick Children, Toronto

Rebecca Greenberg
Bioethicist, The Hospital for Sick Children, Toronto

Karen Haas
Appointed October 2015
Community Representative,
Brampton

Annie Huang (alternate)
Appointed April 2015
Pediatric Medical Oncologist,
The Hospital for Sick Children, Toronto

Janice Hodgson
Community Representative,
Newmarket

Michael Huynh
Lawyer, Toronto

Paul Karanicolas (alternate)
Stepped down November 2015
Surgical Oncologist, Sunnybrook Health Sciences Centre, Toronto

DESIGN: STOKELY DESIGN ASSOCIATES INC. – STOKELYDESIGN.COM

Swati Kulkarni (alternate)
Appointed April 2015
Medical Oncologist, Windsor Regional Hospital Cancer Program, Windsor

Sara Kuruvilla (alternate)
Stepped down October 2015
Medical Oncologist, London Health Sciences Centre, London

Eric Leung (alternate)
Radiation Oncologist, Sunnybrook Health Sciences Centre, Toronto

Alexander Louie (alternate)
Appointed February 2016
Radiation Oncologist, London Health Sciences Centre, London

Arif Manji (alternate)
Appointed August 2015
Pediatric Medical Oncologist, Stronach Regional Cancer Centre, Southlake Regional Health Centre, Newmarket and The Hospital for Sick Children, Toronto

Andrea Mattiussi (alternate)
Appointed February 2016
Clinical Pharmacist, The Hospital for Sick Children, Toronto

Michelle Mullen (alternate)
Appointed February 2016
Bioethicist, Children's Hospital of Eastern Ontario, Ottawa

Carolyn Nessim (alternate)
Surgical Oncologist, The Ottawa Hospital, Ottawa

Antonia Palmer
Appointed April 2015
Community Representative, Mississauga

Tony Panzarella (alternate)
Term ended December 2015
Manager, Biostatistics, Princess Margaret Cancer Centre, University Health Network, Toronto

Nicole Park (alternate)
Stepped down December 2015
Associate, Fasken Martineau DuMoulin LLP, Toronto

Sameer Parpia (alternate)
Appointed January 2016
Biostatistician, McMaster University, Ontario Clinical Oncology Group, Hamilton

Sara Rask (alternate)
Appointed April 2015
Medical Oncologist, Simcoe Muskoka Regional Cancer Centre, Royal Victoria Regional Health Centre, Barrie

Suzanne Richter
Appointed April 2015
Medical Oncologist, London Health Sciences Centre, London

Kathleen Romano
Stepped down June 2015
Manager Clinical Trials, Thunder Bay Regional Research Institute, Thunder Bay

Elizabeth Scheid
Research Associate, Immune Therapy Program, Princess Margaret Cancer Centre, University Health Network, Toronto

Anne Smith
Medical Oncologist/Hematologist, Cancer Centre of Southeastern Ontario, Kingston

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